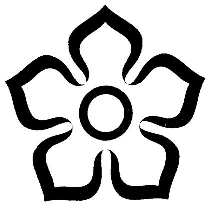

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: **THURSDAY, 8 DECEMBER 2022**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Committee

Councillor Joshi (Chair)

Councillors Batool, Kaur Saini, March, Patel and Singh Johal

One unallocated Labour group place
One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

***Officer contacts*:**

Aqil Sarang (Democratic Support Officer),
Tel: 0116 454 5591, e-mail: aqil.sarang@leicester.gov.uk
Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

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- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact:
Aqil Sarang, Democratic Support Officer on 0116 454 5591.
Alternatively, email aqil.sarang@leicester.gov.uk, or call in at City Hall.

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PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION
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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING — **Appendix A (Pages 1 - 14)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 18 AUGUST 2022 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case.

6. IMPLICATIONS ON THE PROVISION OF CARE AS A RESULT OF THE RISING COST OF LIVING — **Appendix B (Pages 15 - 22)**

The Strategic Director for Social Care and Education, submits a report to provide the Adult Social Care Scrutiny Commission with an overview of the rising cost of living impacts on Adult Social Care and the responses supporting this.

Members of the Commission are recommended to note the report and pass any comments/feedback to the Strategic Director for Social Care and Education.

7. ASSURANCE PLANS — **Appendix C (Pages 23 - 30)**

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of

preparation for the Care Quality Commission's (CQC) Adult Social Care assurance process, which is currently expected to commence in April 2023.

Members of the Commission are recommended to note the report and pass any comments/feedback to the Strategic Director for Social Care and Education.

8. COST OF CARE SCRUTINY REVIEW REPORT OF FINDINGS **Appendix D (Pages 31 - 106)**

Councillor March, the former Vice Chair of the commission, will present the report of the Task Group review of "Understanding the Increasing Cost of Care Packages within Adult Social Care budgetary pressures".

Members of the Commission are recommended to receive the report and comment as appropriate.

9. CARER STRATEGY **Appendix E (Pages 107 - 160)**

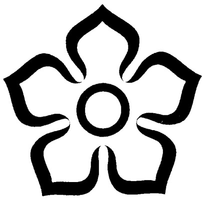
The Strategic Director for Social Care and Education submits a report on the Carers Strategy.

Members of the Commission are recommended to note the report and pass any comments to the Strategic Director for Social Care and Education.

10. WORK PROGRAMME **Appendix F (Pages 161 - 166)**

The current work programme for the Commission is attached. The Commission is asked to consider this and make comments and/or amendments as it considers necessary.

11. ANY OTHER URGENT BUSINESS



Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 18 AUGUST 2022 at 5:30 pm

P R E S E N T:

Councillor Joshi (Chair)
Councillor Pandya (Vice Chair)

Councillor Batool
Councillor Kaur Saini
Councillor March
Councillor Singh Johal

In Attendance

Councillor Russell	Deputy City Mayor, Social Care and Anti-Poverty
Councillor Pantling	Chair, Health and Wellbeing Scrutiny Commission
Councillor O'Donnell	Vice-Chair, Health and Wellbeing Scrutiny Commission

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1. APOLOGIES FOR ABSENCE

Introductions were led by the Chair.

Councillors Pantling and O'Donnell as the items on the agenda were of interest to them as Chair and Vice-Chair of Health and Wellbeing Scrutiny Commission respectively.

Apologies were received from Councillor Rita Patel.

2. DECLARATIONS OF INTEREST

Members of the Commission were asked to declare any interests they may have in the business on the agenda.

Councillor Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team at Leicester City Council.

In accordance with the Council's Code of Conduct neither interest was considered so significant that it was likely to prejudice the Councillor's judgement of the public interest and therefore neither Councillor was required

to withdraw from the meeting during consideration of any items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING

Matters Arising
Minute Item 85. Carers Strategy Consultation Report
The Chair informed the meeting that, following a full discussion and comments from Adult Social Care (ASC) Members on the report item, he had raised the concerns and recommendations at Overview Select Committee (OSC) on 30 June 2022, in light of which the OSC had recommended the item be included on the OSC work programme regarding the corporate consultation / public engagement processes.

Extra Care Development Scheme
With the requirement for a link member for the project, Councillor Joshi had put himself forward as the Chair. Officers were invited to contact him for further details, and he would keep ASC Commission Members informed of progress. Also, in relation to the Extra Care Development Scheme, the lead officers encouraged Members of the Commission to visit sites across the city and dates could be arranged. The visits were still pending and would be arranged in the near future.

Diary Date
Members were informed that the Chair, and Councillor Pantling as Chair of Health and Wellbeing Scrutiny Commission had agreed to hold a couple of joint scrutiny meetings for the municipal year 2022/23. The Chair said it was a positive step as they were increasingly aware that many topics discussed were of common interest to both Commissions. The first joint meeting was planned to tale place on 6th October 2022, the papers for which would be circulated to Members nearer to the date.

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 16 June 2022 be confirmed as a correct record.

4. PETITIONS

The Monitoring Officer reported that no petitions had been received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations and statements of case had been submitted in accordance with the Council's procedures.

6. HEALTHWATCH LEICESTER AND LEICESTERSHIRE ANNUAL REPORT

HealthWatch Leicester and Leicestershire submitted its Annual Report for 2021-22, which provided a summary of the activity it had undertaken as a

jointly commissioned contract. Members of the Commission were recommended to note the report and pass any comments to the representatives from HealthWatch Leicester and Leicestershire.

The Chair reminded Members that Healthwatch was a standing invitee to the Commission, and on Health and Wellbeing Scrutiny Commission. The Chair also made reference to the video that had been circulated to Members by Healthwatch of the highlights of the report.

Harsha Kotecha (Chair of Healthwatch) and Gemma Barrow (Chief Officer) were present. Mr Joe Johal from Healthwatch was also welcomed to the meeting, who would regularly attend future meetings of ASC. During the presentation of the item, highlighted from the report was:

- 10 reports were published about improvements people wanted to see in their health care service.
- As part of a summer tour, Healthwatch attended 36 events in the city and county and engaged directly with over 2,400 people.
- During that time a survey was conducted, and 350 people told Healthwatch about their challenges in accessing their GP practice, which was an issue high on the Healthwatch agenda.
- During the first lockdown, volunteers reviewed GP practice websites to see how informative an accessible they were for local people. Findings were placed in a report and shared with the Clinical Commissioning Groups at the time, and consolidated into research following which an action plan was put together to look at service improvements.
- Health and care settings could not be visited during the pandemic. The Enter and View programme of GP practices was resumed as soon as HWLL were able to go into health settings, such as care homes, hospices etc.
- HWLL utilised the text messaging service to reach more people within those practices to limit presence on site. One example was Latham House Medical Practice in Melton where over 1,000 responses were received to the patient survey, with the report being well received by the practice team, with the recommendations for improvements welcomed.
- During the past year, HWLL had attended 14 carers groups, hearing from 123 carers and 14 members of staff and volunteers. Carers issues and rights would remain high on the HWLL agenda, with social media being used to raise awareness and invite people to share experiences.
- Also launched were monthly themed focus groups called ‘Let’s Talk’ to discuss with people changes to the health and care landscape during the Covid pandemic.
- Dentistry is a topic high on the agenda, with findings placed in a report and shared with the BBC, after receiving many calls from people having trouble accessing a dentist, and with evidence shared with Healthwatch England.
- A big project during 2021 was around male suicide, with contact made with agencies involved with suicide prevention in the city and county to identify gaps in service provision. The Have a Conversation campaign focussed on getting men to talk, and work was undertaken with Equality Action, a local

charity to enable young men to produce a rap song that related to male suicide and mental health.
- Healthwatch had looked at post hospital discharge for the homeless, and what services were available across the city.
- Healthwatch were open to requests on what Members would like Healthwatch to work on during 2022/23.

Members were given the opportunity to ask questions and the following information was provided:

- It was asked if many Asian males had come forward during the work around male suicide. It was reported that the groups that engaged with were mixed groups but predominantly white males. However, during the project work on the rap song with Equality Action, it was mostly produced by young men of Asian or Black ethnicity. The aim was to get more people to talk about mental health, and it was an opportunity to get other communities talking about mental health in general.
- It was asked of future reports could split down engagement information between the City and County, as it was not clear from the report who had been engaged with and where.
- Healthwatch were asked if they were looking at any impact that had been seen and following outcomes to be achieved for the people in Leicester and Leicestershire following the report. It was noted Healthwatch had noted impacts and for some work did go back six months to a year later, particularly with GPs, to see if recommendations had been implemented and what changes had been made as it helped people at a local level. As could be seen int eh report, along with recommendations, specific actions were being included, and who should undertake the changes.
- Usually it could take around a year to work on a project, such as the male suicide project, and Healthwatch would continue to visit mental health groups to see if an impact was being made, for example, do more people visit the websites, or had there been a change in people going to Equality Action to talk to them. There had been difficulty in accessing services during the pandemic, but it was the intention of Healthwatch to continue to improve services.
- It was recognised that, with regards to dentistry, what was reported on the BBC and seen nationally had all come from Healthwatch. There were reports more people were gaining appointments, highlighting the changes in the service, and Healthwatch would continue to push for change in all areas.
- Dependent on the project, a review could take place from six months to one year, with each project having a different scale. Reports were also taken back to the CCG. For example, with GP access it was known to be a problem and Healthwatch gained evidence was being used to make changes, with evidence being used to put together a plan of action to do things differently. It was stated that some changes took time, and success came when they no longer heard patients talking about the same issues faced time and time again.
- Other changes would be seen over years. An example given was that a report was first taken to Leicester Partnership Trust on discharge lounges at

hospitals three years previously. Work was undertaken, and a follow-up desktop review was undertaken to ask if actions had been implemented. Projects were kept on an action log, and follow-up report written to close them off.

- Ethnicity break down would be included in future reports.
- It was known that many dementia services had stood down over the pandemic and had not stood back up. A project had commenced to see what worked / did not work, to see if the diagnostics in particular worked for the city of Leicester, where some of the questions being asked as part of the dementia screening did not always fit with the ethnic population.
- Members were interested in the future plan to look into dementia services in Leicester, which would feed into the work of the Commission. It was noted the Chair would feen into that work and liaise to see if there were other areas of cross over.
- Healthwatch also wanted to look at accessing communication. Not everyone had access to health and social care during the pandemic in the same way, so the experiences of different groups felt during and after the pandemic would be gained, for example, the deaf community not being able to ring up for information during the pandemic.
- The current provision of maternity services would also be explored, along with Healthwatch Partnership in Rutland, specifically looking for Leicester and Leicestershire in terms of inception through to birth, as some populations did not access services until much later in the pregnancy the reasons for which would be investigated. Proposals would be worked on for commencement in September 2022.
- The Enter and View programme would restart and would include the experiences of care home residents and visitors, and also experiences of visiting the Emergency Department and urgent care pathways.

The Chair raised the issue of accessing appointment at GP surgeries. It was noted that not all GPs had a similar system but varied between practices, with some practices only allowing people to ring at a certain time, often during work hours, which prevented people such as those in full time work unable to contact GPs during the times the practice proposed. Healthwatch confirmed that the appointment access issue was an ongoing conversation with the Integrated Care Board. Healthwatch would be bringing a report back to a future meeting of the Commission which would hopefully be reporting on positive changes.

Further concern was raised that almost all dentists in the UK were not taking future NHS patients, and it was asked if Healthwatch could all address the issue. Healthwatch had raised the issue locally and nationally and would continue to raise with NHS England. Councillor Pantling, Chair of Health and Wellbeing Scrutiny Commission informed the meeting that the Commission had added GP practices to the Commission’s work programme for the joint meeting between the Adult Social Care and Health and Wellbeing Scrutiny Commissions scheduled for January 2023, as the Commission felt it was important to get information and to see if changes were working to the benefit of patients, or not.

Healthwatch confirmed that project proposals were firmed up following

conversations with the Strategic Director, Social Care and Education, and Director of Public Health about issues they were dealing with. Members of the public were also invited to contact with issues they were concerned about, through three online events and social media. The same exercise would be undertaken in January 2023 to identify other issues.

The Chair further noted that people often experienced difficulties with phone conversations with receptionists and admin staff at GP practices, for example, language barriers, GP staff asking lots of questions, that could off the patient seeking to speak to a doctor or could be diverted to call 111. He said the process of making an appointment needed to be much easier and more accessible.

The Chair thanked Healthwatch representatives for the report and acknowledged that Healthwatch had gone from strength to strength and looked forward to a healthy partnership between the Commission and Healthwatch.

AGREED:

That:

1. The Annual Report be noted.
2. Members' comments and observations to be taken into account by Healthwatch.
3. The Commission be kept updated on the work of Healthwatch and future projects and consultations planned in Leicester.
4. At the next meeting or when possible to provide Leicester specific data on engagement figures.
5. Ethnicity breakdown to be included in future reports.
6. The Chair take part in dementia and access to services, groups and deaf community, when pertinent to the Commission to keep in touch.

7. HEALTH AND CARE REFORMS

The Strategic Director for Social Care and Education submitted a report on the Health and Care reforms. Members of the Adult Social Care Scrutiny Commission were recommended to note the report and pass any comments to the Strategic Director for Social Care and Education.

Councillor Russell, Deputy City Mayor for Social Care and Anti-Poverty, introduced the report. She highlighted the raft of expectancies of local authorities by government and that they were placing huge additional administrative burdens, where the preparation for inspections was huge, against a backdrop across the country of struggling capacity and funding. Additionally, it was not known if the new prime minister would retain the National Insurance precept, therefore a lot of work was having to be done at risk.

The Deputy City Mayor wanted people to be aware of the scale of work that was being accepted and what that meant for team who were doing an incredible job. She was also grateful for the work that the Strategic Director for

Social Care and Education was undertaking nationally with ADASS to help understand what the national picture was to ensure the Council did not fall down pitfalls that other authorities had.

Martin Samuels, Strategic Director for Social Care and Education informed the meeting that the health and social care system was going through the biggest period of change in a decade. The Health and Social Care Act 2012 was being replaced, and a number of Care Act 2014 elements that had not yet been implemented were now supposed to be being implemented, sometimes in amended form. There was a raft of White Papers, legislation, guidance and reports, the links for which were included in the report.

The Strategic Director for Social Care and Education noted that Clinical Commissioning Groups (CCGs) had ceased to exist at the end of June 2022 and had been replaced with Integrated Care Boards (ICBs) which in Leicester, Leicestershire and Rutland (LLR) would operate on the same footprint as the combined CCGs had been working at for the past few years, therefore there were no particular differences, which was fortunate compared to other parts of the country where some ICBs' footprint bears little relationship to local authority footprints, and some authorities were split between two ICBs, or there was just the one ICB for a very large area, such as Greater Manchester.

Members were informed that all ICBs were now required to have a level of representation from the local authorities in their area. The Strategic Director for Social Care and Education was now the city council's official representative on the ICB for LLR. In addition, the Assistant City Mayor for Health, as the Chair of the Health and Wellbeing Board, had been invited to attend the ICB meetings. Unlike the position with CCGs, the NHS trusts were also members of the ICB Board which was a deliberate change from the previous structure. This change was an important one, as it eliminated the Commissioner / Provider split which has operated in the NHS over the past 30 years. There was also increased talk of 'collaboratives', as partnerships between providers.

Members were notified of the newly created Integrated Care Partnership (ICP), which was the informal grouping of care organisations. The Integrated Care Board (ICB) was the NHS organisation, the Integrated Care System (ICS) was the informal grouping of health and care organisation in the area of the ICB, and the Integrated Care Partnership (ICP) was like a health and wellbeing board for the larger footprint.

The authority had been very clear locally that there was no hierarchical relationship between the LLR ICP and the local authority footprint of the health and wellbeing board, and the legislation was generally mirrored, so a health and wellbeing board was required by statute to have regard to the health and wellbeing strategy of the ICP and vice versa.

The government had assigned £5.4billion over the next three years to pay for the changes to be made. It was meant to be funded by the health and care levy, the national insurance change which was intended to raise £36billion over the next three years. One issue was that the levy might be cancelled by the

incoming prime minister, so there were questions on where the money would come from to pay for the reforms. The vast majority of funding would in any case go to the NHS, so there were also issues for the NHS if the levy was removed.

It was stated that of the £5.4 billion not a single penny would buy additional care, provide additional services or provide increased salaries of care workers. The large majority of it would go to shift the burden of paying for care from those that paid for their own care, to the taxpayer. ADASS supported that as a principle that it was appropriate for the taxpayer to meet these costs rather than the individuals – this was of course the model long established for the NHS.

The bulk of the money would go to the payment burden which was due to start from October 2023. It was reported that a lot of comment had been made about the introduction of care accounts, whereby no one should have to pay more than £86,000 over the lifetime of their care, with Members being asked to note it was an indexed sum, with the figure rising in 2023 due to inflation. It was also noted that most people did not stay in the care system long enough to ever reach the cap level because it had been set so high and was nearly double (in real terms) what had been recommended in the Dilnot Review prior to the Care Act 2014.

The biggest impact for individuals was the significant changes to charging arrangements. Currently if someone had over £23,250 in assets, they would have to pay the full cost of their care. From April 2023, the threshold would be raised significantly to £100,000. People would still be asked to pay a contribution for their cost of care, but it would be a lower amount, and they would therefore move towards the cap at a slower pace.

Another important change was the commencement of Section 18(3) of the Care Act for new customers only in October 2023, which would allow people to ask the Local Authority to contract for their care even if they were paying for it themselves. It was widely recognised that self-funders typically paid 40% more than carers funded by Councils.

Recognising the differential in fee rates, every council in the country had been required by the Department for Health and Social Care (DHSC) to undertake a 'Fair Cost of Care' exercise, which the council was in the midst of. Care providers had been asked to provide significant detail about the actual cost of delivering care. The care exercise was intended to show the actual cost for providers within each local authority area to provide care and would make it possible to compare the actual cost with fee rates that local authorities pay. If it was found that the rates that local authorities paid were significantly lower than the actual cost (as was believed generally the case), there was an expectation by DHSC that the authority would move towards eliminating the gap and would pay actual cost. DHSC had put some funding aside for that eventuality, though the actual amount was expected to be double what DHSC had put aside. Figures would be received in a few weeks, and every authority in the country was required to provide a market sustainability plan, which among other things, would set out the rate at which the authority would close that gap. A draft of the

Plan was required on the 14th October 2023, and it was suggested that the Plan would be submitted to the Commission as soon as possible after submission, with the Final Plan required by February 2023.

The Strategic Director then went on to inform the Commission that the Government, having deliberately stopped external inspection of Adult Social Care in 2010, was now reintroducing this from April 2023. It was formally entitled 'Assurance' by the Care Quality Commission (CQC), with a range of aspects currently being developed. It was believed it would be much the same as the Ofsted process of inspection for Children's Social Care, with the expectation that the Strategic Director and Adult Social Care Department would spend 5-10% of their total time on the assurance inspection, if the Department did well, but a lot more if not.

There was £1.7billion over three years (approximately £500million a year) allocated to:

- New models of supported housing
- New work in terms of assisted technology
- Training for workforce
- Information advice and guidance
- New models of care

The Strategic Director informed the meeting that DHSC had been insistent that it was not a programme of reform, so there was no programme management being undertaken by the department, and a series of changes but no overview or oversight of how it fitted together. A draft timetable produced by ADASS was included in the report.

The Strategic Director continued that it was worth noting that, for example, with the Fair Cost of Care work being undertaken, it was about how much it cost now to provide the level of care, but there was no allowance for, for example, should the quality of care need to be better, or should the pay rates for staff that are offered be more than the national minimum wage. A significant programme management approach had been set up with the local authority, as outlined in Appendix 1 to the report. It was recognised there was a huge amount of work involved alongside other reforms being processed, such as the replacement of deprivation of liberty safeguards and in relation to prevention, all of which was taking place at a time where there was a national crisis of staffing, both external carers and internal staffing posts, a number of which were funded in the budget but could not be recruited to. Members were also asked to note that it was not known currently if the programme of reform will survive with a change in administration nationally, so there was a fair degree of uncertainty about the funding.

The Chair welcomed the report, but the issues that the department faced were complex with the future funding of Adult Social Care as a whole in the balance being uncertain. The Chair asked that with the measures being so complicated, how would the people accessing the services be informed of the changes in a way they could understand. Ruth Lake, Director of Adult Social Care and Safeguarding, informed the meeting that she was overseeing the workstreams

with regards to reforms in charging, which would require careful communication due to the impact it would have on people. She added the department was working with the Communications Team to plan for public facing communications, as well as communication with the staff group and external workforce. It was noted there would be national communications regarding the charging reforms, as well as other elements of the reform programme. What wasn't wanted was sending messages too early, too late, or too complicated, or without sufficient detail. Officers were working on a Stakeholder Plan and were working with communications to draft up key messages, but it would be unhelpful at the point to send out information to the public, given the level of uncertainty. Being scoped was the volume of people that might fall into the charging reform changes, but there was an element that would not be identified as they were paying for their own care and hence not known to the department. Initially simple messages would have a broad reach across the city, which would provide more detail moving forward.

It was requested that the next meeting of the Commission have agenda items on the market sustainability plan, and fair cost of care and charging reforms coming in.

In response to members' questions, the following responses were made:

- With regards to assurance, concern was raised about how it would be weighted against places like Leicester with areas of high need, high deprivation and relatively low budgets and what the implications might be for local authorities failing inspections, and what the process around that might be, as there was worry it would create space in the market for others to move in. The Strategic Director stated that the view in ADASS was that just about every single council in the country could expect to come out of inspection as 'requires improvement', which was in part based on a survey of waiting lists of authorities, with lists of people waiting for assessment or reviews and was increasing nationally by 600 people a day, with several hundred thousand people nationally, which was driven by lack of workforce. It was not known how the system would end up being shaped until the first assurance visits commenced, but it would be challenging for the department. The Deputy City Mayor stated that she was confident that the authority had fantastic practitioners, that when working with families and looking at their personal requirements the authority would come out well. She continued that she had no confidence that the DHSC had thought to talk to the DfE about how the process worked to replicate on the adults' side. She added she was also worried that weighting would be influenced by the administration was different to the city.
- There was a general welcome to the shift to more collaborative working. It was asked as to what extent would budgets combine. Members were informed that one of the statutory accountabilities of the Integrated Care Partnership would be to promote integration, for which the Health and Wellbeing Board had had responsibility for the last decade. The Better Care Fund would be retained on the local authority footprint, not on an ICS footprint, and it was felt that more money would be put through that. The Strategic Director added there were quite strong moves within the NHS for

funding to be delegated straight to providers. There was also a lot of talk of collaboratives agreeing how to spend money, but currently there was a degree of confusion in the NHS as to whether they were formal bodies or just informal partnerships. It was added there were no new powers or legislation to agree funding spend. The 2012 reforms of the NHS were fundamentally based on a market approach, and the reformed were based on a collaborative approach, so in that sense there were fewer things now being put out to tender. However, changes to procurement law more generally were taking away some of the powers on restricted competition in some areas, including Social Care.

- The Strategic Director said he was incredibly fortunate to have an exceptional team and was very proud to work for Leicester.
- Members' understanding was that as a collaborative board it would be best placed to decide who the funding should go to. It was best explained that the NHS was effectively getting rid of the internal market. The ICB as the replacement for the CCG will transfer funds to providers for them to use as deemed appropriate, and the elimination of formal procurement processes between different NHS bodies to allow smooth flow of funding within the NHS.
- There was an encouragement for partnerships whereby all of the players in the system agreed a consensus on the direction of travel over what needed to be done. The national NHS view was that they would like and expect those partnerships to become formalised so there was pooling of budget between the NHS and local government, and there was single decision making about the use of that budget. There had been a tendency in the past for where pooled budgets were in place they are then managed by the NHS, to the detriment of social care definitions and models. The Deputy City Mayor also added that NHS colleagues also found it challenging that there was a democratic decision-making structure as well as officer decision making structure in the local government
- It was noted with regard to charging for social care that there was a huge difference between the new Upper Capital Limit and Lower Capital Limit, and how would it impact on people's lives. The Director of Adult Social Care and Safeguarding explained that it was very much work in progress and the charging policy would have to be rewritten with finance colleagues. She added that contributions would be tapered as there was a complicated formula that sat behind charging to work out a sliding scale for people. The Strategic Director said it was a much more complicated arrangement but the key thing to note was that people would pay less, with the assumption that everyone who currently paid for their care would want that to count towards the care cap, and therefore people who currently wouldn't be being assessed by Social Services because they knew they would have to pay for care themselves would want to be assessed, and would result in an increase in the workload through increased assessments and financial assessment workload. It was noted the authority could not recruit the number of staff to undertake current work, so would be an added pressure on staff.
- On average in county councils about half the population were self-funders and could imply a significant increase in staffing demand with additional impact on the authority as staff were lured to other posts.

- The meeting was informed there were currently too many unknowns for the authority to calculate the additional contributions to extra care. A major consultancy organisation called Newton Europe had undertaken some work for the County Council and had estimated costs for each of the members of the County Councils Network. The authority was also working on the assumption that the closing of the gap between current fee rates and fair cost for care was a new burden and should be funded by the Government, and would be put to the Executive as a recommendation to close the gap at the rate of funding received from the DHSC which was currently consulting on the formula which it would use.

The Chair noted that the Adult Social Care service was going through difficult, uncertain times, as were other authorities up and down the country. He added it was reassuring to have a good Strategic Director and staff who worked tremendously hard.

AGREED:

That:

1. The report be noted.
2. Members noted the wide range of policy reforms aimed at transforming health, care and wellbeing, in particular improving health and care services through better health and care integration and tackling growing health inequalities.
3. Members noted the Department's programme of change to manage the implementation of the reforms and agreed to receive future updates and progress reports.
4. That information on the market sustainability plan and fair cost of care be brought to the next meeting of the Commission.
5. That information on charging reforms be brought to a future meeting of the Commission.

8. WORK PROGRAMME

Members noted the work programme for the Commission.

Suggested items for the work programme were:

- Joint Working with Health and Wellbeing Scrutiny Commission – the Commission will be conducting a couple of Joint meetings with Health for topics of common interest.
- Ongoing review into the Cost of Care topic.
- Suggested was the impact on the rise of cost of living on the various services offered within adult social care, with significant concerns in older persons homes in the city, with rising energy cost increases potentially leading to huge instability in the service.

It was agreed to postpone the date of the next Adult Social Care Scrutiny Commission meeting scheduled for 13 October 2022 to move to 27 October 2022 in order for the Market Sustainability Report to be available for the meeting.

12

Councillor Singh Johal gave apologies for the meeting on 27 October 2022.

9. ANY OTHER URGENT BUSINESS

There being no other items of urgent business the meeting closed at 7.33pm.

13

Appendix B

Adult Social Care Scrutiny Commission Report

Cost of Living Impacts for Adult Social Care

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 8 December 2022

Wards Affected: All
Report Author: Kate Galoppi and Ruth Lake
Contact details: kate.galoppi@leicester.gov.uk; Ruth.lake@leicester.gov.uk
Version Control: v2

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the rising cost of living impacts on Adult Social Care and the responses supporting this.

2. Summary

2.1 The current cost of living crisis is impacting on all parts of our society. In response to the crisis, the Council has taken the decision to treat this as a major incident and stepped up the Incident Management Team (IMT), ensuring that we are aware of the potential impacts and providing a structured and coordinated response.

2.2 The City Council webpages provide information, advice, and guidance for residents, capturing the coordinated responses from IMT.

2.3 This report summarises the issues that are pertinent to Adult Social Care, both for people working in the sector and importantly, for people in receipt of support.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) Note the report and to provide comment/feedback.

4. Report

The Issues

4.1 The current cost of living crisis is having a significant impact on all parts of our society. As a department, Adult Social Care is acutely aware of the disproportionate impact faced by those people working in the system, who are generally on lower incomes; by Care Providers in meeting the rising costs of delivering safe and sustainable services; and most importantly, by those people receiving care and support who already face many challenges.

4.2 The Adult Social Care workforce is generally lower paid than other sectors, including its counterpart in the health care system. As a workforce already on low income, the rising cost of living will have an impact on the caring community. Rising living costs have a particular impact on the individual health, wellbeing and performance of care staff (especially residential and domiciliary care). Staff retention is affected, and some staff simply may struggle to afford to carry out their role due to increased fuel costs.

4.3 For care providers, increased costs of energy, food and inflation mean that their ability to remain financially sustainable is a very real challenge. This, coupled with the workforce issues and retention of staff, creates a difficult operating environment, which is of significant concern as we head into the winter period.

4.4 For people who rely on the care and support of social care, the rising costs of living further add to their daily challenges. People are concerned that they will struggle to keep warm, as they may not be able to afford energy bills. People's mental health is impacted, with shame over requiring financial or food assistance, as well as financial pressures making every day social activities unviable, increasing the risk of loneliness and isolation. Anxiety about money is linked to anxiety and depression more generally. In addition, for people living in their own homes, who rely on specialist equipment to support their needs, will face higher energy costs than others, with little choice or control. As people get into debt, their financial pressures may affect decisions about eating and heating, further impacting on people's health and wellbeing. We also know that cold houses heighten the risk of mould and damp, along with associated longer term health problems such as respiratory conditions. Cold homes are a contributory factor to falls and poor mental health. With Social Care being a chargeable provision, people may struggle to keep up their payments and face further growing debts. When a person is in receipt of a direct payment the charges that they contribute are passed on to the care provider via a Direct Payment service, so the impact of non-payments will be felt by care providers, which could include Personal Assistants.

The Response

4.5 Recognising that the caring workforce will be significantly impacted by rising costs of living, the Council is making sure that providers are signposting their staff to all the benefits outlined through the Council's webpages. This includes information about warm spaces, access to benefits support and details of available foodbanks across the city.

4.6 In addition, the Council is in discussions with partners in health, who have developed a package of support for hospital staff, to consider if those opportunities could be more widely accessible to care staff.

4.7 Last year, the Council ran a worker's rewards scheme, where carers were given a £500 bonus to support the retention of the workforce across the challenging winter period. This was to ensure that the safe provision of services to people was not impacted by staff shortages. The scheme, which was funded through NHS monies and central government grants, was successful in retaining staff, improving morale, ensuring services did not fail and supporting flow out of the hospital into the community. Given the success of this scheme, plans are being developed to use the recently announced £500m Discharge Fund Scheme to deliver a similar reward scheme, in recognition of the impact of the costs of living and the likelihood of increased staff turnover. This will be subject to agreement between the Local Authority and Integrated Care Board.

4.8 So far, support for care providers has included providing them with resources about financial wellbeing and managing rising energy costs, including information on possible options to join an energy brokerage scheme providing potentially cheaper options for energy supplies.

4.9 In addition, the Council is making use of the Reform Grant monies, to support a hardship fund for providers who are particularly impacted by the growing costs. This fund is open to care providers via the completion of a bid form, to demonstrate the impact of exceptional costs on their ability to deliver contracted support and it will remain open until 9th December 2022.

4.10 For people facing difficult choices about eating or heating, we are making sure that all those in receipt of care are directed to the support offers on the Council's webpages, where information regarding the availability of foodbanks, warm spaces, drop in advice / activities and available benefits are easily accessible. Recognising the needs of those people with learning disabilities and mental health issues, the Council is making available the information in easy read format, to ensure no one is disadvantaged in accessing this. The Council is also working with CAB to offer support to those who need help in form filling in relation to benefits. In addition, the

Council has created a simple guide for people on cost effective tips for keeping warm over the winter; again, this is available in easy read format.

4.11 Recognising the additional challenges that people in support of social care will face through the cost of living crisis, the Council has also provided further targeted support to individuals in receipt of social care from the Discretionary funds for the energy rebate scheme. We have worked with corporate colleagues to identify and prioritise those with the greatest levels of need or frailty.

4.12 For those people facing increased energy costs associated with the use of equipment to support their needs, we are working with equipment suppliers to create a clear picture of running costs. This will enable accurate, informed conversations with people who may be worried about costs and allow for individuals to have their disability related expenditure reviewed. Through the targeted use of the discretionary element of the energy rebate, some of these people will have already received additional financial support.

4.13 The Council's policy in relation to debt management, where people may fall behind in relation to contributions towards the cost of care, has already been considered. It is confirmed that the assessment of an individual's ability to make debt repayments takes account of increases in inflation (driven by energy and feed bills) and therefore protects a rising level of income in that assessment process.

4.14 Where the non-payment affects care providers, the support that is being offered to the market via the Hardship Fund will apply.

Summary

4.15 The Coordinated response for the cost of living crisis provides access to a range of support to Leicester's residents, all of which can be accessed by people working in and being supported by Adult Social Care. To ensure that those people who are disproportionality disadvantaged due to disability and low income can access the information and associated support, targeted work has and continues to be taken as outlined in this report. This sits alongside several corporate initiatives, to provide financial assistance where needed and where grants are available to support us to do so.

5.1 Finance

5.1.1 The additional financial support mentioned in the report including the discharge fund and the care reform funds is not mainstream funding but ad hoc grants. A similar discharge fund for 2023/24 was announced as part of

the autumn statement but it is not clear to what extent the reform funding will continue now that the cap on care costs has been delayed until 2025.

5.1.2 Unless there is a period of dis-inflation, which is highly unlikely, the current high prices are with us on a permanent basis, even if inflation slows. We will therefore need to continue using what grant funding is available in the manner described above, until such time as longer term funding is put in place.

Martin Judson, Head of Finance

Martin Judson, Head of Finance

5.2 Legal Implications

There are no legal implications arising directly from the report as it is just for noting.

Kevin Carter
Head of Law (Commercial, Property & Planning)

5.3 equalities

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The response to the cost-of-living crisis provides access to a range of support to Leicester's residents, all of which can be accessed by people working in and being supported by Adult Social Care, who will be from across a range of protected characteristics. The response provided is being targeted at those groups who are disproportionately affected, and information is being provided in accessible formats. Need to ensure equality considerations continue to be embedded in our response to the cost-of-living crisis and any negative impacts addressed as appropriate.

Sukhi Biring, Equalities Officer, 454 4175

5.4 Climate Change There are no significant climate emergency implications directly associated with this report, as it is for information. Aidan Davis, Sustainability Officer, Ext 37 2284

5.5 Other None

6. Appendices
   None

7. Background Papers
   None

8. Is this a Key Decision - No

Appendix C

Adult Social Care Scrutiny Commission Report

Adult Social Care Assurance

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 8 December 2022

Leicester City Council

Wards Affected: All
Report Author: Ruth Lake
Contact details: Ruth.lake@leicester.gov.uk
Version Control: v2

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of preparation for the Care Quality Commission's (CQC) Adult Social Care assurance process, which is currently expected to commence in April 2023.

2. Summary

2.1 Adult Social Care (ASC) is subject to a substantial programme of reforms, as previously described (ASC Scrutiny Commission, 18 August 2022: Health and Care Reforms (Public Pack)Agenda Document for Adult Social Care Scrutiny Commission, 18/08/2022 17:30 (leicester.gov.uk)

2.2 Within this programme, the white paper, "People at the Heart of Care" created a new duty for CQC, to become responsible for assessing local authorities' delivery of their adult social care duties, under part 1 of the Care Act.

2.3 A draft framework has been shared by CQC, which sets out a series of quality statements against which Local Authorities will be assessed, together with detail about the sources of evidence that will be sought to support a judgement on the delivery of ASC. The draft framework has been developed in the context of CQC's new Single Assessment Framework, which sets out what people should expect a good service or system to look like using quality statements: the ASC framework will use a subset of these, as the statutory duties being assessed as substantially different to that of registered providers of care.

2.4 At time of writing, there is minimal detail about the CQC's plans for the implementation of the assurance process, even though this is due to begin in little more than four months, and this report focuses on the steps the ASC divisions are taking to prepare for the assurance process, as it commences.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) Note the report and to provide comment/feedback.

4. Report

4.1 In advance of the commencement of an assurance process, CQC has published its draft framework, so as to enable Councils to prepare for the new obligations that start in April 2023. The detail about how CQC will enact their assurance approach is still unknown, including what information will be sought in advance, the core dataset that might be required, the timelines for any submissions and the detail of any on-site inspections. Although there are likely to be a number of similarities between the new CQC system and the approach towards inspection of children's social care that has been adopted by OFSTED for many years, there will also be significant differences. Key amongst these are likely to be the different Assurance Framework approach used by CQC, their more mechanical system of ratings, and the fact that the vast majority of ASC delivery is external to local authorities, which may well affect the approach to seeking evidence from external partners.

4.2 It is over 10 years since ASC has been subject to a statutory assurance or inspection programme. Councils have been working together across the East Midlands, to prepare as best they are able, drawing in learning from colleagues in Children's services from the OFSTED approach and using external resources to offer constructive challenge and support.

4.3 A regional ASC Assurance network meets monthly, enabling lead officers to share best practice and to work together on common areas for development, such as approaches to co-production.

4.4 The region has also secured support from a well-respected former DASS, to lead a process of preparation including an 'annual challenge conversation', which will test a Council's position against the CQC draft framework.

4.5 The key area of focus is presently on the completion of two components that will inevitably form a part of CQC's approach: a written self-assessment and a data set.

CQC Draft Assurance Framework

4.6 The draft framework sets out 4 domains, supported by quality statements, and using the Making it Real 'I' and 'We' statements. The framework references the policies, strategies and guidance it would expect a Council to have in place (and be able to show) and there is limited reference to data sources. It is anticipated that a replacement for the Adult Social Care Outcomes Framework (ASCOF), which is the existing national dataset for ASC, will be published.

4.7 The high level (draft) detail of each of the 4 domains and 2 quality statements per domain is set out below (4.7.1 – 4.7.4)

4.7.1 **How local authorities work with people**

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

✓ I have care and support that is coordinated, and everyone works well together and with me.

✓ I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

✓ I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

4.7.2 **How local authorities provide support**

Care provision, integration and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

✓ I have care and support that is coordinated, and everyone works well together and with me.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

✓ Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.

4.7.3 **How local authorities ensure safety**

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

✓ When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.

✓ I feel safe and am supported to understand and manage any risks.

Safeguarding

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

✓ I feel safe and am supported to understand and manage any risks.

4.7.4 **Leadership**

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

4.8 A template is being produced within the East Midlands region, to support a consistent approach to the preparation of a self-assessment against the quality statements. This will cover the elements of narrative (what we think our performance is), supporting information (policies, strategies) and supporting data. In the absence of a national revised dataset, an East Midlands dataset has been agreed, to enable benchmarking between the region's councils.

4.9 The development of the template has been shared with the key individuals supporting the national development of the CQC Assurance process. It is not yet known to what extent this will inform or reflect a final CQC version of a self-assessment template.

4.10 A process has been set out, overseen by the ASC Reforms Board, for completion of this template, in line with the following steps to be completed by January 2023:

- Preparation of a supporting documents appendix
- Preparation of a data appendix
- First draft of a narrative against the quality statements
- Engagement with key stakeholders on the draft
- Preparation of a final draft for submission to the regional Annual Conversation lead
- Annual Conversation (tbc in Feb 2023)

4.11 Every Council will receive a rating under the CQC framework, likely mirroring their existing framework of Outstanding / Good / Requires Improvement / Inadequate. Like many aspects of the assurance process, however, this remains to be confirmed, in part due to the recent changes in the DHSC ministerial team, which has required all policy decisions to be reviewed.

4.12 At this point, it is too early to be definitive about the risk of adverse judgement from the CQC assurance process. The challenges experienced in remaining compliant with Care Act duties to assess in a timely way and to complete annual reviews are shared with every Council across England, as set out in the ADASS Waiting for Care report (May 2022) and their subsequent survey of councils, published August 2022. Alongside these areas for concern are clear areas of strength, including the work the Council has done to support market stability and in progressing a strengths based approach using the Making it Real framework. As regional work progresses, this will enable a degree of benchmarking or judgement to be formed about a likely position within the CQC framework.

5.1 Finance

5.1.1 There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant

5.2 Legal

5.2.1 There are no direct legal implications arising from the contents of this report.

Pretty Patel, Head of Law-Social Care & Safeguarding

5.3 Equalities

There are no direct equality implications arising from this report, however we need to ensure equality considerations are embedded within the East Midlands template which has been developed to support a consistent approach to the preparation of a self-assessment against the quality statements in the QCQ assurance process. Need to ensure that the demographic profile of the city is taken into account as part of the self-assessment for ASC.

Sukhi Biring, Equalities Officer

5.4 Climate Change

5.4.1 There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer

5.5 Other
None

6. Appendices
   None

7. Background Papers
   None

8. Is this a Key Decision - No

Scrutiny

Leicester City Council
Scrutiny Review

Understanding the increasing cost of care packages within Adult Social Care budgetary pressures.

DR

A Review Report of the Adult Social Care Scrutiny Commission

Date: 8th December 2022

Leicester
City Council

CONTENTS	**PAGE NO.**
Chair's Foreword	**3 – 4**
REPORT ➢ Introduction ➢ **RECOMMENDATIONS** ➢ Adult Social Care funding – national context ➢ Leicester City Council Adult Social Care funding and managing the cost of care packages ➢ News and Media articles – supporting information ➢ Appendices ➢ Finance, Legal, Equalities, and Climate Emergency Implications.	**5 - 27**

Task Group Members of Adult Social Care Scrutiny Commission

Councillor Melissa March (Chair of Task Group)
Councillors Rashmikant Joshi
Councillor Patrick Kitterick
Councillor Manjit Kaur Saini

CHAIR'S FOREWORD

Leicester should be a great city to live in throughout our lives, including if or when we need care and support to live our daily lives. However, the increase in numbers of people needing care, and the complexity of care people require are compounded by the cost of care going up annually, and dramatically too.

Adult Social Care is the largest single area of spend for local authorities, including Leicester City Council. Costs for packages of care are rising exponentially. Nearly £150million was spent in 2020/21 and the budget has just increased by a further £19million in 2022/23. In 2023/24, the picture looks even more scarier.

To pay for the spiralling costs of care, we often have to look to make cuts elsewhere within council services on top of raising council tax for people across the city. The cost of care is increasing year on year, but we also spend time and resources on compliance, monitoring and managing all the external contracts too.

The local authority is in a real bind. We are legally obliged to let 'market' forces into the provision of care, but we also have a legal (and moral) responsibility to put enough protections in for individuals and the system at large so that it does not fail them.

On top of this, we all also know that care often feels simply not good enough. People value support from the same people who they know and trust. People value receiving care at times that work for them around their other routines. People value carers taking time to engage with them as they look after them. Carers do not have enough time, and we do not have enough carers.

We know that those working within our care sector are woefully underpaid, undervalued and often disrespected. A previous scrutiny review that I chaired before the pandemic highlighted that in the next few years, we will need to recruit 1.5 times the existing workforce in order to sustain the current system of care. We face a perfect storm of more people needing more care, people leaving the workforce and poor rates of recruitment and retention.

Due to the ongoing Covid pandemic, the evidence gathered for this report took place with online meetings and email communication with care providers during

2021/22. We would like to take this opportunity to praise the whole social care and NHS workforce, as well as informal carers, across Leicester City for their dedication and commitment through these difficult times.

Councillor Melissa March (Task Group Chair), and

Vice Chair of Adult Social Care Scrutiny Commission.

REPORT

1. Introduction

1.1 In January 2021, members of the Adult Social Care Scrutiny Commission raised their concerns over the increase in care package costs of £12.5 million in a single year. Members suggested that an in-depth review be carried out to investigate this further. In June 2021, members set up task group to conduct a review into ‘Cost of Care and impacts on budgets’ The task group explored what drives the increasing cost of care services; the impacts on budget pressures, and ways of managing the impact on service users.

1.2 Leicester City Council Adult Social Care division continues to face significant demand led pressures in 2022 and beyond, including:

a) The growth in need of people already using services, resulting in additional support being added to their existing package of care.

b) The increase in the number of people requiring care, which is a consequence of demographic changes, as the population ages and as the number of people of working age who have care needs grows. There may also be ongoing needs resulting from Covid infections, such as from ‘long Covid’

c) The unit cost of meeting need, which is rising by more than inflation, in large part, due to the impact of continuing increases in the National Living Wage (NLW) which drives care costs. The NLW will increase by 2.2% in 2021/22 (less than previously anticipated); the Government intends it to reach two-thirds of median wages by 2025, which implies higher increases in future years.

1.3 The combination of the above pressures means the aggregate cost of social care packages is expected to increase by 12% in 2021/22. It is proposed to increase the budget for Adult Social Care by £10.2m in 2021/22 rising to £30.2m by 2022/23. Government support will meet some, but not all of these costs.

1.4 At Leicester City Council the Residential Care costs and Domiciliary Care costs make up the majority of costs in the Adult Social Care budget, which is driven by:

- Actual cost (unit cost)
- Demand (number of people care provided to)
- Complexity (extent of peoples’ needs) – There is an urgent need to address the implications of a growing ageing population who will have increasing and ever more complex needs.

1.5 The Strategic Director for Social Care & Education at Leicester City Council stated:

'Care packages for Adult Social Care represent the single largest element of the Council's General Fund expenditure. These are demand-led services, where eligibility is determined through national legislation, and where services are almost universally delivered by the independent sector, relying on a very large workforce, many of whom are paid at the National Living Wage or only slightly above. Although significant funding is secured through charging people for the services they use, and from transfers from the NHS, and the Council is permitted to increase Council Tax through an Adult Social Care precept, there is a clear imbalance between demand and funding. This not only puts pressure on the funding available for other Council services, but also creates a tension with the longstanding aspiration to improve the terms and conditions of the substantial Adult Social Care workforce'.

1.6 In In December 2021 the government published the White Paper on Adult Social Care**, the paper referenced good practice in Leicester and its people-centred approach to delivering services**[1] However the White Paper did not contain much that was new, and no core funding had been allocated. The paper did suggest an additional investment of £1billion over a period of 3 years, of which £500million was allocated for training and the other for technological improvements.
https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform

1.7 The Deputy City Mayor for Social Care and Anti-Poverty at Leicester City Council stated:

'That the Govt White Paper had left local authorities frustrated across the country. Although nice things had been said about Leicester within the paper, no money had been made available to meet the care needs of the people now or to prepare for the demand in the coming years'.

2 RECOMMENDATIONS

2.1 Although members noted that the £1.9 million reduction was not as a result for taking away services but ensuring that we are not providing people with care services that they did not require, they were concerned that people could lose services they valued as a result. **Recommendation: Task group members also raised concerns that the £1.9 million savings quoted by officers would only be possible if the council adequately resourced carrying out reviews – i.e.:**

[1] **Bespoke support in action: Think Local Act Personal and Leicester City Council**

Think Local Act Personal (TLAP) provided bespoke support to Leicester City Council to support them in changing the way services are designed.

spending money on staff time for carrying out these reviews was in place immediately, otherwise the council inevitably will be in the same situation next year (the task group were aware that over 40% were overdue and had not been reviewed in the last 12 months). If the local authority does not prioritise getting on top of the reviewing process, the situation will only worsen and any potential for savings will be lost.

2.2 Members noted that the additional cost of care packages in 2023/24 would further increase by an alarming £42 million. The task group review considered the cost of domiciliary care and it was asserted that this appeared to show that these were paying for private profits. However, the task group felt unable to see a sufficient amount of finances or accounts from any of these multiple care providers, in spite of numerous requests. The task group was assured that officers did check the financial viability of companies as part of the due diligence process but (because of reasons of confidentiality) was unable to find adequate reassurance that care companies were not making undue levels of profits for the care they delivered. **Recommendation: to better understand care providers financial structures and management for transparency, scrutiny and assurance.**

2.3 As Leicester City Council has no provision in house (except for £1m of reablement service), we have to rely too heavily on 'the market', which exists to make profit. It was noted that it was perfectly legal for local authorities to provide services in-house, with Derbyshire having a substantial service in house. Members were interested in which parts of the service area could be delivered in house and have requested a report on this at scrutiny meetings. **Recommendation: that a holistic review of what services area delivered in house by other local authorities is undertaken, with a view to reconsidering what Leicester City Council can do to bring more of this provision back into council ownership. This would allow us more control of pricing, quality, continuity and the terms/conditions that carers are offered at work.**

2.4 The government recently announced (September 2021) that there will be a new lifetime cap on care costs of £86k and an increase to the upper capital limit (from £23,250 to £100k). This will mean that Local Authorities will have to fund a greater share of care costs currently paid for by individuals. In addition, the council and supply chain (including providers) will have to pay additional employer National Insurance Contributions of 1.25% from April 2022. Whilst a reduction in the financial burden on individuals, the government has not yet announced any additional funding to tackle existing and growing funding gaps in Adult Social Care. **RECOMMENDATION: The council to write to the government to highlight the rising and unsustainable costs of Adult Social Care. Whilst recognising the government has provided pandemic related support, the support is nowhere near sufficient to meet the ongoing costs and underlying pressures faced by Adult Social Care. The**

Council needs immediate on-going funding to meet these challenges and to continue to support the most vulnerable in society.

2.5 On top of this, we all also know that care often feels simply not good enough. People value support from the same people who they know and trust. People value receiving care at times that work for them around their other routines. People value carers taking time to engage with them as they look after them. Carers do not have enough time, and we do not have enough carers. We know that those working within our care sector are woefully underpaid, undervalued and often disrespected. A previous scrutiny review that I chaired before the pandemic highlighted that in the next few years, we will need to recruit 1.5 times the existing workforce in order to sustain the current system of care. We face a perfect storm of more people needing more care, people leaving the workforce and poor rates of recruitment and retention**. RECOMMENDATION: Heed is paid to the previous scrutiny review undertaken in this area 'Looking to the Future: the workforce in adult social care', and the recommendations therein.**

2.6 The commission saw evidence that some providers were pricing low to start with for certain package of care that would then increase significantly year on year**. RECOMMENDATION: That officers review this thoroughly across the board to ensure that they are not beholden to care providers inflating costs unnecessarily.**

2.7 Technological innovation has the potential both to improve care in domiciliary settings (for example tech could reduce double-handed carers to one in some cases) and in residential care settings. Members were impressed with a recent presentation at Adult Social Care Scrutiny Commission meeting, which showcased carer aids and gadgets, equipment and new technology. **RECOMMENDATION: Members agreed that the council should continue the good work and to further explore the use of technology enabled care, as this may help to contain the costs of care.**

2.8 Recommendations 2.9 and 2.10 were agreed by Adult Social Care Scrutiny commission in March 2022, in relation to item on Leicester City Council Annual Budget and costs of care:

2.9 The increasing costs of care and care packages is concerning (to point out that Leicester is different to many other cities, as we have a higher demand for care services, and an aging population with needs increasing, combined with poverty, deprivation, high house prices, and a shortage of care workers – especially since the pandemic).

2.10 The additional cost of care packages in 2021/24 to increase to £42 million is worrying (to point out that members have requested that consideration be given to options to bringing some services in-house).

2.11 **Looking forward (following this review)**

2.12 The Government new charging reforms (2022) are being introduced against a challenging backdrop. Local government is already grappling with a significant change agenda, as well as the various and ongoing demands of recovering from the Covid-19 pandemic. This is in addition to existing challenges with the current adult social care system including preparing for assurance; provider sustainability; workforce recruitment and retention; and the evolving relationship with the NHS, including understanding the implications of the white paper on integration, and the implementation of Integrated Care Systems.

3 Adult Social Care funding – National context

3.1 The briefing on 'Adult social care funding (England) - UK Parliament' https://researchbriefings.files.parliament.uk/documents/CBP-7903/CBP-7903.pdf provides information on the wider context by examining the main funding pressures affecting publicity funded adult social care services in England. It also sets out the additional funding committed to adult social care since 2016/17 and provides information on funding plans from 2022/23. An extract from this report highlights the effects of funding pressures: It is suggested by various stakeholders that the funding pressures in adult social care contribute to several issues in the sector, including:

• High levels of unmet care needs: Age UK has estimated that 1.5 million older people in England, 1 in 7 of the population aged 65 and over, may not be getting the social care they need.

• "Catastrophic" care costs: the Government estimates that around one in seven adults aged 65 face lifetime care costs of over £100,000.

• High levels of unpaid care: the Government has cited research suggesting caring is associated with poorer physical and mental health and can negatively affect a person's employment. Carers may also not be getting the support they need.

• Workforce pressures: in 2020/21 there was a turnover rate of 34% and around 105,000 vacancies were advertised on an average day, according to Skills for Care. Pay is also uncompetitive, which can affect morale and make it harder to retain staff.

• Impact on health services: a lack of suitable social care can affect health services, for example by delaying discharging people from hospital.

• Financial sustainability of care providers: in July 2021, ADASS said 77% of local authorities were concerned about the financial sustainability of some of their care home providers.

3.2 Adult social care funding has been under pressure for several years. The factors which have contributed to this include:

a. **Demographic pressures**: the number of older people (the group most likely to need social care) is rising faster than the population as a whole. There is also increased demand for care from working age adults.
b. **Pressures on local government finances**: the National Audit Office has estimated that local government spending power (government funding, council tax and business rates) reduced by 29% in real terms between 2010/11 and 2021/22.
c. **Increases in the National Living Wage**: The Association of Directors of Adult Social Services (ADASS) estimated the increase in the national Living Wage in April 2021 would cost councils around £494 million.
d. **The Covid-19 pandemic**: there are concerns the pandemic could compound long-term funding pressures.

3.3 In September 2021 the government announced that there will be a new lifetime cap on care costs of £86k and an increase to the upper capital limit (from £23,250 to £100k). This will mean that Local Authorities will have to fund a greater share of care costs currently paid for by individuals. In addition, the council and supply chain (including providers) will have to pay additional employer National Insurance Contributions of 1.25% from April 2022. Whilst a reduction in the financial burden on individuals, the government has not yet announced any additional funding to tackle existing and growing funding gaps in Adult Social Care. Government policy report *'Build Back Better: Our plan for health and social care'* *https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/build-back-better-our-plan-for-health-and-social-care.*

3.4 Members commented that whilst recognising the government has provided pandemic related support, the support is nowhere near sufficient to meet the ongoing costs and underlying pressures faced by Adult Social Care. The council needs immediate on-going funding to meet these challenges and to continue to support the most vulnerable in society. The council to write to the government to highlight the rising and unsustainable costs of Adult Social Care. (Recommendation).

4 Leicester City Council Adult Social Care and managing the costs of care packages.

4.1 Task group members examined detailed evidence provided by adult social care lead officers to better understand the reasons for the increasing cost of care packages with Adult Social Care. Evidence was provided in the form of presentation slides; data; charts; reports and information. These are listed below.

4.2 List of supporting evidence provided by Adult Social Care lead officers.

Presentation slides showing 'Adult Social Care Costs Overview'
Adult Social Care Revenue Budget 2021/22 (Table)
Numbers of people in care and package costs by type (Table)
Gross package costs and income (Chart)
3 Factors affecting care package costs
Increasing need
Gross package costs – illustration of change in need (Table)
Learning Disabilities - 2019/20 Scatter diagram of existing package costs at 1st April 2019, and changers during the year by type, weekly cost and age.
Mental Health - 2019/20 Scatter diagram of existing package
Dementia - 2019/20 Scatter diagram of existing package costs at 1st April 2019, and changers during the year by type, weekly cost and age (Learning Disabilities)
Distribution of 2019/20 package cost increases
Level of need
Controlling costs
2022/23 and beyond issues

Report showing 'Update on Domiciliary Support - Task Group Questions and Answers'

Data showing 'Increase in demand and costs in relation to the Domiciliary Care Framework'

Table showing 'Active lcc contracted Domiciliary Care providers and the number of staff employed by that agency'

Excel table showing Domiciliary Care Cost Analysis

Excel table showing Leicester City Domiciliary Support Market Survey 1-32

Data slides showing the increase in costs of Domiciliary Care Packages between 2017 / 2018 and 2018 / 2019 and the continued increases across all contract year:
Total number of Leicester City Council people supported by quarter / financial year (Table 1 and Chart 1)
Snapshot of packages commissioned (Table 2 and Chart 2)
Snapshot of average hours commissioned per person (Table 3 and Chart 3)
Snapshot 2021/2022 (Q2) of weekly cost breakdown for commissioned packages of care (Table 4 and Chart 4)

Presentation slides showing 'Implementing the Care Act 2014'
Purpose of the Act
Key Milestones
Care Act 2014 – General Responsibilities

Care Act 2014 – Assessing need
Care Act 2014 – Other
Care Act 2014 – Funding and Charging
Increased Demand
Costs and Funding of the Care Act 2014

Presentation slides showing 'Managing the cost of care – ensuring packages match need'
Care Act 2014 requires the council to ensure eligible needs are met
Decision making and oversight
How cost increases occur
The Audit framework
What we check (as well as quality of practice), and what we find
Some case studies

4.3 Task group members examined how the council manages the costs of care packages in the city. A report at **Appendix C** provides the task group 'Questions and Answers' evidence relating to Domiciliary Support.

4.4 Task group question: Information on how ratings are used when assessing providers as part of procurement processes?
Officer response: During the procurement process, tendering organisations are requested to provide details of their Care Quality Commission (CQC) registration when completing their Invitation to Tender (ITT). However the authority does not preclude organisations that do not have a current CQC registration (e.g. a new domiciliary care agency) from applying for a place on the Domiciliary Care Framework. Further checks including references from people supported, examination of an organisations financial standing, as well as a number of detailed method statements assessing quality are used.

4.5 Task group question: Local Authority spend on Contract Management?
Officer response: The costs of managing contracts with the external market are across both the contractual management staffing costs, and the staffing costs of brokerage in commissioning packages of care. In total these costs equated to £1.3m in 2020/21. To put this in context the value of the contracts for domiciliary and residential care in 2020/21 totalled circa (gross) £19.9m per annum, and £60.5m per annum (respectively) – as shown in the table below. The specific contract management costs relating to these two contract areas therefore represent 1.3 % of the spend against residential care, and 2.6% of the spend against Domiciliary Care. It is also to be noted that the teams / staff supporting contract management for domiciliary and residential care also support a range of other contracts including supported living and extra care, community day opportunities, advocacy support, and preventative services.

4.6 **Numbers of People in Care and Package Cost by Type**

Context - Numbers of people in care and package cost by type

	Number of people with care As at 31 March 2021		Package cost for 2020/21 £m
65 +	2,908	57%	64.2
Working age	2,232	43%	69.5
Total	5,140	100%	133.7

	Number of people with care As at 31 March 2021	Package cost for 2020/21 £m	
Residential	1,309	60.5	45%
Supported living	516	23.4	18%
Home care	2,870	43.6	33%
Community opportunities	426	5.8	4%
Shared lives	19	0.4	0%
	5,140	133.7	100%

4.7 The above table shows the council pays for only 5,140 adults to actually receive care in the city. Of these, 43% are under 65 (2,232ppl) and 57% (or 2,908 ppl) are over 65. We also spend the majority of our budget on fewer people in this 'of working age' category (ie aged 18-65) with £69.5m last year, compared to £64.2million on over 65s. Future forecasts of growth for this cohort are particularly concerning. It is a common misconception – many people are surprised to learn this, having previously considered that our ageing population as a nation was to blame for rising costs.

4.8 **In Leicester, as per the national picture, the 3 Factors affecting care package costs are shown in this slide below**

3 Factors affecting care package costs

All people receiving care

Fee Inflation – NLW increase of 2.2% plus CPI 3% on non -pay, plus any other specific increases resulting in overall fee inflation of 2.7%.

+

New to care and those leaving care

Demography – 2% for 65+, 5% for working age, net 3.3%. Growth has previously been held down for 65+ due to prevention efforts, but now forecast in line with 65+ population growth.
Financial impact reduced by differential in package costs for those entering and exiting care. Net % full year impact 0.3%

+

Existing people in care

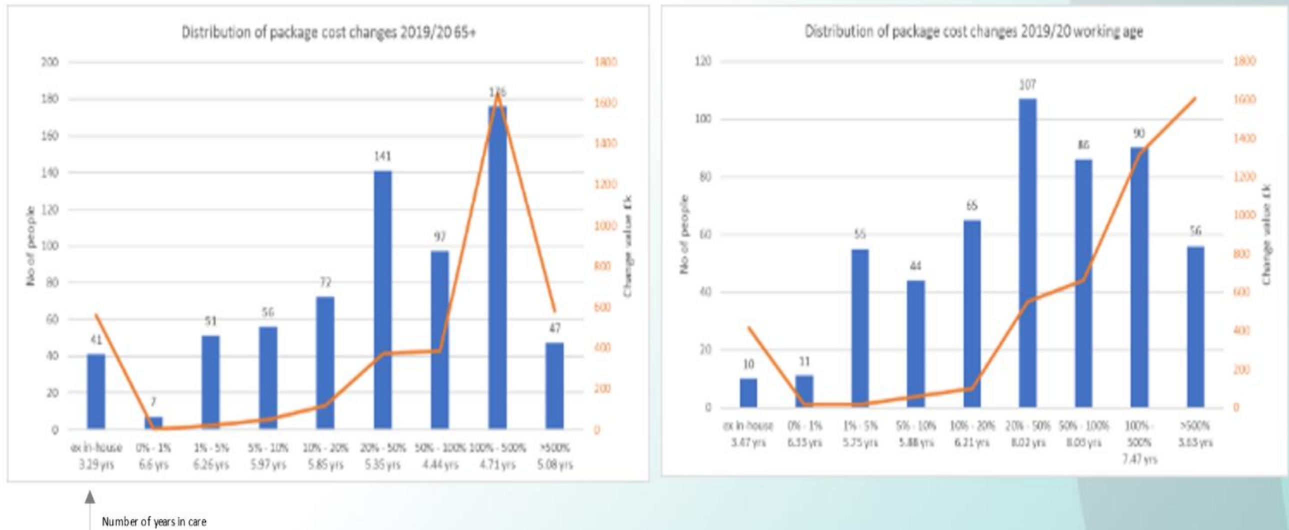
Increasing need – 38% of existing people see an average increase care package of 24%. This translates to an increase of 9% full year effect (usually split 6% in the year of change and a further 3% in the following year)

Total 2021/22 budgeted package cost increase = 12% compared to 2020/21

5

4.9 Members asked about the change in cost of care packages in the year and looked at smaller patterns of why these changes happen to the cost of care. Members were interested in whether the care that people were receiving had led to deterioration in health. Evidence in charts at **Appendix B**, shows increases in need from deteriorating health, in that 38% of reviews result in net additional increases to packages of 24%. Members were informed that those people that see a package change follow a very similar profile in terms of package cost and age to that of the overall cohort for that particular type (learning disability, mental health, physical disabilities, dementia).

4.10 Gross Package Costs and Income



4.11 **Distribution of 2019/20 cost package increases**

4.12 The above chart shows the distribution of the package cost % increases for those people who saw an increase in package cost together with the average number of years in care for each range of increase. Working age adults generally incur larger package increases the longer they have been in care. This is not the case with 65+ cohort. The larger % package increases contribute more to the overall financial cost, although not the case for >500% increases for the elderly. The council would need to restrict package cost increases from 20% upwards to make any significant impact on reducing the in-year cost.

4.13 The commission requested information on the increase in costs of Domiciliary Care Packages between 2017/2018 and 2018/2019. Evidence of this is at **Appendix 1** (part of Appendix C) which includes information on increases across all contract years. Table below shows the total number of Leicester City Council people supported by Quarter / financial year.

Table 1 - Total Number of Leicester City Council people supported by Quarter / financial year

	Q1	Q2	Q3	Q4
2017/2018		1514	1502*1	1536
2018/2019	1532	1557	1516	1516
2019/2020	1533	1554	1531	1554
2020/2021	1591	1628	1644	1683
2021/2022	1751	1811*2		

* Data represents a snapshot of active packages of care funded by Leicester City Council, excluding NHS funded people, on the last day of each quarter. E.g. Q1 2021/2022 = 30/06/2021
*1 – This represents the snapshot of active packages on the first day of the framework – 07/10/2017
*2 – This represents the snapshot of active packages on the 31st August 2021

4.14 Members were provided with a presentation about ‘Managing the cost of care – ensuring packages meet need’, at **Appendix D**. Members were informed that increases occur due to:

Either needs have increased, or other available support has reduced:

- Planned review – needs or support has changed
- Unplanned review – requested to address a sudden change in need / support

Deep dives have shown factors to be:

- Substantial change in health condition (often ‘catastrophic’)
- Reduced mobility / double handed care
- Loss of main carer
- Overnight needs
- Dementia / impact on carers

4.15 Members were provided with examples of case studies to show increased need:

1. Mr P: dementia, mobility, carer strain and double handed care (joint funded)
2. Mr C: Wife’s head injury, hospitalisation, reduced ability to offer care
3. Ms S: complex health / visual impairment and MH issues + safeguarding and allegations risks
4. Mr S: dementia + hard to manage behaviours, carer distress, risk of self harm / neglect

4.16 Task group evidence included workforce numbers within contracted Domiciliary Care providers.

4.17 Members captured evidence in responses to questions via a mini survey questionnaire sent to domiciliary care providers in the city. The key responses are highlighted below:

a) Question: Do you believe there has been a change in the complexity of people who you support?

   (i) Over the past 5 years = *18 out of 32 responded increased / significantly increased*
   (ii) Over the past year = *22 out of 32 responded increased / significantly increased*

b) Question: What do you think the financial barriers are to running a successful domiciliary care agency in Leicester?

   Responses:
   - *Hard to recruit to the care sector.*
   - *Retention (high turnover of staff) and training costs*
   - *Poor rates of hourly pay in comparison to other sectors, for example Amazon, Supermarkets and factories.*
   - *Increasing cost of petrol and travel costs, and PPE.*
   - *Council funding is not sustainable with the increase of minimum wage.*
   - *Business rate parking charges in some parts of the city traffic.*

c) Question: Do you have any comments you would like to share with the scrutiny task group?

   Responses:
   - *The council should learn from other local authorities like Leicestershire County Council.*
   - *There are hundreds of CQC registered Dom Care providers in the city, so the competition for work and care staff is enormous*
   - *The expectations from the local authority for contracted framework providers has increased along with the complexity of what is being asked of them.*
   - *The overall impact on people using our service is that they have been able to safely receive domiciliary care services with minimal risk of catching covid. Service users and their families also express a high level of satisfaction with our service.*
   - *We receive many letters of thanks for the carers.*
   - *Have a day or two of working as a carer, as they do a hard job.*
   - *Thank you for involving us in this survey.*

4.18 Task group members thanked lead officers in Adult Social Care for their support in carrying out this survey to help inform the review.

5 Council's responsibility for care and Implementing the Care Act 2014

5.1 Officers provided a presentation on 'Implementing the Care Act 2014' which came into force in April 2015/16, at **Appendix E**.

Key impacts of the Care Act re: Cost of Care and Market-shaping:

- The Care Act 2014 places duties on local authorities to facilitate and shape the whole publicly funded and self-funded care and support market.

- The Care Act strengthens the general duties of councils when setting fees. Councils must ensure sustainability of the market alongside ensuring that sufficient services are available for meeting the needs for care and support of adults in its area. In addition, the Care Act's accompanying guidance also states that local authorities should have evidence that the fee levels they pay for care and support services enable the delivery of agreed care packages and support a sustainable market.

5.2 Members felt that the local authority is in a real bind. We are obliged to let 'market' forces into the provision of care, but we also have a legal and moral responsibility to put enough protections in for individuals and the system at large so that it does not fail them.

5.3 Adult Social Care is the largest single area of spend for local authorities, including Leicester City Council. Costs for packages of care are spiraling. We spent nearly £150million in 2020/21 and the budget just increased by a further £19million in 2022/23. With a further £43m expected in 2023/24.

5.4 We cannot raise sufficient income from increasing the 'social care precept' on council tax annually to pay for this, in spite of putting it up by the maximum each year. In 2022/23, for example, hikes in council tax will bring in less that 10% of the additional spending required in the city. These figures are also based on a very small increase in the numbers of people receiving care and how much care they receive. Other authorities in wealthier areas, with higher rates of home ownership and/or with healthier populations may be able to meet a higher percentage of the costs of providing care through council tax, but not in Leicester.

5.5 National government made much of the changes to funding in adult social care, which are to be paid for through increases in National Insurance Contributions. Of the funds expected to be raised, only very little will actually filter through to social care with the remainder being spend on backlogs in the NHS caused by the pandemic. This does not even begin to plug the gap. In addition, the changes brought in to how much people contribute towards their own care costs negatively affects areas like Leicester compared to elsewhere.

5.6 On top of the huge sums involved in paying for care, Leicester City Council also spends money and energy each year monitoring the contracts with

care providers, brokering packages of care and stepping in when things go wrong with emergency carers, safeguarding measures and lots more. The NHS locally contributes further to care costs for those in receipt of continuing care. The numbers involved are alarming, vast and increasing.

5.7 Members suggested that some providers might come in low then push the price up and might seek to increase the size of packages (and hence bring more work in) by coaching clients to extend care packages as this was a practice in other sectors which could also benefit this sector. Officers responded that the rate in homecare packages were at a fixed rate and social workers decide the level of care for the individual drawing on care services.

5.8 The task group were informed that the rate in homecare packages were at a fixed rate and social workers decide the level of care for the individual drawing on care services. It was suggested that there could be scope for providers to seek to increase the size of packages (and hence bring more work in) by coaching clients to extend care packages as this was a practice in other sectors which could also benefit this sector.

5.9 The commission saw evidence that some providers were pricing low to start with for certain packages of care, that would then increase significantly year on year, in spite of the careful cost controls that the local authority put in place with providers. Clearly some of this may be justified by someone's needs increasing, and that many of the people receiving care paid for by the local authority were likely to have worsening health and thus growing social care requirements. However, the commission still felt that there was more of a pattern in this than was accepted by officers. Members recommended that officers review this thoroughly across the board to ensure that they are not beholden to care providers inflating costs unnecessarily. (Recommendation).

5.10 Social work is a valuable and increasingly important profession focused on improving wellbeing and enhancing the quality of people's daily lives. It should not be about negotiating prices with businesses for packages of care. The commission felt it was good that there was a brokerage team to ensure that conversations around the specific pricing for packages of care was reassuring. However, it also brings us back to a central dichotomy of the situation: what do we do if the overstretched 'market' does not want to take up a particular package of care? The commission unanimously felt very strongly that if the local authority was being expected to step in and step up in unplanned and sporadic incidences such as these, it should consider having more a continuous offer of in-house care provision. (Recommendation).

5.11 As Leicester City Council has no provision in house (except for £1m of reablement service), we have to rely too heavily on 'the market', which exists to make profit. It was noted that it was perfectly legal for local authorities to provide services in-house, with Derbyshire having a substantial service in-house.

5.12 Members were interested in which parts of the service area could be delivered in house and have requested a report on this at scrutiny meetings. Members requested that a holistic review of what service areas delivered in-house by other local authorities, is undertaken, with a view to reconsidering what Leicester City Council can do to bring more of this provision back into council ownership. This would allow us more control of pricing, quality, continuity and the terms/conditions that carers are offered at work**.** (Recommendation).

5.13 Members asked about the level of disparity between local authority and private market rates for care provision?

5.14 Officers responded that whilst the local authority does not routinely collect information on private market rates, a sample of private rates were sought from Domiciliary Care Providers – rates range from between £19.50 and £21.50 per hour. Whereas currently, under the Domiciliary Care framework provider hourly rates vary between £16.14 and £17.22 per hour (based on the rates each provider bid at contract award and which have been uplifted in subsequent years to reflect the impact of wage inflation and associated employer wage on costs). For residential care, information from one of the larger national providers of residential care suggests private rates are approximately 40% above council banded rates. Details on the current banded rates are at **Appendix C**.

5.15 **CASE STUDIES**

a) CASE STUDY: Too small:

In spite of being eligible for fully funded care, a lady in her 90s was using benefits and family support to pay for a private carer to visit daily. This meant that she had the consistency of input from someone she trusted, which was what she valued most. However, during an early wave of covid and localised Leicester lockdown, whilst awaiting a PCR result, the carer was forced to isolate at very short notice. The PCR then came back positive and so the carer (who provided 5 calls a week) needed to isolate for a further 10 days, as per the rules at that time. Leicester City Council could not find anyone to pick up the care package in spite of all the teams and mechanisms in place for this. Care was provided by our own in-house emergency carers. The 'market' was uninterested in delivering this small, short term package of care so didn't. The council stepped in because it cannot legally or morally allow that as an outcome. This case study is included because it shows the fundamental difference in approach from the parties involved. It also shows that the system is not infallible and highlights many of the challenges faced.

b) CASE STUDY: Too big:

The issues that the city council is having with building a functional consortium to deliver the Extra Care housing requirements in the city highlight how arrangements for packages of care can also feel too big for care providers to deliver. The first attempt at this process got as far as

breaking ground before partners withdrew from the agreement due to its unavailability. The second attempt has involved multiple pre-tendering discussions with care providers about how to make the deal more profitable for them in the longer term. A further irony in this obligatory market of limitations is that the local authority is not legally permitted to build the extra care units and keep them in-house (as we are currently doing with children's homes, for example).

5.16 The task group was particularly interested in understanding the profits of care providers. For reasons of data protection, we were unable to see the due diligence information officers hold in-house. Within publicly available companies houses annual accounts, we were unable to see very little. Of the three companies contracting with the council for the highest value contracts, one appears to be part of a national chain that has been buying out other care providing companies across the country since 1999/2000 and the other two are currently exempt from sharing their accounts.

5.17 These are the top three care companies contracted with Leicester City Council:

- Westminster Home Care
- Aspire
- Help at Home

5.18 The company where we can see the accounts (publicly available on companies house) states: "*Overall the Company's turnover for the sixteen months increased by 30.9% from £38.5million to £50.4milion. On a 'pro forma twelve-month' basis, turnover decreased by 1.8% to £37.8million. Reported gross margin declined from 25.9% to 20.5% whilst the operating margin increased from 4.7% to 6.4%. Net profit after tax increased from £1,497,917 to £2,414,901.*" (This is during the peak of the pandemic and covers the 16 months to the end of April 2021).

5.19 Members noted that the additional cost of care packages in 2023/24 would further increase by an alarming £42 million. The task group review considered the cost of domiciliary care and it was asserted that this appeared to show that these were paying for private profits. However, the task group felt unable to see a sufficient amount of finances or accounts from any of these multiple care providers, in spite of numerous requests. The task group was assured that officers did check the financial viability of companies as part of the due diligence process but (because of reasons of confidentiality) was unable to find adequate reassurance that care companies were not making undue levels of profits for the care they delivered. Members felt that the council needs to have a better understanding of care providers financial structures and management for transparency, scrutiny and assurance. (Recommendation).

5.20 Moreover, during the review, members were aware of an investigation by ***'Panorama' documentary which covered the national 'Care Crisis and the Cost of Care: Follow the Money'***, *this documentary highlighted that tens of thousands of elderly people live in care homes owned by*

international investors. Panorama asks how much money is being taken out of the system. The documentary can be viewed on this link: https://www.bbc.co.uk/iplayer/episode/m0012cbj/panorama-crisis-in-care-follow-the-money

5.21 The BBC documentary investigation highlighted concerns relating some care provider companies and how they are operated. According to a report by the Centre for International Corporate Tax Accountability and Research, the companies in the 'HC-One' structure have loaned money to each other via complex accounting, with very high interest rates. These high-interest payments reduced taxable profits in the UK and let the company shift money to the Cayman Islands as interest income – where it is tax-free. 'HC-One' stresses it pays full tax in the UK.

5.22 It is acknowledged that national government cuts and austerity have impacted on services and created problems, but this does not render us entirely powerless to make improvements here in Leicester for those being cared for, and for those who care.

5.23 It was noted that the £1.9 million reduction was not as a result for taking away services but ensuring that we are not providing people with services that they did not require.

5.24 Members of the commission requested officers to provide a figure on how much money had been saved following package reviews in the last 12 months to understand whether the figures provided were realistic. The issue continues to be discussed in much detail at Adult Social Care Scrutiny Commission meetings.

5.25 The Strategic Director for Social Care and Education noted that the department had not been looking for savings from package reviews, but packages had been increasing at a faster rate than most other parts of the country which suggested that this would be an area where there would be scope for savings

5.26 Members of the Commission noted that for many years it had been suggested that the review of care packages would allow for savings to be made and this generally had not been the case, as the trend showed that reviewing care packages generally meant that the cost went in an upward direction.

5.27 The Deputy City Mayor for Social Care and Anti-Poverty informed members that the delay in reviews was not intentional and was a result of staff resources being deployed to other urgent matters within care and, subsequently, the inability to recruit.

5.28 Task group members were concerned about the £1.9 million savings quoted by officers, pointing out that this would only be possible if the resources – i.e: spending money on staff time – for carrying out these reviews was in place immediately, otherwise we would inevitably find

ourselves in the same situation next year. The task group recommends resourcing the reviews fully and swiftly to ensure the savings are reached in the current financial year. (Recommendation).

5.29 There is a clear moral imperative around preventing 'market forces' just driving the care sector into the ground. We must develop positive cultures and a strong morale.

6 How Technology can help with the Future of Social Care and Costs.

6.1 The task group were interested in technology innovation in terms of making a contribution to areas of social care, for example: the monitoring of people, the management of medication and the management of matters such as incontinence. Technological innovation has the potential both to improve care in domiciliary settings (tech could reduce double-handed carers to one carer in some cases) and in residential care settings.

6.2 Members were informed of areas in which technology will have or is already having a practical effect globally: the integration of information and services; remote monitoring; assistive technologies (often targeting patient mobility); medication management; information provision and training; cognitive training and therapy and mental health. Countries such as Japan and Norway are pioneering the use of such technologies to enhance care and these technologies are so far proving beneficial to both care workers and care recipients, as well as leading to efficiency gains and potential cost reductions over time.

6.3 Members were impressed with a recent presentation of Technology Aids which showcased carers technology aids and equipment. Members agreed that the council should continue the good work and further explore the use of technology enabled care, as this may help to contain the costs of care. (Recommendation).

7 News and Media articles – supporting evidence

7.1 During the review, members were informed of various news and media articles relating to the cost of care topic and related issues, such as:

a. LocalGov.co.uk - Your authority on UK local government - Half of councils forced to ration care, survey reveals (14/01/2022)
   Staff shortages have forced more than half of councils in England to ration social care and support, a new survey has revealed.

b. LocalGov.co.uk - Your authority on UK local government - Councillors urged to ensure short-term funding reaches social care frontline (11/02/2022)
   Councils have been urged to access short-term funding from the Government to boost the pay of social care workers.

c. LocalGov.co.uk - Your authority on UK local government - White paper aims to improve links between social care and the NHS (9/02/2022)
The Government has outlined plans to bring local government and the NHS closer together under its new Integration White Paper.

d. There's a smarter way to fix the social care crisis than raising national insurance | Polly Toynbee | The Guardian (1/02/2022)
Opinion article in Guardian RE: Integrating health and social care
In an opinion piece, Guardian columnist Polly Toynbee writes about how Northumbria's NHS trust could be a model for integrating health and social care, as well as paying staff a better wage. The trust has bid for social care contracts from local authorities which would usually be awarded to private providers, integrating domiciliary care within the health service and is also planning to build care homes to take over residential contracts.

e. Mirror: Thousands of elderly residents kicked out in 'tsunami' of private care home closures (17/02/2022)
Private care homes shut
There has been an increase in private care homes being forced to close due to pressures from the pandemic, according to reports. The number of private care operators handing back local authority contracts has more than tripled in 22 months, with 1,939 care contracts being handed back to councils last year.

f. **'Care home closures are failing a generation of elderly people and their families'**
A measure of a civilised society is how well it treats its elderly and vulnerable. Which is why Britain should hang its head in shame at the failure to give so many the dignity and security they deserve in old age. As we report today, they are paying the price for our broken system of social care.

g. Thousands of elderly people are being **kicked out of care homes**, often a short notice, because private providers are closing down. **Desperate families** turn to councils for help, only to discover they do not have the resources to provide care. The crisis puts pressure on the NHS, which is unable to discharge patients due to the shortage of residential places. Mirror: 18 February 2022 (18/02/2022)

8. Appendices

Appendix A - Executive Response Template
Appendix B – Adult Social Care Costs Overview presentation slides

Appendix C – Update on Domiciliary Support – Task Group Q&A
Appendix 1, part of App C – Data charts relating to the increase in costs of Domiciliary Care Packages
Appendix D – Managing the Cost of Care presentation slides
Appendix E – Implementing the Care Act 2014 presentation slides

9. **Contacts**

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Anita Patel, Scrutiny Policy Officer
Email: Anita.Patel@leicester.gov.uk
Leicester City Council
scrutiny scrutiny@leicester.gov.uk

10. **Financial implications**

10.1 The council budget report for 2022/23 made reference to the fact that due to the uncertainty the pandemic created in estimating future care package costs, an early review of the cost projections built into the 22/23 budget would take place.

10.2 Prior to the pandemic, in the years 2016-2020, adult social care package costs have been within +/- 1% of the budget. However, during 2020/21 growth in need (and hence growth in package cost) of existing clients dropped below the budgeted trend rate seen pre-pandemic and this continued into 2021/22. The impact of this and the loss of a significant number of older people in expensive residential care during 2020 meant that the actual gross package cost in 2021/22 was £6.7m less than had been assumed in the budget which was set in September of 2020.

10.3 The budget for 2022/23 was similarly set in September 2021, prior to knowing the full impact of the pandemic on 2021/22 and moreover assumed that growth in need would return to pre-pandemic levels both in the second half of 2021/22 and into 2022/23 albeit with some offsetting reduction in 2022/23 due to the continued application of strength-based reviews and the application of more care related technology.

10.4 In year growth in need in 2021/22 was 4.6% rather than the budgeted level of 6% (the rate incurred in 2019/20). A review of the performance IN the first half year indicates that the rate of growth in need is currently similar to 2021/22 and not returning to pre-pandemic levels. The impact of the backlog in client reviews on this rate is uncertain and it is unclear at this stage whether this reduction in increase in need is permanent.

10.5 A full review of all of the budget assumptions has been carried out in light of the financial out-turn for 2021/22 and the performance to date in 2022/23. As a result, in period 3 2022/23, the growth of £16m in gross package costs originally included in the 2022/23 budget was reduced by £7.4m to take account of the realised lower than expected growth in need in 2021/22 and the currently expected lower growth in need in 2022/23.

10.6 Whilst this is a significant reduction it still means a gross package budget of £160.7m is required for 2022/23, rising to £181.3m in 2023/24.

10.7 A considerable amount of work is being done to limit package cost increases with greater emphasis on strength based social work and greater use of technology.

Martin Judson, Head of Finance

11. Legal Implications

This report outlines the review undertaken by the Adult Social Care Scrutiny Commission and makes further recommendations based upon the findings. At this stage there are no direct legal implications arising.

Pretty Patel, Head of Law-Social Care & Safeguarding. Tel: 0116 454 1457

12. Equality implications

This report highlights several equalities issues that may impact people from a range of protected characteristics in relation to the cost of care. Recommendations made in the report may lead to the development of proposals, and there needs to be consideration given to the impacts of any developments with the need to give due regard to how it will affect people who share a protected characteristic. This should include reviewing any Equality Impact Assessments that have already taken place for specific policy/work areas or doing one from afresh for any new policy change.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Kalvaran Sandhu, Equalities Manager, Ext 37 6344

13. Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

END OF REPORT.

Appendix A ‘Executive Response to Scrutiny’ template

The executive will respond to the next scrutiny meeting after a review report has been presented with the table below updated as part of that response.

Scrutiny Recommendation	Executive Decision	Progress/Action	Timescales

Table 1 - Total Number of Leicester City Council people supported by Quarter / financial year

	Q1	Q2	Q3	Q4
2017/2018		1514	1502*1	1536
2018/2019	1532	1557	1516	1516
2019/2020	1533	1554	1531	1554
2020/2021	1591	1628	1644	1683
2021/2022	1751	1811*2		

* Data represents a snapshot of active packages of care funded by Leicester City Council, excluding NHS funded people, on the last day of each quarter. E.g. Q1 2021/2022 = 30/06/2021

*1 – This represents the snapshot of active packages on the first day of the framework – 07/10/2017

*2 – This represents the snapshot of active packages on the 31st August 2021

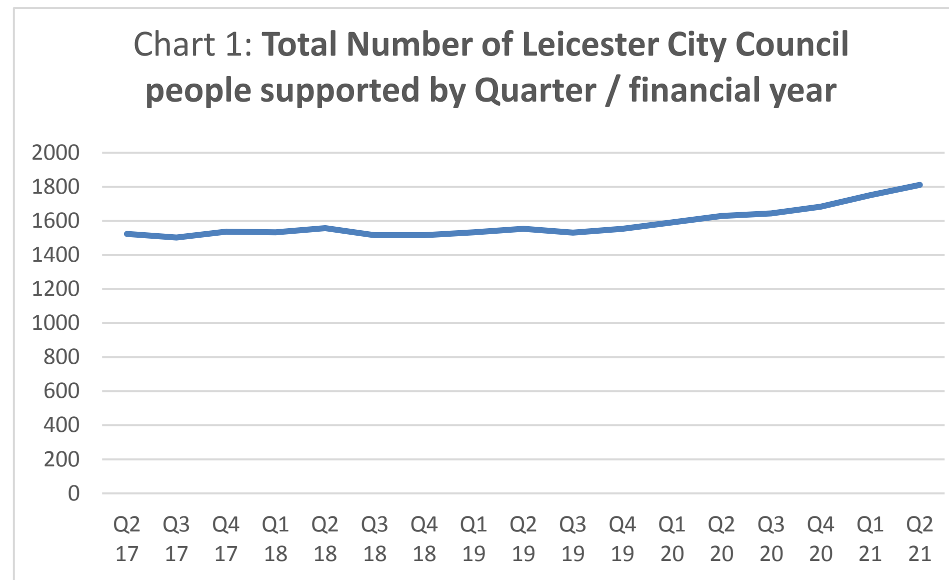


Table 2: Snapshot of Packages Commissioned

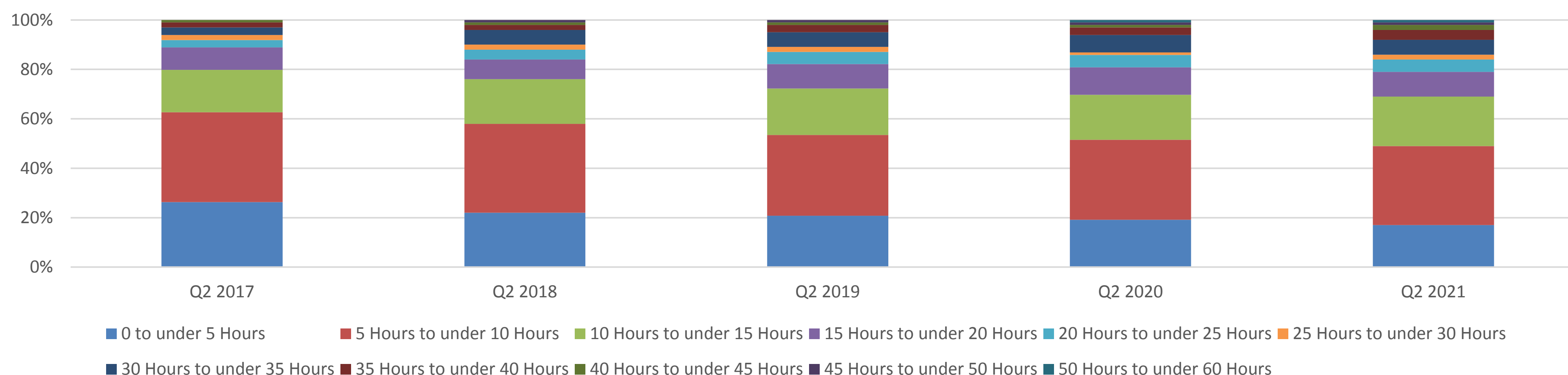
Hours	% of Packages Commissioned Q2 2017	% of Packages Commissioned Q2 2018	% of Packages Commissioned Q2 2019	% of Packages Commissioned Q2 2020	% of Packages Commissioned Q2 2021
0 to under 5 Hours	26%	22%	21%	19%	17%
5 Hours to under 10 Hours	36%	36%	33%	32%	32%
10 Hours to under 15 Hours	17%	18%	19%	18%	20%
15 Hours to under 20 Hours	9%	8%	10%	11%	10%
20 Hours to under 25 Hours	3%	4%	5%	5%	5%
25 Hours to under 30 Hours	2%	2%	2%	1%	2%
30 Hours to under 35 Hours	3%	6%	6%	7%	6%
35 Hours to under 40 Hours	2%	2%	3%	3%	4%
40 Hours to under 45 Hours	1%	1%	1%	1%	2%
45 Hours to under 50 Hours	0%	1%	1%	1%	1%
50 Hours to under 60 Hours	0%	0%	0%	1%	1%
60 Hours to under 70 Hours	0%	0%	0%	0%	0%
70 Hours to under 80 Hours	0%	0%	0%	0%	0%
80 Hours to under 90 Hours	0%	0%	0%	0%	0%
90 Hours to under 130 Hours	0%	0%	0%	0%	0%
130 Hours and Above	0%	0%	0%	0%	0%

* Data represents a snapshot of the sizes of packages of care commissioned by Leicester City Council on the last day of Quarter 2 of each financial year quarters. The packages are detailed in 'bands' representing the number of hours commissioned.

Table 3: Snapshot of Average Hours Commissioned per Person

Avg Hours Q4 17/18	**12.65**
Avg Hours Q4 18/19	**13.63**
Avg Hours Q4 19/20	**14.46**
Avg Hours Q4 20/21	**14.84**
Avg Hours @ 31/8/21	**15.21**

* Data represents a snapshot of the average hours of packages of care commissioned by Leicester City Council on the last day of Quarter 4 of each financial year quarters.



Data Update for ASC Scrutiny Commission

The commission requested information on the increase in costs of Domiciliary Care Packages between 2017 / 2018 and 2018/2019 and the continued increases across all contract years.

a. The commission should note that the 2017/2018 contract year consisted of 6 months of data as the contract started on the 7th October 2017. Therefore, we would expect an increase in 2018/2019 as that was the first full year of the contract.

b. Each year, an annual uplift of fees paid to providers is conducted encompassing a review of employment related costs e.g. increases in the national living wage, and pension costs. This will increase the total paid to Domiciliary Care Providers each year.

c. Notwithstanding Points A, and B, there is an evident increase in the number of people supported from Q1 2020 onwards. In 2020, there was a shift from people supported via a direct payment to formal commissioned care, and a focus on ensuring people were supported within the community rather than in residential care.

d. Additionally, it is evident that there has been an increase in the size of packages commissioned. As per Table 2: In Q2 2017, 62% of packages commissioned were of between 0 and 10 hours. In 2021, this had reduced to 49%, and packages of 10 hours and above has increased from 38% to 51%.

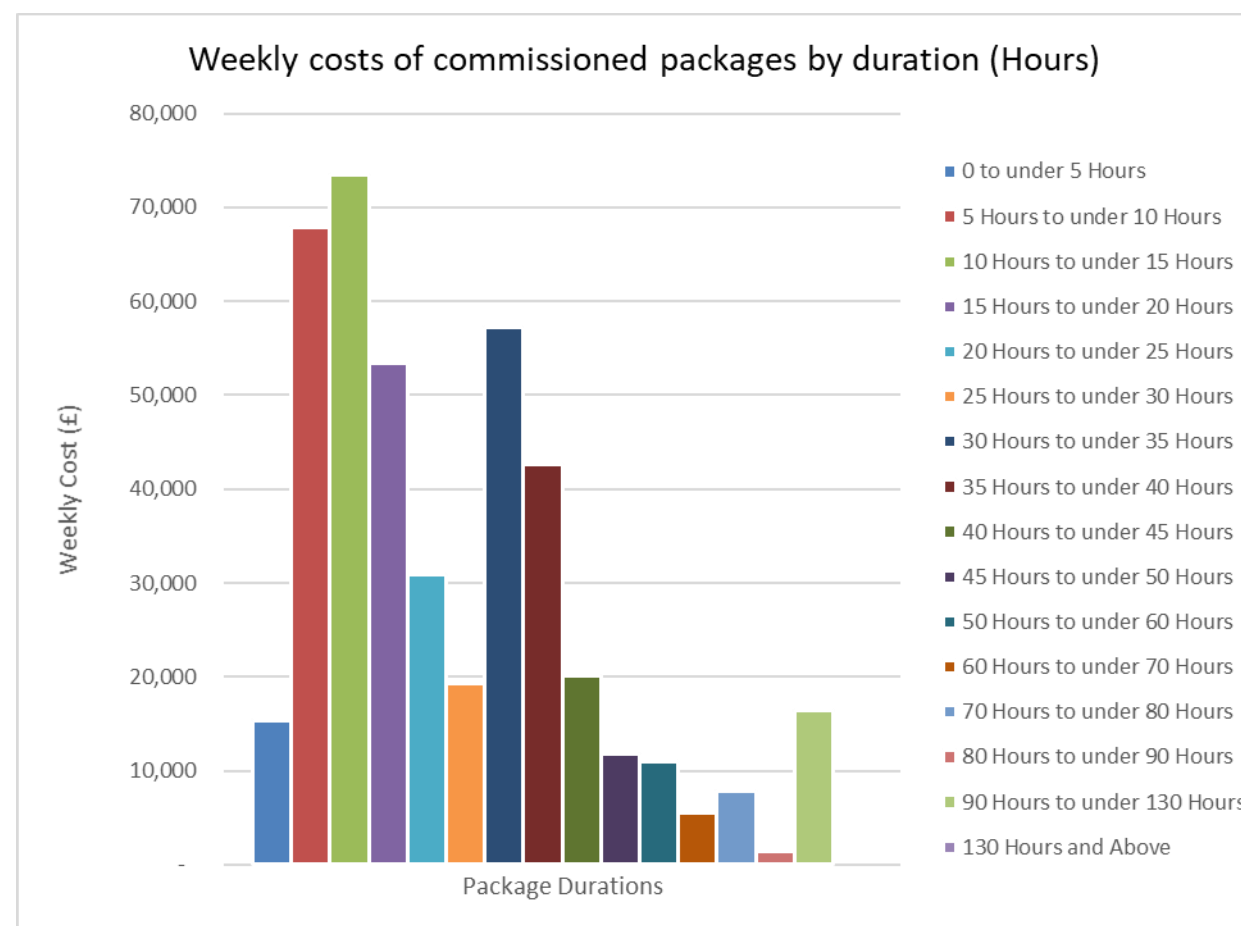
e. Table 3 reinforces point D, in that there has been an increase in the average hours per person commissioned with domiciliary support from 12.65 hours pw to 15.21 hours pw, an increase of 20%.

f. At present, it is not possible to report on the exact monetary impact of each of the points above as information is currently only available for commissioned hours, not actual spend. However, in gross expenditure terms the spend for commissioned domiciliary care has risen from £14.3m in 2018/19 (the first full year of the contract) to £20m in 2020/21.

g. Table 4 does give an indication of the cost profile for the total weekly costs for commissioned packages of care as at Q2 in 2021/22. Note, only 22 of the 1,811 clients have a health funded contribution (£6.8k pw – 1.6% of the total weekly package costs of £434k).

Table 4: Snapshot 2021/2022 (Q2) of weekly cost breakdown for commissioned packages of care

Commissioned Hours	Clients Q2 21/22	Client Profile	Weekly Cost (£)	Cost Profile
0 to under 5 Hours	307	17%	15,264	4%
5 Hours to under 10 Hours	581	32%	67,877	16%
10 Hours to under 15 Hours	357	20%	73,511	17%
15 Hours to under 20 Hours	189	10%	53,418	12%
20 Hours to under 25 Hours	82	5%	30,856	7%
25 Hours to under 30 Hours	42	2%	19,294	4%
30 Hours to under 35 Hours	107	6%	57,168	13%
35 Hours to under 40 Hours	70	4%	42,643	10%
40 Hours to under 45 Hours	29	2%	20,159	5%
45 Hours to under 50 Hours	15	1%	11,767	3%
50 Hours to under 60 Hours	12	1%	10,917	3%
60 Hours to under 70 Hours	5	0%	5,440	1%
70 Hours to under 80 Hours	5	0%	7,841	2%
80 Hours to under 90 Hours	1	0%	1,357	0%
90 Hours to under 130 Hours	9	0%	16,485	4%
130 Hours and Above	0	0%	-	0%
Total	1,811	100%	433,998	100%



Adult Social Care Costs Overview

Task and Finish Group Meeting

5 October 2021

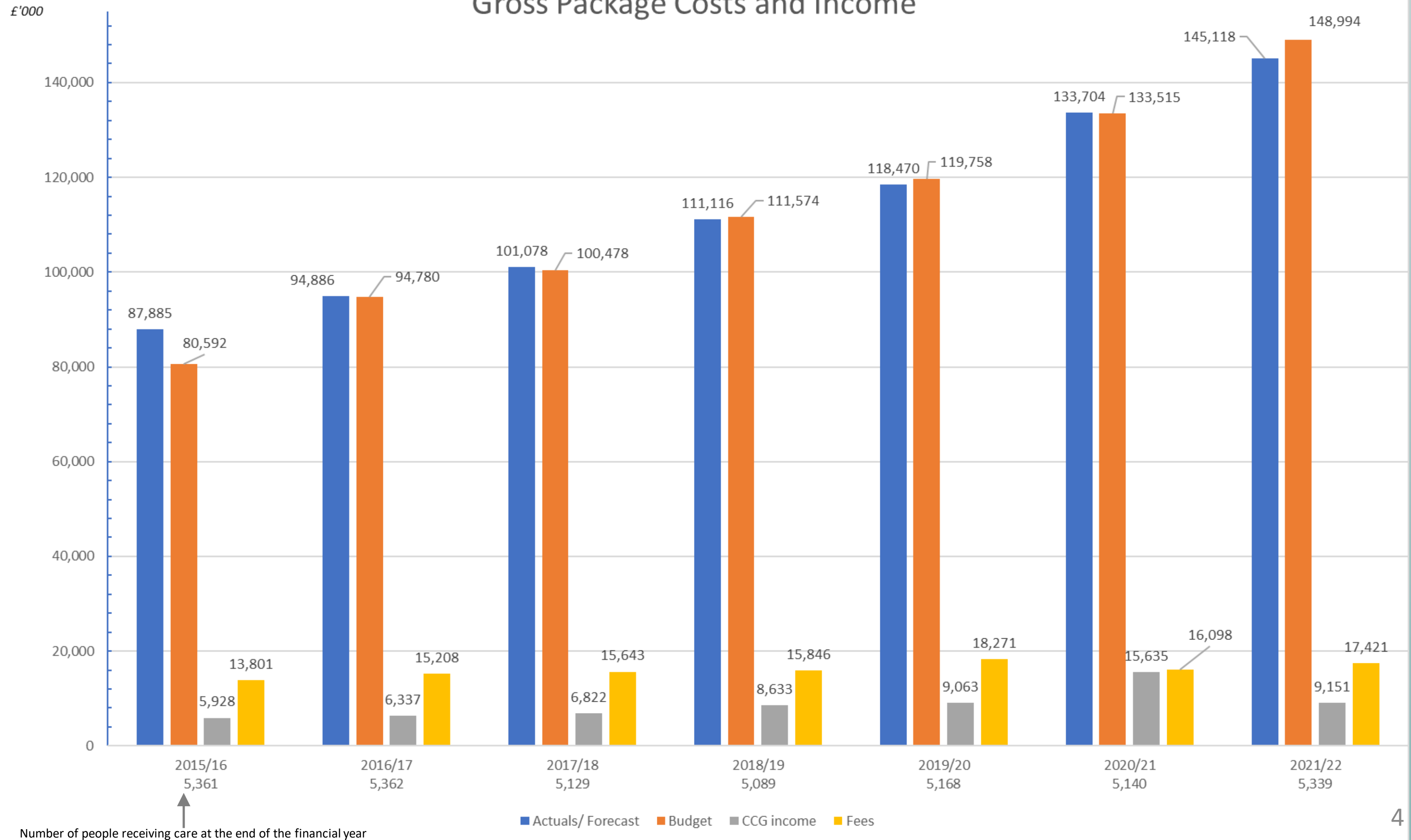
Context - ASC Revenue Budget 2021/22

	£'000
Gross Package Costs	148,995
Income from People	(17,421)
CCG income	(9,151)
Independent living fund	(837)
Net package cost	121,587
Care Management teams	13,015
Preventative services	11,302
Contracts and assurance, commissioning and other support teams	5,539
Other departmental costs	794
BCF and DFG income	(32,933)
Total Department	119,304

Context - Numbers of people in care and package cost by type

	Number of people with care			Package cost for 2020/21
	As at 31 March 2021			£m
65 +	2,908	57%		64.2
Working age	2,232	43%		69.5
Total	5,140	100%		133.7

	Number of people with care		Package cost for 2020/21	
	As at 31 March 2021		£m	
Residential	1,309		60.5	45%
Supported living	516		23.4	18%
Home care	2,870		43.6	33%
Community opportunities	426		5.8	4%
Shared lives	19		0.4	0%
	5,140		133.7	100%


Gross Package Costs and Income
£'000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
87,885
80,592
5,928
13,801
94,886
94,780
6,337
15,208
101,078
100,478
6,822
15,643
111,116
111,574
8,633
15,846
118,470
119,758
9,063
18,271
133,704
133,515
15,635
16,098
145,118
148,994
9,151
17,421
2015/16
5,361
2016/17
5,362
2017/18
5,129
2018/19
5,089
2019/20
5,168
2020/21
5,140
2021/22
5,339
Actuals/ Forecast
Budget
CCG income
Fees
Number of people receiving care at the end of the financial year

3 Factors affecting care package costs

All people receiving care

Fee Inflation – NLW increase of 2.2% plus CPI 3% on non-pay, plus any other specific increases resulting in overall fee inflation of 2[illegible]%.

+

New to care and those leaving care

Demography – 2% for 65+, 5% for working age, net 3.3%. Growth has previously been held down for 65+ due to prevention efforts, but now forecast in line with 65+ population growth.
Financial impact reduced by differential in package costs for those entering and exiting care. Net % full year impact 0.3%

+

Existing people in care

Increasing need – 38% of existing people see an average increase care package of 24%. This translates to an increase of 9% full year effect (usually split 6% in the the year of change and a further 3% in the following year)

Total 2021/22 budgeted package cost increase = 12% compared to 2020/21

Increasing Need

- On average 38% of people pa see an average increase in package of 24% following a review
- This is an effective increase of over 9% full year effect with the financial impact generally split 6%/3% over 2 financial years due to the average timing of the change
- The total £ increase in the year is therefore the full year effect of the previous year’s increase (usually 3%) plus the in year increase in the current year of around 6%. The full year effect of the previous year is built into the base package cost of people at the start of the year. The in-year increase (ie the 6%) is monitored closely and is quoted in revenue monitoring reports.
- The trend in-year increase has been as follows:

2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
2.5%	3.4%	5.3%	5.5%	5.9%	5.0%

- Those people that see a package change follow a very similar profile in terms of package cost and age to that of the overall cohort for that particular type (learning disability, mental health, physical disabilities, dementia).
- Whilst the average change in package cost is 24%, the range of % change is significant and this has implications in terms of the extent to which package cost increases can be successfully deferred.

GROSS PACKAGE COSTS – ILLUSTRATION OF CHANGE IN NEED

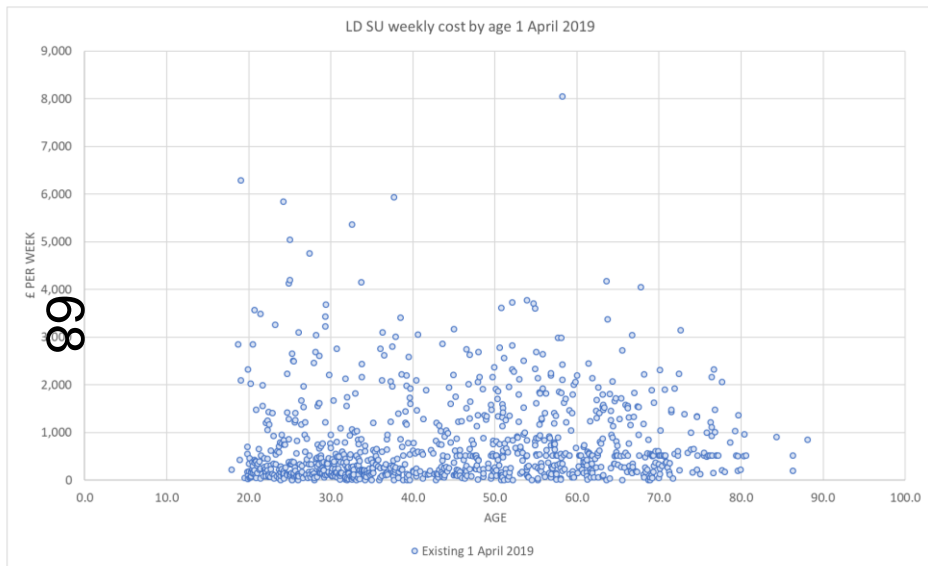
Increases in need from deteriorating health - 38% of reviews result in net additional increases to packages of 24%

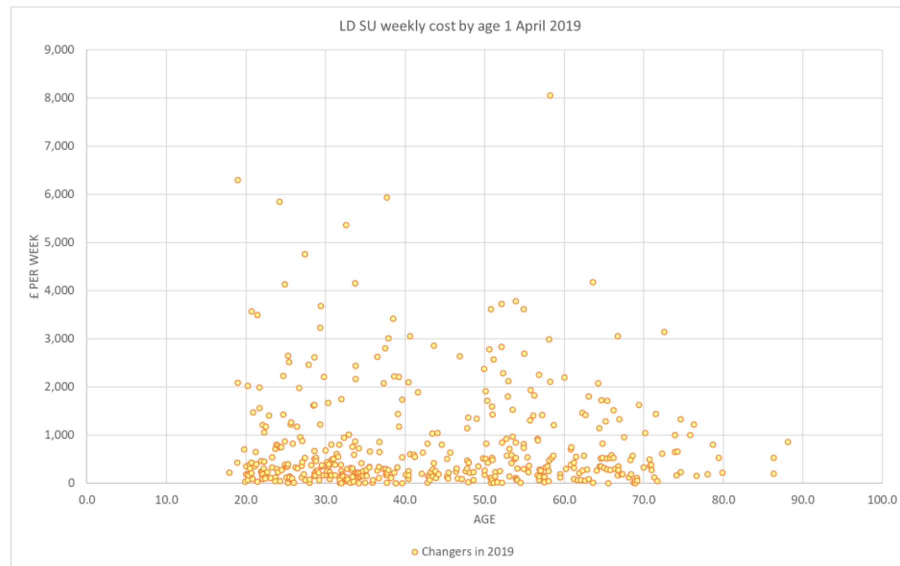
Average weekly package costs by month for people with changing need by support reason and age in 2019/20

SU Group 3	Age Group	Total Sus (exc in-house)	No Sus change	%	01/04/20	30/04/20	31/05/20	30/06/20	30/07/20	30/08/20	30/09/20	31/10/20	30/11/20	31/12/20	31/01/2020	28/02/2020	31/03/2020	% change Package cost	2018/19 Financial Year
Dementia	**45 to 54 Average**	1	1	100%	101	101	101	101	45	45	45	45	45	45	45	45	45	-55%	
Dementia	**55 to 64 Average**	12	7	58%	457	534	534	534	534	534	364	364	364	368	368	368	375	-18%	6%
Dementia	**65 to 74 Average**	48	18	38%	356	422	427	470	491	528	502	501	499	531	485	486	520	46%	17%
Dementia	**75 to 84 Average**	177	57	32%	342	348	375	379	394	404	363	387	399	426	412	432	455	33%	27%
Dementia	**85+ Average**	262	61	23%	287	292	302	310	342	329	334	323	355	351	373	379	396	38%	42%
Dementia		**500**	**144**	**29%**	**324**	**341**	**356**	**367**	**388**	**391**	**366**	**371**	**388**	**402**	**400**	**411**	**432**	**33%**	31%
LD	**Under 45 Average**	485	246	51%	772	854	863	826	872	886	894	941	913	915	937	936	914	18%	21%
LD	**45 to 54 Average**	169	74	44%	840	922	942	984	1025	1003	1034	1029	1047	1035	1039	1,031	1,002	19%	21%
LD	**55 to 64 Average**	166	64	39%	896	814	819	845	854	864	886	855	859	868	866	844	880	-2%	15%
LD	**65 to 74 Average**	112	52	46%	671	725	800	805	843	841	836	854	862	858	861	874	891	33%	3%
LD	**75 to 84 Average**	37	10	27%	627	627	671	669	722	671	671	635	635	687	629	632	630	0%	32%
LD	**85+ Average**	4	3	75%	520	515	515	515	515	530	530	530	536	536	536	536	536	3%	182%
LD		**973**	**449**	**46%**	**784**	**837**	**856**	**847**	**886**	**890**	**902**	**923**	**913**	**914**	**925**	**922**	**912**	**16%**	18%
MH	**Under 45 Average**	178	66	37%	280	283	276	287	287	276	272	258	240	250	310	355	354	27%	-4%
MH	**45 to 54 Average**	143	41	29%	264	221	203	195	201	196	195	189	191	189	192	193	193	-27%	25%
MH	**55 to 64 Average**	196	59	30%	301	321	321	323	329	312	331	331	359	365	372	364	372	23%	15%
MH	**65 to 74 Average**	174	52	30%	313	337	340	367	358	356	397	390	393	418	422	460	437	40%	18%
MH	**75 to 84 Average**	115	35	30%	269	307	312	337	333	339	352	346	338	337	379	368	374	39%	99%
MH	**85+ Average**	65	18	28%	405	422	422	409	450	450	456	474	474	464	510	510	514	27%	66%
MH		**871**	**271**	**31%**	**295**	**305**	**301**	**311**	**313**	**307**	**320**	**315**	**316**	**323**	**349**	**365**	**363**	**23%**	23%
Physical	**Under 45 Average**	182	79	43%	520	573	587	601	596	611	606	613	613	623	622	637	653	26%	36%
Physical	**45 to 54 Average**	198	97	49%	310	353	334	355	351	375	373	374	378	375	376	379	383	23%	32%
Physical	**55 to 64 Average**	313	146	47%	342	365	361	373	361	380	366	382	409	401	378	398	397	16%	28%
Physical	**65 to 74 Average**	430	181	42%	237	259	259	255	271	274	279	286	295	288	293	301	306	29%	46%
Physical	**75 to 84 Average**	656	236	36%	240	242	247	254	274	269	278	279	294	298	309	320	325	35%	53%
Physical	**85+ Average**	906	309	34%	231	233	246	255	272	272	279	282	297	303	314	332	354	53%	46%
Physical		**2,685**	**1,048**	**39%**	**279**	**295**	**298**	**307**	**316**	**322**	**324**	**329**	**343**	**344**	**347**	**360**	**370**	**33%**	42%
	Grand Average	**5,029**	**1,912**	**38%**	**403**	**427**	**434**	**439**	**455**	**458**	**462**	**470**	**476**	**479**	**487**	**497**	**501**	**24%**	28%

2019/20 Scatter diagram of existing package costs at 1 April 19 and changers during the year by type, weekly cost and age

LD

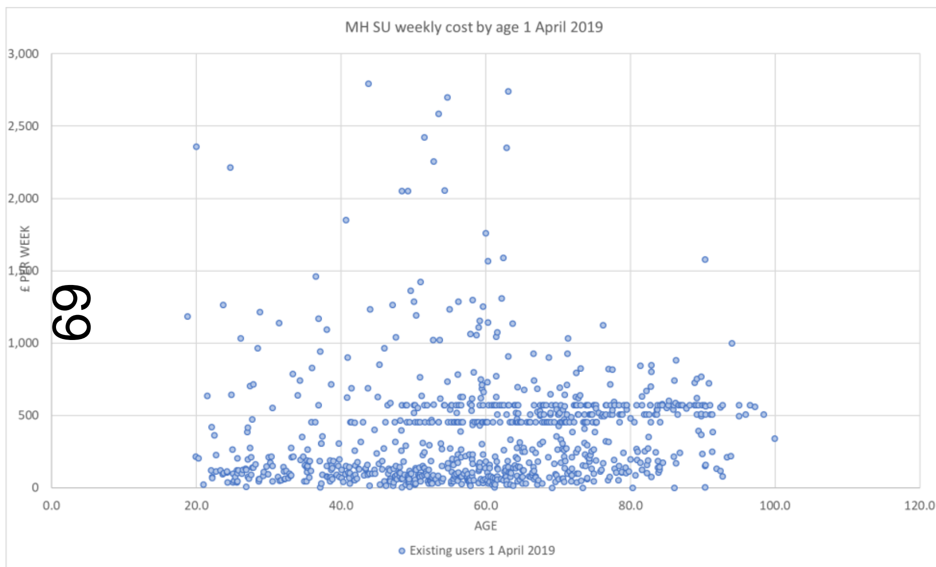


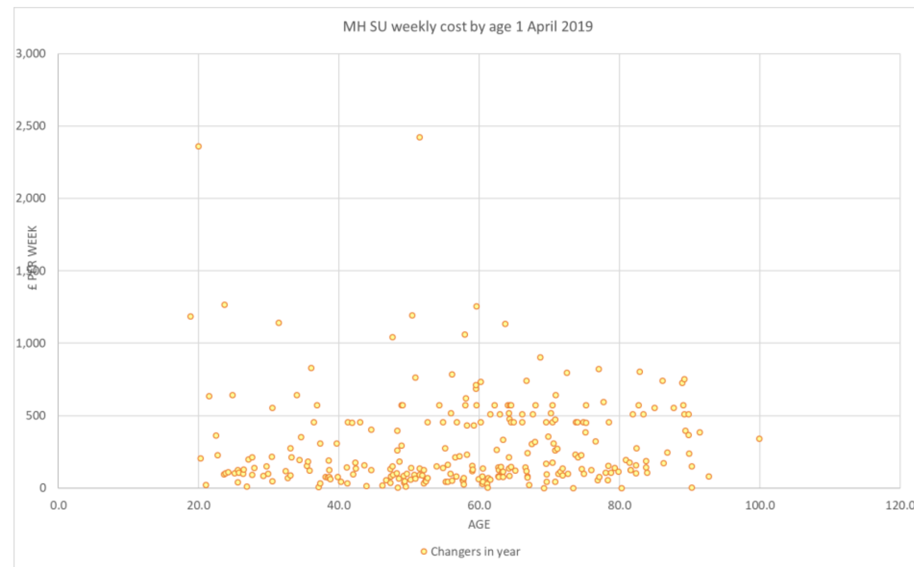


Those that see a change are spread across the entire age range

2019/20 Scatter diagram of existing package costs at 1 April 19 and changers during the year by type, weekly cost and age

MH

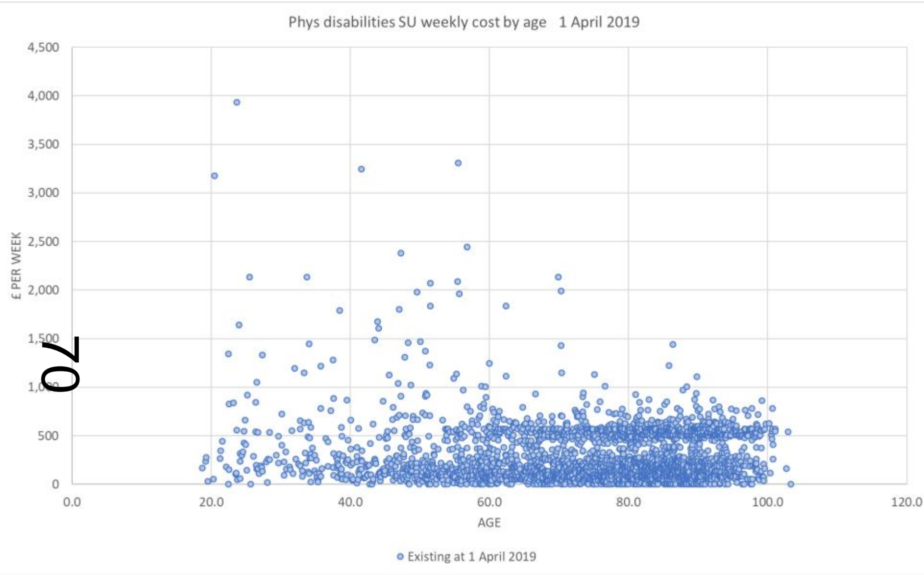


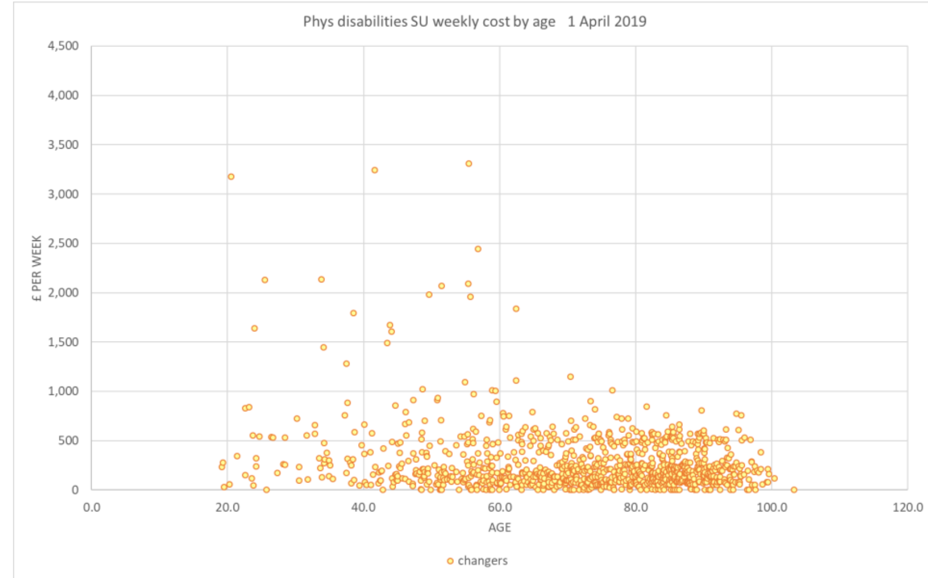


Those that see a change are spread across the entire age range

2019/20 Scatter diagram of existing package costs at 1 April 19 and changers during the year by type, weekly cost and age

Physical disabilities



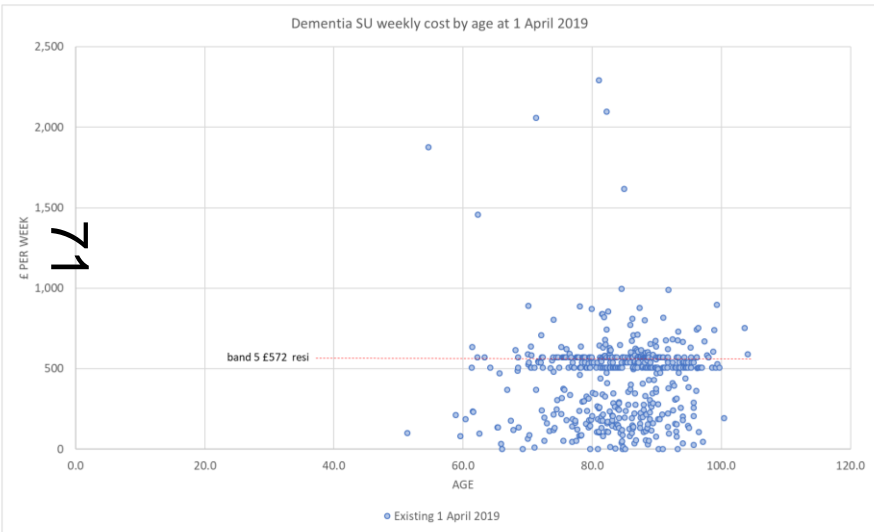


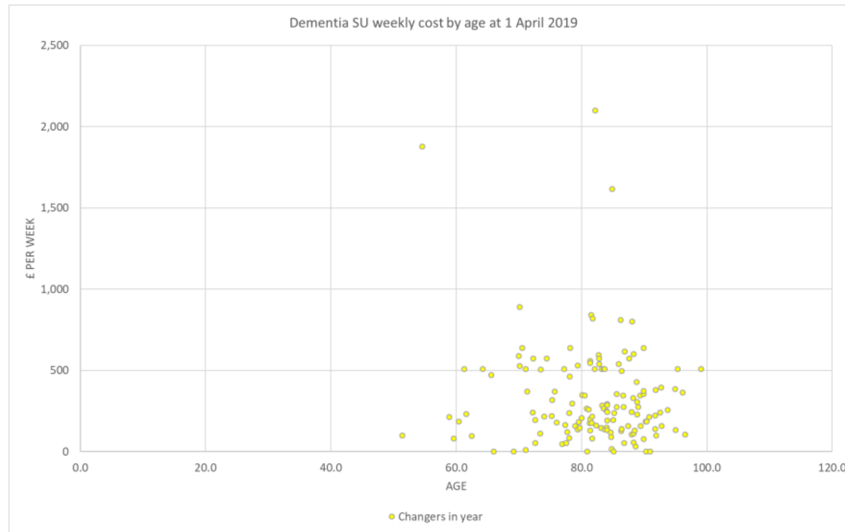
Those that see a change are spread across the entire age range

2019/20 Scatter diagram of existing package costs at 1 April 19 and changers during the year by type, weekly cost and age

Dementia

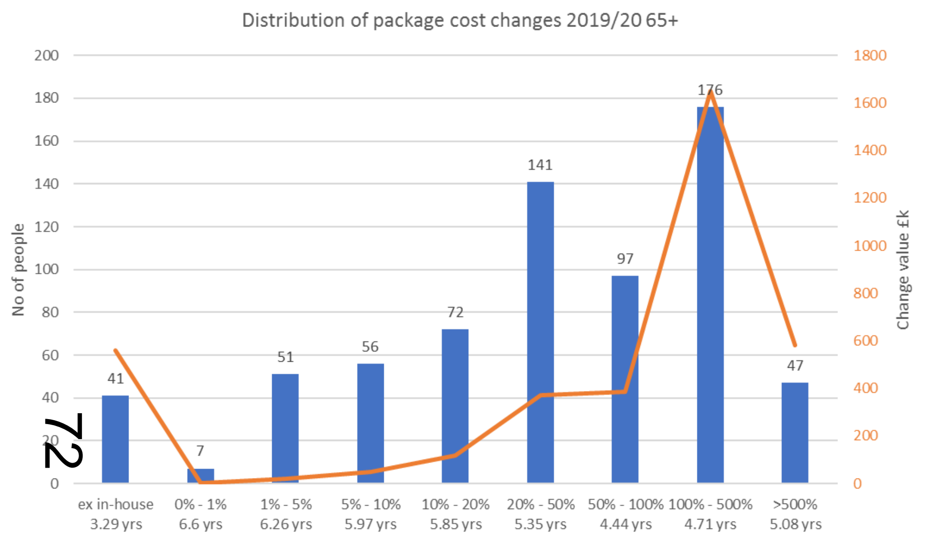
Weekly cost of those that saw a change in need in the year (not the change in cost)

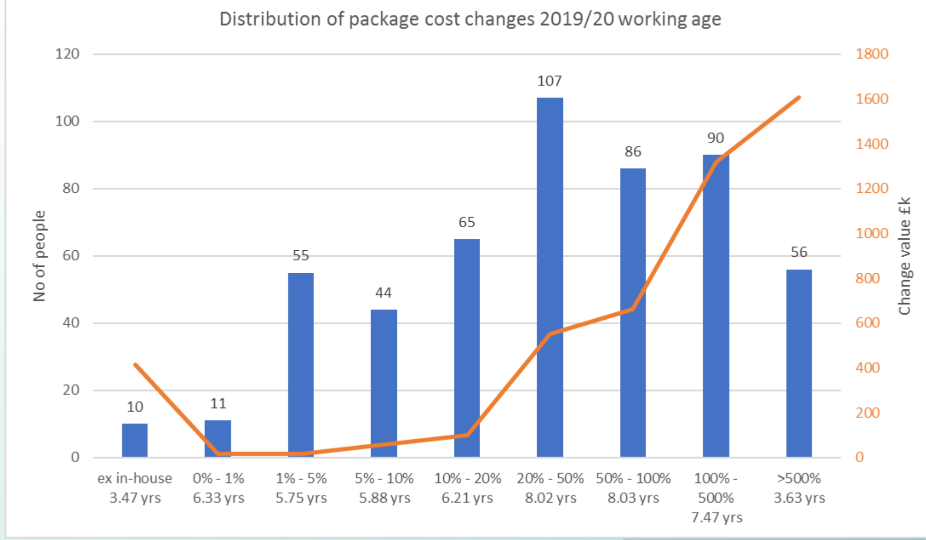




Those that see a change are spread across the entire age range

Distribution of 2019/20 package cost increases





Number of years in care

These charts show the distribution of the package cost % increases for those people who saw an increase in package cost together with the average number of years in care for each range of increase.

Working age adults generally incur larger package increases the longer they have been in care
This is not the case with 65+ cohort

The larger % package increases contribute more to the overall financial cost, although not the case for >500% increases for the elderly

We would need to restrict package cost increases from 20% upwards to make any significant impact on reducing the in year cost

Level of Need

- A limited longitudinal analysis of those people with changes in packages of care over the 3 years 2018/19, 2019/20 and 2020/21 reveals the following:

  58% saw a change in one year only

  30% saw a change in two years

  12% saw a change in all three years

- Average length of stay in care is 5.4 years

- Further data analysis is required to cover at least the average length of stay but over a 3 year period review the majority of package changes occur in one year – in other words the majority of those people seeing package changes are not consistent 'changers' year on year

- The implication of this is that different cohorts see a package change every year in the majority of cases and therefore there is no reason why the % change should decline over time.

Controlling Costs

- Routes for control
  - Unit cost
  - Numbers of people receiving support
  - Level of need

Numbers / Level of need

- Maximising strengths based approaches to deflect or defer from statutory support
- Work with primary / community health to support long term conditions and self management
- Investment in training to introduce new approach to strength based support planning and 'support sequence', accompanied by auditing tool
- Further investment in more technology enabled care (TEC) equipment and training for care management staff in how to utilise this equipment to reduce or defer increasing package costs

2022/23 and beyond Issues

Legislative changes from April 2022

Not covered by any additional funding:

1. 1.25% NI increase – additional £0.5m pa of provider costs

2. Lost fee income due to inflation being applied to minimum income guarantee for non-residential care and personal needs allowances for residential care – increase in income to the council will be offset by these inflationary increases therefore budgeted 2% income increase will not be realised.

In theory (!?) covered by additional funding*

1. Equalisation of self funder and council funded residential home rates as a result of self funders having the right to ask the LA to arrange their care (currently only a duty for non residential care) – self funder rates estimated to be 40% higher than council rate. Potential additional gross cost £24m less fees.

2. Impact on council income of changes to thresholds and the means test

3. Increase in care management and financial assessment staff

4. System changes including setting up care accounts

5. Other implementation costs

ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

Update on Domiciliary Support for Task & Finish Group

Cllr Sarah Russell – Deputy City Mayor – Lead for Adult Social Care

Martin Samuels– Strategic Director – Social Care & Education

Date 30th September 2021

Wards Affected: All
Report Author: Bev White/Andy Humpherson/Matthew Cooper
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andy.humpherson@leicester.gov.uk

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an update following the first Task & Finish Group Meeting on the 7th September 2021.

2. Summary

2.1 The Commission requested further information from Officers following the Scrutiny Commission task Group on the 7th September. This report details the response to the Commissions further questions.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) note the content of the report and to provide comment/feedback.

4. Report

Further information on how ratings are used when assessing providers as part of procurement processes

4.1 During the procurement process, tendering organisations are requested to provide details of their Care Quality Commission (CQC) registration when completing their Invitation to Tender (ITT).

4.2 However, the Authority does not preclude organisations that do not have a current CQC registration (e.g. a new domiciliary care agency) from applying for a place on the Domiciliary Care Framework. Further checks including references from people supported, examination of an organisations financial standing, as well as a number of detailed method statements assessing quality are used.

4.3 If an organisation without a CQC registration is successful after the ITT phase, then the organisation would be required to successfully apply for a CQC registration as part of the Conditions Precedent process, as well as meeting the requirements of conditions precedent before providing support on behalf of the authority.

4.4 CQC ratings are not used during the ITT process as it would not be compliant with procurement rules to deny access to the framework

for a newer domiciliary care agency, where the CQC had not rated the organisation at that time. The CQC do not rate organisations on registration and it may take over a year before the CQC inspect and provide a rating.

4.5 The Conditions Precedent process and ITT Method statements are designed to ensure providers are of sufficient quality to start work on behalf of the authority.

How many people who are eligible for care do not take up the offer of a package of care?

4.6 The question was raised in the context of people not taking up services that they may be eligible for and the strain this may place on informal carers. It is not possible to be absolutely definitive on this issue. The reasons for a case closure are captured within Liquid Logic, with one reason being 'services declined / cancelled'. In the last 13 months (Sept 2020 – Sept 2021) 542 cases were closed for this reason, which is 11.92% of all cases closed. The rate is fairly consistent across months. This figure will exclude people whose services have been cancelled for reasons such as hospital admission or admission to care home, people who have died or where car is no longer required because they are independent or not eligible for ongoing support. However, it may include people who are on extended holiday or staying with a family member and people who do not draw on other informal care. It is also the number of cases closed, which will include a small number of duplicate records (an individual has had their case closed for this or another reason on more than one occasion in the period).

Local Authority spend on Contract Management

4.7 The costs of managing contracts with the external market are across both the contractual management staffing costs, and the staffing costs of brokerage in commissioning packages of care. In total these costs equated to £1.3m in 2020/21. To put this in context the value of the contracts for domiciliary and residential care in 2020/21 totalled circa (gross) £19.9m per annum, and £60.5m per annum (respectively). The specific contract management costs relating to these two contract areas therefore represent 1.3 % of the spend against residential care, and 2.6% of the spend against Domiciliary Care. It is also to be noted that the teams / staff supporting contract management for domiciliary and residential care also support a range of other contracts including supported living and extra care, community day opportunities, advocacy support, and preventative services.

Information on the Level of disparity between local authority and private market rates for care provision

4.8 Whilst the local authority does not routinely collect information on private market rates, in response to this request, a sample of private

rates were sought from Domiciliary Care Providers.

4.9 Provider's reported rates ranging from between £19.50 per hour and £21.50 per hour. Currently, under the Domiciliary Care framework provider hourly rates vary between £16.14 and £17.22 per hour (based on the rates each provider bid at contract award and which have been uplifted in subsequent years to reflect the impact of wage inflation and associated employer wage on-costs).

4.10 For residential care, information from one of the larger national providers of residential care suggests private rates are approximately 40% above council banded rates. Based on our highest banding of £629, the average self-funder weekly rate would be around circa £900 pw. Current banded rates are provided below:

Residential & Nursing Bands	Finalised Weekly Banded Rate 2021/22
Mental Illness/Drug or Alcohol Dependency	£500
Dependent Older People	£557
Learning Disability	£568
Highly Dependent People/Physical Disability	£629
Nursing Band – Accommodation & Personal Elements *	£594

Detail of alternative models of care adopted at other local authorities

4.11 During the last commissioning exercise in 2017 which led to the current contractual arrangements, benchmarking took place across other local authority areas with regards to informing our service modelling. In particular officers looked at models in Bristol, Wiltshire, Lincolnshire and Nottingham City as well as relevant policy in force at the time. Professor John Bolton's paper "Emerging practice in outcome-based commissioning for social care" also looked at models in a number of different local authority areas.

4.12 These models were chosen because the geographical locations are similar to Leicester with the exception of Wiltshire. The areas had also implemented or were about to implement aspects of models that at that time we were interested in exploring and we were keen to learn from their experiences. As we embark upon a new commissioning review to inform the next contractual arrangements due to start in 2024, this exercise will be repeated.

4.13 The Bristol model at the time was looking at introducing a large number of zones based on neighbourhoods. At that time we were also considering a zonal approach. Ultimately this approach failed in Bristol and led to problems with the allocation of packages of care. In addition Bristol also have an in-house reablement service which takes people with reablement potential because of the failure of external providers to deliver this.

4.14 The Wiltshire model at the time was focusing on an outcome focused model. This approach was adopted by us although we noted that Wiltshire's model included their in house team who were responsible for the reablement packages with the maintenance packages being delivered on the whole by external providers. In effect this is similar to our model in the city: generally people assessed as having reablement capacity go through our in house reablement team with those people requiring maintenance packages having them commissioned from the framework. However, we do require all external providers to use a reablement and outcome focused model of support and this is monitored through our usual contract monitoring processes.

4.15 In Lincolnshire they adopted a zoned model and a lead provider arrangement who subcontracted work out to other providers. This resulted in a weakening of the council's ability to oversee the quality of services being delivered. It also meant that some smaller providers were edged out of the market.

4.16 Nottingham City similarly had a zoned model but had experienced a loss of providers to a few big players; at that time they were also looking at dynamic purchasing for their spot contracts.

4.17 Taking all this into consideration and having undertaken a large amount of engagement with the provider market, it was agreed that the new (present) model would not include zoning – this is because providers naturally zone themselves anyway and already work across areas of the city with a recognition of which companies cover which areas. Providers will also move into other areas if there is a need to support other companies during times of pressure. Requirements to work using reabling and outcome focused principles were built into the contract and providers continue to work to these principles. At the conclusion of the commissioning review and having taken all findings into account, it was agreed that our current commissioning arrangements, whilst not cutting edge, delivered the best option for the people of Leicester and the introduction of improvements such as reablement and outcome focused principles, would improve the offer. This has proven to be the case as we have seen the demise of zoned arrangements and the failure of external markets in other areas to deliver purely reabling packages.

4.18 As part of the new commissioning review, we will again examine models of support delivered elsewhere to inform the service model going forward. A useful resource that members may find helpful is set

out in a paper by The Wales Centre for Public Policy (Dec 2020). This report brings together evidence about a range of models of domiciliary care from the UK and internationally. https://www.wcpp.org.uk/publication/alternative-models-of-domiciliary-care.

Further detail on why care providers cease their relationship with local authorities.

4.19 Local authorities cease their contractual relationship with providers in a number of ways as detailed below.

4.20 **Provider financial failure / withdrawal**: Over the course of a contract, a provider may withdraw from a contract due to financial failure or a failure to build their business to a sufficient level in the local area to support a sustainable profit margin. Financial checks and risk assessments of providers are conducted during the procurement process and any concerns raised with prospective providers. If information becomes apparent during the term of the contract that a provider is in financial difficulty then further checks can be made, and investigated by the Contracts & Assurance Service. Ultimately, a new provider in a local area will be loss-making until a sustainable level of business is achieved and there is a risk that a provider does not achieve this before the organisation takes a decision to withdraw. With this Framework Agreement, Leicester City Council has seen one provider withdraw due to being unable to achieve a sustainable level of work.

4.21 **Contract termination due to quality / safeguarding concerns**: The authority monitors providers quality and performance during the course of the contract. When quality or safeguarding concerns arise, the authority will investigate those concerns, and aim to support the provider to make improvements. An action plan will likely be introduced defining the improvements to be made and the deadline to make those improvements by. The Contract & Assurance Service may issue a Notice to Remedy a Breach (NTRB) of Contract in respect of serious or continuing concerns which have not been remedied. The Authority has the ability to terminate it's contract if a NTRB is not complied with, or if multiple (3) NTRBS have been issued within a 12 month rolling period. Ultimately, if this decision is taken, the contract will be terminated with a period of notice. With this Framework Agreement, Leicester City Council has terminated the contract of one provider due to quality or safeguarding concerns.

4.22 **Corporate sales**: At times, as in many sectors, private providers may be sold as a going concern to other private providers of domiciliary care. The reasons for this may vary, such as a corporate entity being sold, retirement of owners (in the case of small providers) or a rationalisation of corporate entities by larger organisations. In these cases, a contract novation is required, and the Authority will conduct the ITT process with the new owner of the provider to ensure they meet the Council's standards. It is likely

people who use the service, the staff, and local management will remain and the changes merely relate to the corporate structure. With this Framework Agreement, Leicester City Council has seen three providers experience a contract novation. In all three cases, local staff and people who use the service experienced no change to their care and support.

4.23 **Providers unable to meet Conditions Precedent**: As discussed earlier in this report, providers who are successful during the ITT stage, are required to meet conditions precedent, a set of conditions such as having a local office, a trained workforce, and policies and procedures that meet the Contract and Specification requirements. Providers who do not meet these standards following a number of visits and monitoring of their implementation plan risk the Authority withdrawing their place on the Framework. With this Framework Agreement, Leicester City Council has withdrawn three providers' contracts due to this reason. There is no impact on people who use the service as these provider's will not have started to provide services on behalf of the Council.

Workforce

4.24 Appendix 2 details a table of active Leicester City Council contracted domiciliary care providers and the number of staff employed by that agency.

4.25 It should be noted that not all of these staff will be dedicated to providing support for people commissioned by Leicester City Council. Some may be supporting private funding individuals, or other local authority / NHS funded people.

Financial Information on the increase in costs / demand / and expenditure recharged to partners.

4.26 Appendix one details the increase in demand and costs in relation to the Domiciliary Care Framework. Further details on care expenditure is detailed in the presentation provided with this report.

5. Scrutiny Overview

6 Financial

7 Legal

8 Equalities

9 Climate Change

10. Appendices

Appendix 1 – Data Update for ASC Scrutiny

11. Background Papers

None

Appendix 2 – Workforce Details

Service	Number of staff
NDH Care Ltd	6
CM Community Care Services Ltd	10
Sova Healthcare Ltd	16
Evolving Care Limited	19
Help at Home Danbury Gardens	22
Green Square Accord	23
Richmore Care Services	23
Hales Group Limited	27
Sure Care	27
Family Care Agency Ltd	30
Domiciliary Care Services (UK) Limited	31
Choices Care Ltd	33
Meridian Health & Social Care	33
Bonney Care Agency	34
Enable Inclusive Support Ltd	35
Spirit Homecare	36
Fosse Healthcare Ltd	41
Precious Hope Heath & Home Care Ltd	44
Private Home Care UK LTD	52
Raageh Care LTD	60
Sensitive Care Solutions Ltd	60
Care at Home (Midlands) Ltd	65
Amicare Domiciliary Care Services Ltd	67
Care 4U (Leicestershire) limited	68
Melton Care Services Limited	77
UK Care Team Ltd	77
Mi Life Care Services Limited	90
SELECT CARE SERVICES LTD	90
Adaptus Carers Limited	102
Carers Direct Homecare Ltd	104
Westminster Homecare Limited	125
Medacs Health Care PLC	130
Bluewood Recruitment Ltd	146
Help at Home	184
Aspire UK	202

Managing the cost of care

Ensuring Packages Match Need

Legal Framework

- Care Act 2014 requires LA to ensure eligible needs are met:
  - Informal resources
  - Commissioned support
  - Direct Payment
- Also duty to address wellbeing
- Power to provide support before and beyond eligibility
- Care Act guidance expects regular reviews to ensure outcomes continue to be met

Decision making and oversight

- Presumption of professional responsibility lies with assessor
- Clear framework for assessment and review
- Supporting guidance
- Use of supervision (Quality Conversations)
- Front line practitioner and First Line supervisor forums (led by Principal SW)
- Practice Oversight Board
- Performance framework and metrics on activity / spend / outcomes
- Audit programme

How increases occur

Either needs have increased or other available support has reduced

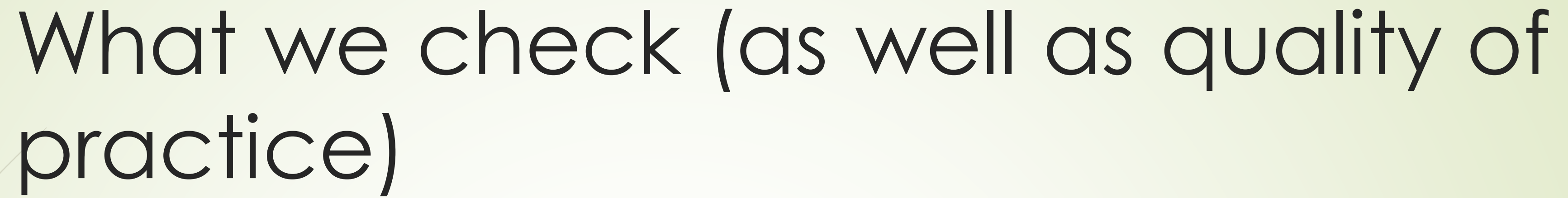
- Planned review – needs or support has changed
- Unplanned review – requested to address a sudden change in need / support

Deep dives have shown factors to be:

- Substantial change in health condition (often 'catastrophic')
- Reduced mobility / double handed care
- Loss of main carer
- Overnight needs
- Dementia / impact on carers

Audit Framework

- Cases selected independently
- Increased cost is one of the inclusion criteria (50% of audited cases)
- 4 cases per service per month
- Team Leader audit
- HOS re-audit
- Independent moderation on randomly selected audits
- Actions identified and tracked
- Audit report to Practice Oversight Group



What we check (as well as quality of practice)

- Is eligibility clear, evidenced?
- Is support appropriate to meet eligible needs?
- Have other sources of support been considered?
- Has technology been considered?
- Were there missed opportunities for preventative action?
- Is a contingency plan in place?
- Have other sources of funding (e.g. CHC) been considered?

What we find

- Eligibility confidence is high (the most positive audit response)
- Packages are in line with need, alternatives are explored first
- Increasing use of technology
- Preventative services are used and have impact but in some cases we could have done more
- Health funding is sought where appropriate
- The reason for increases are clear and almost always unavoidable
- We could be better at helping people to contingency plan

- Mr P: dementia, mobility, carer strain and double handed care (joint funded)
- Mr C: Wife's head injury, hospitalisation, reduced ability to offer care
- Ms S: complex health / visual impairment and MH issues + safeguarding and allegations risks
- Mr S: dementia + hard to manage behaviours, carer distress, risk of self harm / neglect

- Outcomes and support sequence training
- Audit driven individual / team development
- Practice, L&D support
- Targeted reviews (fundamental budget review)
- Technology Enabled Care – focus on reduced ‘double handed’ care
- Accommodation based solutions

Adult Social Care Scrutiny Commission
“Implementing the Care Act 2014”

20th November 2014

Care Act
2014

Leicester
City Council

Purpose of the Act

* **The Care Act 2014 is intended to achieve 4 things-**
  - Create the primary legislation needed to enact the recommendations in the White Paper *Reforming Care and Support: Caring for our future*
  - Implement the recommendations on reforming the funding of care and support (Dilnot)
  - Meet the recommendations of the Law Commission report on modernising Adult Social Care legislation
  - Enact elements of the government’s response to the Mid- Staffordshire NHS Foundation Trust Public Enquiry (Francis)

Key Milestones

- Oct 2014 - Final Statutory Guidance released (for changes that come in on 1st April 2015)
- Oct 2014 - Final funding allocations from Government
- Oct 2014 - CQC implement new regulation & inspection system including ratings
- April 2015 – Care Act Provisions in Force (excl funding reform)
- April 2016 - Care Act Provisions in Force (incl funding reform)

Care Act 2014 – General Responsibilities

1. Explicit requirement to consider people' s well-being when commissioning services
2. Focus on preventing, reducing and delaying care and support needs
3. Need to join up care and support with health and housing via the Better Care Together Programme
4. A requirement to provide Information, Advice and Guidance, including independent financial advice relating to paying for care

Care Act 2014 – Assessing Needs

From 1st April 2015

1. Carers will have the right to assessments and care services
2. The provision of independent advocacy to help people to exercise their rights to social care
3. Introduction of a national eligibility threshold
4. New duties in respect of prisoners rights to social care

Care Act 2014 – Other

From 1st April 2015

1. Statutory requirement for a new Adult Safeguarding Board
2. New Care Quality Commission inspection and rating regime (started October 2014)
3. Transitions – link to Children's and Families Act 2014 – support 0 to 25 years
4. Delegation of local authority functions
5. Market oversight and provider failure
6. Market shaping
7. Universal deferred payment scheme

Care Act 2014 – Funding and Charging

From April 2016

1. A cap on lifetime costs of care (proposed at £72,000 for people 65years and over)
2. Introduction of Individual Care Accounts
3. Increase to means test threshold to £118,000

Care Act 2014

Leicester City Council

Challenges to Implementing the Care Act 2014

* Understanding the nature of change and increased demand
* Training the workforce
* Communicating with the right people at the right time
* Financial modelling for the funding changes in April 2016
* Changes to the IT system

Care Act 2014

Leicester City Council

Increased Demand

* **Self-funders:** increase in numbers seeking needs assessments and financial assessments to start Care Account - estimate for Leicester 2015/16 – **1009**

* **Carers:** Significant increase for carers' assessments and young carers assessments (estimated for Leicester **3949** over 18yrs old**)**

Costs & Funding of the Care Act

	2014/15	2015/16	2016/17
	£'000k	£'000k	£'000k
Estimated Leicester Funding	125	2,069	3,768
Estimated Leicester Expenditure	125	2,125	5,266
Estimated Shortfall in Funding	**0**	**56**	**1,498**

- Estimated expenditure is indicative at this stage. LCC are using national models.
- 2016/17 is the first year of the Funding Reforms (eg £72k cap on care costs)
  - The estimated shortfall areas are primarily:
    - The provision of support to meet carers' eligible needs
    - Funding Reform Costs

Appendix E

Adult Social Care Scrutiny Commission Report

Carer Overview and Update on Carer Strategy Refresh 2022- 2025

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 8 December 2022

Useful information

- Ward(s) affected: All
- Report author: Nic Cawrey
- Author contact details: Nicola.cawrey@leicester.gov.uk
- Report version number: 1.0

1. Purpose

1.1 The purpose of this report is to inform Adult Social Care Scrutiny Commission on progress with the refresh of the Leicester, Leicestershire & Rutland Carers Strategy.

1.2 The report also provides detail on the delivery of a number of strands of work that are happening across Leicester for family carers, which whilst not providing formal feedback to the strategy do provide an invaluable ongoing opportunity for engagement with family carers.

2. Summary

2.1 Carers are a group of people that are increasing in numbers. Whilst we await the findings of the most recent census which will give us our best estimate, it is believed that the caring community in Leicester alone is now in excess of 70,000 people.

2.2 The pandemic has inevitably had the biggest impact on this, with many people who were previously independent slipping into the clinically extremely vulnerable category requiring support from family and friends, combined with the natural decline in health of those people who were unable to access routine health care for a long period of time.

2.3 The LLR Carers Strategy 2022-2025 is a joint strategy which includes all local authorities, the Integrated Care Board (ICB) and other health partners across LLR and is a refresh of the LLR Joint Carers Strategy 2018-2021 Recognising, Valuing and Supporting Carers.

2.4 The decision to refresh the LLR Joint Carers Strategy 2018-2021 was made as many of the key priorities within it remained pertinent to carers, but needed to be contextualised in light of the pandemic.

2.5 Formal engagement with this group of people is becoming increasingly more difficult. Colleagues across Leicestershire & Rutland have also reported that responses to some consultation exercises from carers are much lower, leading to the view that carers are experiencing engagement fatigue and indeed responses to our own bi-annual National Carers Survey were also low.

2.6 Despite this there is an appetite from some groups of carers to engage, and a sub-group of the Leicester, Leicestershire & Rutland Carer Delivery Group approached senior leaders at the end of 2021 with a proposal for how this might look. An agreement was made to submit a funding proposal to the Integrated Care Board which would include resource to support the governance arrangements around carers and carer engagement. The funding proposal was unsuccessful.

2.7 A well-attended consultation event was held in July 2022. Whilst this did not result in higher numbers of online surveys being completed, the attendance of over 100 participants provided qualitative insights and themes which are reflected in the strategy refresh. A report on the findings from the City Council's public consultation can be found at Appendix 2

2.8 Council officers promoted the consultation exercise and the opportunity for attendance at groups to discuss the exercise further through the City Mayor's office who have considerable links with voluntary sector organisations, the Integrated Care Board, Voluntary Action Leicester's networks, members of the Leicester, Leicestershire & Rutland Carer Delivery Group and carer support organisations. Promotion was also undertaken through a Mobilise pilot. See further information about Mobilise and its reach at paragraph 4.8 – 4.14

3. Recommendations

It is recommended that:

3.1 Progress on refreshing the LLR Joint Carers Strategy be noted

3.2 Adult Social Care Scrutiny Commission members are invited to review the contextual information included in the report and provide comment/feedback

4. Report

4.1 Carers in Leicester have told us that the most important things to them are that they are identified as carers, that they are included in the conversations happening around the care of the person they look after, involved in the planning and delivery of that care, that they are provided with appropriate information and advice and are able to take a break from their caring role. The strategy reflects those issues.

4.2 The Government white paper, 'People at the Heart of Care: adult social care reform', published in December 2021, builds on the National Carers Action Plan 2018-2020 and is centred around three core strands:

1) Working with the sector to kick-start a change in the services provided to support unpaid carers
2) Identifying, recognising and involving unpaid carers
3) Supporting the economic and social participation of unpaid carers

4.3 These three strands of work have been included as part of Leicester City Council's Adult Social Care Reforms Programme and will feature as part of the delivery plan under the Strategy, to be co-designed with carers at the start of 2023.

4.4 Progress against the existing strategy and new proposed actions can be seen at Appendix 3. This reflects the findings of the consultation exercise, but also of the ongoing intelligence we receive through the various initiatives with carers as further outlined in this report. The results from this have supported the development and drafting of the joint Carers strategy refresh 2022-25 (appendix 1). A delivery plan supporting the strategy refresh is in the process of being co-

produced, drawing on experiences of a cross section of carers from across the city.

Identification of carers, information advice & support

4.5 Given the significant work between health and care in supporting effective hospital discharges, it was recognised that the voice of the Carer was really important to help manage successful discharges. To support this a series of videos have been co- produced with carers in the City to promote the importance of identifying carers to staff working in health and social care settings particularly aimed at those involved in admitting or discharging people from hospital. The videos can be found here: https://youtube.com/playlist?list=PL36Ij8AN28RaOj5YvbgIIANAXjtrDUNj8

The carers involved in this piece of work helped to develop 5 key messages based around the acronym, THINK, see below.

T Think Family Carer

H Help individuals to identify as a family carer

I Involve family carers in decision-making and planning

N Note the family carer contact details

K Know where family carers can seek support and signpost

4.6 In partnership with University Hospitals of Leicester, Leicestershire Partnership Trust and Age Uk, there will be posters promoting these messages to both staff and families/patients in these settings to ensure that carers receive a leaflet which provides them with useful information about being a carer and signposts them to the appropriate carer support service for their area. It is also proposed that the videos and a small reflective exercise be included as e-learning and form part of the induction for all new staff working in Adult Social Care, as well as for staff that are involved in the emerging frailty and end of life virtual wards.

4.7 In addition to this, Adult Social Care have been working in partnership with Public Health to consider how technology can support the identification of carers through the Prevention and Promotion Fund for Better Mental Health (BMH Fund) by procuring online support for carers through the organisation Mobilise. The purpose of the BMH Fund was to mitigate the impact of poverty following the COVID-19 pandemic. Poverty increases the risk of mental health problems. Successfully supporting the mental wellbeing of people living in poverty and reducing the number of people with mental health problems experiencing poverty, requires complex engagement. There's evidence of carers experiencing poverty, digital poverty, isolation, and poor mental health.

4.8 The initiative included:

- Online platform will improve the number of carers known to local services via Mobilise, an online app [1]
- Opportunities to share practical advice about supporting carer mental health and the challenges of looking after vulnerable people
- Provision of general online support for unpaid carers
- Development of a network to support carers
- Project evaluation.

4.9 Mobilise has been operating in Leicester since the start of April 2022. The services key performance indicators are in relation to discovering individual carers, engaging with individual carers, and supporting individual carers. The numbers at the end of the initial 6-month period are as follows:

Discover – Target 10,000	Engage – Target 300	Support - 100
10,593	627	188

4.10 The service exceeded all targets by the end of the initial contract term and has been extended for a further 6 months so that the impact of the service on individual carer wellbeing can be measured fully, as well as how connected the service is with the other carer support services in the City. Further work also needs to be done to improve the information offer to young carers, and people from minority backgrounds which has not yet been explored in detail.

4.11 An insight report from Mobilise has identified that:

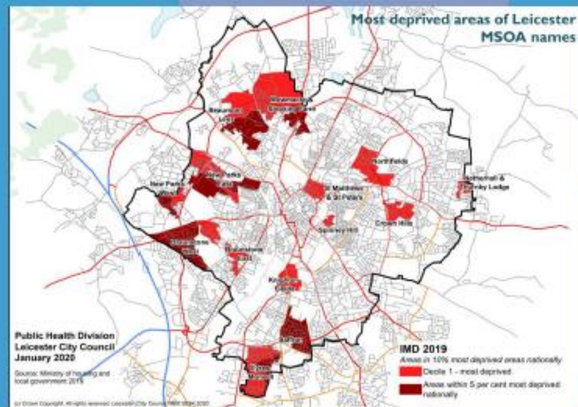
- 57% of carers were female and 43% male.
  - This a much more balanced reach when compared with the gender of carers that access our traditional commissioned carer support services (where only 30% are male).
  - One of the things that we wanted to explore is whether this style of engagement and support was of more benefit to male carers.
- 54% of carers that accessed Mobilise were also working.
  - 60% of those were earning under £128 per week.
- 75% of carers were spending over 35 hours a week caring
- 85% of carers accessing Mobilise are of working age, whilst only 45% of carers accessing traditional commissioned support are of working age.
  - This might suggest that finding information and support online, works more effectively for working age carers, it is perhaps more suited to people who have to balance caring commitments with employment; 63% of interactions outside working hours and 23% at weekends.
- 79% of interactions with Leicester carers were from mobile phones, more than the national average.
- Mobilise showed that access to support was even across Leicester.
- 30% of carers self-assessed as having poor health and wellbeing.

4.12 The initiative has enabled us to link the carers that have utilised this service with information that not only promoted the carer strategy, but also to other council information that may be of benefit to them at this difficult time, such as the Better Off Leicester tool.

[1] See https://www.mobiliseonline.co.uk/leicester

4.13 Mobilise has also been able to provide us with a ‘heat map’ of the carers that have engaged, which demonstrates that carers accessing the service are from some of the most deprived wards in Leicester. The intelligence from this initiative will be crucial to our future service planning.

Location of carers in Leicester



Heat map of carers reached by Mobilise match some of the most deprived wards in Leicestr and UK with high health inequalities.

Taking a break from caring

4.14 Another piece of work in partnership with Public Health through the BMH Fund involved a variation in the contract to the commissioned carer support service whereby Age Uk would administer a fund of £24,500 to support carers to access and book a short break using the Carefree platform.

4.15 Carefree seeks to improve the wellbeing of carers by enabling them to take time away from caring responsibilities. Carefree invites the hospitality sector to donate under-utilised accommodation to them, which they in turn offer to unpaid carers that are over the age of 18 and provide 30 hours of care or more, for a break admin fee of £25. Age Uk will from these funds, pay the break admin fee on behalf of eligible carers to enable them to take advantage of the break which can be a one- or two-night hotel booking for a carer plus their companion (which must not be the person they care for).

4.16 Carers do not have to be accessing the Carer Support Service already to access this facility, but they do have to meet the eligibility criteria which is set by Carefree. We are in the process of trying to publicise this offer more widely, as take up has been slower than anticipated. It is also of note that anecdotal feedback from carers is that whilst the cost of the accommodation through this offer is a good one, the costs associated with travel, food and potentially finding replacement care are still out of reach for some people, particularly as the cost-of-living crisis worsens, and as part of the evaluation, officers will be considering this as part of their evaluation.

Working Carers

4.17 The findings from Mobilise have confirmed that support for carers who are also in employment ought not to only be available during usual office opening hours, as many carers are seeking information and advice late at night, at weekends and usually can't get to traditional building-based carer support services.

4.18 Formerly Leicester City Council had a robust offer of support for carers that are also employed by the Council, including an internal carer passport scheme and an employee carer support group. This was a key group of people that officers could engage with about commissioning exercises, strategic work and distribute relevant information to support employees in their caring role . After numerous attempts to revive the group, due to inactivity over a number of years and lack of a chair, a management decision was taken to disband the group at the end of August 2022. Officers from Adult Social Care have attempted to ensure that these members of staff are aware of the support on offer to them from Adult Social Care and the voluntary sector, but at a time where there are even more carers who are under considerably more pressure, this is less than ideal.

4.19 We will be exploring how to provide support to this group of carers as part of our strategy delivery plan and a further report will be brought forward as appropriate. This will include information about how support is offered by other councils, including Leicestershire County Council which may inform our own approach.

Young Carers

4.20 Officers in Adult Social Care will be working closely with the newly appointed Young Care co-ordinator to ensure there is a streamlined pathway in place for young carers who are transitioning from children's services into Adult Social Care services.

5.1 Finance

5.1. There are no direct financial implications arising from this report

Martin Judson, Head of Finance

5.2 **Legal**

Following the consultation, results must be conscientiously taken into account before the proposals are finalised. The responses must be fed into the decision-making process and in a transparent manner in accordance with any information given as to how this will happen. If this is not done it may leave a decision open to challenge

on the basis the decision was taken without regard to the consultation and it was nothing more the appearance to engage.

The Authority has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. These matters must form an integral part of the decision making processes in relation to the Carer Strategy.

Mannah Begum, Principal Solicitor (Commercial & Contracts Legal) Ext 1423

5.3 **Equalities**

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and to foster good relations between people who share a protected characteristic and those who don't. Due regard to the Public Sector Equality Duty should be paid before and at the time a decision is taken, in such a way that it can influence the final decision.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The report provides an update on the outcome of the public consultation exercise carried out in relation to the Leicester, Leicestershire & Rutland Carers Strategy refresh, and seeks approval for final sign off and launch of the Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-2025. If approval is agreed this should lead to positive outcomes for carers who will be from a range of protected characteristics.

Experiences of Black, Asian and minority ethnic carers have been identified as an area to progress and these will be incorporated into the delivery plan of the strategy.

It is recommended that an equality impact assessment be undertaken on any element of the delivery plan which will affect carers and those that they care for as highlighted above. An understanding of the potential impacts, the maximisation of positive impacts and the identification of appropriate mitigations where there is a disproportionate negative impact can be achieved through ongoing engagement/ consultation with carers and stakeholders and analysis of monitoring data. The consultation process needs to be fair, accessible and proportionate for those participating in it.

In addition, as changes are implemented, it will be important to monitor for any unexpected disproportionate negative impacts or where we are unsure of the impact, in order that they can be addressed swiftly and effectively. This will be beneficial in ensuring that there are no barriers to accessing support arising from any particular protected characteristic/s.

Sukhi Biring, Equalities Officer, 454 4175

5.4 **Climate Change**

There are no significant climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon emissions, any potential impacts from implementation of the strategy could be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as appropriate and applicable to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.5 Other
None

6. Appendices
   Appendix 1: Proposed Final Carer Strategy
   Appendix 2: Public Consultation Findings report
   Appendix 3: Addendum You said, We did

7. Background Papers
   The current carers strategy can be accessed on our website through the link below.
   https://www.leicester.gov.uk/media/185857/joint-carers-strategy-2018-2021-recognising-valuing-and-supporting-carers-in-leicester-leicestershire-and-rutland.pdf

8. Is this a Key Decision - No

JOINT CARERS STRATEGY REFRESH 2022-2025

Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland

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Contents

1. Foreword 3
2. Carers Foreword 4
3. Who is the Strategy for? 5
4. Profile of carers in Leicester, Leicestershire and Rutland 6
5. National Policy and Legislation 7
6. Our local vision for Carers 8
7. The impact of the COVID-19 pandemic 10
8. What Leicester, Leicestershire and Rutland Carers say – 13
9. Guiding Principles 14
10. Key priorities and associated actions 15
11. Monitoring progress 24

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1. Foreword

The COVID-19 pandemic has been a challenging time for everyone. While many people have played an important role enabling others to cope with those challenges, it is especially important to recognise all those people who look after someone who couldn't manage without their support. Carers play an essential role in our communities, often without recognition of the commitments they make and the substantial impact that their selfless commitment to others can have on their own wellbeing. We would like to express our thanks to carers across Leicester, Leicestershire & Rutland and publicly recognise the outstanding contribution they make to our communities.

We have heard carers tell us how they can feel isolated, that they may experience higher levels of strain on their own physical health and wellbeing, and that they often feel worried about what the future holds since the pandemic. We have been mindful of this when setting the priorities detailed in the refreshed strategy. Central to this is that carers have told us that they want to have opportunities to live their own life alongside their caring role. We have listened to what they have said to us. We want to ensure that carers across Leicester, Leicestershire & Rutland have access to services that support their physical and mental health and promote their wellbeing. One important element of this is identifying carers early and ensuring that the right support is accessible in the right places and at the right time for all carers.

We recognise that in order to achieve this vision and the best possible outcomes for carers, NHS and local authority partners need to work collaboratively. We therefore publish our strategy jointly as a sign of how we intend to work together. With our minds now set firmly on 'recovery' and living with COVID, this refreshed strategy reflects our ongoing commitment to carers. We look forward to seeing the implementation of the plans within the strategy over the next five years and being part of a system that ensures carers are not only recognised but are valued and supported to live healthy and fulfilled lives.

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2. Carers Foreword

Dave T. Local carer

I'm delighted to have been asked to write this foreword. Cards on the table. I don't think carers were particularly well served in the past and I'm not sure they are now. I could go on about that, but I won't. Why? Because I think it's changing, in fact I know it is, and I know the desire to improve is coming from providers as well as carers. A glimpse of this is a carer's voice being heard here right at the beginning.

What is a carer and why do they need a strategy? With one in four adults becoming a carer during the pandemic (and already we're ignoring the vast number of young carers) the idea that there will be a simple definition is wishful thinking. What connects me (a working carer) with a young carer, with a parent carer, with a young adult carer? Well, there is someone who couldn't cope with their everyday life without my help, without our help. Doesn't much matter who or how, there is someone who we have a commitment to support. We are part of the team (us, medical, domiciliary care, social work) that works together to help someone live their life.

And that's where this strategy could, and should, and will if we follow it, take us. A team. Working together. Agencies communicating with each other, carers in that loop. Carers being treated the same way as professionals, informed, included, supported. Good employment practice extended to include all the care team members, to include carers.

As well as treating carers as part of the team there's another job for you professionals. You need to tell us that what we're doing has a name. Carers rarely define themselves as 'a carer' we're sons, daughters, parents, friends, and that's how we see ourselves. 'Carer' is a label not an identity. The thing is, if I don't think to call what I do 'caring' then I'm unlikely to know there's an Act that grants me rights; that there's a dedicated support service for me; that there are people who will help me. 'Carers' don't know this. We really don't. If you tip us the nod you can make our lives so much better and that's got to be worth your effort.

Sounds like a plan? We all want the same thing. The best possible life for the person we're supporting without burning ourselves out.

Here's how we do it…

Voice of local young carers

For us the strategy means that someone recognises what we do, how we feel and how we struggle.

It's a start in being supported as a young carer and being given time out to think about my emotional wellbeing as I suffer, as I'm isolated more than my friends.

It's important that everyone who is involved with young carers sees the strategy, especially schools. We spend so much time in school it would be great if this strategy brings change. We'd like to see every school having a named person who is the link person for the young carers, someone who understand us more, who understands the reasons we miss deadlines or are late to school. The strategy will hopefully affect the things that matter to us and allow us to talk about our worries and our good parts of life.

3. Who is the Strategy for?

‘We would describe a carer as anyone who supports and cares, unpaid, for a family member or friend living with a disability, long-term illness, substance misuse or a mental health need, who would not manage without their help.’

One of the biggest challenges in developing a strategy for carers, is that there are many definitions that apply, including within various national policy and legislation documents. Comments provided to us by carers across Leicester, Leicestershire and Rutland have suggested that the following factors are important to acknowledge explicitly:

- That a carer does not always live with the person they care for.
- That a caring role should not be defined by the number of hours they provide care.
- That the carer could be caring for their son, daughter, husband, wife, mother or father, but that this list is not exhaustive, and the relationship between the carer and the person may also extend beyond traditional family roles.
- Sometimes a carer can be caring for more than one person, across differing generations.
- Carers may also receive support from a carer themselves because of their own illness or disability.
- Receipt of a carers allowance does not mean that they are in a paid carer role.
- The carer can be any age; adult carer over the age of 18, parent carer who provides care to a child or an adult, young carers under the age of 18 and young adult carers who are aged between 18 and 25 years.
- There may be more than one carer caring for the same person
- The need of the person they care for may not be visible.

It is recognised that some people do not relate to the term ‘carer’ however, for the purpose of this strategy this will be the term used to capture the diverse nature of the caring role.

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4. Profile of carers in Leicester, Leicestershire and Rutland

Census data from 2011 told us that there are over 105,000 carers across Leicester Leicestershire and Rutland (LLR). Nearly 2000 of the 105,000 (2%) LLR carers were aged between 0-15 years, and 203 of these young carers provide 50 or more hours of unpaid care per week. Overall, 67% of carers provide care for 1-19hrs a week. 57% of LLR carers are female, the highest provision of care for both sexes is provided by those aged 25-64.

There is no doubt that the COVID-19 pandemic has significantly increased the numbers of people that now find themselves in a caring role, but we are waiting for the results from the Census undertaken in 2021to be able to provide more detailed information on the gender split of our caring population, the ethnic breakdown, the age and number of hours spent caring as provided in the last strategy. We have been advised by the Office of National Statistics that this information should be released between December 2022 and January 2023 and will update this section, once the information is available.

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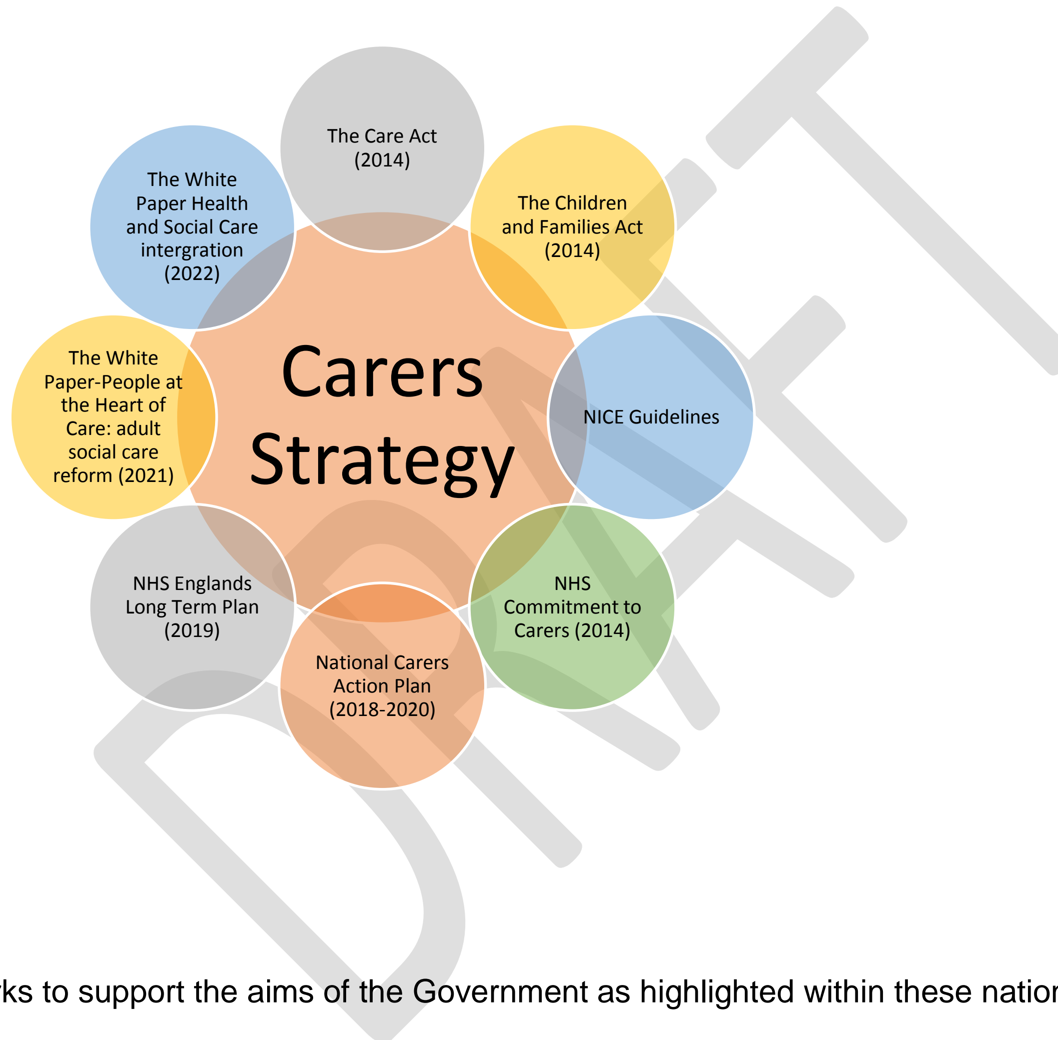
5. National Policy and Legislation



This carers strategy works to support the aims of the Government as highlighted within these national policy and legislative documents.

6. Our local vision for Carers

'Carers, of all ages across Leicester, Leicestershire and Rutland will be identified early, and feel valued and respected. They will be offered appropriate support wherever possible to enable them to continue their caring role and maintain their own health and wellbeing'.

This strategy has been refreshed to reflect the accomplishments of the previous strategy such as:

- Launching a Leicester, Leicestershire and Rutland carers passport.
- The incorporation of quality markers in GP surgeries.
- Staff training around carer awareness within a number of health and social care organisations.
- A review of the information and advice available to carers with necessary updates.
- Larger numbers of carers registering with their GPs.
- A new regional carer co-production group.

The refreshed strategy builds on existing actions and represents the voice of local carers across Leicester, Leicestershire and Rutland, particularly following the COVID-19 pandemic. It also sits alongside other local plans, such as the Health and Wellbeing Strategies for Leicester, Leicestershire & Rutland 2022-2032 and Social Care Strategies for Adults and Children's Services across Leicester City & Leicestershire and Rutland County Council's. Ongoing challenges such as continuing to raise awareness of carer issues, promoting the early identification of carers, and continuing to keep information up to date remain embedded within the priorities of the refreshed strategy.

In July 2022, integrated care systems were established across England. Integrated care is about joining up the care provided by different organisations and services. It's about giving people the support they need, joined up across local councils, the NHS and other partners. Our integrated care system covers Leicester, Leicestershire & Rutland.

The Leicester, Leicestershire & Rutland Integrated Care System has two statutory bodies.

1) Leicester, Leicestershire and Rutland Health and Wellbeing Partnership, responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population and,
2) Leicester, Leicestershire and Rutland Integrated Care Board, the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging the provision of health services in their area. The Integrated Care Board replace what were once known as clinical commissioning groups.

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In order to avoid the Integrated Care System losing sight of issues affecting local areas, other groups called place-based partnerships and provider collaboratives are in place.

The group that is responsible for highlighting the needs of carers, development and delivery of this strategy across the Integrated Care System is the Leicester, Leicestershire & Rutland Carers Delivery group which is made up of representatives from the following organisations:

- Leicester City Council,
- Leicestershire County Council
- Rutland County Council, (all responsible for social care),
- Leicester, Leicestershire & Rutland Integrated Care Board who work alongside GP surgeries,
- Leicestershire Partnership NHS Trust,
- University Hospitals of Leicester,
- Voluntary and community sector organisations (notably those organisations delivering carer support services and representing the voice of the carers they support)
- Healthwatch

The organisations that are part of the Leicester, Leicestershire & Rutland Carers Delivery Group have signed up to this strategy and have committed to work together to deliver our local vision for carers.

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7. The impact of the COVID-19 pandemic

No one could have anticipated that during the life of the 2018-2021 strategy, there would be a pandemic that would have such a monumental impact on carers' lives. As a nation we are moving to recovery and living safely with Covid but for carers there are lasting effects on many areas of their lives: their mental and physical health, employment and finances, their emotional wellbeing, with many taking on a new role as a carer.

Increase in carer numbers

Carers UK estimate that an additional 4.5 million people became carers overnight, in March 2020 which equates to 1 in 4 UK adults providing care to an older, disabled or ill relative or friend at the height of the pandemic. If we apply this across Leicester, Leicestershire and Rutland this suggests there would be around 220,000 adult carers.

We acknowledge this increase and prioritise carer identification

Loneliness

Carers had already told us they experience feelings of loneliness; and Carers UK research shows that the number of carers feeling isolated doubled from 2020-2021 from 9% to 18%. This was also echoed by carers locally. Those feelings increased because of physical distancing and shielding, the closure of community services, unemployment, and the loss of loved ones which subsequently affected the mental well-being and resilience of the caring community.

Prior to the pandemic, young carers were already an under-identified and under-recognised group. The closure of schools, universities and other educational settings during the pandemic meant that many young carers lost regular forms of contact, increasing the invisibility of young carers.

We acknowledge and prioritise the need for carers to have a life alongside caring

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Providing more care

According to Carers Trust, 58% of young carers are caring for longer since Coronavirus and are spending on average ten hours a week more on their caring responsibilities. Among young adult carers the proportion is even higher at 63.6%. A Carers UK report released in October 2020 states that 81% of carers reported they were providing more care since the start of the outbreak for one or more of the following reasons:

- The needs of the person they care for have increased.
- That local services reduced their offer or closed altogether.
- Someone they rely on for breaks was no longer available.
- They were worried about paid health and social care staff having contact with the person they care for.

As a result of this, 72% of carers have not had any breaks throughout the pandemic.

We acknowledge the need for carers to have a break from caring and prioritise actions to support this

Financial Impact

Carer's UK State of Caring report 2021, stated that 36% of carers said their financial situation had got worse since the start of the pandemic, largely due to people being at home more, using more energy, being unable to work either due to being furloughed or as a result of the increase in care they were providing. Locally, carers have also highlighted these challenges, and this remains an area of concern as they also tackle the cost of living and fuel crises. Caring households are significantly more likely to have had difficulty paying for at least one type of living expense since the beginning of the pandemic compared to non-caring households.

We acknowledge and prioritise the need for carers to have appropriate advice around their financial circumstances

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Sortified The East Midlands' Unpaid Key Workers: Supporting Unpaid Carers by adapting services and responding to need during the COVID-19 crisis

The East Midlands Association of Directors of Social Services (EM ADASS) recognised the impact of the pandemic on carers and commissioned a community interest company called Sortified to work with local carers to establish a simple list of recommendations for councils, based on their experiences of the pandemic. The subsequent report outlined areas where carers required support both on an immediate and long-term basis. As we are now learning to live with COVID-19 some of the immediate concerns presented in the report are now resolved, however those that remain, have been built into our priorities within this strategy. The full report can be found at: East Midlands Carers — Sortified

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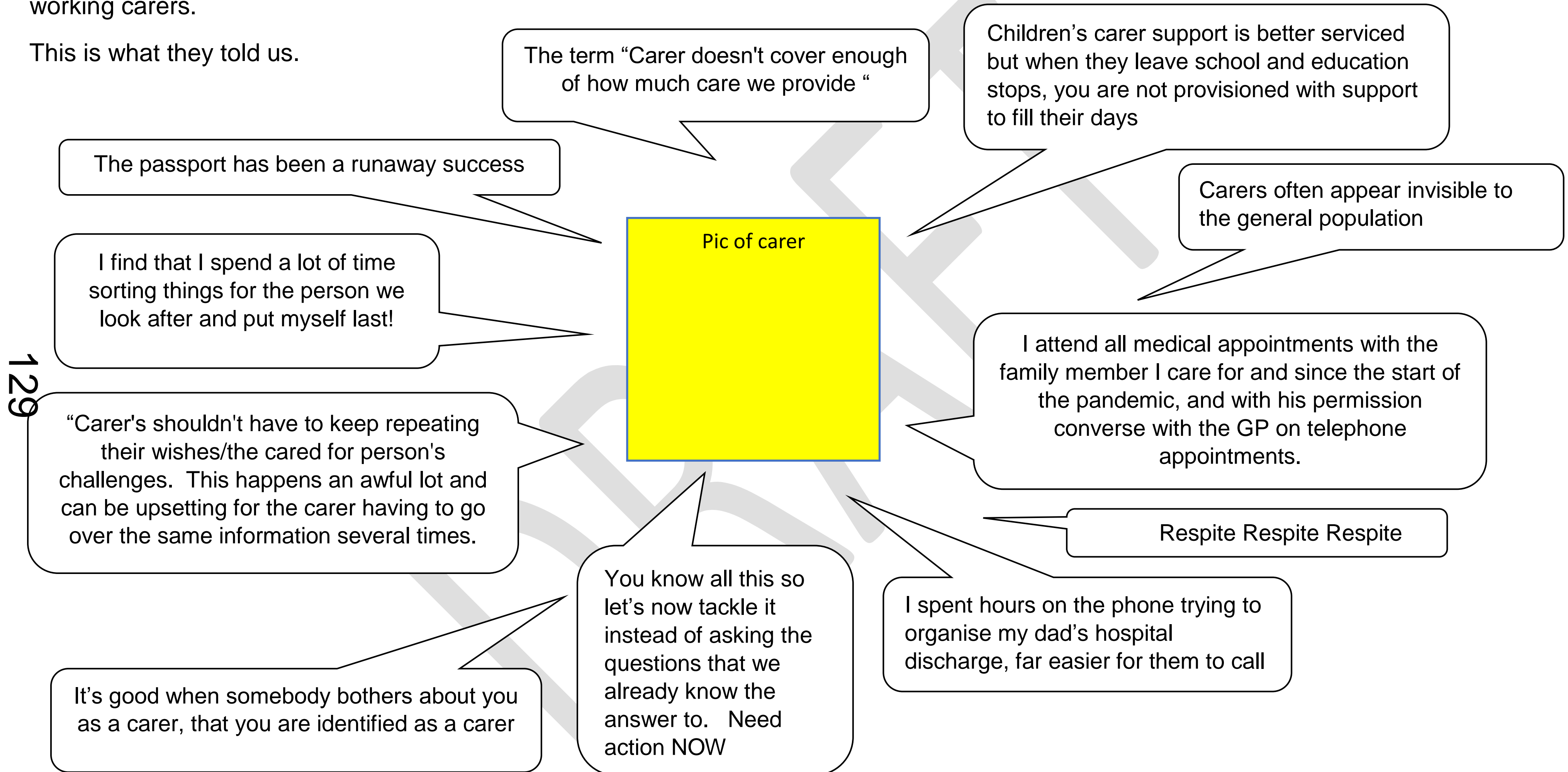
8. What Leicester, Leicestershire and Rutland Carers say –

During the summer of 2021 we tried to speak to as many local carers as we could about the 2018-2021 Carers Strategy and their caring situations. The carers were from a range of backgrounds including parent carers, carers of different ethnic origins, young carers, older carers and working carers.

This is what they told us.



129

Organisations that are responsible for delivering upon this strategy are committed to ensuring that the carer voice continues to be heard. The ambition is to move towards a co-productive approach to developing delivery plans that value carers and their lived experiences.

9. Guiding Principles

The strategy continues to be underpinned by the guiding principles that reflect both the national and local requirements of carers.

The above principles have been translated into key priorities and actions (as detailed in section 9) and each member of the Leicester, Leicestershire and Rutland Carers Delivery Group will be expected to build upon them in the development of their delivery plans. Progress on those plans will then be collated and fed into wider integrated care system priorities.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. This might seem like the Strategy lacks detail in some areas however, the available resources for each organisation will be reflected in the plans that will be developed by partners.

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10. Key priorities and associated actions

1. Carers are identified early and recognised - Building awareness of caring and its diversity

What the engagement told us	What will we carry forward	What are our new actions
Identification is still an issue for carers, linked to lack of understanding of what caring is. Engagement recognised the need for GP surgeries to improve identification of carers. Lack of recognition was cited as a barrier to being kept informed; this was mentioned as a particular issue in hospital settings. Carers not receiving Carers Allowance feel they aren't recognised like those who receive it.	Ongoing staff training development to aid awareness and identification. Ongoing review of information and use of pages to aid carers to identify themselves and support staff to identify them. Continued promotion of Digital Resource for Carers & Employers for Carers resources.	Continued promotion and growth of the Carers Passport scheme, particularly in hospital settings. Improving access to primary care and health checks for carers as a means of supporting carers to maintain their own physical and mental health and wellbeing particularly for working carers and parent carers. A social seeding programme to provide ongoing relationships and alliances through the Integrated Care System and ensure it is reaching out to carers across cultures. Ensure better carer identification and consideration of their needs on admission to and discharge from hospital. Use of social media, to raise carer awareness, particularly around Young Carers.

How will we know this has worked?

- Increase in identified carers on GP registers, council systems, and carers recorded as accessing commissioned services.
- An increase in the number of carers registered for a carer's passport.
- Carers will be signposted to the various avenues of support available at the earliest opportunity

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- We will hear from carers that are involved with our strategic work, through local involvement networks and co-production forums, that carers are being identified and signposted to appropriate information, advice and support

2. Carers are valued and involved - Caring today and in the future

What the engagement told us	What will we carry forward	What are our new actions
Carers told us they would like simple acknowledgement of the role they play in supporting the person they care for. Carers still do not feel valued, they report feeling forgotten about during the pandemic and isolated. Those carers that are identified, report not being recognised as experts by experience in the health and wellbeing of the cared for. Carers reported lack of feeling valued, and comment this is often linked to not being recognised as a carer.	Further staff training – to ensure carers are recognised as experts by experience. Move towards a more co-productive approach to the planning and delivery of services. Ongoing work with hospital teams regarding discharge.	Create an agreed approach for communicating effectively with carers across Leicester Leicestershire and Rutland through the work of the Integrated Care system. The Carers Delivery Group will seek to influence and improve the information provided to carers around the differing care pathways across the system. Development of 'You Said We Did' approach – showing that carer voice influences and shapes the design and delivery of our services across the Integrated Care System Utilise an 'integration index' to be co-produced to measure the extent to which the local health service and its partners are genuinely providing joined up, personalised and anticipatory care. Ensure that adult services are aware of and include young carers that may be involved in supporting the person receiving care.

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How will we know this has worked?
• Increased satisfaction level from carers within the next national carers survey • Positive outcomes feedback from commissioned services • We will hear from carers that are involved with our strategic work, through local involvement networks and co-production forums that carers are recognised as experts by professionals involved in the care of their family member

3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting		
What the engagement told us	**What will we carry forward**	**What are our new actions**
Knowing where to look for required information was noted as a barrier for carers. Carers told us that when they were identified as the main contact for the person they care for they were kept informed in some instances. Carers like to use their GP for information and support. Lack of recognition was cited as a barrier to being kept informed; carers feel they aren't offered the information as the person dealing with them doesn't view them as a carer.	Further awareness raising sessions planned for key staff to ensure all teams have access to knowledgeable staff member for support around working with carers which includes parent carers. Consider best communication pathways for sharing information with carers using learning from theCOVID-19 pandemic.	Ensuring carers can access the information they need, in the formats they require. This includes making sure information is available to those who may not be able to access information during usual office working hours Refresh of internet pages to ensure information is clear, pages are easy to navigate and language used isn't "too corporate" which includes information for Young Carers. Including information on advocacy and getting carers voices heard. Development of relationships with schools and colleges to improve young carer awareness. Share learning from the trial of the Mobilise service in Leicester

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How will we know this has worked?
• Increase in the proportion of carers who say they find it easy to find information about services • Increase in carers identified • Increase in numbers of carers accessing carer support

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4. Carer Friendly Communities		
What the engagement told us	**What will we carry forward**	**What are our new actions**
Carers told us they would like to see the use of volunteers to support carers. Carers told us that by raising awareness of caring in communities, community venues and local businesses, they may become more accommodating. Some carers told us that they are isolated and not easily able to access services due to the availability of public transport. This is particularly relevant in rural areas	Continue to take the views of carers into account in future commissioning exercises, including consideration of updated geographic and demographic data from the updated census 2021. Continue to work with communities to support carers through awareness raising within existing community groups.	We will ensure that the priorities within the Carers' Strategy are aligned with The Integrated Care Board's People and Communities Strategy 2022/2023 Continued promotion and growth of the Carers Passport scheme to include how this could be used in hospitals. Specifically targeting community schemes and groups within neighbourhoods. Development of relationships with schools and colleges to improve young carers awareness. Support carers to be able to access a broad range of services within their local communities, including voluntary/community led organisations, helping to support their wellbeing and alleviate social isolation.

How will we know this has worked?
• Carers report greater satisfaction in the accessibility of services • Increase in the proportion of carers who say they find it easy to find information • We will hear from carers that are involved with our strategic work, through local involvement networks and coproduction forums that the role of a carer is being noticed more within their community.

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5. Carers have a life alongside caring – Health, education, employment and financial wellbeing		
What the engagement told us	**What will we carry forward**	**What are our new actions**
Loneliness, isolation and not having time for themselves were key themes fed back by carers, all having the potential to affect their mental wellbeing negatively. The financial impact of caring for someone was of real concern to carers. Carers are neglecting their own physical health and wellbeing, putting off routine appointments and in some cases elective surgeries because they are unable to find appropriate support for the person they care for. Carers do not get enough time for themselves. Although we received limited feedback from working carers, we know that flexibility of support and replacement care arrangements is a key factor in the ability to continue working.	Ongoing review of information and use of web pages - to ensure carers know where they can go for financial advice or support CareFree promotion ensuring all workers are aware and are utilising the offer. Carers' breaks provision still under review. CCGs will continue to encourage carers to take up screening invitations, NHS health checks and vaccinations, where relevant.	Ensuring carers have the information they need to keep themselves well. Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers' needs are recognised. Work to improve the move between children's and adult services with young carers and parent carers, so that they can consider and plan for their future aspirations in terms of college, university, leaving home and ageing. Continue work with Leicestershire Partnership Trust to develop a Lived Experience Framework. This alongside trust-wide systems and processes will allow for the creation of paid opportunities for those with lived experience whilst developing skills and experience. The impact of the cost-of-living crisis will be a consideration in future planning of support for carers

How will we know this has worked?

- Increase in number of carers accessing CareFree breaks.
- Increased satisfaction level from carers within the next national carers survey.
- Increase in the numbers of carers receiving information and advice regarding finance and benefits.
- Increase in number of young carers receiving transition assessments.
- The carer voice will be heard and listened to when local authorities are reviewing their respite provision.

6. ''Care with Confidence – Technology and skills supporting you to care effectively"		
What the engagement told us	**What will we carry forward**	**What are our new actions**
Local carers didn't identify with the previous title of priority 6 - *Carers and the impact of Technology Products and the living space*. However, what did come through was that carers have been reliant on technology or gadgets during the pandemic. There was acknowledgement that housing needs still exist, where properties aren't always suitable particularly for carers supporting someone who has severe needs.	We will continue to work with professionals from housing, equipment and adaptations to improve the carers' pathway and embed carer awareness.	Ensure carers are informed of technology solutions that can support them in their caring role. Work with carers so that they are reassured and confident about using technology and / or gadgets. Introduce mechanisms to better support patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions.
How will we know this has worked?		
• Increase in the proportion of carers who say they find it easy to find information • Through our local involvement networks and coproduction forums, information will be shared with carers about various initiatives in relation to technology and we will hear feedback about how this has impacted on carers		

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7. Carers can access the right support at the right time - Services and Systems that work for carers

What the engagement told us	What will we carry forward	What are our new actions
Carers tell us they want to receive support that recognises their individual circumstances, that includes support to navigate through the health and social care system. Carers want to be able to help themselves too and are looking for access to carer courses, to support them in their caring role. Carers want support with health and wellbeing particularly mental health support for carers, as their caring role can have a negative impact on them at times. This can often be crucial when caring for somebody with a mental health condition, or for a great deal of time. Carers require support with hospital discharge, starting right at the point of admission ensuring they are kept informed and involved.	Ongoing use of Carers Delivery Group (CDG) to ensure that all organisations work together to improve and join up support for carers wherever possible. People will be signposted to sources of support post-caring.	Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers' needs are recognised. The Carers Delivery Group will seek to influence the information provided to carers around the differing care pathways across the system. Targeted work to raise the profile of the Carers Passports within hospital and GP services. To ensure that carers are supported to plan for emergencies. Work alongside LOROS and the Carers Matters Stakeholder group to understand what matters to carers supporting a loved one at the end of life. Roll out of Young Carers passport across Leicester, Leicestershire, and Rutland.

How will we know this has worked?

- Improvements in carer reported quality of life and satisfaction with social services through the bi-annual carer survey undertaken nationally.
- The numbers of carers receiving information and support at the right time will increase, and this will be reported through commissioned carer support services and other services supporting carers

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8. Supporting Young Carers

What the engagement told us	What will we carry forward	What are our new actions
A number of Leicestershire young carers wanted to remove priority 8 and have actions for supporting young carers embedded within the actions for the other priorities. Young carers identified the need to be 'young people' and want time for themselves. Young carers want to be able to find the information they need. Young carers need support to identify as young carers, which is mindful of the needs of the whole family, particularly within schools, and colleges. Young carers say they often miss education due to their caring responsibilities which can impact their life choices.	. Embed the whole family approach. Working with educational establishments to continue to raise awareness of young carers.	Develop young carer support that acknowledges young carers often miss out on childhood and other key activities as well as providing appropriate mental health support where required. Work with young carers to improve the way that the health system including GPs supports young carers Local authorities will work with young carers to ensure that their aspirations of going to college, university, leaving home, are considered as part of their work with young carer services . Improve young carer support for those who are under 11 years of age

How will we know this has worked?

- Increased number of young carers known to services will be reported.
- Young carers report feeling listened to and respected.
- Organisations can evidence a more robust approach to working with young carers and their families.
- The impact of caring on young carers is taken into account in assessments and transition planning across social care.
- Young carers report improved outcomes at home, school or in employment.

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11. Monitoring progress

The Leicester, Leicestershire & Rutland Carers Delivery Group has led on the development of this strategy and recognises the impact that positive carer support can have across all workstreams. The group will oversee delivery of the strategy's priorities, and report progress to the respective partner organisations' governance arrangements and Health and Wellbeing Boards.

The Leicester, Leicestershire & Rutland Carers Delivery Group has representation from voluntary sector organisations who support carers, and also from Healthwatch who are responsible for sharing the experiences of carers with the group so that the carer voice is at the heart of its work. The group will also that those organisations representing carers are provided with information about progress under this Strategy so that they are able to feed this back directly to carers.

DRAFT

Summary report of Public Consultation – Have your say on the Leicester, Leicestershire & Rutland Joint Carers Strategy Refresh 2022-2025

1. Acknowledgements

We would like to take this opportunity to express our gratitude and sincere thanks to everyone who has taken the time to speak to us and provide their views and feedback as part of the consultation process on the Leicester, Leicestershire & Rutland (LLR) Carers Strategy Refresh 2022-2025.

2. Purpose of the report

This document provides a summary of the findings from the public consultation exercise that ran from 8th June 2022 – 31st July 2022 on the LLR Carers Strategy Refresh 2022-2025, including the discussions that took place with carers themselves at a public consultation event that was held at the King Power Stadium on 13th July 2022.

The Strategy sets out a shared vision and priorities for recognising, valuing and supporting carers by Leicester City Council, Leicestershire County Council, Rutland County Council, the Integrated Care Board (ICB) for Leicester, Leicestershire & Rutland and other health partners.

3. Approach

The purpose of this consultation exercise was to make sure the Strategy represents the carer voice, and that it is reflective of the things that carers told us throughout our engagement earlier in the year. The carer voice should continue to be at the heart of any decisions that the system makes concerning the planning and delivery of carers' services and it is therefore critical that the refreshed strategy is co-produced and reflective of the things that are important to carers. As public bodies, Local Authorities and the ICB have a duty and commitment to listen and engage to ensure that we understand the views of people drawing upon the support of health and social care services. For work that relates to carers, this is becoming increasingly more challenging.

As well as hosting an online survey for people to contribute their views, an in-person public consultation event was held on the 13th July at the King Power Stadium. Officers from all three local authorities including representatives working with young carers, the commissioned carer support services, and partners from health organisations were all in attendance. The survey was also available as a downloadable hard copy, available in hard copy from the carer support services and an easy read version was also available.

As well as this, there was promotion on local authority and ICB websites, attendance at a number of carer group sessions by local authority officers,

social media promotion, and promotion with Voluntary Action LeicesterShire. Council officers also offered visits to other local community groups to talk about the carer strategy, and utilised a new online platform called Mobilise to promote the consultation exercise which specifically targets carers through online geo-targeted advertising.

Unfortunately, despite all of these attempt's responses to the online survey were incredibly low. This report however provides an overview of the findings from the online survey.

Participants of the online survey were asked the following questions:

Does the draft carers strategy accurately reflect carers' issues?

There were 30 responses to this part of the question.

Option	Total	Percent
Strongly agree	6	20%
Agree	8	26.67%
Neither agree nor disagree	7	23.33%
Disagree	3	10.00%
Strongly disagree	1	3.33%
Don't know	4	13.33%
Not answered	1	3.33%

Despite the low number of responses, the qualitative answers to this question provided useful insight. The comments suggested that a strategy of this nature was long overdue. They also highlighted that the actions in the action plan lacked the detail about what difference this will make to the practical help that carers including parent carers living in the City wanted. Feedback of this nature is not unusual when strategies span across multiple geographical areas as organisations pick up the detail in their own organisation's delivery plans, but nonetheless, it highlights the importance of continuing these conversations when the City Council works on its delivery plan at the start of 2023.

Do you think the priorities within the strategy are the right priorities?

There were 30 responses to this part of the question.

Option	Total	Percent
Strongly agree	8	26.67%
Agree	12	40%
Neither agree nor disagree	4	13.33%
Disagree	1	3.33%
Strongly disagree	0	0%
Don't know	2	6.67%

Not answered	3	10.0%

Almost 67% of respondents strongly agreed or agreed that the priorities within the strategy were the right ones, which is reassuring, although statistically insignificant given the low response rate. The people that took the time to provide additional information about their responses, reiterated the importance of recognising parent carers, and a plea that more resources be allocated to speaking to more carers acknowledging that is becomes increasingly more difficult to target this group of people.

Do you agree with the actions to deliver the proposed priorities?

There were 30 responses to this part of the question.

Option	Total	Percent
Strongly agree	6	20%
Agree	10	33.3%
Neither agree nor disagree	7	23.3%
Disagree	0	0%
Strongly disagree	0	0%
Don't know	5	16.67%
Not answered	2	6.67%

Again, the narrative behind these responses, suggested that the actions lacked detail, something which council officers can develop more fully in the City Council's carer strategy delivery plan. A report has already been produced which shows the Council's progress on the previous strategy, and actions which will remain in the delivery plan moving forward. This document will be where discussions start with carers in the new year.

Emerging themes from the King Power Consultation Event

Over 100 people attended the carer consultation event at the King Power Stadium. People were either working to support family carers or were family carers themselves, and travelled from across the city, county and Rutland. We also had a number of young carers that joined us at the event.

The feedback from these people was ad-hoc and not in the format of a formal interview / questionnaire but the notes made can be pulled into key themes, listed below:

- The strategy appeared to lack clarity in relation to how delivery would be implemented and monitored
- The importance of continuing to work alongside carers to review progress against the strategy in a co-productive way
- More emphasis on working and parent carers

- Larger emphasis on young carers across the 7 priorities which are not specifically focusing on young carers
- Carers are in need of the right support at the right time but particularly at the point of hospital discharge, and end of life
- The importance of the health and social care system working in a more joined up ways so that things become easier to navigate for carers
- Carers are in need of more practical help and support as well as access to flexible respite services and breaks from caring

Equalities data summary

The online survey gave us the opportunity to monitor equality data. This was not collected for the people that attended the consultation event, unless they filled in hard copy of the survey at the event, which would then have been captured online. As the responses were so low to this survey, we know that this is not a representative sample of the communities of Leicester.

What is your ethnic background?

There were 30 responses to this question

Option	Total	Percent
Asian or Asian British: Indian	3	10.0%
Dual/Multiple Heritage: Any other heritage background	1	3.33%
White: British	21	70%
White: Any other white background	1	3.33%
Other ethnic group: Any other ethnic group	1	3.33%
Prefer not to say	2	6.67%
Not answered	1	3.33%

What is your age?

There were 30 responses to this question

Option	Total	Percent
Under 18	6	20%
18-25 years	1	3.33%
26-35 years	2	6.67%
36-45 years	1	3.33%
46-55 years	6	20%
56-65 years	9	30%
66+ years	4	13.33%
Prefer not to say	0	0
Not answered	1	3.33%

Sexual orientation. Do you consider yourself to be...

There were 30 responses to this question

Option	Total	Percent
Bisexual	2	6.67%
Gay/lesbian	0	0
Heterosexual / straight	19	63.3%
Prefer not to say	6	20%
Other	2	6.67%
Not answered	1	3.33%

Disability.

There were 30 responses to this question

Option	Total	Percent
Yes	9	30%
No	14	46.67%
Prefer not to say	3	10%
Not answered	4	13.33%

How would you define your religion or belief?

There were 30 responses to this question

Option	Total	Percent
Atheist	2	6.67%
Buddhist	1	3.33%
Christian	7	23.33%
Hindu	1	3.33%
Muslim	2	6.67%
No religion	10	33.33%
Prefer not to say	2	6.67%
Other	3	10%
Not answered	2	6.67%

What is your sex?

There were 30 responses to this question

Option	Total	Percent
Female	19	63.33%
Male	9	30%
Prefer not to say	1	3.33%
Not answered	1	3.33%

Is your gender the same as birth?

There were 30 responses to this question

Option	Total	Percent
Yes	24	80%
No	0	0
Prefer not to say	1	3.33%
Not answered	5	16.67%

4. Summary

It is fair to say that the low response to the public consultation in relation to the carer strategy is very disappointing, albeit unsurprising. Responses from carers to a range of consultation exercises across the Health and Social Care system in recent times, have been dwindling in numbers and carers have been saying for a long time, that they are asked a lot of questions about a lot of topics, yet they feel very little changes for them as a result. This has been labelled as engagement or consultation fatigue. This has been highlighted as a key risk for the LLR Carers Delivery Group and attempts are already being made to try and streamline the ask of carers across the system.

It is also believed that the position for carers is becoming increasingly more challenging since the pandemic. Not only are carers caring for more hours each week, carers are now caring for people that are even more poorly. Certainly, the commissioned carer support services are reporting that the families they are supporting are in far more complex scenarios than they have seen before.

Carers are increasingly becoming more focused on survival and as the cost-of-living crisis starts to set in and the impact felt, personal priorities shift from filing in surveys for the council to considering how they are going to manage in the coming weeks particularly as the winter months move nearer.

Nonetheless, if the strategy is agreed, the Council will seek to hold an in-person event in the new year focusing on what Adult Social Care's priorities for 2022-2023 should be. This will be in the format of a round table event, that is co-produced with carers and will respond directly to the key themes highlighted by City carers.

You said, We did
Leicester City Council Carers Strategy Refresh Update

Priority 1. Carers are identified early and recognised - Building awareness of caring and its diversity

1.1 All partners will seek to support carers to identify themselves as appropriate
1.2 Clinical commissioning groups will include carer information and carer awareness into GP staff induction processes.
1.3 Individual partners will work to make their carers registers robust

What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
1.1 Staff and managers within the Social Care and Education (SCE) Department at Leicester City Council should be 'carer aware' and able to promote the importance of registering as a carer with their GP, familiar with the requirements of the Care Act in relation to carers and refer to Carer Support Services where appropriate. A carer passport scheme will be fully scoped with partners across LLR to support carers to self-identify with professionals.	The City Carer Support Service has worked with teams within ASC to raise awareness of carers and where this has happened, there have been more referrals for support	The service didn't get to all adult social care teams	Carer awareness and identification remains a key priority. Practice guidance will be developed for Adult Social Care teams which reflects strengths-based ways of working to support carers
	The City Council were able to secure additional funds to co-produce carer awareness raising videos for colleagues across the health and social care system. Video's have been produced with carers that live in the City	The videos now need to be shared across the health and social care system but particularly within UHL and LPT to increase the number of carers being identified and supported by staff working in health and social care services	Leicester City Council and its commissioned carer support service will work with UHL and LPT to disseminate the videos and develop an information leaflet for family carers at point of hospital discharge to ensure better carer identification and consideration of carer needs on admission to and discharge from hospital
	More carers are registered with their GP but this is still low in comparison to the numbers of carers that live or care in the City		Adult Social Care and the commissioned carer support service will continue to promote the importance of carers registering with their GP
	More carers are being referred into the carer support service		Continue to increase the numbers of carers being referred into the carer support service so that more carers in the City are appropriately supported
	LLR Carer passport scheme is now available	We weren't able to promote the passport as widely as we would have liked	Continued promotion and growth of the carers passport scheme particularly within health settings – more good news stories of how this can help
	Use of social media to promote key carer awareness messaging. We know this helps identification		Continued use of social media to raise awareness of caring, particularly young carers as we have seen this work to increase carer identification

1.3 Social Care staff will accurately record their contact with carers on their computer system.	The commissioned carer support service now provides the City Council with a register of carers that are utilising the service which helps them and us to identify where targeted promotion of the service is required so that more carers hear about the service and what it does	An agreed process for recording carers on the internal case recording database to ensure smoother referrals, information sharing and disjointed care	As part of the practice guidance highlighted at 1.1, the process for recording carers on the internal case recording database will be included. This will ensure that carers are considered and treated as partners in care Continue to increase the number of carers identified and accessing support

Priority 2. Carers are valued and involved – Caring today and in the future

2.1 Health and social care professionals will seek the input of informal carers at appropriate key points on the health and social care pathway to secure the best possible outcomes for the cared for. This joined up approach is particularly focused on avoiding inappropriate hospital admission and enabling safe and timely discharge
2.2 Commissioners will ensure that carers' views are sought and reflected in commissioning exercises
2.3 Good practice in carer training will continue to be shared across partners

What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
2.1 Carers will be included in social care assessments and reviews that are undertaken (where consent has been given by the person with care and support needs) which take into account the needs of the carer particularly those carers that are working. All staff working with families will ensure that carers are involved in the care and support plans for their loved one (where appropriate)	There are more carers with support plans following a carers assessment in Leicester	This practice is not widespread, and staff do not feel confident in working this way. Further staff training is required Consistency across the various health and social care pathways	Practice guidance will be developed for Adult Social Care teams which reflects strengths-based ways of working to support carers, and the process for recording carers on the internal case recording database will be included. This will ensure that carers are considered and treated as partners in care As a member of the LLR Carers Delivery Group, the City Council will continue to seek to influence the information provided to carers across the different care pathways across the integrated care system We will analyse the findings of the most recent national carers survey to produce a baseline of which to monitor carer satisfaction Further work to ensure that adult services are aware of and include young carers that may be involved in supporting the person receiving care.

2.2	Commissioners will ensure there is a replacement carers reference group *{name to be determined}* that meets at regular points throughout the year for carers to join, where they can contribute their views on the work of the commissioning department in Social Care and Education	The City Council managed to set up the Carers Got Talent (CGT) group which met a few days before the first national lockdown associated with COVID-19. Since then the circulation group has been used to communicate with carers, but no further meetings have taken place. We know that engaging with carers is important and need to consider what this should look like moving forward.	The group only met once as there was no appetite for virtual meetings during the pandemic. Engagement with carers is being considered system wide and an engagement event is currently being planned for 28 June.	The City Council has since signed up to Making It Real, and a Making it Real group is in the process of being developed. Carers are represented on this group and therefore further work is required to ensure how this group might link in with wider carer engagement. Development of a 'You said, We did' approach showing that carer voices influence and shape the design and delivery of our services must continue.
2.3	Learning opportunities for carers that are provided by the carer support services will be reviewed regularly to ensure they are in line with best practice.	These are currently reviewed on a quarterly basis and the programme is amended accordingly. The content of these have also been adapted based on carer feedback. Carers tell us that these sessions are helpful to them		This will continue to be a priority under the refreshed strategy

Priority 3. Carers are informed - Carers receive easily accessible, appropriate information, advice and signposting

3.1 Partners will review their information offer for carers to improve its accessibility
3.2 All partners will seek opportunities to raise awareness of local carers services

What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
3.1 Leicester City Council will review the information it provides on its website to ensure it is accessible and relevant for carers.	Leicester City Council support for carers webpages have undergone a review and have been updated as have some of the generic adult social care pages, which now also signpost to carer support. In addition, during the pandemic there was specific information provided on the website for family carers. There has been improvement noted by carers.	Further updates to information is required for young carers, and the language used has been described as too corporate in some places, therefore further amendments are required.	We know that the information that is provided to carers is not just about the online information that is available. The Carers Delivery group needs to be able to ensure that carers can access the information they need in the formats they require, which is much wider than an online suite of information. This work needs to be progressed We will consider learning from the trial of Mobilise commissioned by Public Health and ensure this is considered as part of any future commissioning Continue to increase the number of carers identified and accessing support
3.2 Carers is featuring as a key service area within the MyChoice asset mapping project - carers will be a headline category, with re-mapped sub-categories guiding people to relevant services. MyChoice will also now include a more comprehensive suite of information relating to carers, both for professionals and the public.	This work has been completed and is reviewed by the recently convened MyChoice steering group.	We have not sought feedback from carers on how useful MyChoice is to them. Further evaluation is required	Continued work on the content of MyChoice is needed to ensure that it is a really comprehensive resource for carers and people drawing on support to use, and learn about resources that are available to them. There is scope for a mystery shopper type exercise to be completed with carers on the functionality of MyChoice as a community asset

Priority 4. Carer Friendly Communities – Communities will be encouraged to support carers through awareness raising within existing community groups

4.1 Commissioners will take the views of carers into account in future commissioning exercises which will include consideration of geographic and demographic profiles
4.2 Encourage communities to support carers through awareness raising within existing community groups

What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
4.1 The need to understand the demographic and geographic profiles of the caring community including those that are working, and other hidden carers such as the families of substance users will be a key focus for Social Care and Education both for the carers that are supported by the department as well as carers that access carer support services in the City	We now have a process in place with the commissioned service which supports commissioners to understand the demographic and geographic profile of the carers that access the service, which also helps us to identify gaps. We have been able to identify gaps in relation to working age carers, male carers and young adult carers which has already informed the decision to utilise public health funding to commission a trial with a service which seeks to identify hidden carers using geo-targeted advertising	Further work to understand the demographic and geographic profiles of those carers that are accessing adult social care services directly from the Council through the carer portal and from carer assessment data	We will ensure that all of the intelligence we hold is considered as part of any future commissioning reviews for carer support services and that the carers strategy is aligned with the Integrated Care Board People and Communities Strategy. Not only this but intelligence about carer need can also be incorporated into other commissioning reviews such as those focusing on respite for example. Linked to the earlier priority we will ensure that we promote the Carers passport scheme in those geographical areas we have identified as gaps
4.2 Ensure that contact with community groups promote carer awareness messages wherever possible	We have managed to develop awareness raising videos with carers from the City which encourage everyone who watches them to 'THINK' carer	Now these videos are available we need to disseminate them Links with the MyChoice steering group will ensure that more community groups are identified giving greater scope for promoting carer awareness	As a result of sharing these videos and linking in with the carer support service, we would hope to see an increase in the numbers of carers that are referred into services by community groups. We will also do more work with schools and colleges to raise awareness of young carers and young carer support

Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing

5.1 As employers themselves, partners will review their carer friendly policies and aim to set a good example to others
5.2 The assessment process will consider the use of flexible and responsive respite provision to enable carers to have a break, including short breaks to families with a child with Special Educational Needs and Disability
5.3 Clinical Commissioning Groups will continue to encourage carers to take up screening invitations, NHS Health checks and flu vaccinations where relevant

What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
5.1 Leicester City Council will continue to support staff who are carers through its policies and staff carer group	These continue to be in place. Staff that are carers are regularly communicated with about carer issues through the staff support group and have been told about the various opportunities for support during the pandemic such as the carer passport, PPE information and vaccination.	n/a	This is an ongoing area of work.
5.2 Enable carers to access respite or short breaks as appropriate when the Council needs to seek their views on their work Social Care and Education will undertake a review of its flexible short break service to ensure it considers the needs of carers Social Care and Education will work with the voluntary sector to create a range of traditional and alternative types of carer breaks	A reimbursement policy has been created for the commissioning team to be able to reimburse replacement care which has been utilised by carers who have helped us with our work. We have managed to secure funding from Public Health to work with Carefree, a voluntary sector organisation that partners with hotel and holiday cottage providers to utilise void capacity for carers to access free carer breaks	We need to consider how we can replicate this for the work that is happening to develop the Making it Real group to ensure carers are able to participate fully The review of the flexible short breaks service is still underway The work with Carefree now needs more through promotion in order to ensure that we maximise the number of carers that will benefit from this scheme	Further work with public health to ensure that carers are linked in with health and wellbeing information and advice. Further work to ensure that the City Council's action plan is aligned with the Health, Care & Wellbeing delivery plan for the City will be required. Conclude the review of the flexible short breaks service The negative impact of caring on the mental health of carers has been a consistent message from engagement and therefore robust links with work happening across the Integrated Care system in relation to mental health will be essential in order to ensure the specific needs of carers are not overlooked

Priority 6. Carers and the impact of Technology Products and the living space – We will work with housing and other organisations to ensure the needs of carers are considered in terms of the provision of technology, equipment or adaptations that may assist a carer with their caring role

6.1 The partnership will seek to involve professionals from housing, equipment and adaptations in work to improve the carers pathway. This should include raising awareness of the issues facing carers within those organisations

What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
6.1 Within Adult Social Care, work will take place to consider the pathway for carers through the various Social Care teams. This work will include steps to improve the journey and ensure appropriate links are made with the relevant professionals so that best use is made of the support that can be offered by equipment and adaptations	Slow progression with this but conversations with contact and response and the carer support service have started to happen	This work has been delayed significantly as a result of the COVID pandemic. This will be picked up as part of the work to develop practice guidance for social care teams.	We will work with early help services to ensure that young carers that are in transition between early help and services and adult services are improved.
Carers will be a key consideration within the Social Care and Education Assistive Technology Strategy	Carers continue to be a key consideration within the Social Care and Education Assistive Technology Strategy but this remains an area where carers are not fully informed to be able to understand the benefits of technology and the positive impact this could have on their caring role. Staff from our AT teams are promoting their work at Carers Week events in 2022	We also need to ensure that more robust links are made with professionals from housing, equipment and adaptations to improve carer experience	Ensure that carers are informed of technology solutions that can support them and to enable them to be confident with using technology/gadgets

Priority 7. Carers can access the right support at the right time – Services and systems that work for carers 7.1 Assessments will take a strength-based approach 7.2 Each partner will look at its carer's pathway to reduce the potential for a disjointed approach 7.3 Opportunities for closer working between agencies will be considered at appropriate points in service reviews 7.4 People will be signposted to sources of support post-caring 7.5 Recognise and address the difficulties for parent carers during transition periods			
What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
7.1 Staff across social care that work directly with families will work in a collaborative way with them, recognise that they are experts in their own lives and ensure their practice is reflective of the strength-based practice principles in their interactions with carers.	Carers are being identified as part of the departments commitment to strengths based ways of working and as part of its training for staff on outcome and support sequencing. We have provided awareness raising sessions to voluntary sector organisations that support carers to ensure that carers understand what strengths-based principles are	This will all need to be cemented in the practice guidance that is outstanding and has been referred to previously in this document.	Produce carer practice guidance which incorporates the need to support carers to plan for emergencies
7.2 Leicester City Council will work with other Leicester, Leicestershire & Rutland partners, particularly the Leicester City Clinical Commissioning Group to ensure that the pathways for carers within organisations are aligned as far as is possible.	The City Council has been integral in ensuring that the work of the Leicester, Leicestershire and Rutland Carers Delivery group is recognised in the transition towards becoming an integrated care system. Carers work will be featured in the strategic work of the Home-first Collaborative to ensure that carers are a key consideration	Whilst these changes have been occurring strategically this now needs to apply operationally. Carers will need to cut across all aspects of transformation and integration which will require a firm commitment from all health and social care organisations	The Carers Delivery Group will seek to influence the information provided to carers around the differing care pathways across the system.

7.3 When undertaking reviews of services, Leicester City Council will inform partners so that opportunities for closer working can be explored, including aligned ways of working or joint commissioning opportunities.	Improved links with partner organisations such as University Hospitals of Leicester and Leicestershire Partnership Trust. The City Council is working with these organisations to consider and improve the information offer provided to carers when being admitted or discharged from hospital in direct response to feedback received from carers in the City during the pandemic	Streamlining carer passport information within hospital settings	Targeted work to raise the profile of the carer passport within hospital and GP services
7.4 Professional support will be offered to carers who no longer have a caring role for whatever reason.	The commissioned carer support service now supports carers who are no longer caring for whatever reason		Work alongside LOROS and the Carers Matters Stakeholder group to understand what matters to carers supporting a loved one at the end of life
7.5 Leicester City Council education department will work with City schools and colleges to raise awareness of and to help support parent carers during transition periods	There is now a strategic lead for young carers within social care and education and a young carer co-ordinator is due to start in post over the next few months	Lack of staff capacity has meant that there has not been as much progress in this area as we would have hoped. Now that the young carer co-ordinator is due to start in post, this will be a key component of their work to improve young carer support	Further development of a young carer passport

Priority 8. Supporting Young Carers – Ensuring that the needs of young carers and young adult carers are considered and that families/carers with a child with special needs are supported through the transitions process, as this can be a difficult time.

8.1 Adult and children's health and social care teams will work to identify and be aware of young carers and will ensure that planning and assessment processes take into account how the care needs of adult's impact on them
8.2 Health and social care processes will take a whole family approach which may include referrals being made to early help or specialist commissioned services for a statutory assessment of need; and/or providing signposting information
8.3 Recognise and address the difficulties around accessing education, employment and training for young carers during transition periods
8.4 Educational establishments will acknowledge they may be the first point of contact for young carers and their parents, and can respond appropriately
8.5 Using a whole family approach, develop and promote transition assessments for young adult carers approaching 18, that identify and support the young carers that wish to engage with education, employment and training

What we said we'd do	What we've achieved	What we didn't manage to achieve	What we will do under the new strategy
8.1 To make robust links between Children's Social Care and Early Help teams to ensure Adult Social Care teams can identify families and respond appropriately where children and young people have caring roles for an adult family member	We have made robust links and now have a strategic link within childrens services for young carers work	We need to have a process in place for ensuring that children and adult social care have access to shared information where children and young people have been identified to ensure they are receiving appropriate support	Ensure the process for working with families where there are identified young carers is reflected in the carer practice guidance so that young carers and their families are receiving the right support Develop young carer support that acknowledges young carers miss out on childhood and other key activities as well as providing appropriate mental health support where required Develop support for young carers that are under the age of 11

8.2 Work to ensure that staff within social care and education teams understand the pathway for young carers and young adult carers so that it is clear, to improve working relationships and to undertake joint assessment and planning wherever possible. To ensure that commissioned services can meet the needs of young carers (under 16's), young adult carers (age 16-25) and those young adult carers in transition (age 17.5) (as defined within relevant legislation)	The commissioning arrangements for young carer support has changed and this has been promoted to adult social care teams	There is further work to be done to ensure that joint assessment and planning can be undertaken. This work has already started but needs to be carried forward under the next strategy	See actions above
8.3 Recognise and address the difficulties around accessing education, employment and training for young adult carers during transition periods		Transition is a key piece of work for the newly recruited young carer co-ordinator.	Local authorities will work with young carers to ensure that their aspirations of going to college, university, leaving home, are considered as part of their work with young carer services
8.4 Work will be undertaken to raise awareness of young carers, young adult carers and to support the identification of young carer issues across the education, employment and training sector		To be picked up by the newly recruited young carer co-ordinator	
8.5 Develop and promote transition assessments for young adult carers approaching 18 within social care departments so that those young adult carer's who wish to engage with education, employment and training are identified and supported To build upon the present whole family and strength-based approach within adult social care and extend this to young adult carers	Early conversations have started to be discussed and scoping is being undertaken in relation to best practice	To be picked up by the newly recruited young carer co-ordinator	

Appendix F

Adult Social Care Scrutiny Commission

Draft Work Programme 2022-2023

Meeting Date	Topic		Actions Arising
16 June 2022	**1.** An overview presentation of Adult Social Care services, including the ASC Plan and the Reforms within the sector **2.** Carers Strategy Consultation **3.** Draft Dementia Strategy **4.** Draft Work Programme 2022/23		**Overview of ASC services item.** Members requested future updates on the upcoming changes to the Commission, and to provide more data on the care services taken up by the ethnic minority groups in the city. **Carers Strategy consultation item** • Chair of the Commission to raise Members concerns around the consultation process at the Overview Select Committee • That the event in June be used to further promote the consultation • Members comments and concerns be considered by the service. **Draft Dementia Strategy** • Members requested this item be considered for joint scrutiny session with the Health and Wellbeing Scrutiny Commission • Members comments raised to be considered by the service.

Meeting Date	Topic		Actions Arising
18 August 2022	1. HealthWatch Leicester/shire Annual Report 2. Government proposals affecting health and adult social care 3. Cost of Care scrutiny review – Update on progress (Cllr March) 4. Work Programme 2022/23		**Minutes of the last meeting raised:** • *Extra Care Development Scheme*: Chair Cllr Joshi put himself forward as the link member for this scheme. • *Carers Strategy consultation*: raised at OSC June mtg and to be included in their wp re: looking at corporate consultation / engagement processes. • *Joint scrutiny with health commission*: Members agreed to hold couple of sessions this year for items of interest to both commissions. **HealthWatch Annual Report item** • The Annual Report be noted, and Members' comments and observations to be taken into account by Healthwatch. • The Commission be kept updated on the work of Healthwatch and future projects and consultations planned in Leicester. • At the next meeting or when possible to provide Leicester specific data on engagement figures. • Ethnicity breakdown to be included in future reports. • The Chair take part in dementia and access to services, groups and deaf community, when pertinent to the Commission to keep in touch **Health and Care Reforms item** • Members noted the wide range of policy reforms aimed at transforming health, care and wellbeing, in particular improving health and care services through better health and care integration and tackling growing health inequalities. • Members noted the Department's programme of change to manage the implementation of the reforms and agreed to receive future updates and progress reports. • That information on the market sustainability plan and fair cost of care be brought to the next meeting of the Commission. • That information on charging reforms be brought to a future meeting of the Commission. **Work programme item** Suggested item on the impact on the rise of cost of living on the various services offered within adult social care, with significant concerns in older persons homes in the city, with rising energy cost increases potentially leading to huge instability in the service.

Meeting Date	Topic		Actions Arising
21st September 2022	**Special joint meeting re: Draft Local Plan item** **JOINT SCRUITNY** meeting with CYPS and Health scrutiny commission members.		**Draft Local Plan: Extract of relevance to Adult Social Care issues** It was noted with interest there would be a 10-year plan in terms of the provision of social care that would be shared with the Adult Social Care Scrutiny Commission at a future meeting. It was asked that as far as practical to ensure that future care home demand is taken into account in the Local Plan, which would interact with the strategy. This was seconded by Councillor Joshi. ➢ The infrastructure assessment under pinning the Local Plan has been revised for this consultation. It takes into account future requirements for extra care accommodation as per the council's adopted strategy on this matter. Full minutes and recommendations of Draft Local Plan item, see link: https://cabinet.leicester.gov.uk/ieListDocuments.aspx?CId=654&MId=12255&Ver=4
6th October 2022	**JOINT ASC & HEALTH Scrutiny meeting** Chaired by Cllr Pantling (Vice-Chair Cllr Joshi). This joint meeting is one of 2 scheduled to take place for 2022/23. 1. Update on the ICS structure 2. Autumn/Winter Vaccination Update (including vaccinations in care homes) 3. Winter Planning 4. Results of 'How are you, Leicester?' 5. Safeguarding Adults Annual Report 6. Cost of Living Impact		1. Updated structure for both Commissions 2. Joint working on this item between ICS and the Council 3. As above 4. Survey was conducted by the Council over the summer, with the consultation ending in June. 5. Partnership report: for information 6. Additional item of interest that was agreed
Meeting date cancelled **~~27 October 2022~~**	*(items on Market Stability Plans and Fairer Cost of Care Packages pending till end of financial year due to delayed Govt DHSC guidance).* ***(Members development session to be considered for these 2 items – Chair)***		

Meeting Date	Topic		Actions Arising
8th Dec 2022	• Implications on the provision of care as a result of the rising cost of living • Assurance Plans update • Carer Strategy • Cost of Care draft report of findings, by scrutiny task group led by Cllr March.		*(items on Market Stability Plans and Fairer Cost of Care Packages pending till end of financial year due to delayed Govt DHSC guidance). (Members development session to be arranged for these 2 items)*
19th January 2023	*possible items tbc* • Council Annual Budget reports • Mental Health Strategy 2021-2025 • Long Covid Update • Winter Care Plan update on ASC aspects (possible joint with health item) • Learning Disabilities Plan update		
9th March 2023	*Possible items tbc* • ASC Performance monitoring • Assistive Technology report		

Meeting Date	Topic		Actions Arising

FORWARD PLANNING, SUGGESTED ITEMS:

- Extra Care Development Project to remain on work programme
- Strength Based Practice in Adult Social Care (to allow commission to track progress)
- Adult Social Care Operational Strategy (commission to receive regular updates)
- HealthWatch Leicester (regular reporting and annual report)
- Domiciliary Care (commission to receive regular updates)
- Procurement Plan 2021/23 (Agreed for commission to receive a report on progress)
- Refugees and Asylum Seekers in the city (broader considerations to be given in relation to ASC impacts in the city)
- Assurance Plans – full report following update in December 2022.

JOINT WORK WITH HEALTH & WELLBEING SCRUTINY, ITEMS SUGGESTED:

- Integrated Care Board (ICB) replacing the CCGs.
- Liberty Protection Safeguarding (LPS)
- Carers and Public Engagement
- Winter Care Plan updates
- Mental Health Strategy 2021-2025

Further items to be added to the Joint work