

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: WEDNESDAY, 15 MARCH 2023

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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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 - 8)

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 19 January 2023 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. ADULT SOCIAL CARE PERFORMANCE MONITORING **Appendix B** **(Pages 9 - 32)**

The Strategic Director for Social Care and Education submits a report on Adult Social Care Performance Monitoring 2022/23 (to Q3).

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

7. LEARNING DISABILITIES STRATEGY - UPDATE **Appendix C** **(Pages 33 - 66)**

The Strategic Director for Social Care and Education submits a report to provide Adult Social Care Scrutiny Commission Members with a Year 2 update

on progress against the actions in the Leicester City Joint Health and Social Care Learning Disability Strategy 2020 – 23.

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

8. QUALITY OF REGULATED CARE IN LEICESTER CITY **Appendix D**
(Pages 67 - 78)

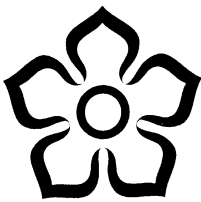
The Strategic Director for Social Care and Education submits a report that sets out the quality of care in regulated services for Adult Social Care in Leicester.

Members of the Commission are recommended to note the report and the changes within the local care market during and since the pandemic.

9. WORK PROGRAMME **Appendix E**
(Pages 79 - 84)

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.

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 19 JANUARY 2023 at 5:30 pm

P R E S E N T :

Councillor Joshi (Chair)

Councillor Batool
Councillor Kaur Saini

Councillor March
Councillor Patel

In Attendance

Deputy City Mayor for Social Care and Education – Cllr Russell

* * * * *

22. APOLOGIES FOR ABSENCE

The Chair led on introductions. It was noted that the item on the Hastings Road Day Care Centre will be taken first on the agenda, whilst the technical issue were resolved.

Apologies for absence had been received from Councillor Singh Johal.

23. DECLARATIONS OF INTEREST

The Chair declared that his wife worked in the Reablement Team at Leicester City Council.

24. MINUTES OF THE PREVIOUS MEETING

The Chair took the opportunity to thank the Strategic Director for Social Care and Education for the informative briefing session arranged for Members of the Commission.

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission 8 December 2022 be confirmed as a correct record.

25. PETITIONS

The Monitoring Officer noted that none had been received.

26. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

27. HASTINGS ROAD DAY CENTRE

The Director for Adult Social Care and Commissioning introduced the item. It was noted that the consultation process had opened on 12 December 2022 and would be running for a 10-week period, this is following an intensive period of engagement earlier on in the year. It was also noted that all parents and carers of those who attend Hastings Road had been written to and notified of the consultation following which engagement sessions had been arranged for families and carers, which was well attended and a further 2 sessions arranged.

It was also noted that a session had been arranged in February for parents and carers to meet with alternative providers to see who else was available in the market place.

Additionally, a survey had been circulated to users and on the council website for additional engagement following which, analysis of the findings of the face-to-face sessions and survey responses would be used to produce a report which would go for a decision in the summer.

The Lead Commissioner noted that the session set up for family and carers with providers would allow for families and carers to talk directly to providers to understand what services were available and what would best suit their needs as this was a niche group with profound learning disabilities and it was important for families and carers to be confident in the service that other providers had to offer.

As part of the discussions, it was noted that:

- No new referrals to the service had been received since 2016 due to people choosing a different model of services that best suited to serve for their loved ones
- Due to the level of need for the service users, individual families had been consulted and managed to ensure that they understood what alternatives were available to ensure the level of service they require is met should the centre close
- With individual plans developed carefully with families to make sure the level of need for the service users is met
- Financial implications on the running of the day care centre were also a reason that had driven the consultation
- Annual cost for the day centre was £1million with some users funded through CHC funding, with the health incomes declining the centre was overspending £142,000 in 2021 with a similar net spend for last year
- The private provider alternatives commissioned would be £18.70 per hour which was the framework rate compared to the £37.00 per contract hour

It was further noted that, the relationships that the service users had developed with the staff over the years were important as the service users had been attending the day care centre for many years due to the severity of their disabilities. It would be vital to work slowly and sensitively with the families to make sure should alternatives need to be put in place, they were robust and of high quality for the service user and their families.

The Deputy City Mayor for Social Care and Anti-Poverty noted that before a decision was taken, following the consultation period a report would be produced and this would come back to scrutiny.

In further discussions it was noted that, there had been similar cases to this with elderly people homes and it was good to know that families were enabled to see what alternative services were available and that the families were supported while choosing the appropriate service to make an informed decision.

The Strategic Director for Social Care and Education noted that people usually expect the in-house services to be better than what was available in the private sector but overall, the quality of service was probably the same. Since the introduction of direct payments people have started to look for alternative providers and the team were making sure that the families were empowered to use service providers that they feel were most suited to meet their needs.

The Lead Commissioner took the opportunity to inform the Commission that during the consultation period some committed staff had come forward with ideas on how they could come together to continue to provide a service.

AGREED:

That the Commission request the Strategic Director for Social Care and Education to provide a report to the Commission following the consultation for Members of the Commission to provide comments for consideration before a decision is taken.

28. DRAFT REVENUE BUDGET AND DRAFT CAPITAL PROGRAMME 2023/24

Draft Revenue Budget

The Head of Finance introduced the report and provided a summary of the Draft Revenue Budget in relation to the Adult Social Care Scrutiny Commission.

As part of the summary, it was noted that £33million of managed reserves helped bridge the gap of estimated expenditure in the coming financial year, but it would not be possible in 2024/25 to cover the £44million needed to cover the gap between expenditure and funding coming in, since there would only be £22million left in reserves at the beginning of that year. Work was ongoing to bridge the gap and realign expenditure with £6million identified in savings during the current financial year and savings would be brought forward with

appropriate consultations to reduce the gap.

The background behind the authority being in this situation was 10 years of austerity, the rising cost of social care, inadequate funding and moreover no additional funding for recent inflation. For example there was no additional funding in the settlement this year to address the future pay increases, the additional £10million estimate for additional energy costs and the Biffa Waste contract payments indexed to RPI. There was also the potential for further austerity beyond 2025.

Additional £12.6million that had been earmarked nationally for local implementation of reforms had been added to the budget to deal with current pressures, but it was noted that there was no systematic additional funding to address the underlying growth in demand. The estimated additional cost for Adult Social Care of £19million was estimated as being required for the growth in numbers of those who require care, the growth in the size of care packages to suit individual needs and the growth in the unit cost of care. Central government had allocated the funding based on the presumption that local authorities would raise council tax by 5%.

As part of the discussions with Members, it was noted that:

- There were no tangible savings made in 2022/23, but the service did not see as much growth in demand as had been expected and the increase had been accounted for in the overall budget for 2022/23
- The strength-based approach had slowed down the increase in expenditure and the budget for 2023/24 was based on the lower rate of increase
- The average amount of care provided had increased faster than in the rest of the country, the number of people of working age that required care had been growing and the local demographics meant that the service were supporting a greater number of people but were focussed on a strength-based approach

The Strategic Director for Social Care and Education noted that the most efficient way to control the budget was to do the right thing with the right person at the right time and that over-providing care created a culture of dependency which resulted in a shorter and unhealthier life. Applying the strength-based practice was the best model that enabled staff to work with people where the outcome was not a service.

In response to Members' queries about the strength-based practice, it was noted that teams within the service worked with the individuals and family to set goals to try and reverse their decline in independence and build techniques to increase individual's capacities by setting goals and then reviewing. Each individual's cases were different, and reviews were based on goals set with the individuals based on their needs and there had been no fundamental disputes.

In further discussions it was noted that:

- Provisions had been made to cover the potential cost of reforms, with £5million in the budget which may or may not be required

- There were uncertainties around the 'fair cost of care' exercise and the government had indicated the level of funding that would be provided to cover the 'fair cost of care' rate but this should not be the rate for commissioning
- Best estimates were in place and with time this would be clearer

Members suggested that central government were unpredictable and setting budgets had been a difficult process. Members were reassured that the level of reserves supported the budgetary requirements, that the expectations that savings would be made in 2023/24 to support the budget in the following year, and that there would not be major cuts to the service.

The Chair noted that currently the situation was volatile and that predicting the future was difficult with funding for the service not matching the expenditure and that the savings made by the service were made from good estimates from officers setting budgets and underspending without cutting services but using the strength-based approach.

The Deputy City Mayor for Social Care and Anti-Poverty noted that the future could hold catastrophic levels of under funding would leave local authorities in a position that would be difficult to recover from and that the predictions were not accurate as the situation was ever changing.

AGREED:

- 1) That the Strategic Director for Social Care and Education and supporting Officers be thanked for the work carried out during such volatile times
- 2) That the concerns raised by the Commission be noted, and
- 3) That the Strategic Director for Social Care and Education be requested to continue to seek additional funding to support the service.

Draft Capital Programme

The Head of Finance introduced the report and provided a summary of the Draft Capital Programme in relation to the Adult Social Care Scrutiny Commission.

As part of the discussions Members of the Commission requested that the item on Supported Living be brought to the Commission as an update.

AGREED:

- 1) That the Strategic Director for Social Care and Education be requested to provide an update report on Supported Living. And That the Draft Capital Programme report be noted.
- 2) That the Draft Capital Programme report be noted.

29. PROCUREMENT PLAN 2021/23

The Deputy City Mayor for Social Care and Anti-Poverty introduced the item on the Procurement Plan 2023/24.

The Strategic Director for Social Care and Education noted that the biggest spend was on externally commissioned service and a lean team was in place to manage this.

As part of the discussions, it was noted that:

- Money was allocated in response to local needs
- Contract lengths were sustainable with the market with longer contracts having break clauses
- Each contract was considered on its own merit
- During the length of the contract, providers would make request when contracts were coming to an end where there could be increase in cost due to pressures that can't be anticipated
- Contract extensions were based on the quality of service
- Support was provided to the market during the pre-procurement process.

The Deputy City Mayor for Social Care and Anti-Poverty suggested that Members of the Commission could provide areas they would like to bring to Commission for scrutiny at future dates and suggestions were made by Members of the Commission that the item on Home Care be first to be added to the work programme for future scrutiny.

In further discussions it was noted that the Reablement Team was not being outsourced and that there was work being carried out to ensure appropriate settings were available to be discharged from LLR

AGREED:

- 1) Members of the Commission be requested to send particular items for consideration at future Commission meetings to Director for Adult Social Care and Commissioning
- 2) That the Commission request for the item on Supported living be added to the Work Programme for the Commission
- 3) Comments made by Commission Members be considered
- 4) That the Strategic Director for Social Care and Education be requested to provide similar updates to future Commissions of the Adult Social Care Scrutiny Commission.

30. WORK PROGRAMME

Members be requested to forward any additional items for consideration at scrutiny to the Scrutiny Policy Officer.

31. ANY OTHER URGENT BUSINESS

The Strategic Director for Social Care and Education noted that although media reports in the fair cost of care and market sustainability were true but not the whole truth. The CQC had carried out a number of inspections which had

slowed down during the Covid pandemic. The CQC were now focussed on provisions they were concerned with.

It was further noted that less than 50% of inspections, 60% of which required improvements or were inadequate. 69% of residential homes were good or outstanding. Leicester was second lowest in the region and the region was the lowest in the country. Overall, the results were fair there was a way to go for the service to improve and to take learning from what was good practice and what learning can be taken from others to improve.

There being no other items of urgent business the meeting closed at 8.00pm.

Adult Social Care Scrutiny Commission Report

Adult Social Care Performance Monitoring
2022/23 (to Q3)

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 9 March 2023

Wards Affected: All

Report Author: Ruth Lake / Kate Galoppi

Contact details:

Ruth.lake@leicester.gov.uk

Kate.Galoppi@leicester.gov.uk

Version Control: v1

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the performance against key metrics.

1.2 This report is supplemented with a data pack at appendix A and therefore the report contains key messages to provide accessible information.

2. Summary of Performance (please refer to Appendix A)

2.1 (Slides 2 and 3) Key messages are:

- There is much positive work undertaken by Adult Social Care in the city. However, pressures are having an impact on our capacity to recover from covid and meet increasingly complex demand.
- Demand (volume of requests for support) fluctuates over the year but is forecast to be slightly below last year.
- Complexity is difficult to 'see' in performance measures but has certainly increased as people face multiple and compounding issues (poor mental / physical health, financial constraints, fuel poverty, reduced support from others)
- During the first half of the year, we saw that a relatively high proportion of people assessed were found to have eligible needs but this has fallen back to 2021/22 levels in Q3
- The % of people supported at point of contact could be greater (above 70%) – but we are confident that people who are given advice / information are not re-presenting to us with the same concerns
- Our short-term service offer is effective and benchmarks well
- We are unable to keep pace with annual reviews due to other priority work – but the growth in overdue reviews has slowed in the last 6 months

- Safeguarding activity is being further explored, as the ratio of alerts to enquiries (meeting the threshold) is different to most other East Midlands councils
- New admissions to care homes have reduced which is in line with our strategic objectives to support people in the community
- Most people being discharged from hospital return to their usual place of residence
- The number of people going straight home rather than into a bed should be increased
- Complaints remain low and commendations steady
- A substantial majority of people tell us that the support they receive helps them to live their life
- Our CQC ratings for Supported living and Home Care are mostly good (87% and 82% respectively), with one supported living provider having an outstanding rating: but comparatively poor CQC ratings for Care Home and Nursing care (72% good or outstanding). Ratings have reduced since the pandemic and we are looking closely at the reasons for this, to make improvements.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and to provide any comments.

4. Report (please refer to Appendix A)

4.1 Adult Social Care (ASC) is a large, complex function, delivering support to several thousand people and operating in a challenging context. Financial constraint, workforce challenges and the increasing needs of the people we support in Leicester all have impact on the delivery of high-quality services. It is therefore critical that we monitor our performance and the impact that our services are having.

4.2 There are comprehensive operational / business performance reports, with data that speaks to the full range of day to day activities. The national data framework (Adult Social Care Outcomes Framework) is being revised presently but for now enables us to benchmark with other councils against key lines of enquiry. The report shared here focuses on some of those

metrics, together with some locally designed metrics that help us to understand the difference we are making for the people we support.

The key messages are as follows.

- 4.3 (Slide 4) ASC measures the volume of contacts received, as an indicator of demand. Whilst there is a limit to the control we can exercise over presenting demand, it is helpful to understand how this changes over time. Demand has reduced this quarter. Longer time series data does show a degree of fluctuation, but the upper and lower parameters are broadly consistent. Our forecast is for 17,883 contacts in 2022/23 compared to 18,998 in 2021/22. The primary focus for ASC is on the quality of our contact conversations (linked to screening for risk and to safeguarding outcomes) and what happens following the contact.
- 4.4 (Slide 5) Not every contact results in a request for support, as many conversations are able to resolve the individuals needs quickly. A request for support is created where an individual appears to have needs related to ASC. As with contacts, the volume of requests for support varies. We are forecasting 10,860 requests for support during 2022/23 compared to 11,612 requests for support in 2021/22.
- 4.5 (Slide 6) How we meet requests for support is critical to our ability to manage demand in an effective and efficient way, drawing on people's strengths and those available to them in the community. 66.9% of requests for support are resolved at the point of contact – via information, advice and signposting. 24.6% are met by the provision of short-term services in the first instance. 8.5% are met by the provision of long-term support following the request. Based on comparator data, we aim to increase the number of requests resolved at point of contact to +70% and to make more use of short-term services rather than long-term support.
- 4.6 (Slide 7) It is important that we monitor whether the outcomes of requests for support are positive and sustainable. We therefore monitor the proportion of people who re-present to ASC for the same issue within 12 months. This is currently 6.8%, which is low and has reduced over the last 12 months, giving us some assurance that the advice we are giving people is helping them.
- 4.7 (Slide 8) We have two metrics which capture the impact of our short-term, preventative services (Reablement / Enablement). These are generally very positive, with some fluctuation over the course of a year. In Q3, 78.3% of people who received these services did not require any ongoing support, as their independence had been developed. Reablement is separately monitored in relation to the hospital discharges of people over 65 and 92.6% of people were still at home 91 days after the reablement period. This benchmarks very strongly against national data.

4.8 (Slide 9) We monitor the number of people receiving long-term support, as an indicator of residual need in the city, after preventative options have been explored. We are forecasting to be supporting new 1,003 people in 2022/23 compared to 1,056 in 2021/22. This is higher than in years prior to the Covid-19 pandemic. Total numbers supported, taken as a snapshot, stood at 5,146 in Q3, slightly below Q2's high of 5,199 but well above 4,776 in 2018.

4.9 (Slide 10) We have reported to scrutiny previously, in Covid-19 impact reports, the challenges being faced in keeping pace with planned annual review activity. There are now 1,127 people whose review is at least 12 months overdue (i.e., it has been more than 24 months since the date of their last review). This stood at 517 in April 2021 and has been rising since, although the level of increase has slowed in the last few months as new staff have come into post. This remains a key concern.

4.10 (Slide 11) The number of people being newly admitted into residential and nursing care is monitored, as we have a strategic priority to support more people at home in their community. Placement activity has reduced since the summer and we are forecasting 261 new placements in 2022/23 compared to 274 in 2021/22.

4.11 (Slide 12) Safeguarding activity is closely monitored and ASC Scrutiny Commission has received the Leicester Safeguarding Adults Board Annual Report, which gives a comprehensive picture of safeguarding as a partnership in Leicester. ASC data measures the volume of alerts and of those, which meet the threshold for an enquiry (under s42 of the Care Act 2014). The picture is mixed in 2022/23 with a much-reduced conversion rate, against a year-on-year trend of increasing conversion rates. We are currently exploring what might have changed, resulting in us receiving lots of alerts that do not meet the threshold for enquiry.

4.12 (Slide 13) We aim to support as many people as hospital to return to their usual place of residence, and to go straight home. We are doing well in supporting around 93% of people to return to their usual place of residence. The data shows the proportion of people who go home to a community setting (pathway 1) rather than into a short-term bedded setting (pathway 2) or straight into a new long-term care home setting (pathway 3). We are working to develop solutions such as short-term community-based night care, to reduce the use of short-term placements at the point of discharge. This will be less disruptive for people, who tend to recover best at home.

4.13 (Slide 14) Feedback for people who draw on support and carers, is an important source of performance information. Complaints have reduced, with only 8 complaints in Q3, of which only 1 was upheld. Complaint activity is roughly half that seen in 2018/19/20. Commendations do fluctuate but tend to be in the mid-40s during a quarter.

4.14 (Slide 15) Another source of feedback from people is gathered during assessments and reviews, where we ask if the support helps people to live their lives. This is a locally developed metric, as part of our strengths-based work, and few councils have comparator data as most do not collect this systematically. It is positive to note that 86.1% of people agree or strongly agree that the support makes a positive difference.

4.15 (Slide 16) The quality of the external provider market in Leicester is monitored, as a majority of people receiving support are supported by independent sector organisations. There are concerns that quality is not as high as it should be, with too many inadequate and poor rated services. Regional work and internal work has been commissioned to support improvements in the quality of external services.

Financial Implications

5.1.1 ASC is currently (as at period 9) forecasting a spend of £131m on net package costs (£161m gross with £30m of package related income) as per the budget. However, the delay in completing reviews means there is some uncertainty regarding the impact of potential weekly package cost increases arising from those reviews. The forecast of course does not include any 'catch up' costs from completing these reviews.

5.1.2 In-year increases in weekly package costs have been one of the main drivers of ASC cost increases in recent years and working practices have been adjusted to address this issue. However, until such time as the review numbers are back to their normal levels it will be difficult to assess from a financial viewpoint the impact of these strength based practice changes.

Martin Judson, Head of Finance

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 Tel: 0116 454 1457

6. Appendices

Appendix A: Performance Data Pack Q3 2022/23

7. Background Papers

None

8. Is this a Key Decision
No

Appendix A

Social Care & Education

Adult Social Care



¹⁷ Performance Report

2022/23: Quarter 3 (1/10/22 – 31/12/22)

Note on 2020/21 comparator data:

Due to the impact of Covid, data from 2020/21 should be treated with caution if being compared to other years

Key Messages

There is much positive work undertaken by Adult Social Care in the city. However pressures are having an impact on our capacity to recover from covid and meet increasingly complex demand.

Demand (volume of requests for support) fluctuates over the year but is forecast to be slightly below last year.

→ ∞ **Complexity is difficult to 'see' in performance measures but has certainly increased as people face multiple and compounding issues (poor mental / physical health, financial constraints, fuel poverty, reduced support from others)**

During the first half of the year we saw that a relatively high proportion of people assessed were found to have eligible needs but this has fallen back to 2021/22 levels in Q3

The % of people supported at point of contact could be greater (above 70%) – but we are confident that people who are given advice / information are not re-presenting to us with the same concerns

Our short term service offer is effective and benchmarks well

continued

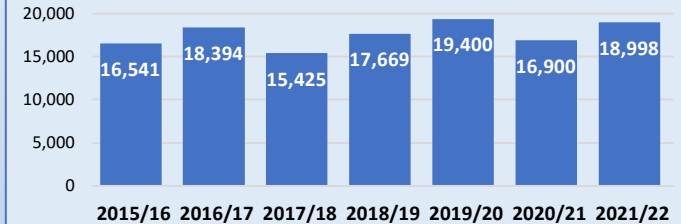
- We are unable to keep pace with annual reviews due to other priority work – but the growth in overdue reviews has slowed in the last 6 months
- Safeguarding activity is being further explored, as the ratio of alerts to enquiries (meeting the threshold) is different to most other East Midlands councils
- New admissions to care homes have reduced which is in line with our strategic objectives to support people in the community
- Most people being discharged from hospital return to their usual place of residence
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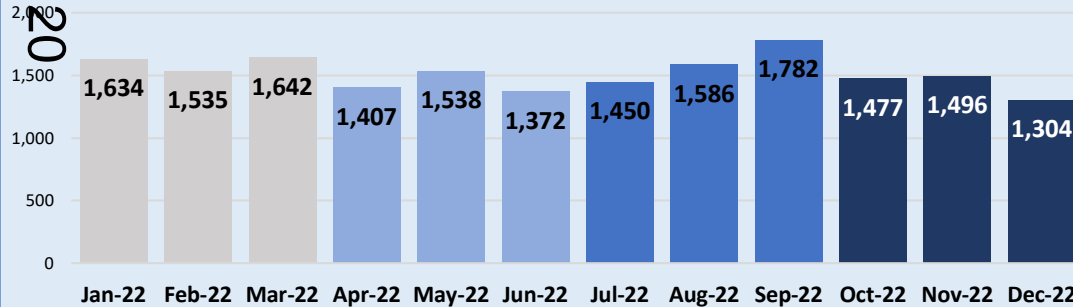
Managing Demand – Total Contacts Created

Total new contacts created - Q1	4,317
- Q2	4,818
- Q3	4,277
<i>Includes: Safeguarding, DoLS, Blue Badge renewals</i>	
<i>Excludes: Contacts relating to existing cases</i>	
2022/23 forecast = 17,883	

Total Contacts Created Time series



Total Contacts Created



Note: Not all referrals lead to a contact record being created. Telephony (ACD) data shows that call volumes have increased overall.

Key Message: The volume of contacts received has reduced this quarter. Longer time series data does show a degree of fluctuation, but the parameters are broadly consistent. The primary focus is on the quality of contacts (linked to screening and safeguarding outcomes) and what happens following the contact.

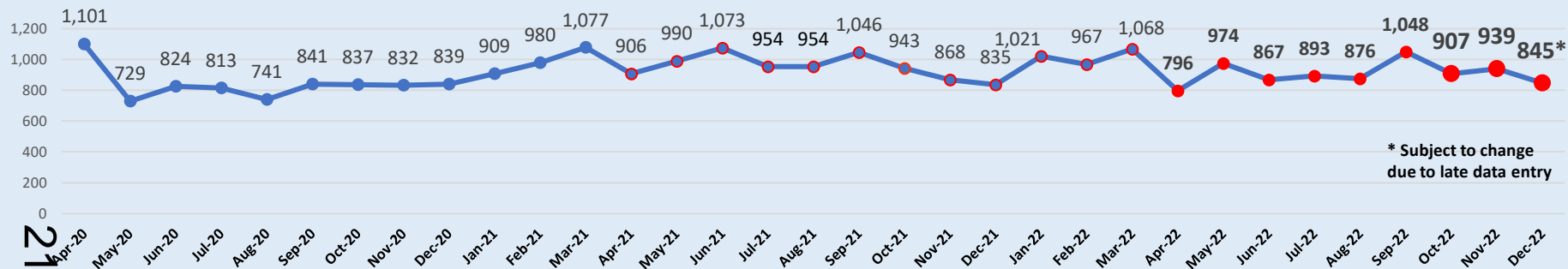
Managing Demand – New Requests for Support

Number of Requests for Support from New People

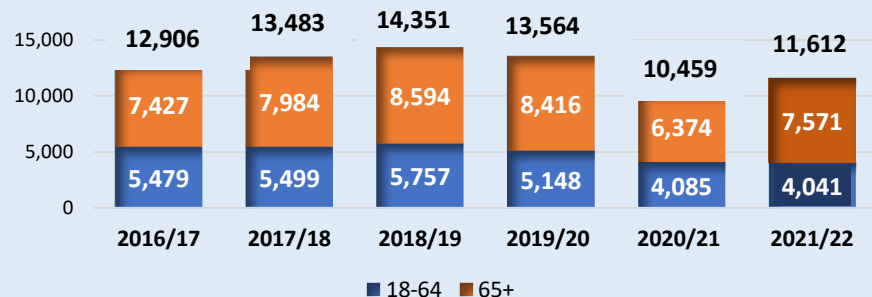
Q1 = 2,637

Q2 = 2,817

Q3 = 2,619



Number of requests for support received from new people: time series



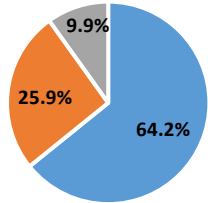
2022/3 Forecast = 10,860

Key Message: As with contacts, requests for support do vary but within a consistent upper and lower interval.

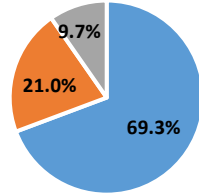
Managing Demand – Meeting people’s needs

Outcome of requests for support - Q1 2022/23

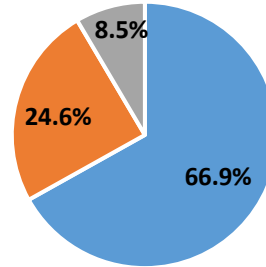
22



Outcome of requests for support – Q2 2022/23



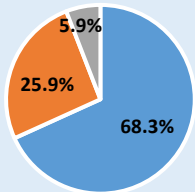
Outcome of requests for support – Q3 2022/23



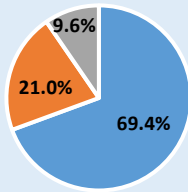
- Resolved at point of contact
- One-off and Short-term support
- Long-term support

Key Message: There has been a small reduction in the outcome of long term support this quarter. Ideally we would see an increase in both short term and ‘resolved’ outcomes and a greater decrease in long term support – this is work in progress in the context of work to embed a support sequence

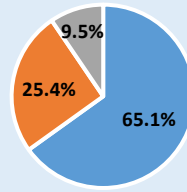
Outcome of requests for support - 2019/20



Outcome of requests for support - 2020/21

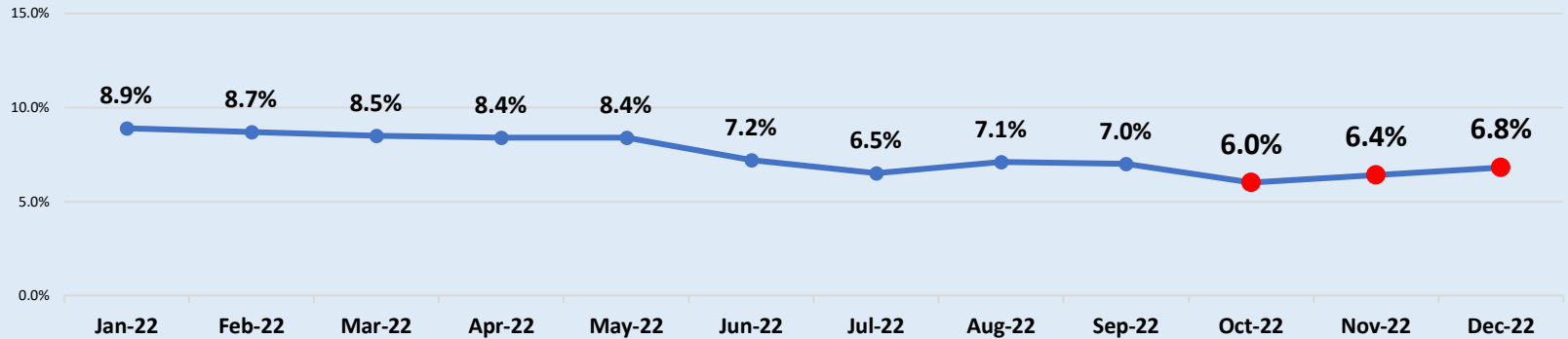


Outcome of requests for support –2021/22



Outcomes of Information, Advice and Guidance (IAG) and One-off support

% Repeat Contacts within 12 months - IAG

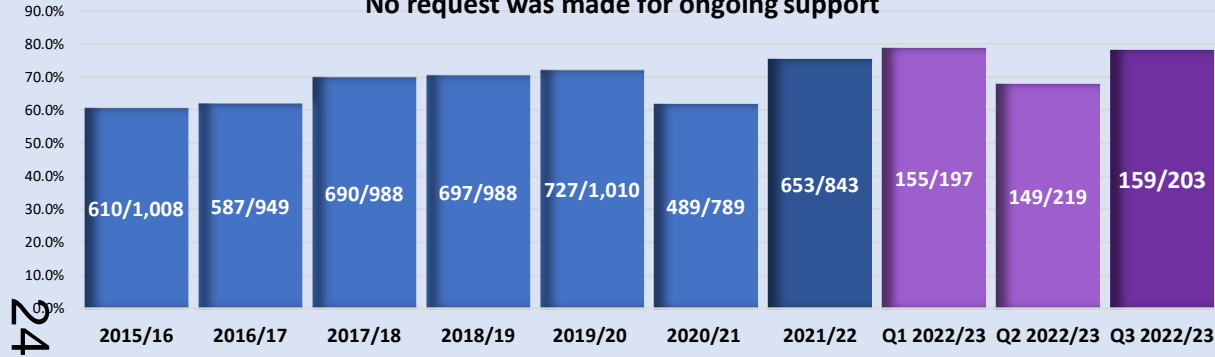


23

Key Message: Repeat enquiries for the same reason have further reduced and stayed low, which is positive.

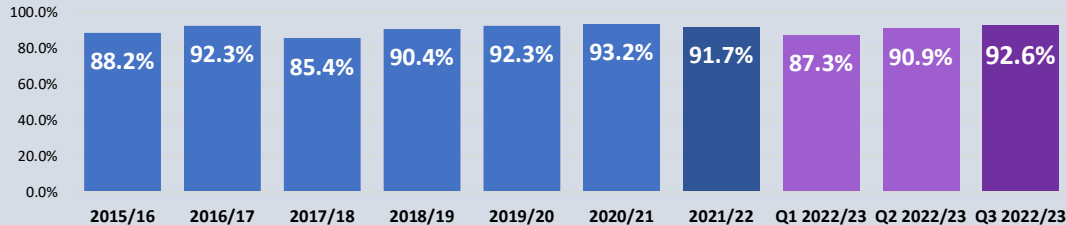
Outcomes of short-term support

**Effectiveness of reablement/enablement:
No request was made for ongoing support**



Key Message: Q3 position on effectiveness has recovered after a dip in Q2 and this is positive to note. The same is true for the 91 day metric, where we continue to perform strongly.

Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services

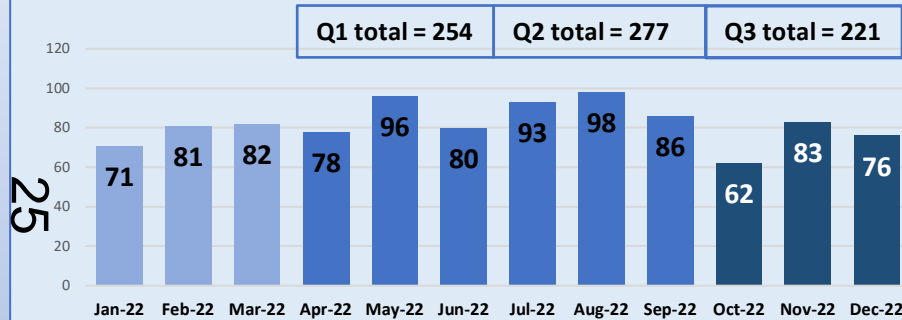


2021/22 Comparator Data
(ASCOF definition – 3 months only)

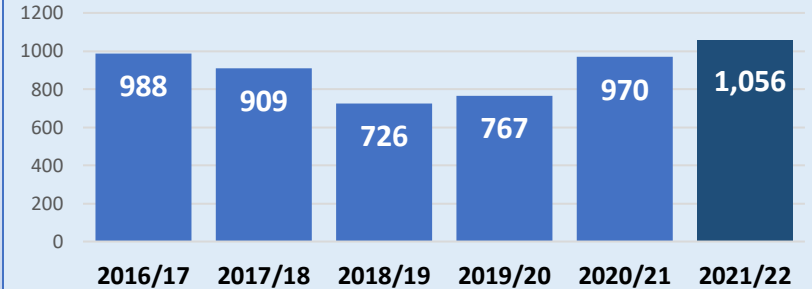
Leicester	88.2%
East Midlands	82.0%
England	81.8%

Long-Term Support (LTS)

Number of people receiving a long term package of care directly following a request for support

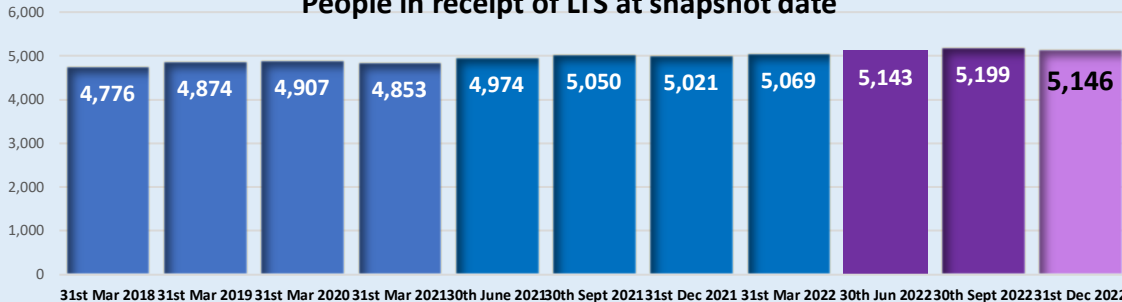


Number of people newly receiving a long term package of care - time series



2022/3 Forecast
= 1,003

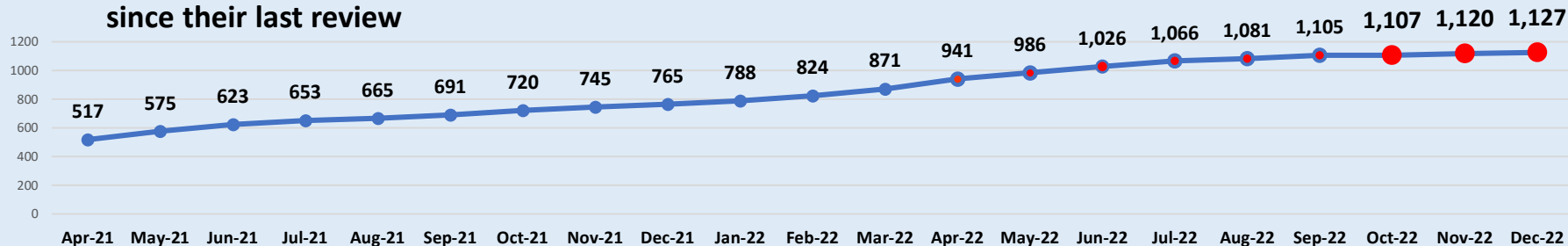
People in receipt of LTS at snapshot date



Key Message: There continues to be a steady increase in the numbers of people in receipt of LTS, in part driven by reduced leavers as well as additional new packages. Work continues to explore alternatives to council support.

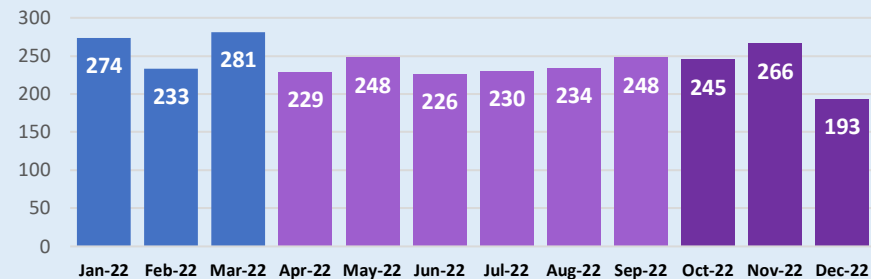
Reviews

Number of people in receipt of a service who have not been reviewed for 24 months or more since their last review



Key Message: Reviews continue to be a considerable cause for concern. Most (but not all) teams have managed to recruit some additional capacity and are beginning to track activity and outcomes from this dedicated resource. Recent insights from Care Analytics work will help to target the review capacity we do have. December activity will have been impacted by the short working month / leave taken. Although numbers grow, the rate of growth has slowed in the last 6 months compared to the previous 6 months.

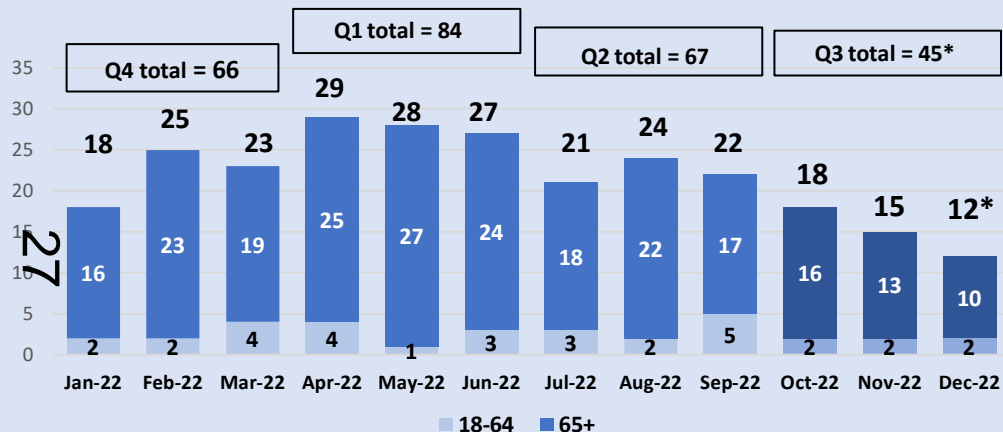
Number of reviews completed



Long-Term Support – New admissions to residential and nursing care

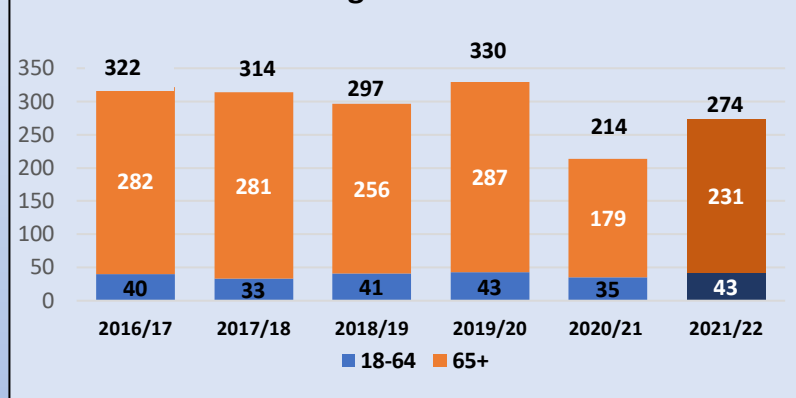


New permanent admissions to residential and nursing care



*Subject to change due to data entry / checking

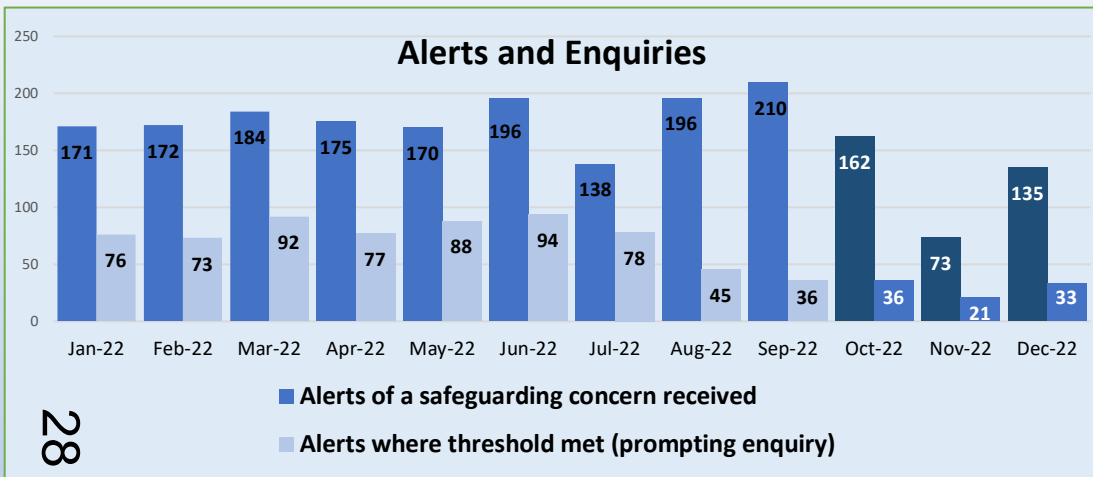
New permanent admissions to residential and nursing care – time series



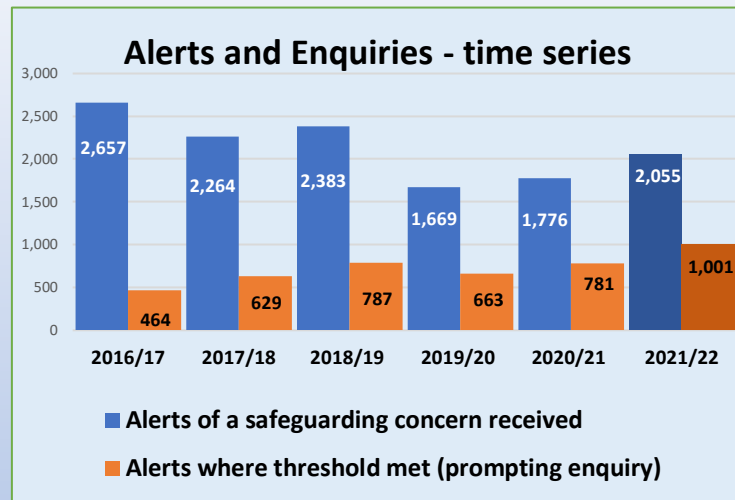
2022/3 Forecast = 261

Key Message: Placement activity has further reduced and the year end forecast looks positive, given our strategic priority to reduce care home use.

Safeguarding – ‘Alerts’ and ‘Enquiries’

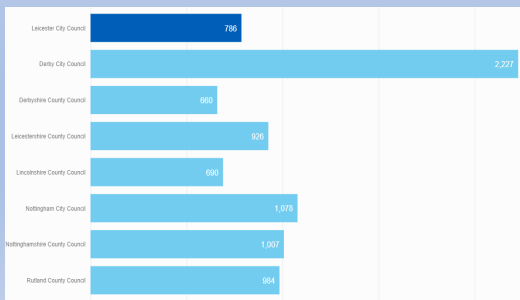


28

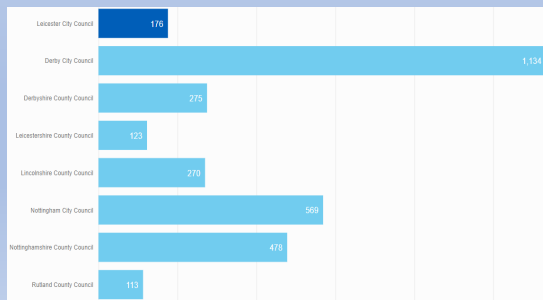


East Midlands Comparators (per 100,000 pop.) – 2021/22

Alerts

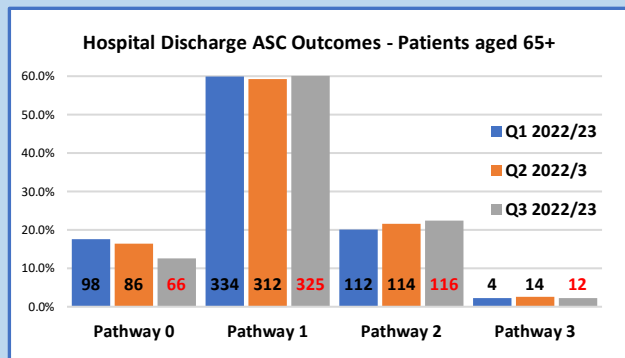
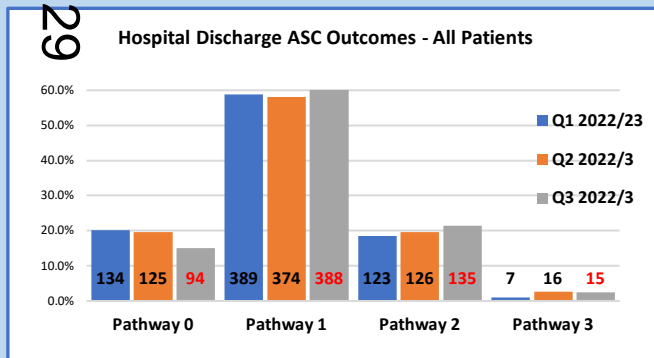
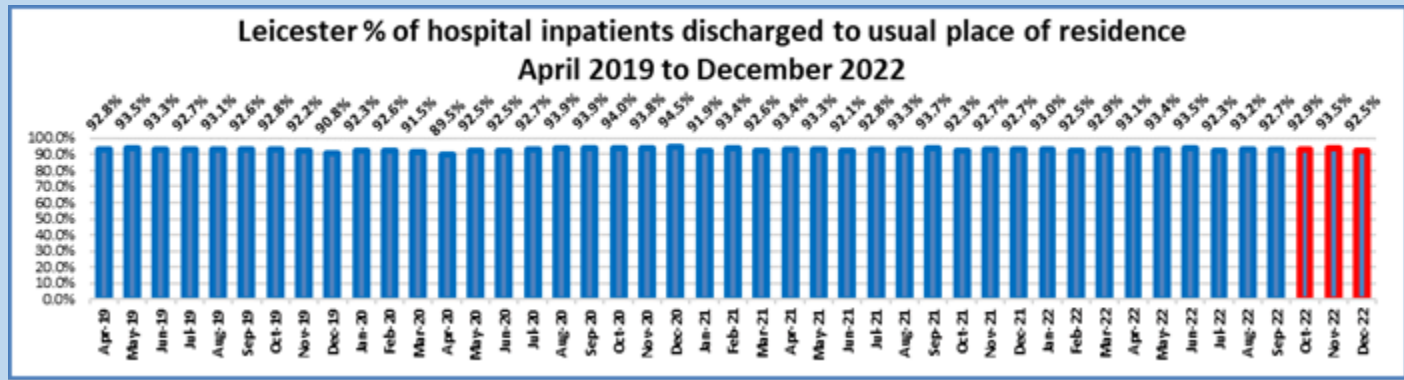


Enquiries



Key Message: The position in Q2 has continued. Recent work on benchmarking regionally and from the Self assessment workshop will continue to explore factors that might drive the recording of alerts and conversion to enquiries.

Health and Social Care Integration – Supporting hospital discharges



- Pathway 0 - No Care Provided
- Pathway 1 - Care Package / Reablement / Re-start
- Pathway 2 - Rehab/ Assessment Bed /Short Stay Placement
- Pathway 3 - Permanent Care Home Placement

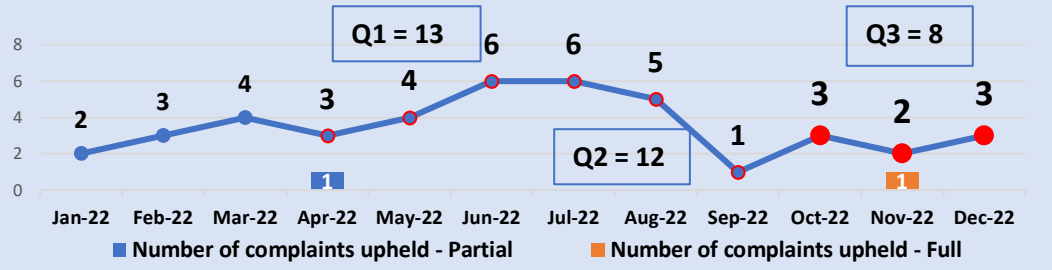
Key Message: Work continues with discharge colleagues across the system to reduce the use of Pathway 2 (bedded solutions). Enhanced use of Pathway 1 is intended, and partners are working with Newton Europe to identify opportunities to change ‘prescriptions’ at the point of discharge.



Quality – Complaints and commendations



Number of complaints received

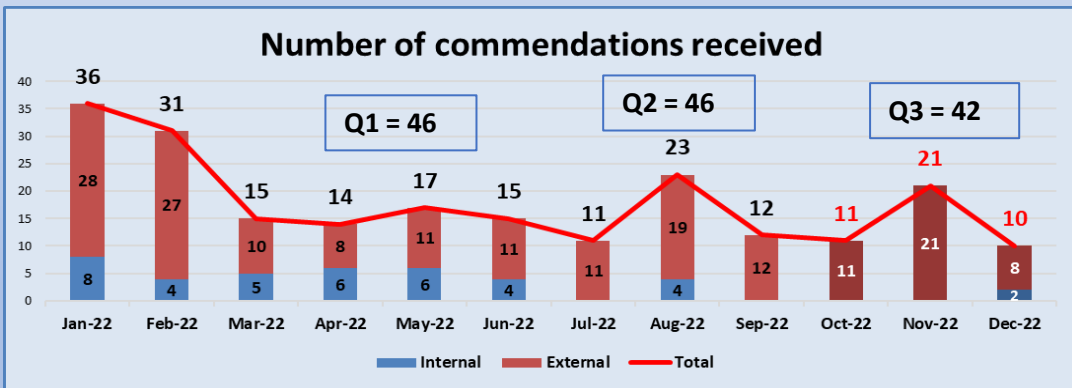


	2018/19	2019/20	2020/21	2021/22
Complaints – Total	85	81	44	49
Complaints - Fully Upheld	18	9	4	1
Complaints - Partially Upheld	16	22	8	1
Commendations	248	295	264	252

30



Number of commendations received

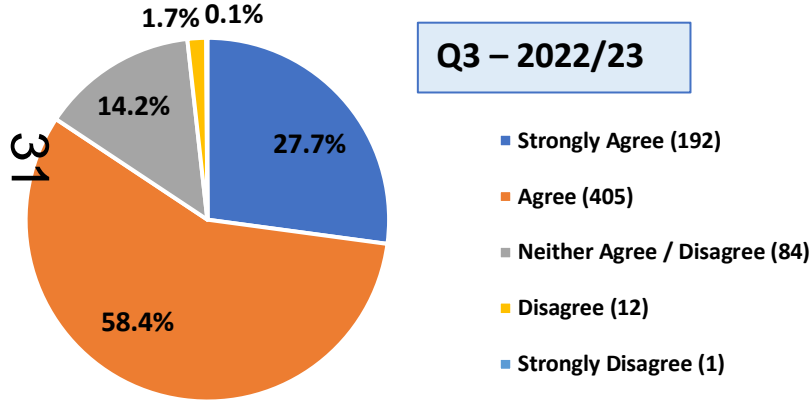


Key Message: Numbers are small but complaint activity remains low. Commendations are steady.

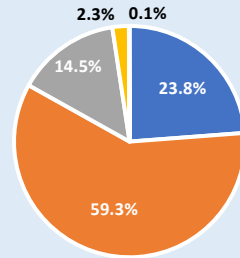
Satisfaction and outcomes – strengths based related outcomes

Does the support you receive help you live your life?

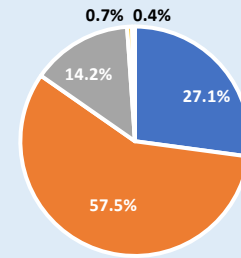
Q3 – 2022/23



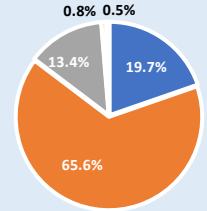
Q1 - 2022/23



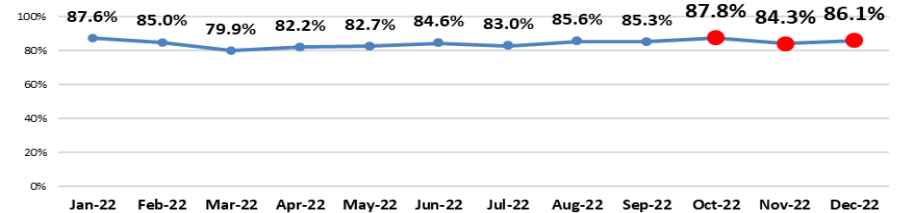
Q2 - 2022/23



Full year - 2021/22



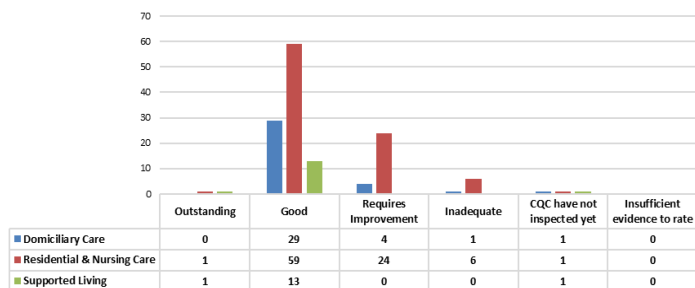
Agree / strongly agree



Key Message: Overall satisfaction rates are fairly steady and positive. This will continued to be monitored and the Making it Real group will be a vehicle by which to explore experience. There is a positive shift this quarter to the % of people reporting to strongly agree but this has varied across the year within fairly small parameters.

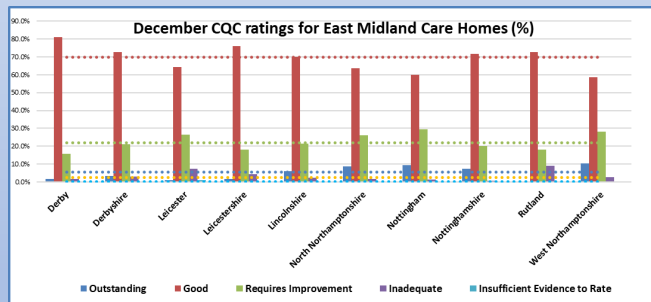
Quality – Commissioned services: CQC/QAF

CQC Ratings for Contracted Care Providers (As at 31st December 2022)



Key Message: CQC ratings for Leicester compare poorly to most other authorities in the East Midlands, with the exception of Nottingham and West Northants; and have declined over time. In addition the East Midlands Region overall performs less well than other areas nationally. ADASS has commissioned work to understand the reasons for this, the results of this will help to inform our approach to quality management and performance improvement. Quality Assurance Framework (QAF) performance is encouraging and a programme of work will ensure that all QAFs are completed in line with the annual cycle.

32



Quality Assurance Framework: Proportion of providers compliant at their most recent assessment / re-assessment				
Period / date	Domiciliary Care	Residential & Nursing Care	Supported Living	VCS
2018/19	72.4%	96.2%	86.4%	94.3%
2019/20	94.1%	100%	100%	95.7%
2020/21	100%	100%	100%	95.8%
January – November 2022 – All at 100%				
31/12/2022	100% (17/35 assessed)	100% (72/90 assessed)	100% (7/17 assessed)	100% (17/32 assessed)

LA	Outstanding	Change from previous month (%)	Change from Mar 2022 (%)	Change from March 2020 (%)	Good	Change from previous month (%)	Change from Mar 2022 (%)	Change from March 2020 (%)	Requires Improvement	Change from previous month (%)	Change from Mar 2022 (%)	Change from March 2020 (%)	Inadequate	Change from previous month (%)	Change from Mar 2022 (%)	Change from March 2020 (%)	Insufficient Evidence to Rate
Leicester	1	0	-1	-2	61	-2	-9	-19	25	1	3	7	7	1	2	7	
Leicester %	1.1%	0.0%	-50.0%	-66.7%	64.2%	-3.2%	-12.9%	-23.8%	26.3%	4.2%	13.6%	38.9%	7.4%	16.7%	40%		1.1%



***Report Title: Learning
Disability Big Plan
(Strategy)
Annual Report***

For consideration by:
Adult Social Care Scrutiny Commission
Date: 9 March 2023
Lead director: Kate Galoppi

Useful information

- Ward(s) All
- Report author: Ayesha McKechnie
- Author contact details: Ayesha.McKechnie@leicester.gov.uk phone: 0116 454 6894

1. Purpose of report

- 1.1. The purpose of this report is to provide ASC Scrutiny Members with a Year 2 update on progress against the actions in the Leicester City Joint Health and Social Care Learning Disability Strategy 2020 – 23 (see Appendix A and B for annual reports).

2. Report Summary

- 2.1. Leicester City Council is currently working to a [Leicester City Joint Health and Social Care Learning Disability Strategy 2020 - 23](#). The strategy was co-produced with people from Leicester, including people with learning disabilities, family members and other unpaid carers, industry organisations, and practitioners from health and social care backgrounds. The strategy is co-owned, co-delivered and overseen by the Leicester Learning Disability Partnership Board.
- 2.2. A key commitment in the strategy is to provide yearly reports highlighting successes, areas that still need development and priority areas for the following year.
- 2.3. The purpose of this report is to provide ASC Scrutiny Members with a Year 2 update on progress against the actions in the Leicester City Joint Health and Social Care Learning Disability Strategy 2020 – 23 (Appendix A and B).

3. Recommendations

- 3.1. Scrutiny Members are asked to:
 - 3.1.1. Provide comments and note the report which highlights the progress against the strategy in Year 2 of delivery.
 - 3.1.2. Note the additional and significant amount of work undertaken by health and social care partners with the intention of keeping people with learning disabilities safe during the COVID-19 pandemic, through the LLR Learning Disability and Autism COVID-19 Response Cell, which, while partners continued to deliver on both, took precedent above the strategy delivery for that period, and continues to be a priority for partners.
 - 3.1.3. Note the intention to extend the existing strategy for 2 years (2024-26) to ensure it continues to deliver on the commitments outlined in the strategy for

people with learning disabilities in Leicester, which remain a priority for health and social care partners and people with learning disabilities in the city.

3.1.4. This is intended due to the additional and significant amount of work undertaken by health and social care partners during and in the recovery of COVID-19 and this resulting in the strategy not being deliverable as anticipated over the 2020-23 period, notwithstanding the progress achieved thus far. Early engagement with health and social care colleagues, Learning Disability Local Leaders and carers has identified that the outstanding areas of work in the strategy remain a priority to the city.

4. Supporting information

4.1. Background

4.1.1. The 'The Big Plan' has eight priority focus areas that aim to improve the experience people with learning disabilities have of health care, social care and wider community services. Each of these focus areas, developed with people and families, have 'Making it Real' principles at their core:

- Social care
- Housing and accommodation
- Equal healthcare
- Healthy lifestyles
- Access and inclusion to leisure, recreation, and public transport
- Work, college, and money
- Moving into adulthood
- Support for carers

4.1.2. At the end of 2021, the Lead Member for Social Care received the first annual report on progress against the strategy by health and social care partners which was subsequently published on the city council website.

4.1.3. The strategy is due to expire in December 2023 and it is recommended by health and social care partners, learning disability local leaders and carers that the strategy is extended to ensure that services across health and social care and the wider learning disability partnership can continue to sufficiently adapt working practice to meet the needs of people with a range of learning disabilities.

4.2. Achievements of the Strategy in 2021-2022

4.2.1. Work has progressed under the strategy through the following forums and regularly reports up into the Learning Disability Partnership Board, the strategy owner:

- ASC and Children's Respite and Short Breaks Board
- ASC Accommodation Board
- LLR Specialist Team for TCP/LDA Programme
- ASC Forms Group

- (LCC corporate) Working with Communities with Additional Accessible Needs Group
- Leicester's Supported Employment Working Group
- Leicester's Transitions Delivery Group
- Leicester's Learning Disability Capabilities Working Group

4.2.2. The establishment of the Learning Disability and Autism Collaborative under the LLR Integrated Care System has also seen priorities within the strategy start to progress through the LLR Health Inequalities and Quality groups.

4.2.3. Year 2 activity built on the work undertaken throughout the first year of implementation; key highlights of this work include the increased uptake of annual health checks and development of health action plans, work undertaken to begin to build a picture of demand and need for respite services, processes established to put LeDeR Learning into Action across organisations and the growing commitment and subsequent action to make more and more information about services and support available in easy read. A Year 2 annual report can be found at Appendix B.

4.2.4. The strategy and the Learning Disability Partnership Board also provided the infrastructure and commitment needed to take forward the city's response to COVID-19 in relation to people with learning disabilities. Building on our joint working around the strategy, we were able to lead work from city and county partnership boards ensuring that Leicester was first in the country to offer priority vaccination to people with learning disabilities ahead of the national decision. Drawing on our health inequalities work we were able to develop a learning disability and autism vaccine programme, including specialist person-centred vaccine clinics which continue to be used.

4.3. Keeping people safe during the COVID-19 pandemic

4.3.1. The onset of the COVID-19 pandemic in 2020, shortly after the launch of the strategy, saw an abrupt shift in ways of partner working between health and social care and in the way we delivered on our health inequalities priorities. A Learning Disability and Autism COVID-19 Response Cell was established and health and social care colleagues with a joint focus to address health inequalities oversaw a programme of support to keep people with learning disabilities safe during the pandemic.

4.3.2. Highlights of this work included the development of a Dynamic Support Register to trigger MDT support as needed, sharing important, clear and accessible information with people with learning disabilities, their families, providers and practitioners through virtual sessions and bulletins, support to providers to keep people safe during the period, and a programme of support to ensure priority access, support and uptake of the COVID-19 vaccine through specialist learning disability clinics. A further breakdown of work undertaken can be found in the annual report at Appendix B.

4.3.3. While partners continued to deliver on the strategy, our COVID-19 response took priority focus above the strategy delivery for that period and despite a return to 'business as usual', keeping people with learning disabilities safe

from COVID-19 continues to be a priority within the new ways of working established.

4.3.4. The driver for an extension to the strategy is (a) the additional and significant amount of work undertaken by health and social care partners during and in the aftermath of COVID-19 for two years (2020-22) and (b) this resulting in the strategy not being deliverable as anticipated over the 2020 - 23 period. The proposed extension is to ensure delivery of the strategy continues and that our commitments are upheld.

4.4. Areas still to be developed as a result

4.4.1. Early engagement to review progress against the strategy thus far and to determine the next steps for the strategy has included that with:

- Social Care Learning Disability Delivery Group
- Health Colleagues and LDA Health Inequalities Group
- Learning Disability Local Leaders of the We Think Group
- Carers of the Learning Disability Partnership Board
- Colleagues delivering on the Preparing for Adulthood and Transitions Strategies

4.4.2. Recovery from the pandemic has highlighted a need to draw attention and focus to three key areas within the strategy that need further development and work as a result of the pandemic pressures. Rather than considering changes to either the commitments in the strategy, or introducing anything new, it is proposed an extension will enable partners more time to draw focus to the delivery of these areas.

4.4.3. Respite (support for carers) – work initiated to determine demand for respite services highlighted that data currently held in its current format is not robust enough to support demand modelling. This is largely due the council not having a dedicated commissioned service for respite that enables us to draw down key information about access and demand. These data gaps were further exacerbated due to a long pause in people drawing on respite services through the pandemic and its lockdowns. As access begins to increase again, further work is needed to make robust our methods of recording respite use and demand, including ‘latent demand’, to enable the council to determine whether appropriate and sufficient respite provision is or can be made available for people with PMLD and complex needs.

4.4.4. Work, college and money – Many businesses stopped running and/or employing people during the pandemic, utilising the Furlough Scheme provided by government to manage the pressures that presented. As a result, our work around employment could not progress during this period. However, we know that statistics for learning disability employment are low in the city, and this remains a priority for our system. 2014 - 2021 ASCOF measures show the employment rate for people with a learning disability drawing on adult social care support as 4.8% in Leicester, ranking the city 99th across the country (Leicestershire County Council ranked 39th at 8.66%). Our Supported Employment service for people with learning disabilities and

autistic people will be launched in January 2023 to address this statistic, supporting people into meaningful and lasting employment while supporting employers in the city to become Disability Confident. This programme will support a legacy of employers equipped and interested in supported people with a learning disability into employment, and the learning from the outcomes of this programme (ending in March 2025) will enable the council to better understand the landscape in the city and inform what work is needed to ensure meaningful opportunities to enter employment remain in the city going forward.

- 4.4.5. Health inequalities (equal healthcare and healthy lifestyles) – Our health inequalities work has ensured that people with learning disabilities have had good access to covid support and were talking to their GPs during the pandemic. There is a need to build on this work ensure GPs stay in touch with people with learning disabilities and that we continue to address health inequalities beyond COVID-19 through the work of the newly established LLR LDA Health Inequalities Group and through the work of the LeDeR group.
- 4.4.6. There is also a need to build on our joint working arrangements as a new ICS, ensuring inequalities experienced by people with LD are not exacerbated within the new infrastructure and that people’s voices remain central to decision making within the system.
- 4.4.7. Health and social care partners of the strategy, therefore, propose to extend the existing strategy to enable us to see these priorities through.
- 4.4.8. Other actions in the strategy have been completed as presented in annual reports and/or will continue to be picked up through existing work:

Priority areas in existing strategy:	Carried forward through:
Social Care	<ul style="list-style-type: none"> • Leicester Learning Disability Partnership Board • Social Care Strengths Based Practice work, Managers Forum and Forms Group • (LCC corporate) Working with Communities with Additional Accessible Needs Group • LLR LDA Collaborative Quality Group
Housing and Accommodation	<ul style="list-style-type: none"> • Leicester ASC Accommodation Board • Leicester Supported Living Strategy • Leicester Housing Opportunities Task Group • LLR TCP Specialist Team
Equal healthcare	<ul style="list-style-type: none"> • LLR LDA Collaborative Health Inequalities Group • LLR LDA Collaborative LeDeR Group

Healthy Lifestyles	<ul style="list-style-type: none"> • LLR LDA Collaborative Health Inequalities Group • Leicester Learning Disability Partnership Board (including Public Health)
Access and Inclusion to Leisure, Recreation & Public Transport	<ul style="list-style-type: none"> • Leicester Learning Disability Partnership Board (including Public Health)
Work, College & Money	<ul style="list-style-type: none"> • Leicester Supported Employment Working Group
Moving into Adulthood	<ul style="list-style-type: none"> • Leicester Transitions Strategy • Leicester Transitions Delivery Group
Support for Carers	<ul style="list-style-type: none"> • Carers Strategy • Carers Support Service • ASC and Children’s Respite and Short Breaks Board

4.5. Joint Health and Social Care Learning Disability Strategy Extension 2024-2026

4.5.1. Over the last two years partners across Health and Social Care have worked together to deliver the key priorities and actions as set out in the original Joint Health and Social Care Learning Disability Strategy 2020-23. Partners intend to continue this work over the coming years, drawing on the support of the new LDA Collaborative arrangements, to take forward the three priority areas identified.

4.5.2. Forthcoming work will take into consideration any new strategies or legislation that have come into place since the previous strategy was developed. Partners will continue to monitor any new legalisation or changes and ensure these are reflected within the delivery plan.

4.5.3. Partners will continue to report into the Learning Disability Partnership Board, using these meetings to determine, with experts by experience, the impact and quality achieved through delivery.

4.5.4. While our early engagement has identified three priority areas that must be taken forward, it is proposed that further engagement, from February to April 2023, will seek to understand how the delivery of these priorities will be aligned to the priorities of partners and people drawing on services and will support stakeholders to develop an achievable plan for delivering on these commitments in a way that meets the needs of the community, reflecting on what has and hasn’t been achieved so far. Rather than revising priorities an extension will allow us to draw focus to outstanding commitments and the engagement exercise will be used to underpin the intentions with an achievable delivery plan.

4.5.5. For example, action 42. “Respite needs for carers of people with complex needs, and profound and multiple learning disability need to be met.” Sits under Priority area: Support for Carers. While this is more of an ambition than an action, it is still a commitment that partners believe should be taken

forward. An engagement exercise will support partners to reflect on the work that's happened so far and develop some deliverable actions that would help us to meet this ambition.

4.5.6. Engagement particularly with health partners in the wider system will enable us to produce a "You Said, We Did" document, showing clearly against each action, what has been achieved, what hasn't been achieved and what will be taken forward into the extension.

4.5.7. This will inform the development of a supplementary document to the strategy, showing clearly what is intended to be achieved in the extension period, with reference to any new strategies or legislation that have come into play, which will be published in Autumn 2023.

4.5.8. It is intended that an intensive period of engagement during the Spring will include that with:

- The We Think Group for people with learning disabilities
- Family carers of people with learning disabilities
- The Big Mouth Forum for children and young people with learning disabilities
- Leicester City Parent Carer Forum
- Age UK Carers Support Service
- Supported Employment Working Group
- ASC and Children's Respite and Short Breaks Board
- Colleges and universities
- Learning Disability Partnership Board including DWP partners, social workers, public health and providers of learning disability services
- System partners (including health) within the LDA Collaborative including the Health Inequalities Group and Quality Group
- LCC Legal Services
- VCS providers

5. Financial, Legal and other implications

Financial implications

None noted.

Legal implications

All of the services for people with learning disabilities delivered by the Council in line with the Strategy must be delivered in accordance with the Council's statutory and other legal responsibilities.

Kevin Carter
Head of Law – Commercial, Property and Planning

Climate Change Emergency implications

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

Equalities implications

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.

If the report recommendations are agreed these should lead to positive outcomes for people with a learning disability who will also be from across a range of protected characteristics. The proposed refresh of the existing strategy for 2 years (2024-26) to ensure it continues to deliver on the pre-pandemic commitments outlined in the strategy for people with learning disabilities in Leicester, which remain a priority for the city will help us to ensure we are meeting the aims of the PSED and that equality considerations are being taken into account as an integral part of the decision-making process. It is recommended that Equality Impact Assessments are undertaken as appropriate, for example an EIA is currently underway to support the commissioning review of Respite Services.

Carrying out an equality impact assessment is an iterative process that should be revisited throughout the decision-making process and updated to reflect any feedback/changes due to consultation/ engagement as appropriate. The findings of the Equality Impact Assessment should be shared, throughout the process, with decision makers in order to inform their considerations and decision making. Where any potential disproportionate negative equalities impacts are identified in relation to a protected characteristic/s, steps should be identified and taken to mitigate that impact.

Sukhi Biring, Equalities Officer, 454 4175

6. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

7. Is this a “key decision”?

No

8. Appendices

Appendix A – Annual progress report (easy read version to be published on the LCC website)

**Leicester City
Joint Health & Social Care
Learning Disability
Strategy
(The Big Plan)**








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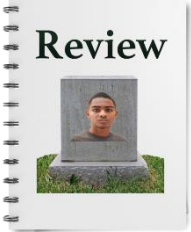



The Big Plan Yearly Report 2021 – 2022




	<p>Introduction</p>
	<p>The Big Plan started in February 2020.</p>
	<p>The Big Plan was written by:</p> <ul style="list-style-type: none"> • People with learning disabilities • Families and friends of people with learning disabilities • Unpaid carers • Professionals
	<p>It has been two years since the Big Plan started.</p> <p>This report says what we have done in the last year from August 2021 to September 2022.</p>
	<p>This report will explain what we have done to make things better for people with learning disabilities in Leicester.</p>
	<p>This report will explain what we will try to do for 'The Big Plan' in 2022 to 2023.</p>

	<p>Some of the things we wanted to do</p>
	<p>We wanted to make sure that carers of people with learning disabilities can have a break (respite).</p>
	<p>We wanted to give training to staff on:</p> <ul style="list-style-type: none"> • Learning Disability • Reasonable adjustments • Equality and Diversity
	<p>We wanted to work to support the stopping over medication of people (STOMP) and to give information and guidance to staff.</p>
	<p>We wanted to work with public health to make sure that people with learning disabilities are thought about when making public health campaigns in Leicester.</p>
 <p>Complain</p>	<p>We wanted to look at how people make a complaint to make sure that people with learning disabilities can raise a complaint on their own.</p>

	<p>We wanted to carry on with our work on the Learning Disability and Autism Programme to support our care providers to support people well.</p>
	<p>We wanted to check that our services are signed up to the Health Charter.</p>
	<p>We wanted to work closely with the 'Learning from Lives and Deaths' (LeDeR) team.</p> <p>We wanted to learn lessons from the reviews they write.</p> <p>We wanted to improve health outcomes for people with learning disabilities.</p>
	<p><u>You can read The Big Plan on the Leicester City Council website.</u></p>

	<p>Work that Social Care did in 2021 to 2022</p>
	<p>People who work in social care took part in easy read training.</p> <p>We have been working with the rest of the council to find out which other teams need easy read training.</p>
	<p>We have been working with other councils to make sure we are up to date on training that all staff must do if they work with people with learning disabilities.</p> <p>This is called the Oliver McGowan mandatory training.</p>
	<p>We have made sure we have easy read information on the council website about important things like COVID-19 and the Cost of Living.</p>
	<p>We have updated the Housing Information Pack that tells people all about moving home if you have a learning disability or if you care for or work with someone who does.</p>

	<p>Some people with learning disabilities go into hospital for the wrong reasons.</p> <p>There is a special team that try to stop people going to hospital for the wrong reasons.</p> <p>They have been working with people in Housing teams to look at what homes we need for people coming out of hospital.</p> <p>We make sure this happens at our Accommodation Board.</p>
	<p>We have been working together to find out how many people with learning disabilities need respite and what type of support they need.</p> <p>We have been working together to find out how many adults and how many people preparing for adulthood will need respite in the future.</p> <p>We have set up a Respite and Short Breaks Board to look at this.</p>
	<p>We have been working with public health to make sure that people with learning disabilities are involved in our Active Leicester Plan and our plans to transform the city.</p>
	<p>We have made sure that any new providers we work with must sign up to the health charter when they start working with us.</p> <p>We are doing this work with all providers that already work with us too. We make sure this is in their contract with us.</p>

 Please fill in this easy read form

Your name

Address

Phone

We have set up a Forms group to make sure that people can get any social care forms and letters in easy-to-understand formats.








We have made sure that carers can take part in our Learning Disability Partnership Board.



We have carried on our Accessible Places work.

We have been looking at how we can make our libraries more accessible for people with learning disabilities.




	<p>Work that the NHS did in 2021 to 2022</p>
	<p>We have done lots of work to help more people stay well in the community and not need to go into hospital.</p>
	<p>We work more closely together to help people in hospital to get all the support they need so they can leave hospital when they are ready.</p>
	<p>The LeDeR team have been working with GPs to make sure they get proper access to the right kind of weighing scales.</p>
	<p>We have been sharing our learning about lives and deaths with other areas across the country.</p>
	<p>We worked hard to make sure that more people are having their annual health checks than the year before.</p>



We are making sure that everyone gets a better Health Action Plan after their Health check.



We have carried on with our special vaccine clinics for covid and flu.

	<p>Work we did together</p>
	<p>We have been looking at how we can work in a more joined up way in health and social care to make things better for people with learning disabilities.</p> <p>We have been looking at how we can make sure people with learning disabilities and their carers are involved in important plans for learning disabilities.</p>
	<p>A person with a learning disability now co-chairs the LeDeR group. This is the team that has been set up to do work together and make changes to help people with learning disabilities live longer and better lives.</p> <p>All of our meeting papers are now in easy read.</p> <p>We have been working together to try and reduce the numbers of people with learning disabilities dying at an early age.</p>
	<p>We have set up a Health Inequalities Group to make sure we are working together across health and social care to make access better for people with learning disabilities.</p> <p>We look at things like annual health checks, health action plans and vaccinations.</p>







We worked with the Learning Disability Partnership Board to make sure carers could have information about stopping over medication of people.



We have set up a Quality group where we work together to make sure all of our health and social care services give good quality care and support.



We have done work to make sure that carers of people with a learning disability know they can get a Carers Passport when they are supporting their loved one at health appointments.

	<p>What happened during COVID-19?</p>
	<p>Health and Social Care worked together to try and make sure people could stay safe during COVID–19.</p>
	<p>We kept a register of people with learning disabilities who were most at risk of covid and we made sure they were getting the right support from different teams to stay safe.</p>
	<p>We worked together to make sure that people who needed extra support to make a choice about getting a job could get the right support.</p>
	<p>We wrote a letter to government to tell them people with a learning disability need to have quick access to covid jabs.</p> <p>We had covid jabs for people with learning disabilities in Leicester before the rest of the country.</p>



We started and carried on with our Learning Disability flu and covid vaccine work to make sure people can get the right support to have their jobs in special clinics.

Even people who don't like needles said it was easy to get their job.



We worked closely with families and GPs to make sure that everyone who needed a covid job could have one.



We shared information and support about covid with people with learning disabilities, carers and people who work with them.

We had covid bulletins and drop-in sessions



We made sure people could find easy read information about covid on the council website.



We started and carried on work to make sure people with learning disabilities and carers could be involved in meetings online during covid lockdowns, by getting the skills and equipment they needed.



We worked closely with families to keep our council day services safe for people during covid.



Our contracts team worked with providers of learning disability services to make sure they had the right support and could keep people safe during covid.




All of our important work to keep people safe during covid means that we now have to work harder on some of the other things in the Big Plan:



People stopped having respite breaks during covid and it was also hard to find information about who needed respite.

We need more time to understand this better.

	<p>Lots of businesses stopped running and employing people during covid.</p> <p>Our work around employment had to wait and this is something we need to focus on more from next year.</p>
	<p>Our health inequalities work made sure that people with learning disabilities had good access to covid support and were talking to their GPs when they needed help.</p> <p>We need to build on this work and make sure GPs stay in touch with people with learning disabilities so they can keep having access to annual health checks and screening.</p>

	<p>What's next for 2022/2023</p>
	<p>We want to make better how we get information about people who need respite so we can check we have the right services to support them.</p>



We will make sure everyone who works with people with learning disabilities and autism does the Oliver McGowan Mandatory Training.

We will work with other departments in the council like housing and customer services to make sure all council staff can get the training if they need it.







We will carry on our work to stop over medication of people with learning disabilities and making sure we share the right information with families.




The Health Inequalities group will do more work with GPs to make it easier to find out who needs an annual health check.



The Health Inequalities group will do more work to make sure health screening and vaccinations are easy for people with learning disabilities to access.

	<p>We will have Learning Disability Health Inequalities Champions that work in health and social care.</p> <p>Champions will make sure that all of our services think about how people with learning disabilities will access them.</p>
	<p>We will do more work with Public Health to look at how we involve people with learning disabilities in important meetings about health and wellbeing.</p>
	<p>We will make sure we are learning and sharing from lessons we find in our LeDeR work.</p> <p>We will make sure we put our learning in action and that we have good plans for this.</p> <p>We will share our learning with GPs and hospitals as part of their training.</p>
	<p>We will grow our Accessible Places work to look at how we can make our community spaces easier for people with learning disabilities to access.</p>

	<p>We are starting our Supported Employment work.</p> <p>We will help people with learning disabilities to find meaningful work and support them to stay in work.</p> <p>We will also support employers to become disability confident. This includes the council.</p>
	<p>We will work together with people with learning disabilities and families to plan for after the Big Plan ends in 2023.</p> <p>We need to make sure we carry on with the work that had to wait during covid.</p>

Appendix B – Annual progress report (plain English)

Learning Disability Strategy Year 2 Progress Update 2021-22

Priority area: Social Care

Key achievements in 2021-22:

- Roll out of easy read training to social care teams and partner working with the Working with Communities with Additional Access Needs (CWAAN) Group to start to develop a plan to develop easy read training for wider council departments that work with people with learning disabilities.
- Partner working with LLR colleagues to gain access to and make available a shared approach to the Oliver McGowan Mandatory Training to health and social care staff.
- Development of easy read information on the council website about headline priority information such as COVID-19 and the Cost of Living.
- Continued work through the Forms group to ensure ASC assessment and review process and correspondence can be made available in easier to understand formats.

Priority area: Housing and accommodation

Key achievements in 2021-22:

- Updated the Housing Information Pack for people with learning disabilities, their carers and practitioners, in line with contemporary guidance.
- Re-established the ASC Accommodation Board, to enable joint working with health and housing leads to identify housing solutions to support acute hospital discharge of people with learning disabilities and enable them to return to the community.

Priority area: Equal healthcare (joint working with health)

Key achievements in 2021-22:

- Continued partner working within the TCP specialist team to enable acute hospital discharge.
- Establishment of the dynamic support pathway building on the work of the COVID-19 Dynamic Support Register
- A person with a learning disability now co-chairs the LeDeR group. This is the team that has been set up to do work together and make changes to help people with learning disabilities live longer and better lives. All of our meeting papers are now in easy read. We have been working together to try and reduce the numbers of people with learning disabilities dying at an early age.
- Last year, it was identified through the work of the LeDeR team that a large proportion of deaths of people with learning disabilities were related to weight. As a result, this year, the joint LeDeR team have been working with GPs ensure sure they get proper access to the right kind of weighing scales. We have been sharing our learning about lives and deaths with other areas across the country.
- Learning from LeDeR this year has revealed that up to 30% of deaths related to Aspiration Pneumonia could be prevented. Next year, our work will involve:
 - Sharing our learning about Aspiration Pneumonia with other areas in the country
 - Introduction of a new Aspiration Pneumonia Protection Plan
 - Development of an MDT network to support people with learning disabilities who are admitted to hospital with Aspiration Pneumonia.
- We are now in a place where 100% of reviews are completed within the 6 month deadline from referral
- Work to ensure that more people are having their annual health checks and that everyone gets a better Health Action Plan after their Health check.
 - At Dec 22, 40% of people have had an annual health check, compared with 32% the year before.
 - 94.5% of these people were given a Health Action Plan to take away.
 - 200 patients struggled to attend their check in the past 2 years. 60 of these people have now been contacted by a specialist LD nurse to attend their checks. Others will continue to be contacted.
- We have made sure that any new providers we work with must sign up to the health charter when they start working with us. We are also updating existing provider contracts as they renew, to include the health charter.
- Joint working through the LDA Collaborative Engagement and Coproduction group to ensure people with learning disabilities and their families can continue to have their voices heard within the new ICS arrangements.
- Established a Health Inequalities Group to address health inequalities across LLR, social care and health.
- Established a Quality group to ensure all of our health and social care services give good quality care and support.

Priority areas: Healthy lifestyles; Access and inclusion to leisure, recreation and public transport (joint working with health and public health)

Key achievements in 2021-22:

- We have been working with public health to involve people with learning disabilities in our Active Leicester Plan and our plans to transform the city.
- We have continued our Accessible Places work. We have been looking at how we can make our community spaces more accessible for people with learning disabilities.
- We have continued to deliver learning disability and autism specialist vaccine clinics for covid and flu.
- Continued work to raise awareness of STOMP:
 - We worked with the Learning Disability Partnership Board to ensure carers could have information about stopping over medication of people, including carers who access Hastings Road Day Centre.
 - Primary care - Rolling training programme for GPs, targeted intervention at high prescribing GP practices, targeted intervention for high co-prescribing or depot prescribing, ongoing engagement through comms, leaflets and emails, and progress reviews through pharmacy framework and PCN DES
 - Secondary Care - STOMP awareness training package developed and will be delivered to DMH and FYPCLD, engagement with teams such as SAT/NMP forum in CAMHS etc., QI projects development with FYPC pharmacy – discharging pts on medication, audit action plans, and developing NMP role in LD
 - Patient and Carer - Workshops offered regularly, STOMP/STAMP embedded into OPA clinical templates
 - People with a learning disability and/or autistic people have been invited to participate in a number of STOMP/STAMP workshops, one which took place in September 2022.

Priority area: Moving into Adulthood (Transitions Strategy)

Key achievements in 2021-22:

- Continued work to support the implementation of the Leicester City transitions strategy in achieving its actions related to learning disability through the Transitions Delivery Group.

Priority area: Work, college and money

Key achievements in 2021-22:

- Preparation for launch of the Supported Employment (grant) service and initial engagement work with people with learning disabilities and stakeholders including economic regeneration and DWP to steer the direction of the work to begin through the Supported Employment Working Group.

Priority area: Support for our carers

Key achievements in 2021-22:

- Work with adults and children's social care teams to build a picture of current and future demand for respite in adults has begun. We have been able to determine historic access to respite in the transitions age group which may evidence demand for a transitions respite facility. This work has identified issues with our data recording in relation to respite which makes it difficult to forecast demand. Work will need to be undertaken to ensure we have good reporting processes that enables commissioners to clearly see demand including latent demand. The demand work will also need to expand to cover all adults 18+. An ASC and Children's Respite and Short Breaks Board has been established to oversee this work.
- We have ensured that carers continue to attend our Learning Disability Partnership Board.
- Work through the Learning Disability Partnership Board to raise awareness and ensure that carers of people with a learning disability know they can get a Carers Passport when they are supporting their loved one at health appointments.

Additional priority work: Joint working during COVID-19

Key achievements in 2020-22:

- Establishment of the LLR LDA COVID-19 sub cell/Response cell – chaired by Leicester City Council to lead the system response to ensuring the safety of people with learning disabilities and autistic people during COVID-19, overseeing the following activity:
 - Development of a Dynamic Support Register of people with learning disabilities who were most at risk during the pandemic, triggering an MDT response to keeping them safe and prevention.
 - Produced practitioner guidance on Mental Capacity Act and Best Interest decision making in relation to the C19 vaccine and partner working with GP surgeries to ensure people on the Learning Disability register were prioritised for vaccination.
 - Led on writing a letter to government from the City and County Learning Disability Partnership Boards highlighting the need for learning disability priority access to COVID-19 vaccinations. This work saw that Leicester was able to offer priority access to C19 vaccinations to people with learning disabilities ahead of the rest of the country.
 - Establishment of learning disability specialist vaccine clinics to enable additional support needed to have a vaccination for people with complex needs. Even people who don't like needles said it was easy to get their jab.
 - We shared information and support about covid with people with learning disabilities, carers, providers and practitioners, including through bulletins and virtual drop-in sessions.
 - Development of easy read information about covid-19 on the council website.
 - Ensured people with learning disabilities and carers could continue to inform commissioning and service development and continue to attend Learning Disability Partnership Board meetings by providing the necessary equipment and upskilling.
 - We worked closely with families to keep our council day services safe for people during covid-19.
 - Our contracts team worked with providers of learning disability services to make sure they had the right support and could keep people safe during covid.
- The focus on keeping people safe during the COVID-19 pandemic has created a need to draw attention and focus to areas within the strategy that need further development and work:
 - **Respite (support for carers)** - Work initiated to determine demand for respite services highlighted that data currently held in its current format is not robust enough to support demand modelling. This is largely due the council not having a dedicated commissioned service for respite that enables us to draw down key information about access and demand. These data gaps were further exacerbated due to a long pause in people drawing on respite services through the pandemic and its lockdowns. As access begins to increase again, further work is needed to make robust our methods of recording respite use and demand, including 'latent demand', to enable the council to determine whether appropriate and sufficient respite provision is or can be made available for people with PMLD and complex needs.
 - **Work, college and money** - Many businesses stopped running and/or employing people during covid, drawing on the Furlough Scheme provided by government. As a result, our work around employment could not progress during this period. However, we know that statistics for learning disability employment are low in the city and this remains a priority for our system. Our Supported Employment service has now launched and will inform and contribute to the delivery of our actions around employment.
 - **Health inequalities** - Our health inequalities work ensured that people with learning disabilities had good access to covid support and were talking to their GPs when they needed help during the pandemic. We need to build on this work ensure GPs stay in

touch with people with learning disabilities and that we continue to address health inequalities beyond COVID-19 through the work of the newly established Health Inequalities Group.

Planned activity for 2022-23:

Respite (support for carers)

- Work through the Respite Board to establish robust reporting mechanisms and processes to enable commissioners to forecast demand for respite services accurately to inform commissioning reviews of respite for people with PMLD and complex needs.

Practitioner development

- Roll out of Oliver McGowan Mandatory Training to all staff who work with people with learning disabilities and autism.
- Work with other council departments, such as housing and customer services to ensure all council staff can access the training if needed.
- We will continue to roll out easy read training to social care staff and extend this to wider council departments. We will produce a survey to check what staff already know about easy read. This will help us to measure the impact of the training.

Health inequalities

- The newly established Health Inequalities group will drive work focussed on addressing health inequalities for people with learning disabilities.
- Learning Disability Health Inequalities Champions in health and social care will ensure that all of our services (including universal services) consider how people with learning disabilities will access them.
- Continue work with Public Health to explore how people with learning disabilities can be involved in Health and Wellbeing Board discussions, driving key Public Health agendas.
- Continue the work of the learning disability specialist vaccine clinics to encourage uptake of the second and third covid-19 vaccine doses.

Annual health checks (equal healthcare)

- The Health Inequalities group will continue work with GPs to ease identification of people requiring an annual health check and will explore opportunities to pilot:
 - GPs delivering health checks in their extra opening hours (weekends/evenings). One area will test this out and see if it works well.
 - Allocating AHC funds to a dedicated learning disability PCLN team based in doctor's surgeries to undertake annual health checks where there are backlogs.
 - A dedicated PCLN will contact people who are yet to attend their AHC or haven't had one for a long time.

LeDeR (equal healthcare)

- We will ensure we are putting LeDeR Learning into Action and that this is tracked:
 - We will introduce a new Aspiration Pneumonia Protection Plan. An MDT group will pick up on the risk of aspiration pneumonia, to prevent death caused by AP.
 - This will ensure people admitted to hospital with Aspiration Pneumonia will receive MDT support to understand any underlying issues.

Continued work to support the STOMP agenda (healthy lifestyles):

- We will share our learning with GPs and hospitals as part of their training.
- Continue to engage with people with a learning disability and/or autistic people, and their carers, through attendance at Partnership Boards, their sub-groups and other community groups.
- Attendance at Protected Learning Time events and LLR Clinical Executive to further raise awareness of STOMP/STAMP.

Access and inclusion to recreation, leisure and public transport

- We will explore ways to further develop our Accessible Places work to identify how we can make our community spaces, such as libraries, easier for people with learning disabilities to access.

Employment

- The recently launched Supported Employment service will support people with learning disabilities to find meaningful work and support them to stay in work. It will also support employers to become Disability Confident.
 - We will work with people with learning disabilities at the We Think group and carers to get input and feedback about the direction of the work.
 - We will produce an easy read guide about Supported Employment
 - We will recruit job coaches to support people into work
 - The grant will offer 4-month incentives for employers to become Disability Confident and make reasonable adjustments for employees
 - Per-participant monies will enable job specific training for people supported by the service
 - This is progressing and will 'go live' within the next few months.
 - We will provide regular updates on progress to the Learning Disability Partnership Board

Next steps

- We will work together with people with learning disabilities and families to plan for after the Big Plan ends in 2023, to ensure we continue to deliver on our commitments.

Appendix D



Quality of Regulated Care in Leicester City

For consideration by: ASC Scrutiny Commission

Date: 6th March 2023

Lead director: Kate Galoppi

Useful information

- Ward(s) affected: All
- Report author: Annette Forbes
- Author contact details: annette.forbes@leicester.gov.uk 0116 4544824

1. Purpose of report

- 1.1 This report sets out the quality of care in regulated services for Adult Social Care in Leicester, and describes the assurance processes within the LA to ensure that residents receiving their care through the independent sector are supported by safe and high quality care provision.
- 1.2 In light of the recent CQC ratings covered through the media, the report details the governance arrangements that are in place across the health and care system to ensure that there are effective information sharing processes in place, and that performance and quality concerns do not go without challenge.
- 1.3 The report also highlights the work programmes across health and care that are proactively supporting the care sector in Leicester to be of high quality

2. Summary

- 2.1 The Council has a duty under the Care Act to facilitate a diverse, sustainable, high quality market for the whole local population, including those who pay for their own care, and to promote efficient and effective operation of the adult care and support market as a whole.
- 2.2 Leicester has a large market of independent care providers that support the provision of regulated care and support for more than 3000 people in the city. The market generally performs well but more recently concerns have been raised in response to the decline in ratings issued by the CQC when they have conducted inspections.
- 2.3 The Leicester City Council (LCC) Contracts & Assurance Service (CaAS) works closely with providers to ensure that issues are addressed, and standards raised. Using contractual levers and the provision of practical support and guidance around best practice, CaAS seeks to ensure that care provided to people needing this support is able to meet their needs and achieves the required quality standards.
- 2.4 There are established information sharing processes across health and care partners and with the CQC, as well as clear routes for family members and staff to report concerns, providing the Council with timely information about quality issues that are promptly investigated. Officers respond to this intelligence, investigating concerns raised and identifying appropriate actions to turn around performance as a matter of priority.
- 2.5 The contractual arrangements in place with providers give a mechanism to require the provider to make improvements, or else risk legal action which could result in the removal of the contract and ultimately in people funded by the Council being moved to alternative placements that are better able to meet their needs.

3. Recommendations

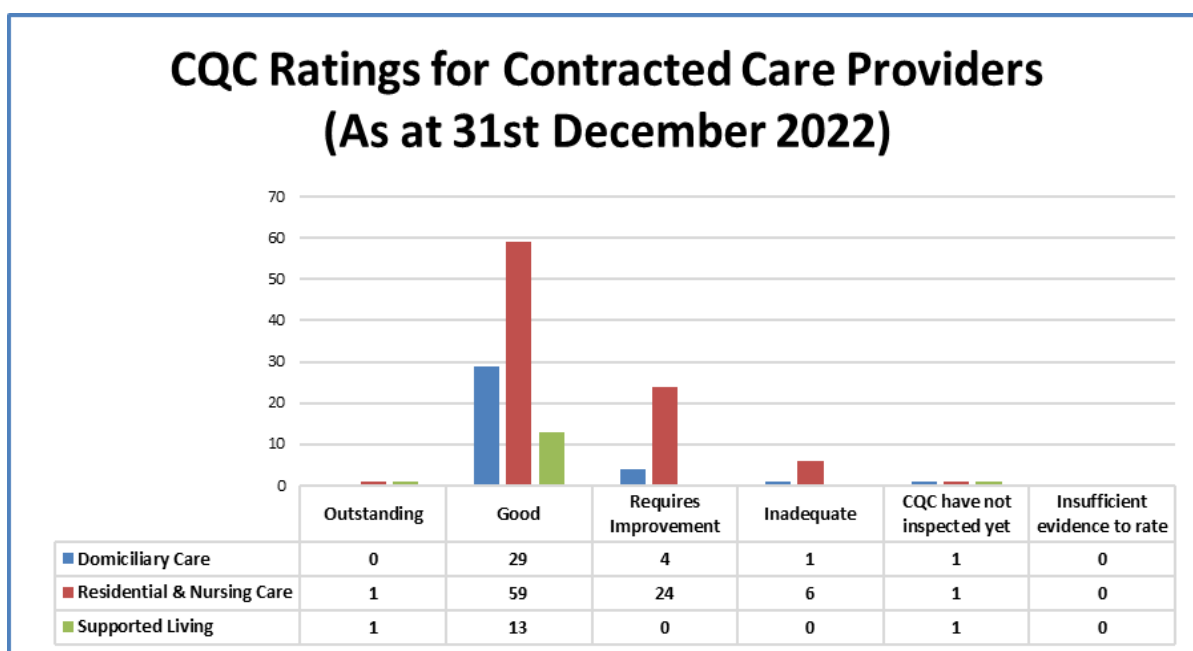
- 3.1 For members to note the content of this report and the changes within the local care market during and since the pandemic.
- 3.2 For members to be aware that any report that identifies poor quality or dangerous care is treated as a matter of concern, and as such the LCC contracts team takes urgent action to support providers to address issues and raise standards, ensuring people are safe from harm and neglect

4. Report/Supporting information including options considered:

The Market and its Performance

- 4.1 All providers who deliver care which includes personal care are required to be registered with the Care Quality Commission (CQC). Providers register either to deliver care in the community (which includes both domiciliary care and supported living) or care in a care home (which may or may not include nursing care).
- 4.2 In Leicester there are 94 independently owned care homes operating currently and LCC contract with all except one home. 50 contracted homes deliver care to older people and currently 803 people are supported by LCC in these services. A further 748 people live in these homes, who are either funded by other councils, by the NHS, or who fund their own care. The total spend on residential and nursing care for older people was £36m in 2021- 22 including payments to providers not based in the City.
- 4.3 The remaining 43 care homes are primarily delivering support to working age adults who need support with learning disabilities and / or mental health needs, and 364 people currently live in these homes. . A further 169 people live in these homes, who are either funded by other councils, by the NHS, or who fund their own care. In 2021 – 22 LCC paid £31m for these services, however it should be noted that this figure includes payments to residential care providers across the Country
- 4.4 Within domiciliary care, the market currently has 141 registered providers operating in the city. 32 of these providers are on the LCC framework agreement and deliver 374,000 hours of care per year on behalf of LCC. The remaining 109 providers deliver care on behalf of the ICB, or else directly to people buying their own care and those who make use of a Direct Payment. The number of hours delivered is unknown within this market, as there is no requirement on them to report their activity levels to the Council. LCC paid £32m in total for domiciliary care from contracted providers in 2021-22, in addition to £26m to people using a direct payment to purchase their own care.
- 4.5 There are 15 Supported living providers on the current framework, although 4 do not currently deliver care to people who are funded by LCC. 362 people use the framework and the cost of this support is £15m per year. A further 212 people use a

direct payment to access supported living from providers who are not part of the framework agreement at a cost of £12.5m.



4.6 The table above shows that in December 2022 73% of the contracted providers in Leicester City are rated Good or Outstanding. While poor quality care is never acceptable this demonstrates that while problems do exist the problems are not systemic in our contracted care. The tables shows that only 6 care homes and 1 domiciliary care provider are inadequate which is less than 3% of the total contracted market.

4.7 Following the end of the pandemic and the lifting of visiting restrictions there have been concerns raised about the quality of care homes within the city following inspections by the CQC. A significant number of reports which have identified concerns have been published in the Leicester Mercury and the supporting editorial has portrayed a local picture which raises significant concerns.

4.8 Work is underway to help providers make the required improvements. Although the numbers reported are correct, the picture painted by The Mercury from that data is misleading, as the data demonstrates that of the 39 homes inspected during 2022:

- 50% had a rating reduction
- 29% kept the same rating
- 17% had an improved rating
- 4% received a rating for the first time

4.7 The approach by CQC to inspection has changed following the pandemic, they now operate a fully risk based approach only visiting those services where intelligence identifies a cause for concern which could be partly responsible for the dip in ratings. By only visiting services where concerns are suspected the CQC limits their opportunity to identify good practice. In 2020 LCC care home ratings were:

- 1 Outstanding service, this remains the case
- 59 Good rated services, reduced to 59 in November 2022
- 25 services rated Requires Improvement this has increased to 26 in November 2022

- 0 Inadequate services, there are now 5

4.8 The change in ratings not just in Leicester City but across the East Midlands has been so dramatic that ADASS commissioned a piece of work to look at the data and developed a number of scenarios to try and determine why the CQC data for the East Midlands is so out of step with that of other areas and England in general. The data in this table refers to March 2022 ratings across the East Midlands

Confidential
Draft

Ratings by Service Type

There is significant variation in published ratings between service types in some local authorities, and across different local authority areas compared to national and regional averages.

There is significant variation in published ratings between service types in some local authorities, and across different local authority areas compared to national and regional averages.

	Total - % Good & Outstanding	Care Homes with Nursing % G/O	Care Homes without Nursing % G/O	Domiciliary Care Services % G/O
Derby	83.7%	84.6%	82.1%	85.2%
Derbyshire	80.5%	71.8%	79.4%	89.6%
Leicester	72.0%	61.5%	69.5%	75.2%
Leicestershire	82.5%	96.2%	77.0%	86.1%
Lincolnshire	79.6%	65.2%	80.1%	82.0%
North Northamptonshire	74.0%	64.0%	75.0%	74.7%
Nottingham	73.6%	63.2%	75.4%	73.2%
Nottinghamshire	80.6%	69.6%	82.4%	85.0%
Rutland	81.8%	100.0%	62.5%	90.9%
West Northamptonshire	68.1%	65.8%	67.1%	68.4%
East Midlands	77.8%	71.1%	77.5%	80.5%
National	83.3%	76.9%	82.9%	86.0%

- 4.9 Work to further unpick this data and understand the reason for the differences is ongoing. A working group of East Midlands Commissioners will be discussing the issues with CQC Inspection managers working in the East Midlands to establish why the data is out of step with that elsewhere and what action is required to bring the data into line.
- 4.10 The recent work to establish a Fair Cost of Care demonstrated that the price paid for care in Leicester City, in some cases, is below the cost providers evidenced as the cost of delivering care to people they support, and below the median cost established through this exercise.
- 4.11 LCC is ranked the lowest of all Councils with regards to the number of people whose care attracts Continuing Health Care Funding (CHC), which is an amount paid by health to cover specific health needs (usually behaviours that challenge) and Funded Nursing Care (FNC). This is a weekly payment of £209.19 by the NHS to cover the costs of nursing interventions in nursing homes. There will be work undertaken to further examine this anomaly which has resulted in lower rates paid for delivery of complex care.
- 4.12 This complex picture of funding and NHS contributions requires further analysis but demonstrates that the quality of services locally may be negatively impacted by the price paid for the provision of care. Quality of care requires investment in staff training, supervision, retention, property maintenance and with the increasing

pressures from the cost of living crisis these are crucial components of quality care that could be negatively impacted.

The Local Authority Quality Assurance Process (QAF)

- 4.13 Leicester City Council operates a Quality Assurance Framework to assess the quality of care within our regulated services. This provides assurance against a number of quality statements and seeks to ensure that all sources of information and intelligence are interrogated during the assessment.
- 4.14 A minimum of 2 visits are undertaken to the provider location, one will be announced and at least one more will be unannounced. The visit is used to observe care delivery and interactions, to talk to people drawing on support their friends and families, to talk to staff and ascertain their views on the service, the management as well as their competence and skills in key areas, as well as examining documentation to ascertain whether the quality of recording and auditing meets the standard we require.
- 4.15 A range of checks are undertaken remotely, and these include analysis of the Business Continuity arrangements, staff achievement / attainment against mandatory and other required training. Records are searched to establish any issues identified by the Food Safety team or Leicestershire Fire and Rescue Service.
- 4.16 For care homes and supported living schemes, the LCC Corporate Health & Safety team will undertake an audit to ensure safe systems and processes are in place and evidence that people are not exposed to avoidable risks.
- 4.17 The LCC Public Health team have employed a nurse to support care home providers with Infection Prevention and Control requirements and is developing training to support staff to achieve compliance with the national guidance standards.
- 4.18 Once all elements have been collected an assessment of compliance will be made. Where there are issues that impact on the health safety and wellbeing of people drawing on support the provider will be required to remedy the concerns and a proportionate timescale will be implemented. An action plan will be produced, and this will detail the standard not met, the reason this is a concern, the action required and the allowed timescale for remedy.
- 4.19 If a visit finds significant concerns, then a multi-agency partners meeting will be called to agree actions and next steps. The partners meeting will include all funding authorities, ICB representation where there are people funded by health, CQC representation, representation from social work teams. The partners agree next steps and any actions are assigned. A regular series of meetings will be arranged and these range from meeting monthly to situations where the risks require partners to meet on a daily basis to discuss concerns and issues.
- 4.20 To prevent undue pressure the provider may be asked to agree to a suspension of all new packages until the concerns are remedied, however if the provider does not agree to do this voluntarily a formal suspension of LCC funded placements will be imposed.

- 4.21 Partners may feel that regular safe and well checks are required and a rota for this will be compiled. This can be every day or at random intervals throughout the week. Where there are concerns that lead partners to believe that the provider requires day to day intensive support to improve the situation then officers will be assigned to deliver this support.
- 4.22 Any standards not met will be graded as either Major Moderate or Minor non-compliant. Major issues require action in less than 28 days, moderate within 12 weeks and Minor before the next QAF. Visits to validate progress will be made as required and if the provider has not made the required improvement, then a breach of contract notice will be issued, and this can lead to a situation where LCC take the decision to terminate the contract where providers are judged to be unable to make the required changes and keep people they support safe.
- 4.23 Alongside the planned QAF programme the contracts team will undertake reactive visits to investigate concerns raised. These will be focussed and looking to validate the concern or to take a decision as to whether the concern is not substantiated. These can occur following whistleblowing from staff or members of the public, concerns from health colleagues, or as a result of cumulative intelligence reports that indicate patterns of concerns that require investigation. These also occur when a CQC inspection report is produced which finds the provider requires improvement or has been judged inadequate. In these situations, the CQC actions will be added to those identified from a contract perspective.
- 4.24 Ultimately, if services fail to make improvements, we may decide that the only safe option is to terminate the contract with them. Alongside this it is possible that CQC may act to de-register the service. While rare this has happened on a number of occasions and officers from contracts and care management will work closely to safely manage the closure of the service and support people under their care to find alternative arrangements.
- 4.25 Following moves to alternative services follow up visits are undertaken to make sure that people are happy with their new home and that they have not been negatively impacted by the need to leave their previous provider.
- 4.26 Routine lessons learnt exercises are undertaken following provider closures whether this is because of quality concerns or a providers decision to exit the market.
- 4.27 The next priority for LCC is to ensure that we are aware of what pressures and changes within a service could indicate that quality of care may be at risk. Recent CQC reports are being analysed to establish the themes and trends of concerns identified. This will feed into the work of the CHSG and the Leicestershire Social Care Development Group (LSCDG) which is a partner organisation funded by the LLR local authorities to develop and deliver training and support the ASC workforce. The analysis of current concerns across LLR will be used to help formulate the training plan for the future.

Effective partnership working

- 4.28 LCC operates a system which provides for all partner agencies to be notified of any contractual or safeguarding concerns to allow them to make an informed decision as to their own course of required action.
- 4.29 The value of effective partnership working cannot be underestimated. Within Leicester, Leicestershire and Rutland there are a number of regular information sharing meetings. These include partners from the 3 local authorities, the ICB and their contract management unit, and the CQC, and follow a standard agenda which allows both significant contractual concerns and lower level issues of quality to be shared. This enables all commissioners to have in depth knowledge of the local situation and any particular issues which may require their attention.
- 4.30 Despite a number of significant changes within the CQC staff who have responsibility for Leicester City Council over the past 3 years, the Council has been able to maintain a good working relationship. They communicate concerns in a timely manner and seek our views on providers performance and concern.

Quality Development

- 4.31 The challenges faced by the provider market over the past 3 years should not be underestimated. There have been a significant number of providers who have exited the market both as a result of quality concerns and financial viability issues. In response to these challenges and to support the providers and people drawing on support there is an explicit commitment to a range of quality improvement initiatives.
- 4.32 The recruitment of quality care staff including effective managers is a nationally recognised concern. The Skills for Care annual report evidences a significant national recruitment challenge that includes the problems with recruiting nurses to work in Adult Social Care (ASC). While work is ongoing to support providers with recruitment campaigns the quality of candidates for roles in ASC has been variable. This may in part be due to the industries competing for staff willing to work for minimum wage or just above this level. Supermarkets and logistic companies are recruiting from the same pool of people as ASC and the hours and working conditions could be considered as more favourable.
- 4.33 To address this ongoing concern, the Council has taken a number of actions within LLR. Inspired to Care have been commissioned to deliver best practice guidance in recruitment and retention across the sector. In addition, there is a close working relationship with our regional Skills For care Development Manager who is instrumental in providing development opportunities across the entire Adult Social Care workforce, including workshops for managers and aspiring leaders.
- 4.34 In recognition of the need for joined up working across all partners in LLR there is a monthly Care Home sub group (CHSG) meeting. This forum attended by a wide range of partner organisations considers the needs of the care home market and how these can best be supported by partners who use their services to care for people, as well as those organisations responsible for monitoring the quality of service deliver. An example of what has been achieved in this group is work that has commenced in response to growing concerns about the quality of diabetes care for people living in residential homes in LLR. A health initiative has been established which delivers best practice training to support non clinical carers to support people living with diabetes.

- 4.35 To help providers easily access best practice guidance and information on local initiatives the CHSG has developed the Providing Care website. The site has been developed as part of a Leicester, Leicestershire and Rutland Enhancing Health in Care Homes programme. It is care home focused at the moment, but the aim is to begin to include information for all branches of care.
- 4.36 For people living with learning disability and autism (LDA) a new quality group is in place. Officially launched in Aug 2022, this group is part of the new governance arrangements now in place in response to the Innovation and Integration White Paper (2021) and NHSE guidance, which stated that from July 2022, all NHS trusts providing acute and mental health services were mandated to join a provider collaborative. The group has a membership representative of the three LAs, ICB and LPT and where needed UHL, and its focus is on system learning to ensure our health, care and support arrangements for people with LDA is of a quality that is required. A system wide quality benchmarking audit is currently being undertaken across our inpatient and community teams and services which draws on national recommendations, standards and best practice. Any improvements identified will inform an action plan which will help target any quality improvement work with our providers, teams and services.
- 4.37 Our intensive provider support team in addition to the hands on support currently being delivered to City providers who have been identified as having quality concerns, is developing a series of workshops to offer best practice guidance and resources for all regulated providers. These workshops will be delivered face to face and remotely to encourage widespread uptake of the offer. The 27 topics to be covered will include the mental Capacity Act and how to complete mental capacity assessments for people who draw on support, management of behaviours that challenge, how to audit falls and incidents to minimise the risk of reoccurrence, effective care planning and others that have been designed to support providers to review their systems and processes and implement best practice to help improve the quality of their care delivery.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications arising at this time.
Martin Judson, Head of Finance

5.2 Legal implications

There are limited legal implications arising from the recommendations of this report. Advice should be sought from Legal Services prior to triggering the termination provisions of a contract and /or the replacement of a provider. Legal advice should also be sought in the event that legal action is considered.

Annie Moy, Solicitor, ex 6669

5.3 Climate Change and Carbon Reduction implications

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

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

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 between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

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.

This means the council has a duty to consider the diverse needs of the individuals we serve, minimising disadvantage and ensuring the inclusion of under-represented groups. It must ensure that those organisations carrying out duties on its behalf also comply with this duty. Service providers must comply with equalities law and the commissioning authority must ensure providers are able to meet the requirements of the law.

Equality and diversity are essential components of health and social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve. This is particularly important for adults in need who, because of a disability, illness, or their age, are unable to take adequate care of themselves and keep themselves from harm. The report highlights the work programmes across health and care that are supporting the care sector. The people using the services will be from across many protected characteristics, initiatives that are designed to improve the provision of care should lead to positive impacts. It is important that the routes available for people to raise concerns are accessible.

Equalities Officer, Surinder Singh Ext 37 4148

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

No other implications apply to this report

6. Background information and other papers:

7. Summary of appendices:

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

Yes/No

9. Is this a “key decision”?

Yes/No

10. If a key decision please explain reason

In determining whether it is a key decision you will need consider if it is likely:

- to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council’s budget for the service or function to which the decision relates.
- to be significant in terms of its effects on communities living or working *in two or more wards in the City*.

Expenditure or savings will be regarded as significant if:

- (a) In the case of additional recurrent revenue expenditure, it is not included in the approved revenue budget, and would cost in excess of £0.5m p.a.;
- (b) In the case of reductions in recurrent revenue expenditure, the provision is not included in the approved revenue budget, and savings of over £0.5m p.a. would be achieved;
- (c) In the case of one off or capital expenditure, spending of over £1m is to be committed on a scheme that has not been specifically authorised by Council.

In deciding whether a decision is significant you need to take into account:

- Whether the decision may incur a significant social, economic or environmental risk.
- The likely extent of the impact of the decision both within and outside of the City.
- The extent to which the decision is likely to result in substantial public interest
- The existence of significant communities of interest that cannot be defined spatially.

Adult Social Care Scrutiny Commission

Draft Work Programme 2022-2023

Meeting Date	Topic	Actions Arising
16 June 2022	<ol style="list-style-type: none"> 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 	<p>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.</p> <p>Carers Strategy consultation item</p> <ul style="list-style-type: none"> • 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. <p>Draft Dementia Strategy</p> <ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 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 	<p>Minutes of the last meeting raised:</p> <ul style="list-style-type: none"> • <i>Extra Care Development Scheme</i>: Chair Cllr Joshi put himself forward as the link member for this scheme. • <i>Carers Strategy consultation</i>: raised at OSC June mtg and to be included in their wp re: looking at corporate consultation / engagement processes. • <i>Joint scrutiny with health commission</i>: Members agreed to hold couple of sessions this year for items of interest to both commissions. <p>HealthWatch Annual Report item</p> <ul style="list-style-type: none"> • 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 <p>Health and Care Reforms item</p> <ul style="list-style-type: none"> • 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. <p>Work programme item</p> <p>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.</p>

Meeting Date	Topic	Actions Arising
21 st September 2022	<p>Special joint meeting re: Draft Local Plan item JOINT SCRUTINY meeting with CYPS and Health scrutiny commission members.</p>	<p>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.</p> <ul style="list-style-type: none"> ➤ 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. <p>Full minutes and recommendations of Draft Local Plan item, see link: https://cabinet.leicester.gov.uk/ieListDocuments.aspx?CId=654&MId=12255&Ver=4</p>
6 th October 2022	<p>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.</p> <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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
	<p><i>(items on Market Stability Plans and Fairer Cost of Care Packages pending till end of financial year due to delayed Govt DHSC guidance).</i></p>	<p>Members briefing session arranged 17th January (online session)</p>

Meeting Date	Topic	Actions Arising
8 th Dec 2022	<ul style="list-style-type: none"> • 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. 	<p>Cost of living re provision of care impacts item A future update on the situation to come back to the commission, and that the option for a joint scrutiny commission for the Mental Health Services be considered.</p> <p>Assurance Plans item Commission be updated in the future, and that the comments raised by Members of the Commission be considered.</p> <p>Carer Strategy item Future update to the commission, and members comments raised to be considered.</p> <p>Cost of Care review draft report of findings Members of the Commission endorsed the recommendations, and the report be submitted to the Overview Select Committee for endorsement. That the Commission request a response back from the Executive in early 2023.</p> <p>Work Programme Members agreed for these items to be added to the work programme for future scrutiny: Assured Plans and Market Sustainability • Fair Cost of Care Reforms • Joint Adult Social Care and Health and Wellbeing Scrutiny Commission to look at Mental Health.</p>
19 th January 2023	<ul style="list-style-type: none"> • Council Annual Draft Budget reports (Revenue report and Capital Programme report) • Procurement Plan 2021/23 • Hastings Road Day Centre update 	
15 th March 2023 (new date in place of 9 th March)	<ul style="list-style-type: none"> • ASC Performance monitoring • Learning Disabilities Plan update • Quality of Regulated Care in Leicester City report 	

Meeting Date	Topic	Actions Arising
<p>FORWARD PLANNING, SUGGESTED ITEMS:</p> <ul style="list-style-type: none"> • Response back from Executive re: Scrutiny review report into Cost of Care, task group led by Cllr March. • Home Care Consultation – to come to scrutiny before consultation on models and future delivery • 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) • Refugees and Asylum Seekers in the city (broader considerations to be given in relation to ASC impacts in the city) • Quality of care in Residential and nursing Care Homes in the City. <p>JOINT WORK WITH HEALTH & WELLBEING SCRUTINY, ITEMS SUGGESTED:</p> <ul style="list-style-type: none"> • Integrated Care Board (ICB) replacing the CCGs. • Liberty Protection Safeguarding (LPS) • Carers and Public Engagement • Winter Care Plan updates • Mental Health Strategy 2021-2025 		

