



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 14 NOVEMBER 2024

TIME: 5:30 pm

PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor March (Chair)

Councillor Cole (Vice-Chair)

Councillors Joannou, Kaur Saini, O'Neill, Orton, Sahu and Singh Sangha

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

For Monitoring Officer

Officer contacts:

Georgia Humby (Senior Governance Officer) and Kirsty Wootton (Governance Services),

e-mail: committees@leicester.gov.uk

Leicester City Council, Granby Wing, 3 Floor, City Hall, 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:

georgia.humby@leicester.gov.uk and kirsty.wootton@leicester.gov.uk.

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PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Governance Services staff. Further instructions will then be given.

1. WELCOME AND APOLOGIES FOR ABSENCE

To issue a welcome to those present, and to confirm if there are any apologies for absence.

2. DECLARATIONS OF INTERESTS

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

3. MINUTES OF THE PREVIOUS MEETING

[Appendix A](#)

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 29 August 2024 have been circulated and Members will be asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

The Chair is invited to make any announcements as they see fit.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

6. PETITIONS

Any petitions received in accordance with Council procedures will be reported.

7. LEICESTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT

[Appendix B](#)

The Leicester Safeguarding Adults Board submits an annual report providing an overview of the strategic and developmental priorities of the Board.

8. UNDERSTANDING EQUITY IN ADULT SOCIAL CARE (A DEEP DIVE INTO RACE EQUITY) [Appendix C](#)

The Director of Adult Social Care & Safeguarding submits a report to provide the Commission with an overview of performance data that has been analysed through the lens of ethnicity, and the key findings.

9. SUPPORT FOR CARERS [Appendix D](#)

The Director of Adult Social Care & Commissioning submits a report to update the Commission on carers work in the City and across Leicester, Leicestershire and Rutland ICS including priorities for the next 12 months.

10. WORK PROGRAMME [Appendix E](#)

Members of the Commission will be asked to consider the work programme and make suggestions for additional items as it considers necessary.

11. ANY OTHER URGENT BUSINESS



Leicester
City Council

Item 3

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 29 AUGUST 2024 at 5:30 pm

P R E S E N T :

Councillor March (Chair)
Councillor Cole (Vice Chair)

Councillor Joannou
Councillor Kaur Saini

Councillor Sahu
Councillor Singh Patel
Councillor Singh Sangha

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety

Kash Bhayani – Healthwatch

* * * * *

72. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that apologies for absence were received from Cllr Orton and Cllr O'Neill.

73. DECLARATIONS OF INTEREST

The Chair asked members to declare any interests in proceedings for which there were none.

74. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on 8 July were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

- It was agreed that the minutes for the meeting on 8 July 2024 were a correct record.

75. CHAIRS ANNOUNCEMENTS

The Chair highlighted that Members may have seen recent news articles about the safety of care for vulnerable city residents, particularly some poor standards in care homes and a care agency and sought assurance about the situation in the city.

The Director of Adult Social Care & Commissioning acknowledged the concerns raised following recent news articles and reassured the commission that this is not a systemic issue and that measures continue to be in place manage quality assurance in the external market and ensure residents receive the best possible care. It was further noted that:

- There are 95 care homes in the city currently, of which 50 support older people and the remainder supporting individuals with a learning disability or mental health condition. Current data indicates 1 care home is rated outstanding and 60 good. There are 28 care homes that require improvement and 1 inadequate, of which 7 have not been reinspected by the CQC for over 2 years, and therefore not able to demonstrate improvements that may have been made to support an improved rating. A further 5 care homes have not yet been inspected by the CQC and therefore correlates with concerns about the confidence in the CQC to regulate standards.
- There are around 150 regulated registered providers in the city providing domiciliary care to people in their homes. The Council hold a contract with 32 of those providers and statistics from June indicated 75% inspected by the CQC were good or outstanding. Following the recommendation by the Commission regarding the retendering of the home care contract, a requirement of the forthcoming contract is that providers must have a CQC rating of good or above, demonstrating our commitment to high standards and performance.

The Chair noted concerns around the sustainability of the CQC and therefore sought further details to inform the Commission of the local quality and assurance measures, in which it was noted that:

- The Council have a contract specification with providers which includes standards to be met for residents drawing on support and funded by the Council. The contract will include terms and conditions associated to pay and expectations as well as actions if there is a failure in the contract provision. The contract specification, quality assurance framework and regulation of CQC inspections collectively promote the expected standards.
- The Council can undertake announced and unannounced visits to assess providers. Generally, announced visits will focus on paperwork compliance whereas an unannounced visit will observe the day-to-day practice to get a sense of the culture and atmosphere to ensure the care being provided is inclusive and dignified. Officers will usually ask the manager who the most complex person funded by the Council is within their care and will observe to review against their care plan to ensure the care is being provided as expected.
- Providers will be assessed against many standards to determine compliance. Where a provider is deemed to be non-compliant this will be categorised as major if there is an immediate impact to the health and safety of residents, moderate where there could be an impact, and minor where there is likely to be an issue with a recording process. If a provider is considered to be majorly non-compliant, then officers will revisit within 28 days to determine whether any new placements should be suspended to enable the provider to improve.
- The Council has the ability to suspend activity through a notice to remedy a

breach which is a formal letter to the provider which indicates where they have been observed not to be meeting the contract terms or the needs of residents being cared for on behalf of the Council. It will include timescales for the breach to be remedied and a formal meeting with the provider and relevant professionals to discuss concerns and agree an action plan.

In response to questions and comments from Members, it was noted that:

- Prior to the pandemic, local assessment would often complement and correlate with CQC inspections. However, since the pandemic, the CQC have dramatically altered the approach and inspections have been focussed where issues are suspected, but the Council continue to assess all providers. If the CQC undertake an inspection and find issues the contract and assurance team will visit to also assess and ensure there is an action plan to address the concerns. The team have worked with providers inspected by the CQC and rated requires improvement to ensure they meet the contract terms and meeting standards to deliver safe care but are awaiting the CQC to re-visit.
- Where an individual has self-funded their care and available savings have been utilised to become below the threshold for entitlement to Council support, an assessment would need to be undertaken. This would ensure the placement is assessed for suitability and financial viability to meet the needs of the individual, which can sometimes require changes in the care package.
- Providers often charge self-funders more than costs negotiated by the Council and in circumstances where the required care cannot be provided within the financial assessment, consideration to relocate to a new provider will be carefully assessed against the impact of a move to the individual. If there is a requirement to relocate, due to a change in need, the choice of an individual and/or their family or where homes close, skilled officers will navigate this accordingly with the family.

The Chair invited the Healthwatch representative to participate in the discussion in which it was noted in response to comments and a question that the deferred payment scheme is available and used in Leicester, for example to enable care to commence whilst a house sale is proceeding.

The Chair agreed that further discussion around care funding and proposed white papers on the future of funding for adult social care be added to the work programme.

76. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

77. PETITIONS

It was noted that none had been received.

78. EARLY ACTION - LEADING BETTER LIVES PROJECT

The Director for Adult Social Care & Commissioning presented the report along with the Co-Chair of the Making it Real Group. It was noted that:

- The Council's budget is under significant pressure, and adult social care is the

largest spend. As part of reviewing budgets and comparing the department to other comparable cities, it has been acknowledged that spend is higher in the city. Whilst we have good fee rates and many people do not require large packages, there are more people drawing on support in the city that contribute to higher costs.

- It was understood through peer reviews with authorities with similar demographics that were managing their spend had well-developed preventative offer and joined up community support for residents to access and therefore not seeking support from adult social care until later. The department therefore have undertaken work the Ernst & Young Consultants to identify how the Council could work collaboratively internally and externally on an early prevention offer.
- An opportunity arose to work with Social Care futures, a national movement partnering with local authorities to identify and tackle issues impacting social care. Their ethos on co-production aligned with the commitment in Leicester and therefore agreed to work together to develop the Leading Better Lives project.
- The department have pledged to work in co-production to ensure projects, processes and procedures have been considered by those with lived experience and the Making it Real Group was therefore established and work alongside officers.
- When embarking on the project, it was evident that individuals felt it was important to not focus on 'prevention' but talk more about allowing individuals to lead a better life and have choices to continue to live in their community. Assumptions were not to be made throughout the project and there was a commitment with trained facilitators that residents were provided the opportunity to share their voice in their own words and it would be listened to when asking what works well in the community, what doesn't work well and what would people like to see in the future.
- Information was sought through 14 focus groups, though facilitators would often liaise with various individuals and groups as part of these sessions. 76 survey responses were received and a total of 614 pieces of information was collated through peoples' voices and stories.
- The data collected was presented at two workshops in July with attendance from council services, partners from health, the voluntary and community sector and those with lived experience. All information was shared in its original form and attendees were able to theme information to identify four priorities to make a difference for residents and agreed shared responsibility to work together to deliver actions.
- The project reaffirmed the activities and assets that exist within communities. It provided an opportunity to commit to work collectively to identify ideas and solutions to add further value and create an early action plan to support residents in Leicester.

The Commission commended the positive and collaborative work to identify priority themes to be taken forward. In response to questions from Members it was noted that:

- The four priority themes have an allocated lead and group to identify possible solutions for improvements. Information collected that does not align with the identified themes will be reviewed to speak with others about possible actions to address.
- The focus groups and workshops have highlighted that the project is not about creating something new as lots of great services and activities exist in the city. There has been a shared commitment across the public and the voluntary and

community sector to work better together to facilitate and ensure people are aware and can access support in the community. Options are being considered for roadshows and pop-up events across the city to share information and signpost residents to available services and activities.

The Chair expressed concerns with changes across the voluntary and community sector over recent years and hoped that a fundamental shift in approach and collaborative working could help with the preventative model and ensure the sector is sustained. It was requested that the Commission be provided with additional information on the budget for prevention as well as the amount spent on Ernst & Young consultants and the savings identified through the work.

The Deputy City Mayor for Social Care, Health and Community Safety highlighted that services are at a very early stage of changing its approach and noted that various activities and services are available that may not be defined as preventative but will inevitably have a positive contribution to the preventative offer, such as knit and natter groups in communities preventing social isolation. It was further highlighted that the Council is also working alongside health partners on prevention.

The Chair thanked officers and Mo for presenting the positive report and requested the Commission continue to be kept updated on the development of the early action plan.

AGREED:

- The Commission noted the report.
- Additional information to be circulated.
- Item to be added to the work programme for the Commission to continue to be updated on the early action plan.

79. SOCIAL CARE & EDUCATION PROCUREMENT PLAN 2024-2025

The Director for Adult Social Care and Commissioning highlighted that the procurement plan is presented to the Commission annually to set out the pipeline of intended procurement activities. This illustrates where money is intended to be allocated and the types of services sought in the market, providing Members with an opportunity to indicate areas of interest for further discussion or comment.

In response to questions and comments from Members, it was noted that following the introduction of the Social Value Act, evidence of any form of social value is considered as part of the tender assessment when bids are submitted. Bidders are encouraged however to evidence social value to support the sustainability of the voluntary and community sector as well as providing employment opportunities for individuals with learning disabilities or care leavers for example. Officers ensure proposed social value within bids is proportionate to the contract, appropriate for the community and the social value register enables facilitation to ensure benefits are realised.

It was agreed that there is further opportunity as a Corporate Parent for more prescribed value for children which will be explored.

The Chair noted the reliance of short-term contracts within the procurement plan and hoped through preventative work and if there were a different settlement for local authorities that this would come to an end.

It was also requested by the Chair that the Commission be provided with an update on supported living schemes in which the Deputy City Mayor for Social Care, Health and

Community Safety highlighted cross divisional working with housing and the opportunity for a joint scrutiny discussion.

AGREED:

- The Commission noted the report.
- A more prescribed offer for children to be considered through procurement.
- Supported living to be added to the work programme and consideration of joint discussion with the housing scrutiny commission.

80. WORK PROGRAMME

The Chair reminded Members that should there be any items they wish to be considered for the work programme then to share these with her and the senior governance officer.

It was further noted that Members have been invited to attend the Public Health & Health Integration Scrutiny Commission on 10 September 2024 to jointly discuss winter planning.

81. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 18.36.

LEICESTER SAFEGUARDING
ADULTS BOARD



ANNUAL REPORT
2023/24

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something

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SAY
something

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Abuse or neglect is always wrong

Leicester

Safeguarding Adults Board

Annual Report

2023/24

Report prepared and published in accordance with paragraph 4 of Schedule 2 of the Care Act 2014

Report Date: June 2024

An easy read version of this document is in development and will be published on the Safeguarding Adults Board page of the Leicester City Council website.

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A Message from the Independent Chair



It is a privilege to introduce the Annual Report for Leicester Safeguarding Adults Board (SAB) for 2023/24.

I am grateful to all partners for their contribution to the Board, and their ongoing support. It is important to lead the SAB in delivering its priorities as part of the continuous learning journey for all engaged in adult safeguarding, and the well-being of people in Leicester. As highlighted partners have been working hard to make a difference with and for people. They have continued to deliver services, provide care and support to people, and respond to the changing safeguarding needs and risks that occur in what can be described as challenging times for public services, and the effects post COVID-19. It would be fair to say this continued to impact upon people as seen by all partners.

The subgroups, and in particular the Chairs are owed much gratitude for their dedication and commitment to ensuring that the SABs priorities are delivered. There have been important areas of work undertaken in the year.

A high-level data dashboard has been agreed so that each SAB partners are able to understand through a “temperature check” what is this high level data telling us about where we need to explore, and support front line practitioners in their duties, and if issues occur with fluctuations, how we understand the reasons, and ensure all partners contribute to resolving any that may arise.

Mental Capacity remains an area of significant work as it’s the responsibility of partners to be able to identify, and on occasions make decisions with regard to capacity in order to ensure safety and protection as required. Audit work, Safeguarding Adults Reviews and data, highlight this is an area of continuing development across all organisations. An area of particular interest has been domestic abuse of those over 60 + years and whether this is recognised in the same way as for the younger population. The SAB has worked with Durham University who have undertaken the research, and the SAB is currently considering the findings and will be developing actions which will be reported in the Annual Report for 24/25.

The SAB has set its priorities for 2024/25 on the basis of the information provided through reviews of practice as part of the audit work undertaken, data collection, safeguarding adults’ reviews, national feedback from reviews and emerging issues that have been identified. The SAB has agreed over 2-year period 2023- 2025 priorities of. mental capacity self-neglect and domestic abuse.

I would like to thank the Board Manager and the Team for efficiently and effectively managing the business of the Board. I would also like to acknowledge the work of the staff and managers across all statutory,

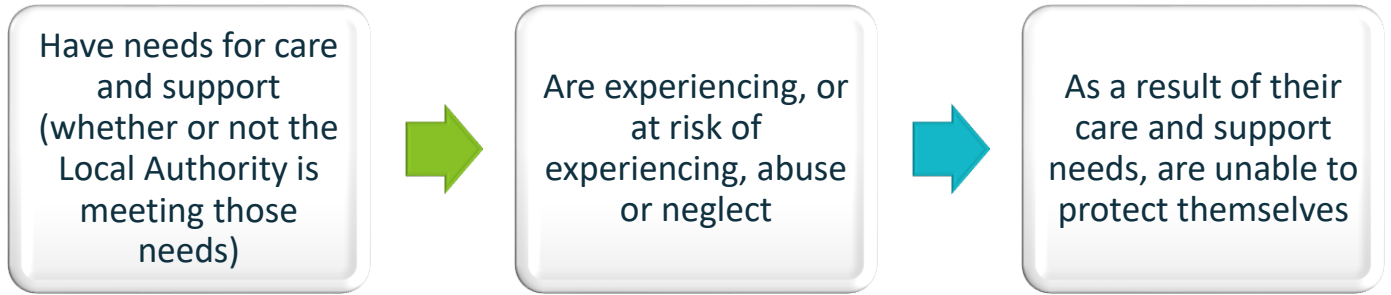
voluntary and community partners who are committed to working together to keep people safe in Leicestershire and Rutland.

Seona Douglas






















LSAB Independent Chair

The Board

Under the Care Act 2014, the main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners are acting to help and protect adults in its area who:



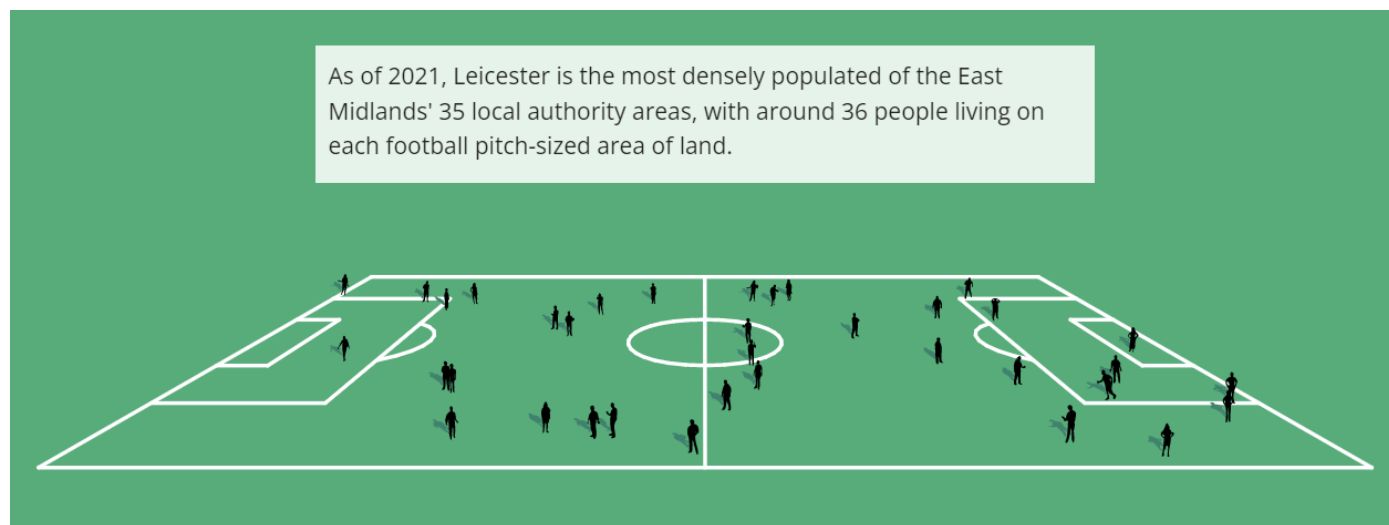
Leicester’s Safeguarding Adults Board (SAB) must seek to achieve this objective by coordinating and ensuring the effectiveness of each of its members in relation to adult safeguarding. We have a strategic role that is greater than the sum of the operational duties of our partners; we oversee and lead adult safeguarding across Leicester and are interested in a range of matters that contribute to the prevention of abuse and neglect.

| LEICESTER SAB MEMBERSHIP | | |
|--------------------------|---|---|
| Criminal Justice | Leicestershire Police |  |
| | HMP Leicester |  |
| | Probation Service |  |
| Emergency Services | East Midlands Ambulance Service (EMAS) |  |
| | Leicestershire Fire and Rescue Service (LFRS) |  |
| Health | Leicester, Leicestershire and Rutland Integrated Care Board (ICB) |   |
| | Leicestershire Partnership NHS Trust (LPT) |  |
| | University Hospitals Leicester NHS Trust (UHL) |  |
| | NHS England |  |
| Local Authority | Adult Social Care |    |
| | Children’s Social Care and Education |  |
| | Housing |  |
| | Community Safety |  |
| | Trading Standards |  |
| | Lead Member |  |
| Inspectorates | Care Quality Commission (CQC) |  |
| Consumer Champions | Healthwatch |  |
| Care Home Associations | East Midlands Care Association (EMCARE) |  |

Statutory partners of an SAB are the Local Authority (Leicester City Council), the Police (Leicestershire Police), and Health (Leicester, Leicestershire and Rutland Integrated Care Board). As a partnership, Leicester SAB appoints an Independent Chair to oversee the work of the Board, provide leadership, offer constructive challenge, and ensure independence. To support consistency, alignment where appropriate, and a shared understanding of effectiveness across the two partnerships, our Independent Chair is shared with Leicestershire and Rutland SAB, as are most of our subgroups (see appendix for 2024/25 structure chart). The day-to-day work of Leicester's SAB is undertaken by the subgroups: Performance, Review, Learning and Development, Engagement and Communication, Audit, Policy and Procedure, VCS (Voluntary and Community Sector) Safeguarding Forum. The board office supports the operational running of these arrangements on behalf of the multi-agency partnership.

Safeguarding Adults in Leicester

During 2021 Leicester's population reached nearly 370,000 and Leicester was noted as the most densely populated local authority area across the East Midlands (Office of National Statistics, 2022)¹. It is home to around 36 people per football pitch-sized piece of land.



According to the Office of National Statistics 'In the latest census, around 213,600 Leicester residents said they were born in England. This represented 57.9% of the local population'². The 5 most common countries of birth for the population of Leicester in 2021 were England, India, South and Eastern Africa (other than Kenya, Somalia, South Africa and Zimbabwe), Poland, and Kenya.

In 2021, 43.4% of usual residents in Leicester identified their ethnic group as "Asian, Asian British or Asian Welsh" followed by 40.9% who identified themselves as "White", 7.8% as "Black, Black British, Black Welsh, Caribbean or African", 4.1% as "Other ethnic groups" and 3.8% as "Mixed or Multiple Ethnic Groups" (Office of National Statistics, 2022)³.

Along with every local authority area across the East Midlands, the 2021 Census for Leicester saw a decrease in the proportion of residents who identified as being "disabled and limited a lot". This fall was from 11.5% of residents in 2011 to 8.8% of residents in 2021. Caution should be taken when making comparisons here between 2011 and 2021 because of changes in question wording and response options⁴.

Just over half of the population of Leicester during 2021 were recorded as female (186,466) with just under half recorded male (182,115)⁵. 1,649 people recorded their gender identity as different from sex registered at birth with no specific identity given, 437 people identified as trans women, 496 people identified as trans men, and 328 people were recorded as 'all other gender identities'.⁶

¹ Office of National Statistics (2022) How the population changed in Leicester: Census 2021 <https://www.ons.gov.uk/visualisations/censusareachanges/E06000016/>

² Ibid

³ Ibid

⁴ For more context see [Disability, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/publications/census-analytical-reports/2021/articles/disability-england-and-wales)

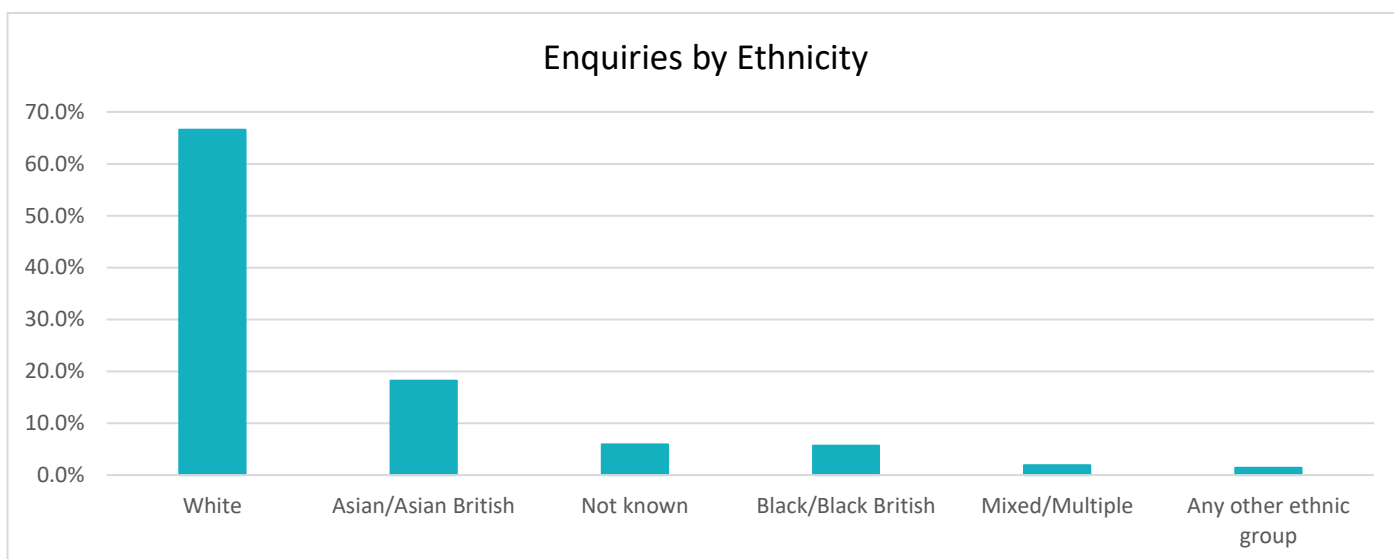
⁵ [Census 2021 - Population by single year of age and sex — Leicester Open Data](https://www.ons.gov.uk/publications/census-analytical-reports/2021/articles/census-2021-population-by-single-year-of-age-and-sex-leicester-open-data)

⁶ [Gender identity - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/publications/census-analytical-reports/2021/articles/gender-identity)

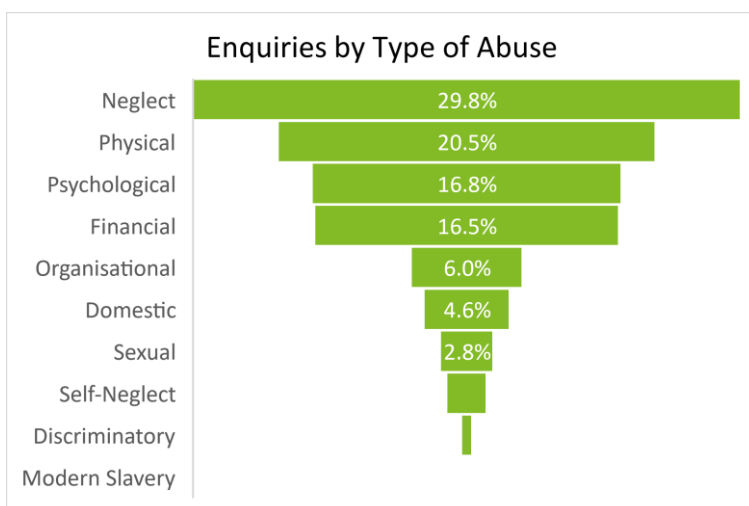
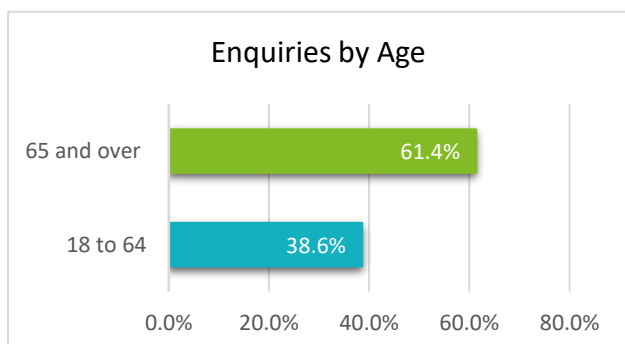
Safeguarding Adults Data for Leicester 2023/24

A safeguarding concern (known locally as an alert) is made to raise concerns that an adult is experiencing, or at risk of abuse or neglect. A concern may arise as a result of a disclosure, an incident, or other signs or indicators. A concern can be raised by anyone including the person at risk, family, friends, professionals, and other members of the public. During 2023/24 in Leicester a total of 2,259 concerns were made.

Where concerns require further investigation under Section 42 of the Care Act 2014, a safeguarding adults enquiry is initiated. This enables concerns to be addressed promptly, minimising risk. During 2023/24 in Leicester a total of 493 safeguarding adults enquiries were made. In 31% of incidents risk was removed, risk was reduced in 58% of incidents, and in 11% of incidents risk remained. Where risk remained, action plans were put in place. Making Safeguarding Personal⁷ outcomes were achieved 88% of the time.



In **55.2%** of enquiries the abuse or neglect is reported to have taken place in the adult's own home.



⁷ Making Safeguarding Personal (MSP) is a sector-led initiative which aims to develop an outcomes focus to safeguarding work; for more information see [Making Safeguarding Personal | Local Government Association](#)

Work has been undertaken to explore, understand and address disproportionality relating to ethnicity for S42 Safeguarding Enquiries in Leicester. The disproportionality in safeguarding activity across our diverse populations has been an area for further exploration. Data shows us that the setting of care influences the volume of safeguarding alerts and enquiries; we also know that our communities are differently represented in settings of care.

Over 50% of safeguarding alerts relate to people living in residential care homes – they are highly regulated services and care / interactions are more readily observed by others who might raise a concern.

Adults from White backgrounds are significantly more likely to receive care in this setting than Asian adults.

One alert in a care home may lead to several people becoming part of a safeguarding enquiry if the concern extends to other residents in that setting who are also at risk.

This will have an impact on the over-representation of White adults in safeguarding alerts.

However there remains more work to do, to ensure our communities understand what harm and abuse looks like and are confident to tell us about it.

Meeting our Strategic Priorities

As a partnership, Leicester Safeguarding Adults Board outlined its strategic priorities in its five-year strategic plan which was [published](#) in 2020. Core priorities are ensuring statutory compliance and enhancing everyday business. Developmental priorities are strengthening citizen and carer engagement, raising awareness within our diverse communities, understanding how well we work together, and prevention (helping people to stay safe, connected, and resilient to reduce the likelihood of harm, abuse or neglect). Our annual [business plan priorities for 2023/24 to 2024/25](#) are Self Neglect, Mental Capacity Act, and Domestic Abuse.

Core Priority 1: Ensuring statutory compliance

Safeguarding Adults Boards have a statutory duty under S.44 of the Care Act 2014 to undertake safeguarding adults reviews (SARs) in circumstances which meet the criteria. An SAB must (this is called a mandatory SAR) arrange for there to be a review of an adult with needs and support in its area if there is reasonable cause for concern about how organisations worked together to safeguard the adult where (1) the adult has died and we know or suspect that the death resulted from abuse or neglect or (2) the adult is alive and we know or suspect that the adult has experience serious abuse or neglect. An SAB can (this is called a discretionary SAR) arrange for there to be a review of any other circumstances involving an adult in its area with needs for care and support. The purpose of a review is to identify lessons to be learnt and to apply those lessons for the future.

During 2023/24 Leicester's SAB received one new referral but commissioned no new reviews. The LSAB's Review Subgroup was satisfied that all the referral received was an appropriate referral. This provides a level of assurance that partners are aware of our statutory duty in relation to SARs and are making referrals in line with that duty. For the purposes of transparency, a table of 2023/24 SAR referrals, decisions, and outcomes is provided:

| SAR REFERRALS AND DECISIONS 2023/24 | | | |
|-------------------------------------|--|--|---------|
| Referral Date | Date Referral Considered by the LSAB Review Subgroup | Decision Made | Outcome |
| September 2023 | December 2023 | Mandatory SAR criteria not met. Decision made not to undertake a discretionary SAR; needs for care and support demonstrated, suspected that the death resulted from abuse or neglect, but no concerns about how agencies worked together. Issues relating to individual agencies to be addressed outside of the SAR process. | No SAR |

During 2023/24 Leicester's SAB concluded 2 SARs (details below) whilst 3 remain outstanding. Publication meetings are progressing the publication of the two reviews concluded in 2023/24. The SAB has agreed to act on the findings of both reviews, with work due for completion throughout 2024 including:

Review 1

- Reviewing local guidance on sexual exploitation to ensure that this contains more detail on the range of early intervention support available, how to refer effectively to those services and when to utilise safeguarding or multi-agency risk management processes.

- Undertaking a multi-agency safeguarding audit of sexual abuse and exploitation of adults, including the use of Section 42 or Vulnerable Adult Risk Management (VARM).
- Exploring practical solutions to ensure relevant agencies involved with children and young people at high risk of sexual exploitation have access to a shared, up to date chronology and risk management plan that transfer across to adult safeguarding processes post-18.
- Receive assurance from spotlight checks that return home interviews are being completed in line with the local [Joint Missing Protocol](#).
- Partners to produce guidance and available support re. emotionally unstable personality disorder (EUPD) and borderline personality disorder (BPD).
- Partners to consider how the role of the care coordinator can be strengthened in complex cases, in particular when multiple agencies are involved in supporting the individual.
- Receive assurance of the local arrangements for the identification of those who may require Section 117 Mental Health Act aftercare and the delivery of care plans by Leicestershire Partnership NHS Trust (in particular what oversight the Director of Adult Social Services and Integrated Care Board Chief Nurse have with regards to the efficacy of those arrangements).
- Make available to practitioners working with young people and adults at risk or experiencing exploitation details of the legal framework for assessing and providing treatment/care and support for complex needs and obligations owed to those in transitions from children to adult services.
- Discuss how to ensure that the trauma-informed care training each partner agency has commissioned delivers consistent messaging and promote the continuous improvement of trauma-informed practice across agencies, including targeting strategic leads in different agencies, commissioners, and housing teams.
- Receive assurance that there is sufficient clarity within section 256 / section 75 of the NHS Act (around delegated functions) agreement detailing delegated functions to protect against a gap in duties under the Mental Capacity Act, particularly where an assessment of executive capacity would need input from practitioners with expertise and experience in supporting adult victim survivors of sexual exploitation.
- Receive assurance that statutory expectations for transitions assessment and care delivery are complied with.
- Consider drafting local guidance to provide clarity on the different legal duties regarding assessment and care planning for young people in transition, including when an independent advocate should be appointed to support the young person, the role of leaving care personal advisor and which agency/team should lead on key assessment or care planning tasks.
- Promote the multi-agency safeguarding policies pathway for escalation of professional disagreement. This would benefit from a focus group with practitioners across the partnership to understand why the escalation policy is not consistently used currently to prevent drift or disputes being challenged in a timely manner. Consider what mechanisms exist to report high level disputes directly to the SAB to reduce reliance on Section 44 statutory duty but ensuring the SAB and strategic leaders still have oversight.
- Consider establishing a specialist multi-agency team for young people with emerging personality disorders, with appropriate psychiatric, psychological and social care practitioners, and access to expert legal advice to enable obstacles to be resolved in a timely way. In the interim, greater flexibility from commissioners is needed to identify support services with trauma-informed holistic support that are

able to agilely respond to periods of crisis. Where appropriate, additional support using powers under National Health Service Act 2006, Mental Health Act 1983 or Care Act 2014 should be jointly commissioned to ensure that a spectrum of accommodation-based support is available.

- Develop a local protocol to ensure effective communication and pragmatic care planning between agencies when inmates with care and support or mental health needs are discharged from prison, including risk management around transport on the date of release.

Review 2

- SAB partners need to be assured that the learning from this case is integrated into the commissioning and operation of services in LLR for women involved in the criminal justice system who have complex needs.
- Provide system-wide MCA support and guidance to enhance the skills of practitioners working with people who may lack capacity and use drug and alcohol.
- Ensure that relevant stakeholders understand the harmful impact of short-term prison sentencing of women within the criminal justice system.
- Consider the lack of housing support for the cohort of women with dual diagnosis in very high-risk circumstances.

In addition to learning from our own local SARs, Leicester SAB's Review Subgroup also considers learning from other SABs across the country and considers local impact and action required. During 2023/24 reviews considered by the group included:

- 'Aziza' SAR from Bournemouth, Christchurch and Poole SAB in relation to mental health, suicide and students.
- 'Beverley' SAR from West Sussex Safeguarding Adults Board in relation to organisational neglect and complex cases. Four national reports where self-neglect was a theme were also discussed.
- 'Adult H' SAR from Rochdale Borough Safeguarding Adults Board, following the death of a Zimbabwean man who was subject to deportation and who had untreated HIV.
- 'Brenda' SAR from Swindon Safeguarding Partnership, following the death of a 75-year-old woman. Issues explored including mental ill health, mental capacity, self-neglect, and poor home environment.
- 'Joshua' SAR from Lewisham Safeguarding Adults Board (LSAB) with learning surrounding the death of a 35-year-old Black man, who was experiencing a mental health crisis when he died following restraint by Metropolitan Police officers.
- 'Sandra' SAR from the West of Berkshire Safeguarding Adults Board, following the death of a 65-year-old woman who had long term health conditions, including poor mobility, obesity and orthopaedic problems. Issues around professional curiosity, risk management, complex cases and agency participation at multiagency strategy discussions.
- 'Adult P' SAR from Norfolk Safeguarding Adults Board, following the death of a man in his 30s who had a back injury and suffered with other physical health issues, with a history of falls, mental ill health, drug and alcohol use. A focus on community alarms.

Action taken locally having considered these reviews from other SABs included:

- Work with local universities, including exploration of their links with the SAB.
- Featuring learning in the local Safeguarding Matters Live (local multi-agency learning and development) presentations.

- Promoting learning across individual agencies within the partnership.
- Re-issuing the local [Professional Curiosity \(professional curiosity and professional curiosity for managers and supervisors\) resource packs](#) across the partnership.
- Consideration of local provision of community alarms.

Leicester SAB also provided data and information for the second national analysis of Safeguarding Adults Reviews: April 2019 – March 2023. Recommendations from this national report have been [published by the Local Government Association](#) and the full report will be published later in 2024, at which point the Review Subgroup of LSAB will be consider its learning in more detail along with any actions required locally.

Core Priority 2: Enhancing Everyday Business

Policies and Procedures: Leicester Safeguarding Adults Board works with Leicestershire and Rutland Safeguarding Adults Board to maintain up to date inter-agency adult safeguarding policies and procedures across Leicester, Leicestershire and Rutland. These policies and procedures are hosted on our dedicated policy and procedures website called the [MAPP](#) (Multi Agency Policies and Procedures). Throughout 2023/24 these policies and procedures continued to be reviewed and updated in line with learning from reviews, audits, and best practice.

Updated chapters include:

- Deprivation of Liberty Safeguards chapter replaced
- Working with Adults Affected by Child Sexual Exploitation and Organised Sexual Abuse chapter updated throughout and should be re-read
- Thresholds chapter updated
- Domestic Abuse chapter updated
- Independent Advocacy chapter updated
- Mental Capacity chapter updated
- Disclosure and Barring chapter updated
- Female Genital Mutilation chapter revised throughout
- Forced Marriage chapter reviewed and extensively updated
- Guidance for Working with Adults at Risk of Exploitation: Cuckooing chapter updated
- Working with People who have Lasting Power of Attorney added

A full list of new chapters and amendments made can be found on the [‘amendments’ page of the MAPP](#). The policy and procedures website was accessed by a minimum of 6,500 users during 2023/24, demonstrating a wide reach across the partnership. To measure impact more fully, a frontline survey is being carried out during 2024/25.



Training: The joint Leicester, Leicestershire and Rutland Safeguarding Adults Boards and Safeguarding Children Partnerships [newsletter](#) for staff ‘Safeguarding Matters’ was published throughout 2023/24 reaching 700 people, and Safeguarding Matters Live (a live version of the newsletter presented via MS Teams) was run in June 2023 and December 2023 with attendance from up to 510 and 550 multi-agency delegates respectively. The Learning and Development Subgroup has also overseen weekly briefings, a trainers’ network, and the [SABs’ YouTube channel](#) with new additions including:

- [Was Not Brought](#) which explains the importance of agencies recording whether a person ‘did not attend’ or ‘was not brought’ for their appointment.
- [Hidden Harms – Domestic Abuse Against Older People](#)
- A selection of videos about Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR): [DNACPR Consultations](#) (what they are and how to use effectively in end of life planning); [What DNACPR means](#) and how important it is to understand and use it correctly; [What to do if you are concerned about a DNACPR recommendation.](#)
- [What is Adult Safeguarding? Information Session](#)

The group has promoted awareness of our local [‘Guidance for Working with Adults at Risk of Exploitation: Cuckooing’](#) which was developed in 2020 alongside a [video to accompany the original launch of the guidance](#). This followed the findings of a multi-agency agency audit which recognised that local agencies were responding well to cuckooing but there was limited awareness of this local guidance which may have proved helpful to organisations if they had known about it.

In line with business plan objectives for 2023/24 the Learning and Development Subgroup commissioned Mental Capacity Act (MCA) training with 24 sessions to be run across the locality during 2024/25 reaching a planned 600 delegates. The training will cover MCA awareness, MCA in practice, self-neglect and the MCA, and advanced MCA training.

The SABs also worked with the local safeguarding children partnerships to develop and launch a [new ‘building confidence in resource pack’](#) focusing on professional curiosity for managers and supervisors.



Performance: Returns from the Safeguarding Adults Assurance Framework (SAAF) undertaken across the partnerships during 2022/23 were analysed by the Performance Subgroup at the start of the 2023/24 business year. A staff survey audit was agreed for 2024/25 and work began on drafting questions for this piece of assurance, exploring the safeguarding adults awareness and knowledge of the local workforce.

A quarterly dataset and narrative were collated and analysed by the group throughout 2023/24, with a high-level dashboard reported into the Leicester, Leicestershire and Rutland SABs. The group achieved its business plan objectives by ensuring that metrics included self-neglect, mental capacity act, and domestic abuse.

Work has begun on an annual assurance report that will be presented to the SABs during 2024/25.

Multi-Agency Audits: During 2023/24 the multi-agency audit subgroup undertook two audits: thresholds and Mental Capacity Act. The methodology for these audits included involvement of practitioners to capture their views.

Threshold multi-agency audit questions were:

- 1) Have the thresholds been applied as per the [LLR SAB Thresholds Guidance](#)? How was this evidenced?
- 2) How were the views of the person established? Was advocacy needed and, if so, was it considered? If the threshold was met, is there evidence that the person's outcomes were addressed?
- 3) Did the person consent to the enquiry starting? Were the Mental Capacity Act (MCA) and Best Interests all considered? How was this evidenced?
- 4) If the threshold was not met, are the reasons for this decision clearly evidenced? Were risks addressed and how?
- 5) If the case did not meet the threshold, was the referrer informed of the decision?
- 6) Was there any disagreement about the threshold decision? If so, were escalation procedures used?

The audit found that in terms of the category of abuse recorded, it was recognised that domestic abuse is sometimes being incorrectly categorised as another kind of abuse – for example, physical abuse or sexual abuse. This is not as common when a current spouse is involved, but practitioners can get confused when the perpetrator is an ex-partner, co-habiting partner, or another family member. The group recommended that awareness raising is carried out in relation to the category of domestic abuse and the relationship between the people involved in the safeguarding enquiry and that the impact of this would be measured by the number of domestic abuse reports as monitored by the Performance Subgroup.

Overall, the audit demonstrated that thresholds are being applied correctly and this is being documented. Thresholds are being used consistently and are seen as a useful tool by practitioners. Trends and themes are being picked up. This is leading on to further pieces of work. Repeated low level incidents are being acknowledged and, when they indicate a concern, they are being escalated for action. Enquiries and reviews continue even when a case does not meet the threshold criteria for Section 42. Learning that has emerged is acted on and disseminated. The results of this audit are more positive than those identified in

the previous multi-agency SAB Thresholds audit carried out in 2016. Practice has improved, with more consistent use of the thresholds as a tool to support decisions.

Mental Capacity Act multi-agency audit questions were:

- 1) What was the specific capacity issue being considered?
- 2) What evidence did the practitioner have to support their concerns about the lack of capacity? What was the rationale for concerns / doubting capacity?
- 3) What practical steps did the practitioner take to support the person to be the decision-maker?
- 4) Who completed the Mental Capacity Assessment? Were they the most appropriate person to do this?
- 5) Was the Mental Capacity Act followed in terms of the capacity assessment?
 - Did they identify a mental disorder?
 - Was the four-step process followed?
 - Did the person
 1. Understand information given to them
 2. Retain that information long enough to be able to make the decision
 3. Weigh up the information available to make the decision
 4. Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.
 - Was the mental disorder linked to the four-step process (causative nexus)?
- 6) Is there evidence in the enquiry to suggest that capacity is linked to an unwise decision?
- 7) If applicable, is there evidence of a Best Interests decision process as part of the enquiry?

The audit identified the following key learning:

- Whilst all agencies can complete capacity assessments, it is sometimes wrongly assumed that this is the remit of Local Authority practitioners.
- The rationale around practicable steps taken is sometimes lacking detail. Practitioners should be documenting in records what they have considered and used – for example, communication methods.
- Where the mental capacity assessment was not completed, this was sometimes attributed to practitioner oversight or gaps in knowledge and sometimes to recording issues.
- Safeguarding enquiries where family members / carers have Power of Attorney can be complicated. It is not always clear what kind of Power of Attorney a family member / carer has, i.e. for health and welfare or property and finances. Use of the Office of the [Public Guardian \(OPG\) 100](#) is not always evident.
- It was identified in the previous Multi-Agency Audit, completed in 2019, that '*Assessing workers need to ensure that consideration of whether advocacy for the person is required is clearly recorded,*

in line with the Safeguarding duty defined in the Care Act'. This audit also demonstrated that the use of advocacy is not well embedded in safeguarding practice.

Recommendations and an action plan have been put in place with the potential for a future audit to measure impact by reviewing safeguarding enquiries where a Power of Attorney is involved.

Good practice identified included that there was good evidence of the rationale for completing an assessment and there was a clear link between the person's medical diagnosis and how this could affect their decision making; practitioners were persistent and carried out joint assessments, to include relevant clinical expertise. They looked at capacity based on specific decisions and also initiated the escalation procedure, when required; a proportionate capacity assessment was demonstrated and, despite the challenges of carrying out a capacity assessment within a hospital environment, practicable steps were taken, with consideration of the time of day and the timing of pain medication. The audit found that overall, when the Mental Capacity Act was followed, it led to better outcomes in respect of the safeguarding enquiries.

Developmental Priorities 1 & 2: Strengthening User and Carer Engagement & Raising awareness within our diverse communities

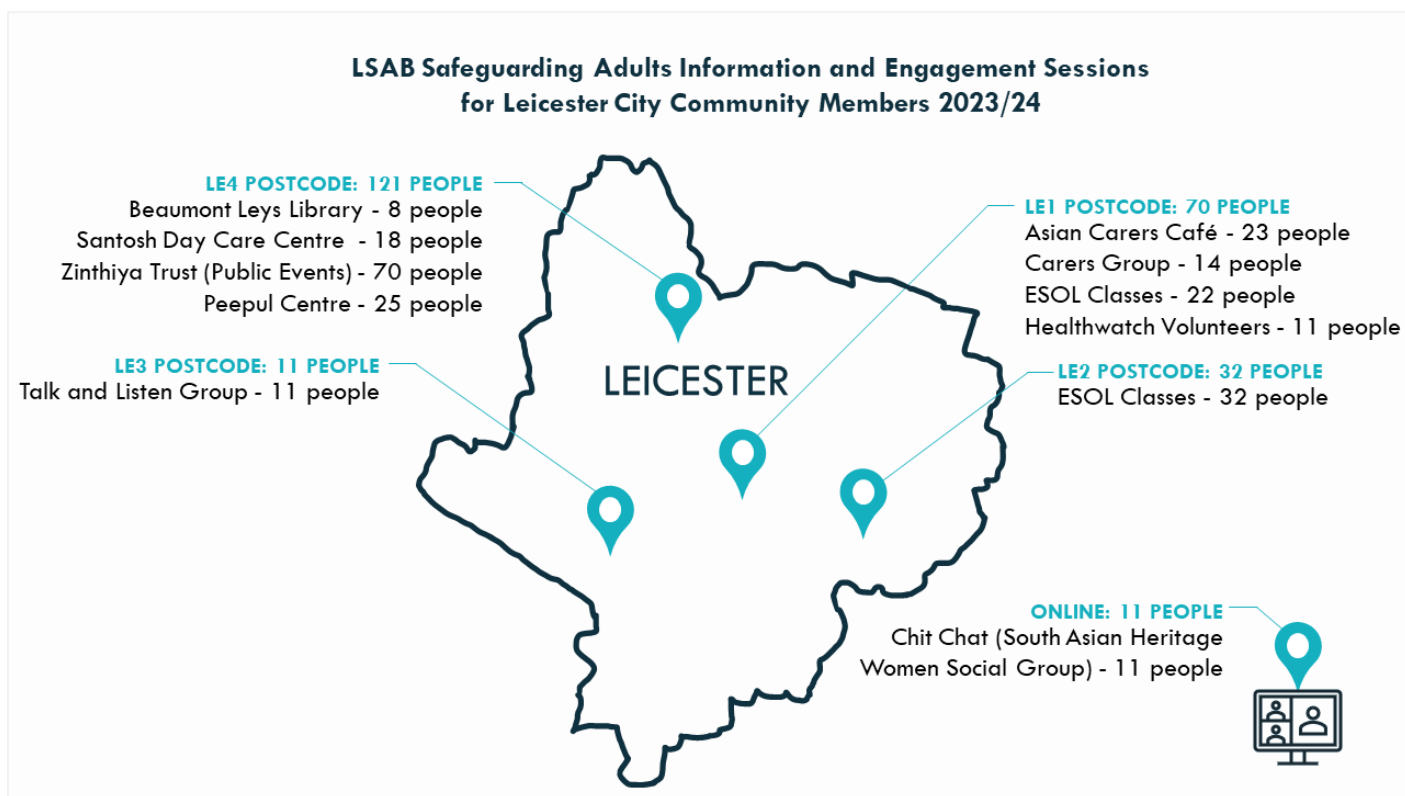
Engagement and Communication: Local safeguarding adults data suggests that since at least 2019/20 there has been an over-representation of people from White communities in comparison to the total adult population of Leicester for adult safeguarding. Since 2021 the Leicester Safeguarding Board Office has been delivering 'What is Adult Safeguarding?' information session on-line for residents in Leicester. Since February 2023 these sessions have been delivered by Leicester, Leicestershire and Rutland Safeguarding Board Offices for residents across Leicester, Leicestershire and Rutland. The sessions have been delivered on MS Teams and are a maximum of one hour long. In 2023, 7 information sessions took place attended by 127 delegates and at the start of 2024, 2 sessions took place with 38 delegates. These sessions continue to run throughout 2024/25 and are attended by members of public, volunteers, and staff from voluntary organisations. Evaluation of the sessions to date has included the following feedback:

It's important to have an idea what is adult safeguarding, so that you can be aware of it."

"[I will] Be more attentive to the possibility of Adults in need of care and support on my daily basis"

"Makes me more mindful of safeguarding in my role just to make sure I'm picking up on things when I talk to people in my role."

Throughout 2023/24 the Leicester Engagement Officer has also facilitated information and engagement sessions across Leicester. In total, 245 people attended these sessions, the majority of which were held in person at locations across the city:



Feedback from these sessions was positive with attendees noting that they felt the sessions had been useful and informative. We heard that the term ‘neglect’ was not always easy to understand and so the sessions have been updated to provide additional explanation around this type of harm. Participants were also interested in financial abuse from family members and how this would be responded to, including positive steps that could be taken that would not alienate a person’s family. The importance of [Making Safeguarding Personal \(MSP\)](#) was often discussed in these sessions.

Since March 2022 the SABs have been running a ‘See Something Say Something’ media campaign which takes place four times a year for two weeks. Assets and messages are circulated to partners who support in raising awareness of adult safeguarding. Social media messages provide links to our ‘See Something Say Something’ animations on our [YouTube channel](#) which focus on stories of adult safeguarding, domestic abuse, neglect and ‘cuckooing’.

The Engagement and Communication Subgroup has also developed surveys to engage with people. Their current survey is to find out how much people know about what adult safeguarding is and how to access support. The survey can be found using [this web link](#) or by scanning this QR code:



The SABs are currently working with Leicester City Council’s [Making it Real group](#) to co-produce a new Leicester, Leicestershire and Rutland Safeguarding Adults leaflet.

Whilst there remains an over-representation of people from White communities in comparison to the total adult population of Leicester in relation to adult safeguarding concerns and enquiries, there has been a reduction of 4.5% in concerns and 4.3% in enquiries, showing a demonstrable impact of the SAB’s work.

| Leicester Safeguarding Adults Concerns by Ethnicity | 2021/22 | 2022/23 | 2023/24 |
|---|---------|---------|---------|
| White | 67.2% | 64.9% | 62.7% |
| Mixed/Multiple | 1.9% | 1.8% | 2% |
| Asian/Asian British | 18.2% | 18.1% | 19.7% |
| Black/Black British | 4.7% | 5.6% | 5.5% |
| Any other ethnic group | 0.9% | 1.6% | 1.5% |
| Refused | 0% | 0% | 0.1% |
| Not known | 7.1% | 8% | 8.6% |
| Total Individuals: Concerns | 1,071 | 1,094 | 1,631 |

| Leicester Safeguarding Adults Enquiries by Ethnicity | 2021/22 | 2022/23 | 2023/24 |
|--|---------|---------|---------|
| White | 70.9% | 70.9% | 66.6% |
| Mixed/Multiple | 1.6% | 1.3% | 1.9% |
| Asian/Asian British | 16.3% | 16.4% | 18.2% |
| Black/Black British | 3.6% | 4.7% | 5.7% |
| Any other ethnic group | 0.8% | 0.6% | 1.4% |
| Refused | 0% | 0% | 0.2% |
| Not known | 7% | 6% | 5.9% |
| Total Individuals: Enquiries | 471 | 464 | 422 |

Developmental Priority 3: Understanding how well we work together & Developmental Priority 4: Helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect

See annual business plan priorities which have been agreed over two years 2023-2025 therefore the Annual Report details the progress to date.

Annual Business Plan Priority: Domestic Abuse

The core dataset now includes 10 domestic abuse focused items including concluded safeguarding adults enquiries by type of abuse – domestic %.

Partners are asked to provide, on a quarterly basis, an answer to the following question: “What safeguarding activity has your organisation been involved in this quarter for Domestic Abuse and what impact has this had?”

A first of its kind research project has been undertaken with Durham university focusing on safeguarding adults enquiries and domestic abuse in older people. Findings were presented to the SABs where LLR domestic abuse board and community safety partnership chairs were also invited. The research will be published during 2024/25.

Annual Business Plan Priority: Mental Capacity Act

Core data now considers what proportion of people undergoing a safeguarding adults enquiry were assessed as lacking capacity to advise their Making Safeguarding Personal (MSP) outcomes.

| 2023/24 | | | | |
|--|-------|-------|-------|-------|
| What proportion of people undergoing an enquiry were assessed as lacking capacity to advise their Making Safeguarding Personal outcomes? | Q1 | Q2 | Q3 | Q4 |
| | 35.2% | 28.3% | 23.8% | 31.8% |

Leicester city adult social care continues to reinforce via their Safeguarding Adults Mandatory Training the importance of consideration of the adult at risk capacity at the outset of a safeguarding adults concern being raised and throughout an section 42 enquiry. They have recently commission a rolling programme of Mental Capacity Act training via the Edge Training provider which will be mandatory for any practitioner who may undertake MCA as part of their role. As part of their training offer around MCA they are developing some bespoke MCA training modules on specific areas of more complex decision making which will be aimed at our experienced Level 3 Social Workers.

Partners are asked to provide, on a quarterly basis, an answer to the following question: “What safeguarding activity has your organisation been involved in this quarter for the Mental Capacity Act and what impact has this had?”

A multi-agency audit focusing on mental capacity has been completed and findings and recommendations presented to the SABs.

A thematic analysis of MCA learning from local and national reviews was undertaken by the Learning and Development subgroup and presented to the SABs.

Multi-agency MCA training for 600 delegates has been commissioned for access across the partnership with training targeting practitioners and also managers with a view to build confidence in MCA in leaders across the system.

MCA has been a focus at the LLR SABs and SCPs Voluntary and Community Sector (VCS) Safeguarding Forum held via MS Teams.

During 2023/24 there was a delay in establishing an MCA community of practice which will bring staff together for MCA learning and development and this work is now progressing throughout 2024/25.

Self-Neglect

Self-neglect is now a focus in performance and assurance activity and is monitored within the core data set.

Partners are asked to provide, on a quarterly basis, an answer to the following question: “What safeguarding activity has your organisation been involved in this quarter for self-neglect and what impact has it had?”

Due to additional learning identified to inform the Vulnerable Adults Risk Management (VARM) and self-neglect guidance, revised timelines have been agreed with the SABs for completion of the self-neglect objective during the 2024/25 business year.

Finances

| LSAB 2023/24 Contributions | |
|----------------------------|-----------------|
| Police | £51,850 |
| ICB | £51,850 |
| Leicester City Council | £66,200 |
| MCA Training Grant | £5,000 |
| Use of Reserves | £1,138 |
| Total | £176,038 |

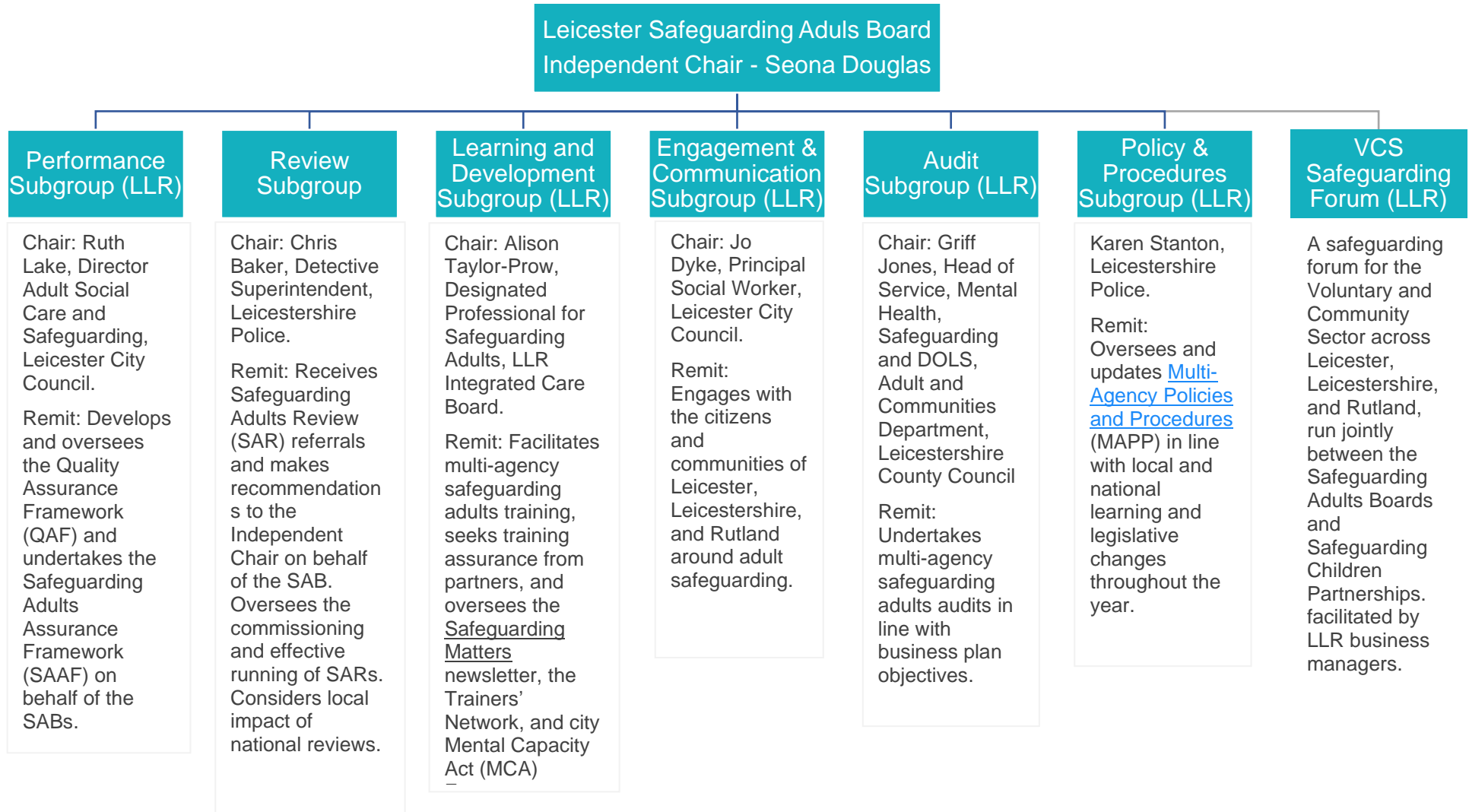
| LSAB 2023/24 Spend | |
|-----------------------|-----------------|
| Independent Chair | £9,997 |
| Board Office Staffing | £142,460 |
| Case Reviews | £14,750 |
| Engagement and Comms | £0 |
| Procedures | £3,400 |
| Training | £5,000 |
| Miscellaneous | £431 |
| Total | £176,038 |

Looking to 2024/25

Our business plan for 2023/24 was a two-year plan and continues into 2024/25. It is [published](#) alongside our strategic plan, on the 'plans, reports, and strategies' page of our web pages. During 2024/25 our priorities will continue to focus on Self-Neglect, Mental Capacity Act, and Domestic Abuse.

If you have difficulties accessing or viewing this annual report, please email LSAB@leicester.gov.uk.

Appendix I: 2024/25 Leicester SAB Structure Chart



Adult Social Care Scrutiny Commission Report

A Deep Dive into Equity through the Lens of
Ethnicity

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Laurence Jones

Director: Ruth Lake

Date: 14 November 2024

Wards Affected: All
Report Author: Ruth Lake
Contact details: 454 5551 / ruth.lake@leicester.gov.uk
Version Control: V1

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of performance data that has been analysed through the lens of ethnicity, and the key findings.

2. Summary

- 2.1 Adult Social Care (ASC) regularly reports on performance data, including to the ASC Scrutiny Commission. In 2023, following the census data being made available, an exercise was completed to understand how performance looked through the lens of ethnicity.
- 2.2 The purpose was to understand how people from our diverse communities were represented in the different parts of ASC activity – from initial contact through to the provision of support and safeguarding activity.
- 2.3 The analysis was intended to produce some questions or further lines of enquiry, rather than providing answers. These will be followed up in conversations with staff, as representatives of our communities and with community groups. Explorations of how the data might be explained by people who understand the community experience would help to identify where action might be taken to address any disproportionality.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
 - a) Note the report and to provide any comments

4. Report

- 4.1 ASC routinely records a range of personal information about people that approach us for support and that we might assess or provide services to. This includes information about protected characteristics, such as age, ethnicity, religion and disability.

- 4.2 Following the Council's response to Black Lives Matter, and the corporate action plan that was developed, ASC undertook an exercise to look at the representation of Black people within our offer, within a review of performance data. This exercise had some limitations, as baseline population data at the time was limited; the census data from 2021 had not been published and other data about ethnicity, such as GP registration data, had significant gaps. Therefore, the exercise was repeated in 2023, when census data was available, giving a more contemporary understanding of the population living in Leicester.
- 4.3 The ASC performance report follows the 'pathway' through the department that an individual might take.
- 4.4 Data is collected in relation to contacts and requests for support; this tells us something about who is approaching us for assistance and what the outcome of that contact is.
- 4.5 Data is collected in relation to our assessment process, which provides information about who is assessed and whether that assessment results in a decision of eligibility for statutory services.
- 4.6 Data is collected about people that use our short-term services, such as reablement, and the outcomes that achieves. We also report on people in receipt of long-term statutory support.
- 4.7 Data about safeguarding is also collected, which helps us to understand who is being alerted to the Local Authority due to a concern for their safety, who is supported via a safeguarding enquiry as a result of that alert and what the outcomes are.
- 4.8 The data pack and narrative attached at Appendix 1 provides information about these different parts of the ASC pathway, with specific reference to the ethnicity of people within that data. This is shown at high level ethnicity categories (Asian, Black, White, Mixed, Other) and as a detailed breakdown, using the mandatory ethnicity options within Liquidlogic (the ASC practice management system). Confidence in trends is reduced where numbers are smaller and it is therefore helpful to understand both. For the purposes of the deep dive, themes have been drawn from the higher level categories.
- 4.9 As noted above, the purpose was to identify issues for further consideration rather than point us to answers or actions; without seeking our communities' perspectives on what the data tells us, there is a risk that we assume to understand what might be driving the data to look as it does. That would lead to the wrong actions being developed. Therefore, further community engagement will take place, so that any actions to address areas of disproportionality are meaningful.

4.10 In summary, the key findings are:

- 4.11 **Contacts:** White, Black and Dual Heritage working age adults are disproportionately more likely to be the subject of a contact. Asian working age adults are less likely to be the subject of a contact.
- 4.12 **Assessment and Eligibility:** White people, particularly working age, are over-represented in assessment data. Asian people of all ages are likely to be under-represented. The extent of the variation is reduced compared to their over / under representation in Contacts. Working age Black adults are notably over-represented in assessment activity, and this grows from the position regarding contacts. The level of over / under-representation reduces again when looking at eligibility.
- 4.13 **Short-term Services:** There is an over-representation of White people and under-representation of Asian people using short term services. The activity is very similar to that of people being assessed. Outcomes in terms of independence are fairly similar or slightly more positive for Asian people (noting the very small numbers of Black and Dual Heritage people which means individual situations will have greater impact on the average % figures).
- 4.14 **Long-term Support:** There is a continued pattern of over-representation of White, and to a lesser extent Black people drawing on long-term support. However, this over-representation is very much driven by the proportions of White working age adults receiving support compared to working age Asians. Representation for White and Asian older adults is much closer to the general population from the Census for this age group.
- 4.15 **Safeguarding:** It should be noted that numbers in any one quarter are low (c 99 in Q2 2023/4). White people are significantly more likely to be the subject of a safeguarding alert and enquiry. Asian people are under-represented. Older Asian and Older Black people see a proportionately higher conversion rate from alert to enquiry. The position regarding the impact of the setting of care is complex. White people are proportionately more likely to reside in residential or nursing care and until Q2 of 2023/4, safeguarding alerts linked to residential and nursing settings accounted for 50% of all activity. This skewed the prevalence of white people in safeguarding data. However, a change in recording of quality alerts in Q2 of 2023/4 led to a step change in the balance of alerts across community and residential settings. This has typically been 30% residential to 70 % community since that period. Therefore, data should be revisited in this area during 2024/5 to better understand the relationship between setting, rates of activity and disproportionality.

4.16 Next steps are to progress conversations with people who represent the diverse communities of Leicester. The new ASC Inclusive Decision-Making Forum provides opportunity to discuss the findings with staff groups. Further work is required to engage with external community representatives. As key issues / factors leading to disproportionality are better understood, an action plan will be developed to address these.

5.1 Finance

There are no implications arising directly from this report.

Signed: Colin Sharpe, Head of Finance

Date: 8 October 2024

5.2 Legal

The report and data are noted. At this stage, there are no legal implications to be considered.

Signed: Susan Holmes, Head of Law, Social Care & Safeguarding

Date: 11th October 2024

5.3 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 discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

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

The report provides an overview on how people from our diverse communities are represented in the different parts of ASC activity, from initial contact through to the provision of support and safeguarding activity, through the lens of ethnicity. The report highlights groups which are over and under-represented as well as highlighting areas for further investigation. We need to ensure any engagement with staff and community groups is accessible and targeted to meet their needs. As work progresses it is important to address the issues of disproportionality identified in the report and to ensure groups are not homogenised, this should help us to in having a more detailed picture of people accessing our services.

Equality considerations need to be embedded throughout the process going forward and it is important to ensure that any engagement findings inform any proposals.

Signed: Sukhi Biring, Equalities Officer

Date: 9 October 2024

5.4 Climate emergency implications

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

Signed: Aidan Davis, Sustainability Officer, Ext 37 2284

Date: 8 October 2024

6. Appendices

Appendix 1: Deep Dive Data Pack

Adult Social Care:

**A deep dive into
performance monitoring
through the lens of ethnicity
Data from Quarter 2 -2023/24**

37



Item 8b

Introduction

Leicester is a diverse city which celebrates diversity and promotes unity and integration.

ω ∞
Adult Social Care (ASC) has a key role in tackling the inequality and disadvantage that may be experienced by people with protected characteristics. Understanding how communities access and use ASC services is important, so that we can be active in addressing any disproportionality.

In this report we have explored our performance data through the lens of ethnicity, drawing on reliable ASC data and the published census data.

Overview of Leicester: Baseline population data

To understand how people from our diverse communities engage with ASC, our support and services, we need to have a good picture of the city's population.

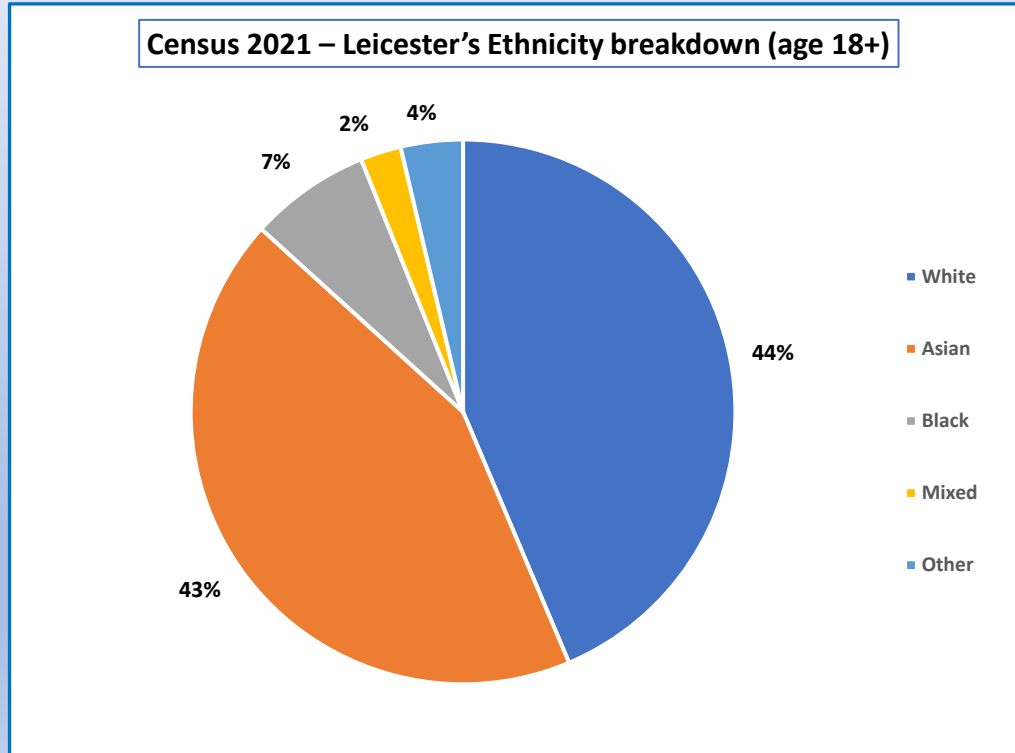
For this report, we have been able to use data from the 2021 Census, so this is recent information and a comprehensive data source.

3 As recording ethnicity is a mandatory part of an ASC record, we have a good level of confidence in the quality of this data and its use for comparative purposes.

It should be noted that ethnicity data covers a broad range of subcategories; whilst we do not seek to minimise the important differences between people from diverse communities, we have used data at a higher category level to draw out key messages for this presentation. Detailed subcategory data is available.

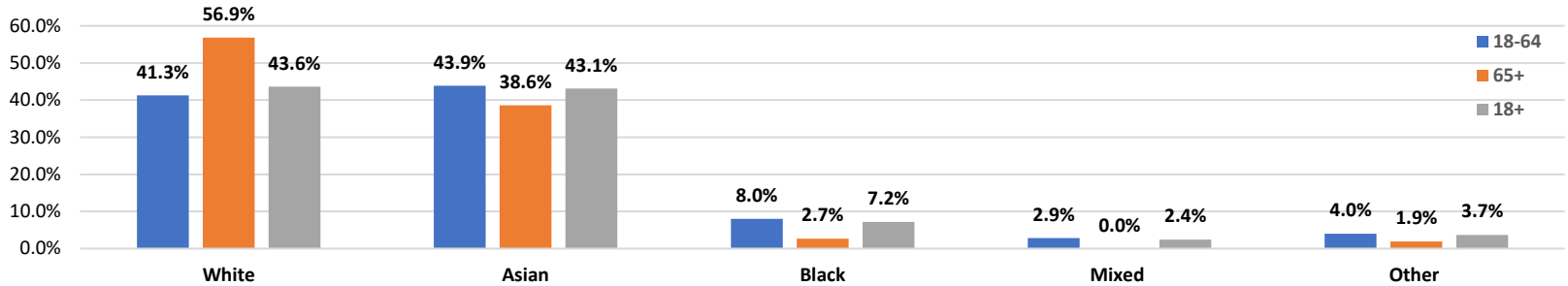
Census 2021 – Ethnicity (18+)

40

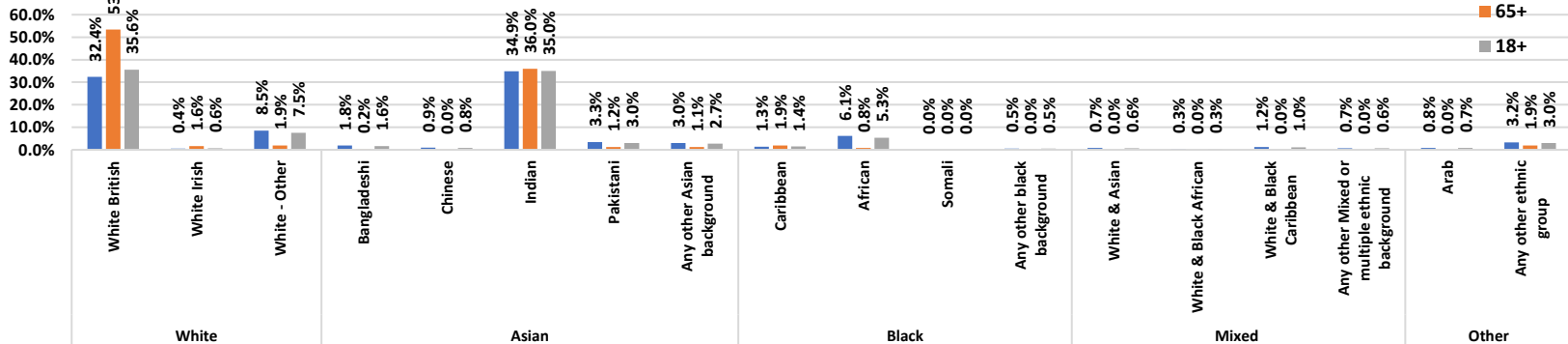


Census 2021 – Ethnicity (by age bands from 18+)

Census 2021 – Leicester's Ethnicity breakdown

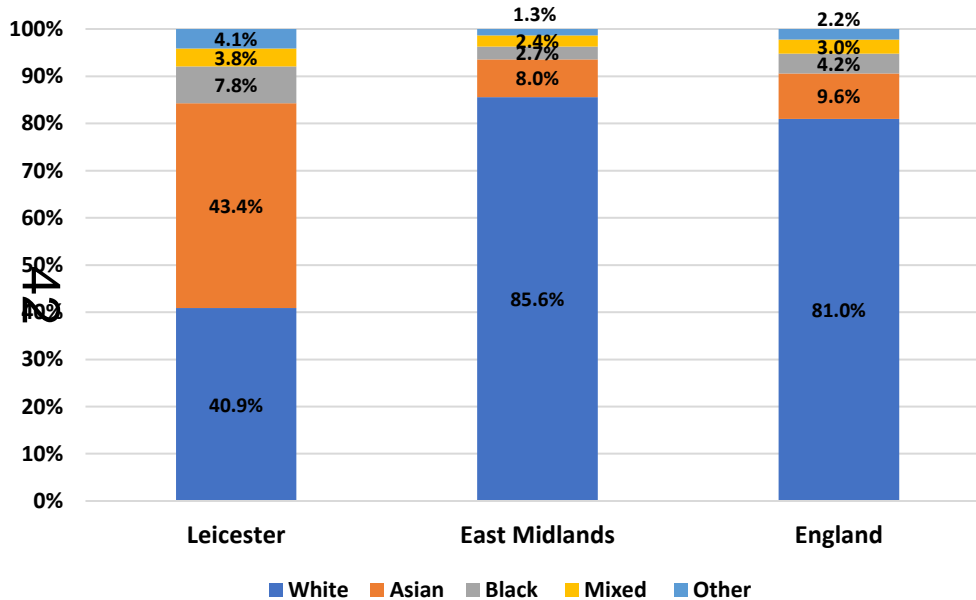


Census 2021 – Leicester's Ethnicity breakdown (including subcategories)



Census 2021 – Total population growth by ethnicity (all ages)

Census 2021 - Comparison of the population's ethnicity composition (Leicester, East Midlands and England)

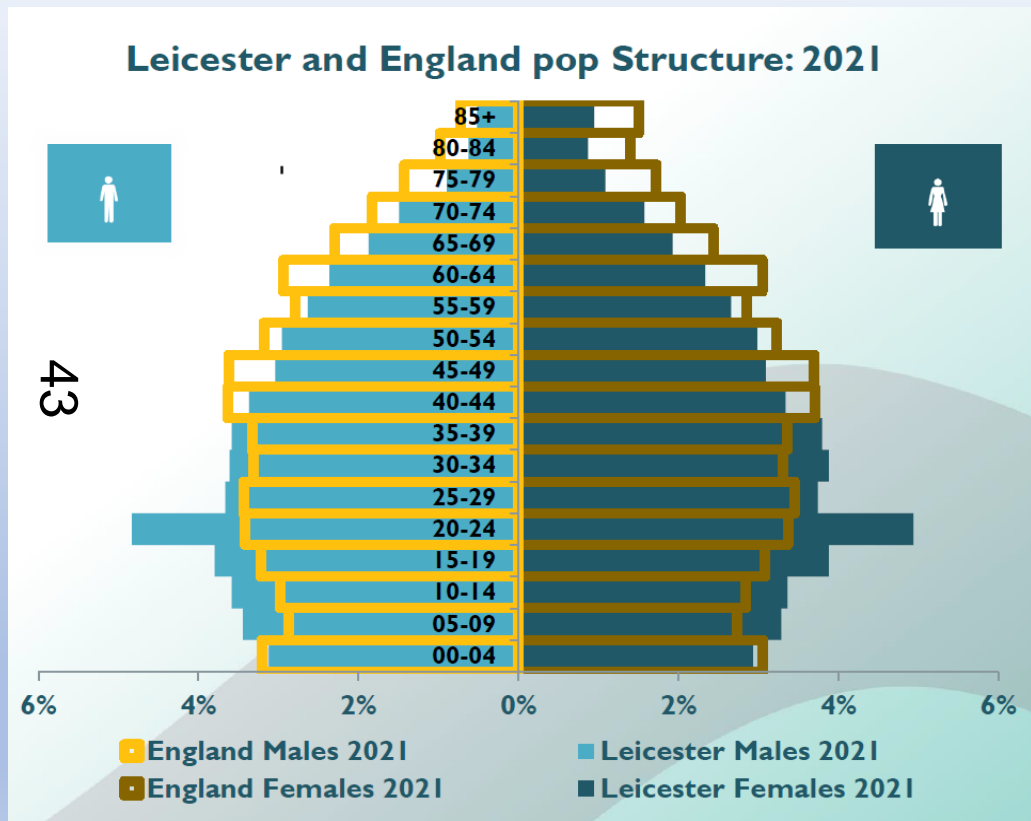


In the 2021 Census, Leicester has become one of the first cities to have “minority majorities”.

Leicester's total population growth - Ethnicity

| | 2011 Census | 2021 Census | % Diff |
|-------------------------|----------------|----------------|---------------|
| Total population | 329,839 | 368,571 | +11.7% |
| White | 50.5% | 40.9% | -9.6% |
| Asian | 37.1% | 43.4% | +6.3% |
| Black | 6.2% | 7.8% | +1.6% |
| Mixed | 3.5% | 3.8% | +0.3% |
| Other | 2.6% | 4.1% | +1.5% |

Census 2021 – Total population: Age structure



The population estimate for Leicester is 368,600, of which 50% are female and 50% male.

Leicester's population is relatively young compared with England; 17% of Leicester's population (63,300) are aged 20-29 years old (13% in England) and 12% of the population (43,500) are aged over 65 (18% in England).

When considering the monitoring data included in this report, it is important to note the significant variations in the age profiles of the City's population.

Demand for adult social care support and services is generally higher in the older age groups.

Census 2021 – Total population: Ethnicity

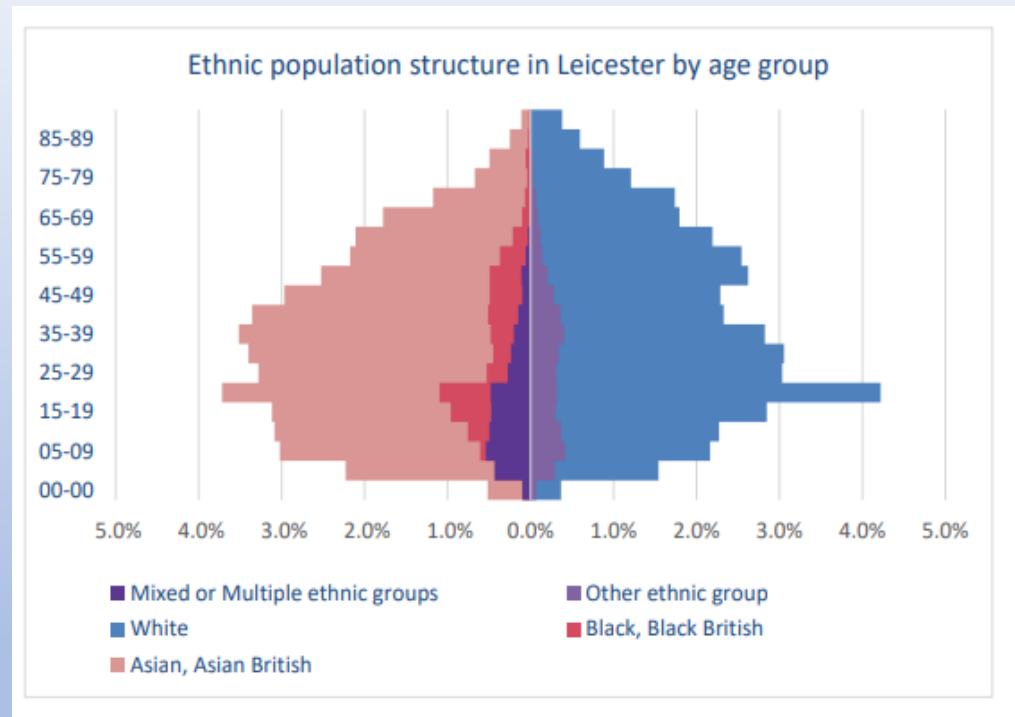
There are different age structures between different ethnic groups in Leicester, with generally higher proportions of younger people in Black and Minority Ethnic groups, and lower proportions of elderly compared with White residents.

The highest proportions of residents in White, Asian/Asian British and Black/Black British residents are seen within the 20-24 year age group, relating to students and young migrants.

There are higher proportions of Asian/Asian British residents aged under 70, and higher proportions of White residents over 70.

There are also fewer older residents in Black/Black British, mixed ethnic groups and other ethnic groups.

As demand for adult social care support and services is generally higher in the older age groups, we should expect to see this reflected in the ethnic profile of those accessing our support and services.



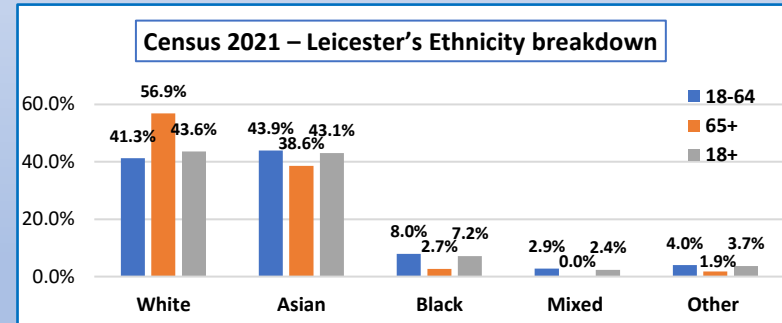
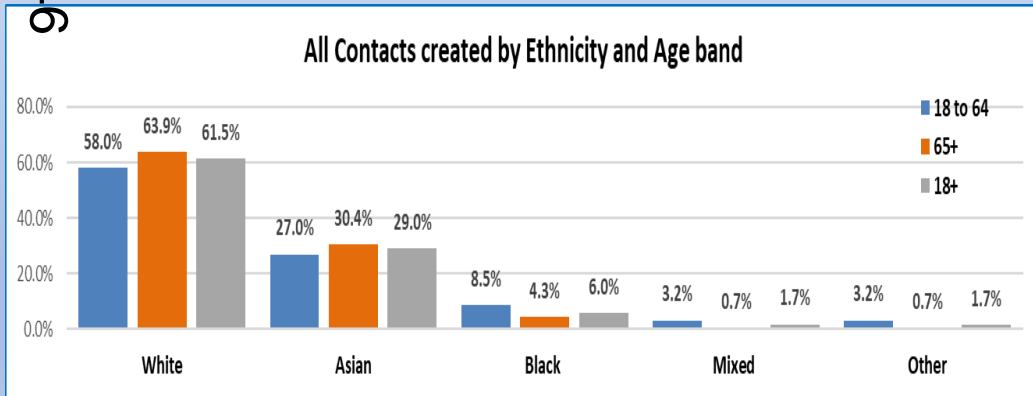
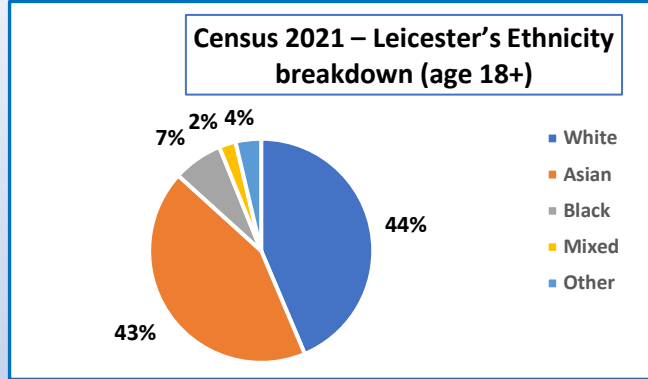
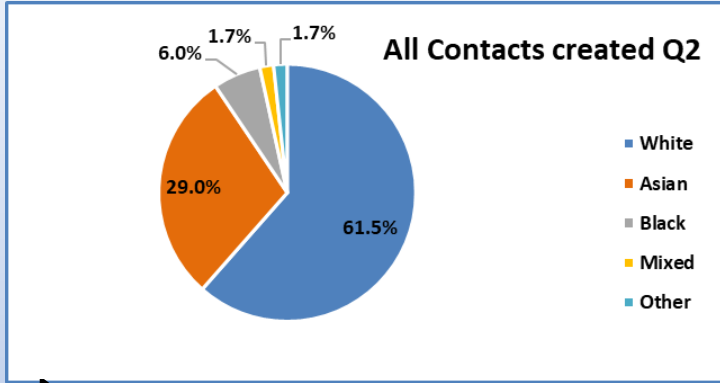
Area for focus

To make a start on a complex and detailed area, initial analysis has identified 4 key areas where variation in data suggests wider discussion is a priority:

- **Contact and repeat contact – data about who contacts ASC for any reason**
- **Assessment and Eligibility – data about the core ASC process of assessing needs and deciding if people are eligible for support**
- **Short and Long term support – data about the services that people receive to meet their needs and promote independence**
- **Safeguarding – data about alerts and enquiries into concerns about people being at risk of harm and abuse from others**

In each area, a summary of the data is presented followed by some key issues to promote discussion

Total Contacts Created Summary by Ethnicity and Age



46

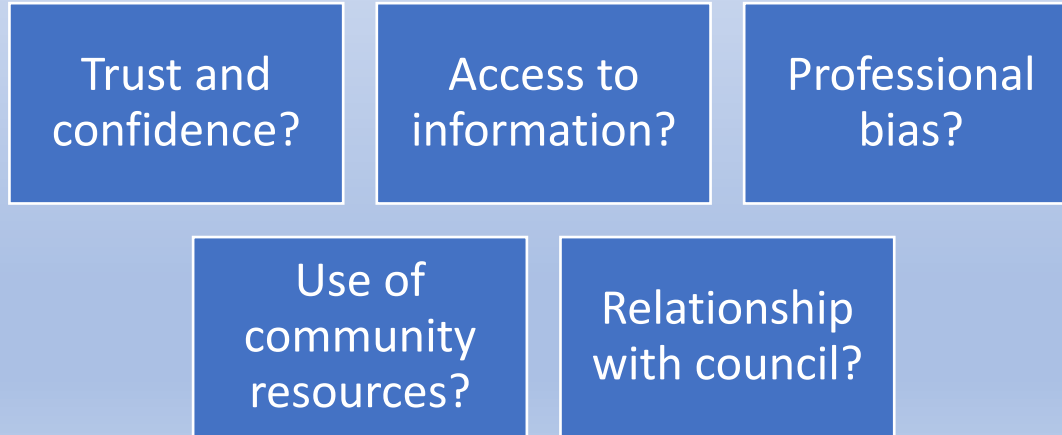
Observations

White, Black and Dual Heritage working age adults are disproportionately more likely to be the subject of a contact.

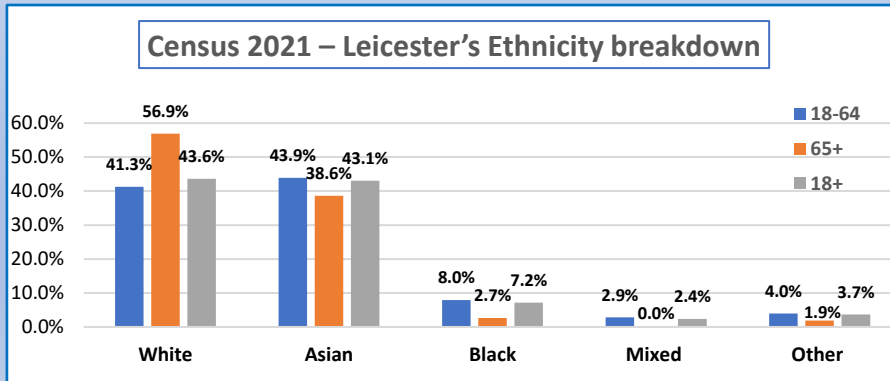
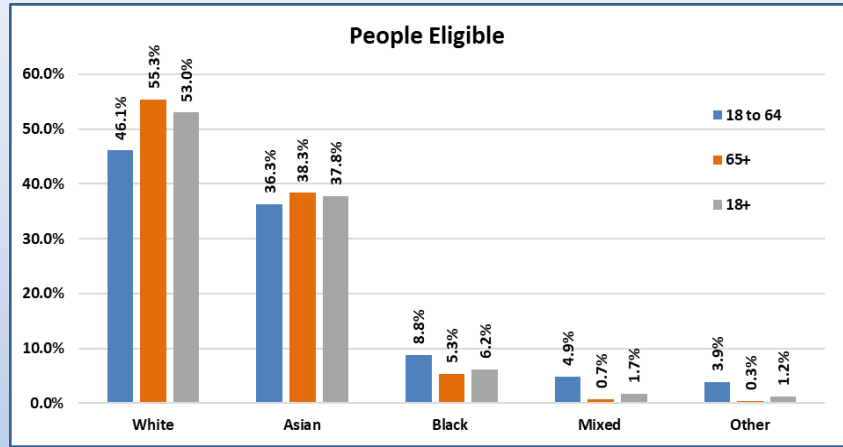
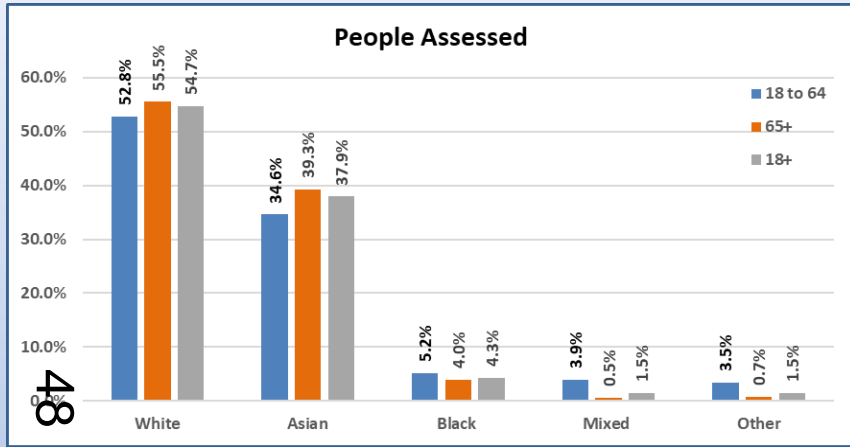
Asian working age adults are less likely to be the subject of a contact.

What factors might influence the rates of contact, which appear to be higher for White, Black and Dual Heritage working age adults and for White older people but lower for Asian people in all age groups?

47



Assessments and Eligibility – Summary by ethnicity and age



Observations

White people, particularly working age, are over-represented in assessment data. Asian people of all ages are likely to be under-represented.

The extent of the variation is reduced compared to their over / under representation in Contacts

Working age Black adults are notably over-represented in assessment activity and this grows from the position regarding contacts.

The level of over / under-representation reduces again when looking at eligibility

49 **What factors might be at play, in reducing the level of disproportionality as the care management process progresses through assessment and eligibility decisions?**

Better /
detailed
conversations?

Building trust

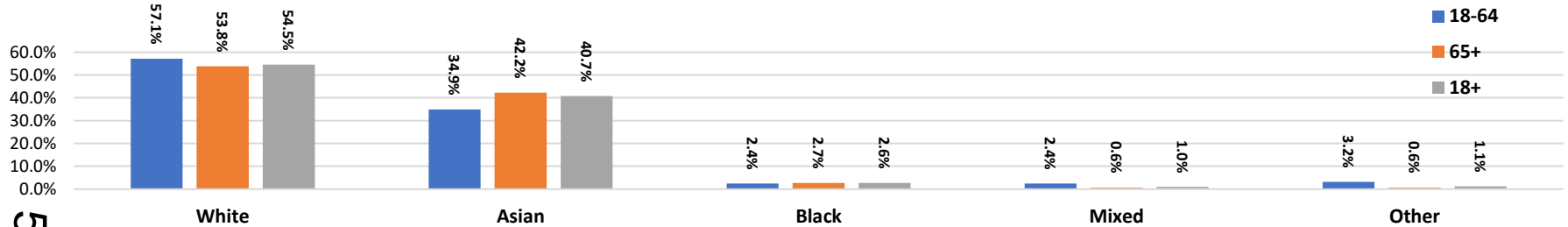
Later / more
acute need?

Evidence based
decision?

Legal
framework?

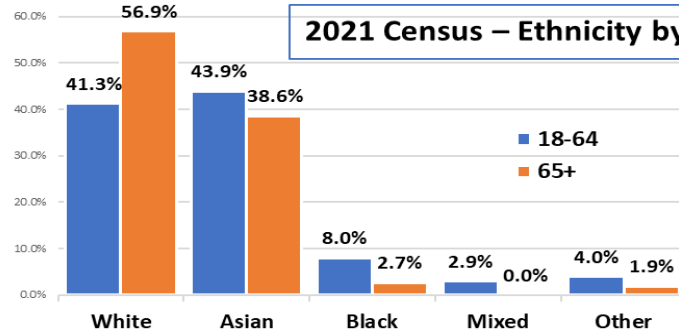
Provision of short-term support

No of people completing Short-term support by Ethnicity and Age-band as at 30th September 2023



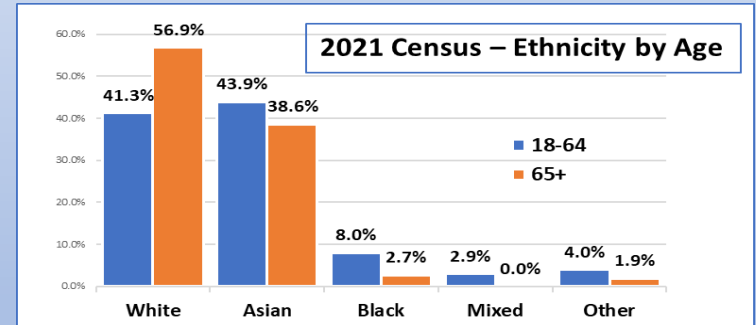
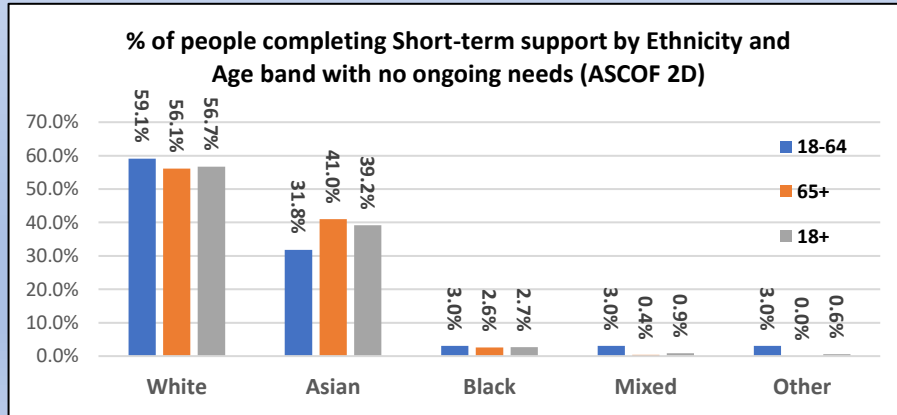
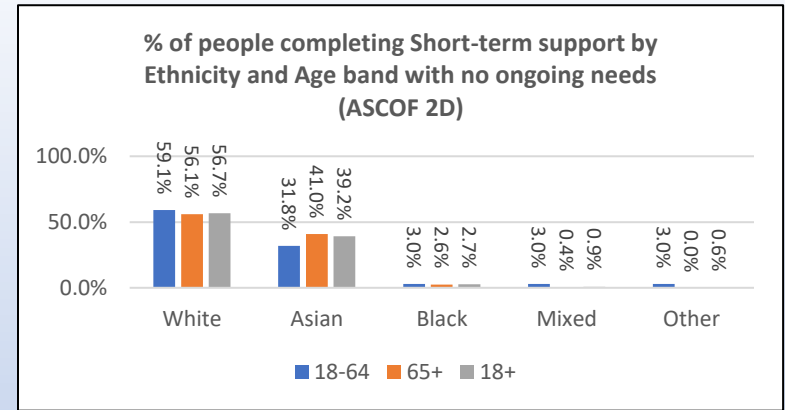
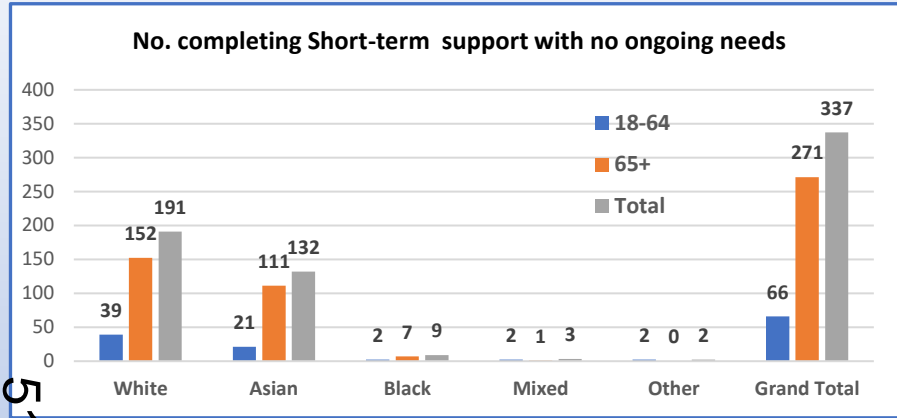
50

2021 Census – Ethnicity by Age



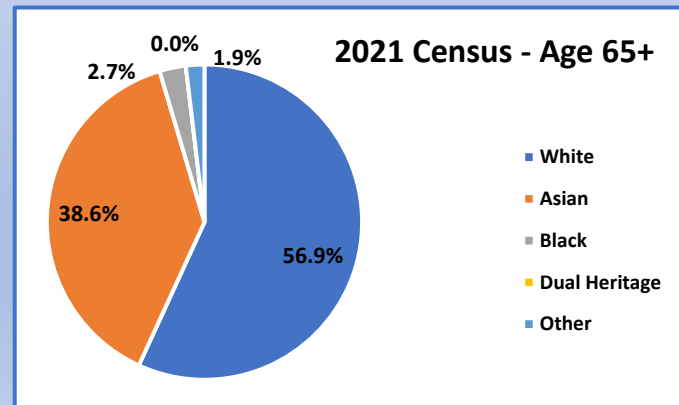
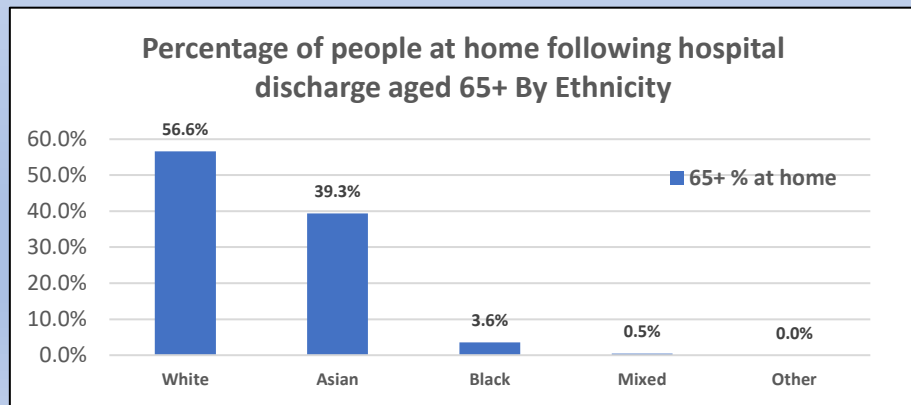
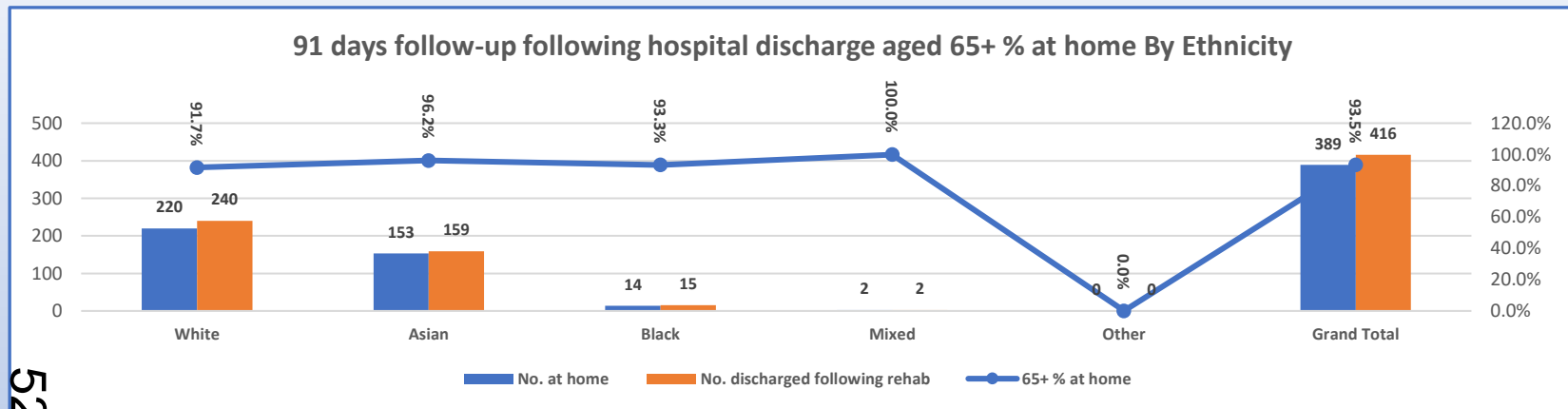
Outcomes of Short-term support (ASCOF 2D)

51



Outcomes of short-term support - 91-day follow-up following hospital discharge for those aged 65 and over (ASCOF 2B(i))

52



Observations

There is an over-representation of White people and under-representation of Asian people using short term services.

The activity is very similar to that of people being assessed

Outcomes in terms of independence are fairly similar or slightly more positive for Asian people (noting the very small numbers of Black and Dual Heritage people which means individual situations will have greater impact on the average % figures)

51 3 **What might influence the comparatively lower provision of short-term services to people from Black, Asian and Dual Heritage backgrounds?**

Lower initial contacts?

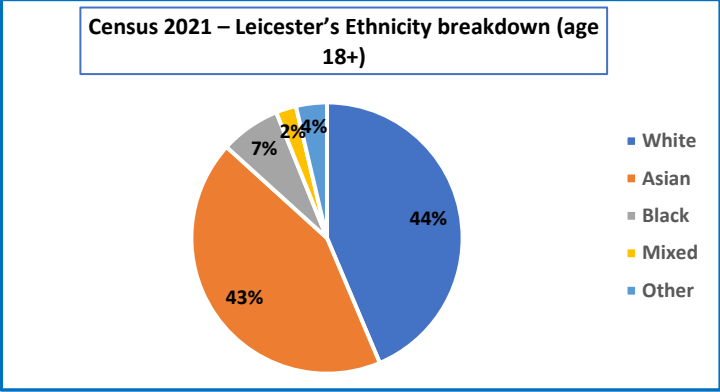
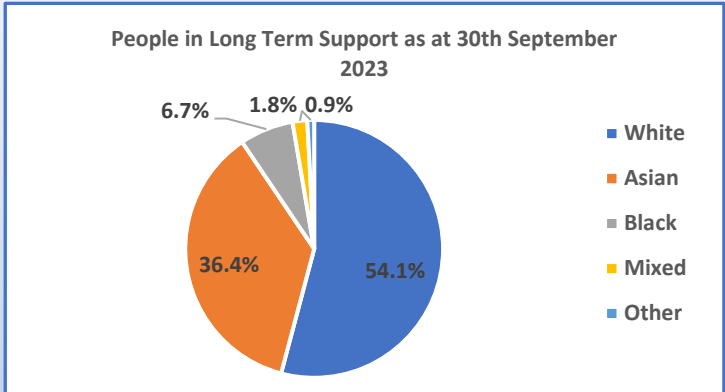
Service appropriate?

Later / more acute need?

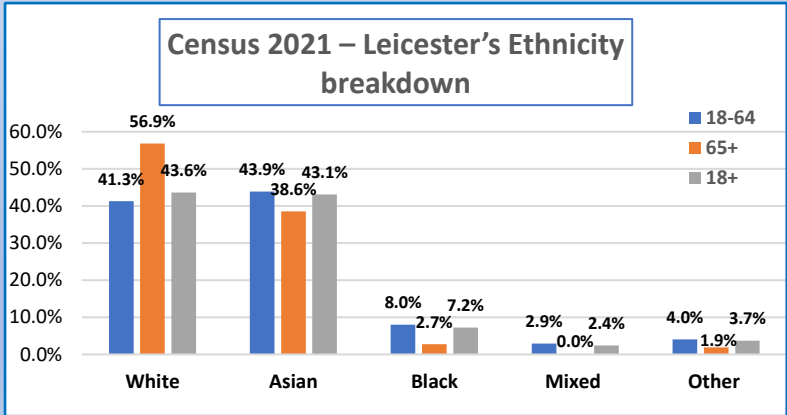
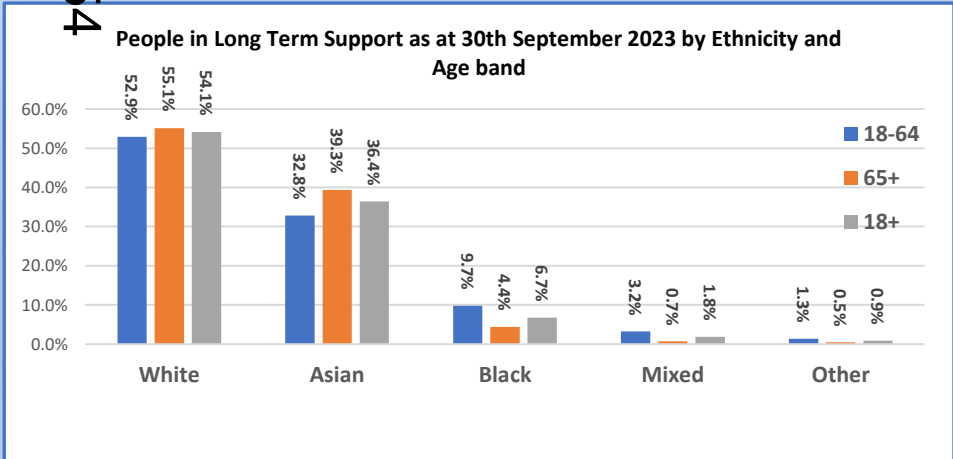
Unreported conditions?

Family support?

Long-Term Support



54



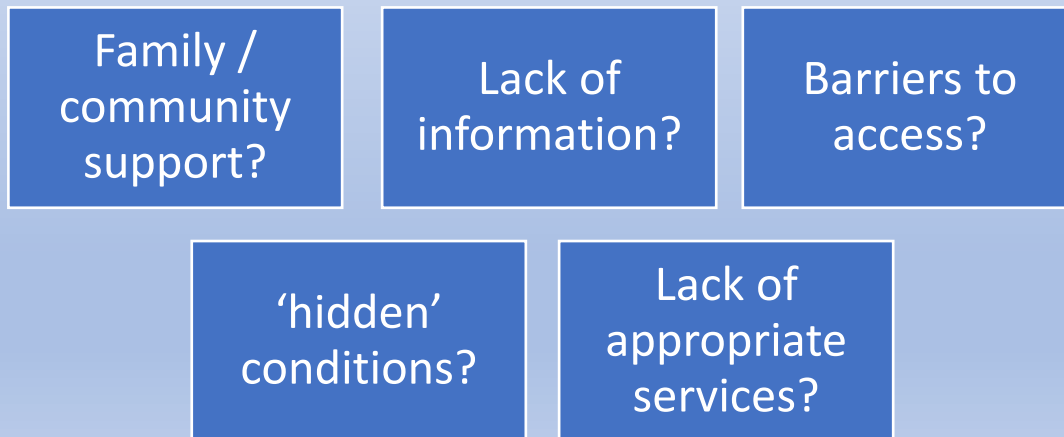
Observations

There is a continued pattern of over-representation of White, and to a lesser extent Black people drawing on long-term support.

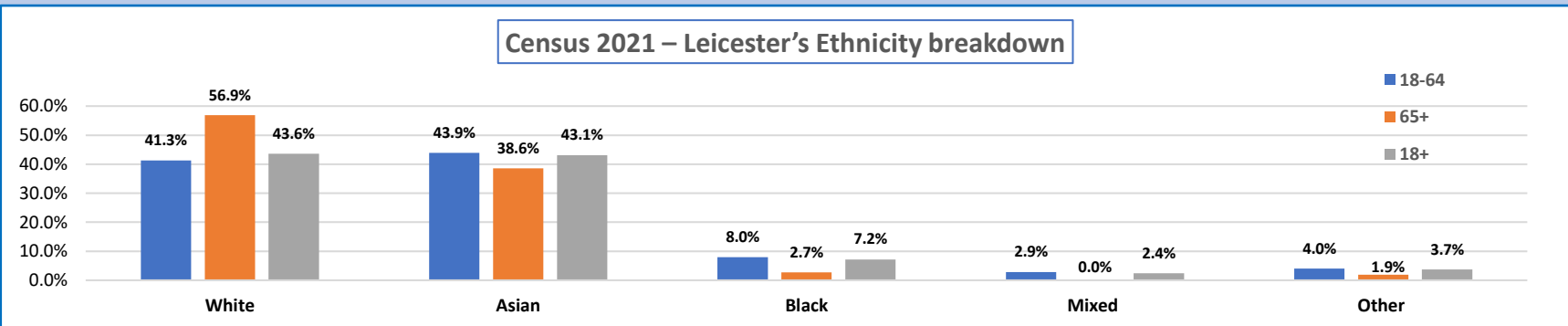
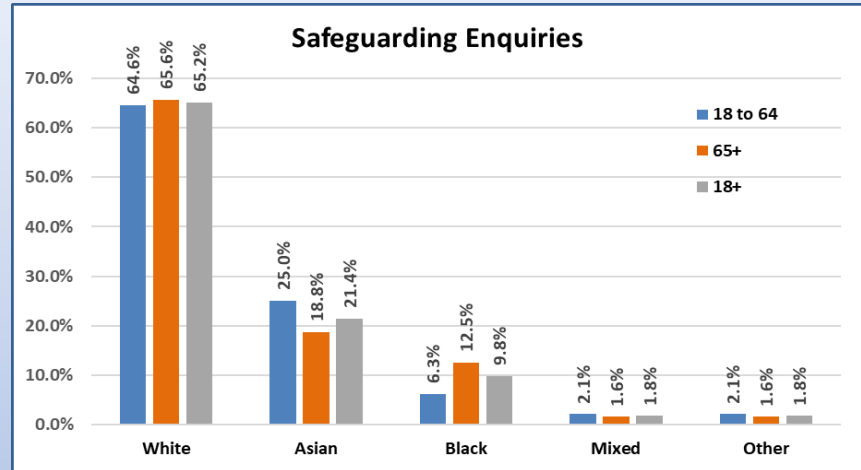
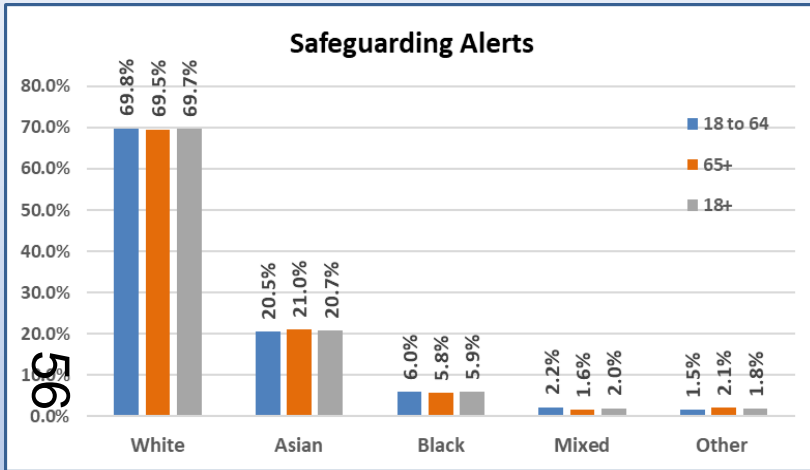
However, this over-representation is very much driven by the proportions of White working age adults receiving support compared to working age Asians.

Representation for White and Asian older adults is much closer to the general population from the Census for this age group.

55 **What might impact on the lower rate of working age Asian people receiving long term support?**



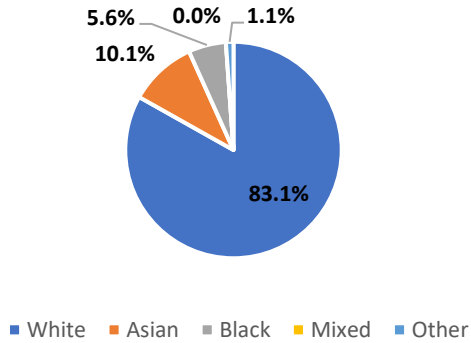
Safeguarding – Activity by age and ethnicity



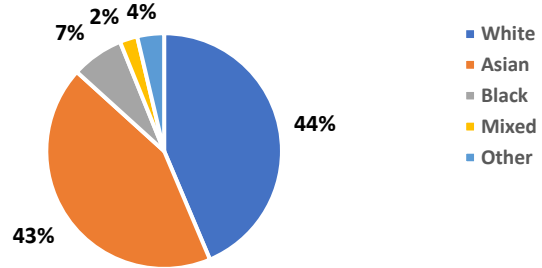
Safeguarding Alerts – Ethnicity Detail by setting

57

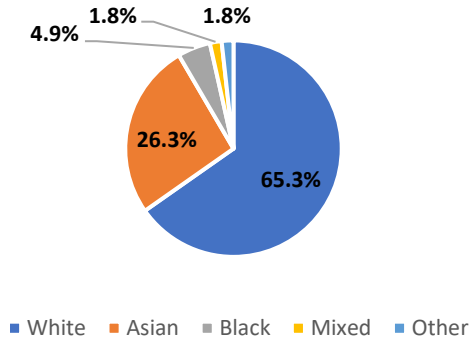
Ethnicity by setting: Alerts in Care Homes



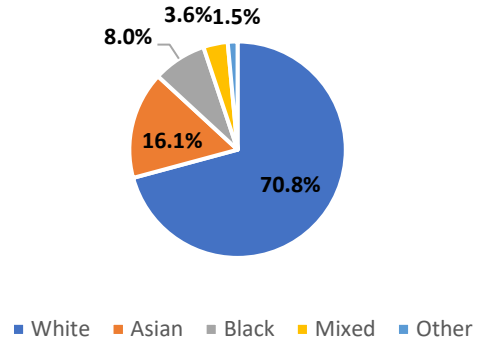
Census 2021 – Leicester’s Ethnicity breakdown (age 18+)



Ethnicity by setting: Alerts in Own Home

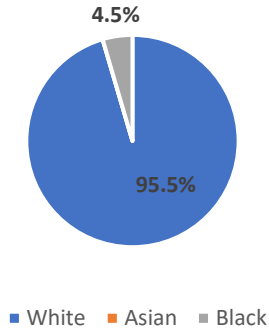


Ethnicity by setting: Alerts in other settings

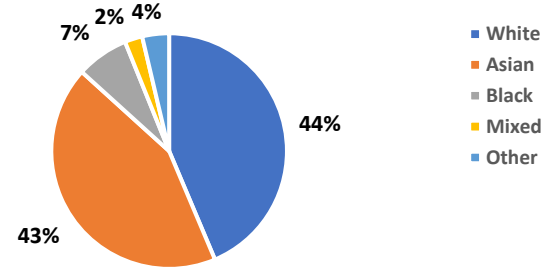


Safeguarding Enquiries – Ethnicity Detail by setting

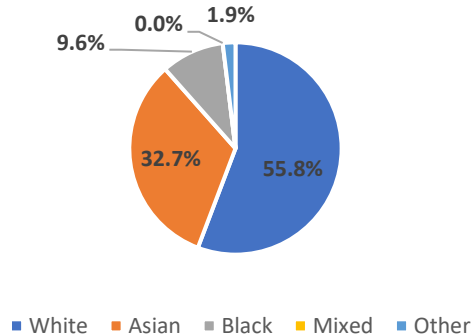
Ethnicity by setting: Care/Nursing home



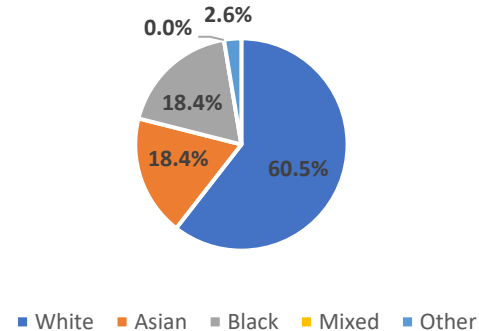
Census 2021 – Leicester’s Ethnicity breakdown (age 18+)



Ethnicity by setting: Own Home



Ethnicity by setting: Other



Observations

White people are significantly more likely to be the subject of a safeguarding alert and enquiry.

Asian people are under-represented. Older Asian and Older Black people see a proportionately higher conversion rate from alert to enquiry.

Prior to Q2 2023/4 (when the data was sampled) the balance of enquiries in community and residential settings was around 50:50. A process change (in how quality concerns in care homes are recorded) led to a step change in this ratio, which is now typically 70:30. Asian people of all ages are less likely to receive care in residential settings which affects their representation in safeguarding alerts. This is highlighted in the LSAB Annual Report for 2023/4 but as data reporting has changed during 2023/4, it should be revisited in 2024/5 data.

59

The variation in safeguarding levels is notable – what might be causing this?



Next Steps

This discussion paper identifies a number of areas where data would suggest that ASC services are not equitably accessed. In line with our Departmental commitment to co-production, the views of staff from our diverse communities and those of people living in these communities are sought, to further inform this work. These views will help to shape:

- Understanding of why the data might look as it does
- Knowledge about the issues that need to be addressed to achieve greater equity
- Ideas for actions that will be positively impactful for our communities



Adult Social Care Scrutiny Commission Report

Support for Carers

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Laurence Jones

Director: Kate Galoppi

Date: 14 November 2024

Useful information

- Ward(s) affected: All
- Report author: Rebecca Hayward
- Author contact details: Rebecca.Haward@Leicester.gov.uk
- Report version number: 2

1. Summary

- 1.1. The purpose of the report is to provide an update on carers work in the City and across Leicester, Leicestershire and Rutland ICS and set out our priorities over the next 12 months.
- 1.2. The report will focus on the following key areas:
 - 1.2.1. Number of carers supported, and type of support provided.
 - 1.2.2. Carer Services, including the commissioned Carer Support Service and projects funded through the Accelerating Reform Fund (ARF).
 - 1.2.3. Carer identification.
 - 1.2.4. Carers Strategy and Review of the Carers Delivery Group (CDG)
 - 1.2.5. Challenges and opportunities for the future.

2. Recommended actions/decision

- 2.1. The Committee are recommended to:
 - a) note the current work that is being undertaken to support carers
 - b) to provide comment and feedback on the current arrangements
 - c) to approve the planned engagement and consultation with the Carers Delivery Group and wider stakeholders, to review the governance and reporting arrangements for the Carers Delivery Group.

3. Scrutiny / stakeholder engagement

- 3.1. The Accelerating Reform Fund care projects are being co-produced and the first meetings with carers to deliver the projects are taking place in November 2024.
- 3.2. Engagement and consultation with key stakeholders, including members of the Carers Delivery Group (CDG) is proposed as part of the strategic review of the governance and structure of the Carers Delivery Group (CDG)
- 3.3. The new carers strategy for 2026 onwards will be co-produced with carers and partners across LLR. The Carers Delivery Group, which includes representation from carer groups across LLR, will be instrumental in supporting the co-production.
- 3.4. New carer practice guidance is being developed co-productively with carers and social work teams.

4. Background and report information

4.1. Introduction

A carer is someone who looks after a family member, friend or neighbour who could not manage without their help. According to the Office for National Statistics Census 2021, there were 26,527 unpaid carers in Leicester, but there could be many more.

We recognise the significant and vital contribution carers make in our communities, and we value the support carers offer to the person they care for, which often prevents, reduces and delays the need for more formal care services from adult social care.

4.2. Numbers of carers supported.

4.2.1. Carers supported by adult social care 2023/24.

In the financial year 2023/24, adult social care directly supported 796 carers. Of these 603 had a carers assessment, the remaining 155 were referred to other sources of support, including to the carers support service.

- 502 had a joint assessment with the cared-for-person.
- 101 had a separate assessment from the cared for person.

As a result of a carers assessment the support provided included:

- 160 carers received carer respite, this is support to the cared for person and could be additional home care hours or a short break in a residential care home.
- 38 carers received a one-off direct payment.

4.2.2. Carers supported by the Carer Support Service (Age UK)

Over the last 3 years the Carers Support Service has provided support to approximately 3,000 carers, set in context the 2021 Census for Leicester identified 26,527 unpaid carers (aged 5years +) are living in the city. Unsurprisingly, demand for the service continues to be high and at the start of the financial year April 2024, 724 carers were deemed to be actively receiving support. In the period April-June 2024, an additional 116 carers were referred to the service.

The type of support provided is varied and includes advice and information, support with carer benefits and finance, drops ins, peer support groups, and carer learning and training.

The majority of carers supported are female (69%), which is not surprising given that 59% of carers are women according to the 2021 census, and female carers typically provide more hours of caring than males. It is also interesting to note that 69.9% of respondents to the 2023/24 Survey of Adult Carers in England were female.

The highest proportion of carers supported are over 60 (59%). This is a slightly older age profile than that of the age profile of carers in England according to the 2021 Census. However, it should be noted that the hours of care provided increase significantly in older age groups of carers. Younger carers are also more likely to be balancing their caring responsibilities with full-time employment, presenting challenges in accessing support services. Interestingly, approximately

58% of respondents to the 2023/24 Survey of Adult Carers in England were aged over 60.

64% of people being cared for are over 65. This is very close to the age profile of cared for people in England, with 66.5 % being aged 65 and over (2023/24 Survey of Adult Carers in England).

The diversity of the city is reflected in the reach of the service with around 50% of carers identifying as Asian or British Asian, and 36% white British. For detailed breakdown of demographics see appendix 1.

4.3. Carer Services

4.3.1. Carer Support Service

The carers support service is delivered by Age UK and the new recommissioned service commenced 1st July 2024. The contract value is £770k over 5 years (£154k pa) and the service is jointly funded with health who currently contribute 16% of the funding through a section 256 arrangement. The new service was developed in collaboration with local carers and carer feedback and how the service is performing will be an integral part of the ongoing contract monitoring and review. The service supports carers to achieve their personal outcomes using a strengths-based approach. It supports all carers over the age of 18 regardless of who they care for. This includes carers who live out of area but care for someone resident in the city as well as parent carers of children under 18.

The service offers a comprehensive information, advice, and guidance service as well as financial/benefits advice for carers. They also offer a regular programme of carer learning and support sessions including mindfulness and wellbeing, arts and crafts, neurodiversity, healthy eating and mental health and physical health. It also runs regular peer support and group support sessions which are well attended.

The support service is a crucial part of the support available to carers across the local place-based system and is preventative in nature. Whilst it is difficult to anticipate how much this service contributes in terms of cost savings in helping to prevent carer breakdown, it is recognised that the carer support service alleviates pressure on adult social care by supporting carers with advice and information, financial/benefit advice, and peer support and also saving social worker time with supporting carers to develop their contingency plans.

4.3.2. Outcomes for carers

The carers support service contracts sets out a number of qualitative key performance indicators that the service is required to measure to demonstrate the impact the service has on delivering successful outcomes for carers. Age UK use an outcome star to record how a carer feels at the initial point of contact with the service, this is then measured again at 3-6 monthly intervals and on leaving the service. Measures include “feeling more confident and knowledgeable in my caring role” and “feeling more able to manage and sustain relationships with family and friends”. This has been consistently high over the last 2 years with people reporting on average, between 80-100% improvement after receiving support. More details on these measures are included in Appendix 1.

4.3.3. Accelerating Reform Fund

In January 2024 the Department of Health and Social Care (DHSC) launched the Accelerating Reform Fund (ARF) focused on embedding and scaling approaches to transform care and support including for unpaid carers, who play such a vital, selfless role in our society. This funding is £96,000 and split across 24/25 and

25/26. Funding is allocated to local authorities through ICS (Integrated Care System) geographies to encourage collaboration between local authorities and local health boards and local authorities are expected to work in partnership with others, including care providers, the NHS, the voluntary and community sectors, people who draw on care and support and unpaid carers. As part of a Leicester, Leicestershire and Rutland consortium we received funding for 2 projects:

- To support carer identification and contingency planning
- Hospital Discharge Grant for carers

County are the lead authority in the consortium and funding runs from March 2024 - Dec 2025. Work on both projects is currently ongoing.

4.3.4. The earlier in their caring journey the carer is identified, and the contingency planning conversation happens, the better prepared carers are and the less likely they are to require costly emergency interventions later down the line. The ARF funding is being used to work with carers to develop a contingency plan template across LLR that can be shared with key organisations, e.g. hospitals, GP, social care, to support carers feel confident and better able to manage their carer responsibilities. This work will be supported by a LLR wide promotional event, Spring 2025, to raise awareness of the importance of early carer identification and contingency planning.

4.3.5. The hospital discharge grant for carers will run across city and County but each LA area will administer its own scheme. It is anticipated that the funding will be £36k, although this is still to be confirmed, and will be administered by our Carers Support service. The aim of the discharge grant is to provide carers with additional support in the form of a one off grant, that could be used to unblock barriers to hospital discharge and potentially 'speed' it up, as well as ensuring that the carers needs are advocated for in the discharge process.

4.4. Carer Identification

4.4.1. Carers don't always recognise themselves as carers, and this is especially highlighted when caring happens within the family, for example a parent caring for a child or husband caring for his wife. This is one of the reasons why carer identification is challenging. Priority 1 in the current carers' strategy is 'carers are identified early and recognised'.

4.4.2. Social media awareness raising happens throughout the year, but particularly during carers week in June and Carers Rights day in November. We know this helps identification and we have co-produced social media assets with local carers having their pictures taken in local places in order to try and support carers to self-identify.

4.4.3. The Carers Support Service plays a key role in the identification of carers and it continues to work with other partners, including health, hospitals and VCSE organisations to promote the service to people they support who may not identify as carers. The new contract has recognised that more needs to be done around the promotion of the service to support carer identification and an enhanced outreach offer will now be delivered as part of the new service. As part of the new outreach offer the service will actively promote the LLR carer

passport scheme which is currently operating in Leicester but not widely recognised.

- 4.4.4. We continue to work closely with other LLR partners, particularly the Leicester, Leicestershire & Rutland Integrated Care Board (ICB) to ensure that identification of carers and the pathways for carers within organisations are aligned as far as is possible. The VCSE Alliance is supported by the ICB and the ARF projects referred to within this report will use the Alliance to promote carer identification and contingency planning.
- 4.4.5. The ARF hospital discharge grant will support better carer identification and consideration of their needs when their loved one are discharged from hospital.

4.5. Carers Strategy and Review of the Carers Delivery Group (CDG)

- 4.5.1. The current carers strategy, which sets out how we will support carers, runs until the end of 2025. While we continue to develop support for carers, feedback confirms there is more to do, particularly to improve our offer to carers, through assessment, support and access to services that enable them to take a break.
- 4.5.2. A new 5 year strategy will be developed co-productively with carers over the next 10 months. As part of this work a strategic review of the Carers Delivery Group (CDG) and the governance arrangements is being undertaken. The CDG is an LLR wide board that supports the implementation and delivery of the strategy and includes representation from social care, health, UHL, carers groups and people with lived experience.
- 4.5.3. The aim of the governance review is to ensure that we have a governance structure in place across the ICS which moves beyond individual organisations to systems working together with purpose and focus driven by the carer voice, to improve the lives of unpaid carers. The ICB have offered to fund an independent researcher to do the work needed to review the CDG over the next few months. They will look at current reporting mechanisms, how we involve carers in strategic decision making, and how we ensure the group/board/meeting is fit for purpose in managing and influencing strategic change and improvements for carers so we can move the carers agenda forward as an Integrated Care System. Once the review is concluded early next year, work on developing the new carers strategy in coproduction with all stakeholders, and most importantly with carers themselves, can begin.
- 4.5.4. The review will be led by the ICB, supported by partners, including Leicester City Council's Adult Social Care Commissioning Team, and will seek engagement and consultation with members of the CDG and other key stakeholders. This will include 1 to 1 interviews and focus groups as appropriate. Full details of the proposal can be found at appendix 2.

4.6. Challenges and opportunities for the future

- 4.6.1. Local Account - The role of carers is highlighted in the published "2024 Local Account (of Adult Social Care Services)", particularly around the theme of Active and Supportive Communities. Of the carers who responded to the surveys only 24% said they were able to spend their time as they wanted, doing the things they valued and enjoyed. Fifty-one per cent said they did not

do enough of the things they valued and enjoyed and 25% said they did not do anything they valued and enjoyed. Similarly, only 34% of unpaid carers said they had as much social contact as they wanted. While 31% said they did not have enough social contact and 35% said they had little social contact and felt socially isolated. This suggests that we have more work to do around supporting carers to have more time to themselves to do the things they enjoy.

4.6.2. The Leading Better Lives project - gathered feedback from people across the city, including carers around what is working well and what is not working well in relation to your health and social care needs. Some of the positive messages were:

- “We’re a friendly community & we look out for each other”
- “I find it helpful to get advice & information from community groups”
- “I know where to get advice and information from”
- “Meeting with other people in similar situations is a lifeline”.

However a key theme that emerged for carers was ‘I look after others, but no-one looks after me’ and some of the challenges were:

- “I’ve got my own health issues and it’s hard to be a carer and care for yourself”
- “You put off doing things, like going to an exercise class”
- “You lose your identity when caring”
- “You suddenly go from being a daughter to being a carer and the burden of caring increases until you are exhausted”.

Some of the actions coming out of the leading better lives project will seek to make information and advice more accessible and to raise awareness of where people, including carers, can get the right information at the right time.

4.6.3. Adult social care 24/25 divisional plan - Carers are a key priority ‘we want informal carers to feel well supported, able to continue their caring roles and live a good life’. Across the division various workstreams are ongoing that support this priority.

4.6.3.1. Work is ongoing with social work teams and carers involved in the Making Real Group to co-produce new carer-specific practice guidance for carer assessments and we are focusing on ensuring carers, and staff supporting carers have greater access to information, training and the support that might be available via a carer’s assessment.

4.6.3.2. To improve our carers’ experience we are expanding our information and advice offer, across all formats and including advocacy. Our adult social care webpages/portal have been updated so they are easy to navigate and they include links to the carers support service, so carers accessing our website will be able to find the information they want quickly and easily.

4.6.3.3. Working across the council to improve the move between children’s and adult services with young carers and parent carers, so that they can consider and plan for their future aspirations in terms of college, university, leaving home and ageing.

4.6.3.4. To further develop short breaks options and support carers we are undertaking a respite review to ensure we are best meeting need. We are also working in partnership with Public Health to deliver the CareFree initiative and increase take up.

4.7. Summary

4.7.1. The ongoing work around the carer's agenda brings lots of opportunities to improve and strengthen support for carers over the next 12 months. We recognise the opportunities through groups like Making it Real and the Carers Delivery Group to ensure the carer voice informs and supports our work in adult social care, particularly given the importance we place as an Authority on the support for our carers (as per our divisional priorities). Linked to this are the improvements we recognise are needed in our current infrastructure – ensuring our carers' voices influence other strategic boards for example the Leicester Integrated Health & Care Group and the Health & Wellbeing Board. Our work to develop the next iteration of the LLR carers strategy co-productively with carers, to ensure the strategy is owned and led by carers, is a key priority for the department and our ICS. The new carers support service will continue to evolve in response to carer demand and feedback and the renewed focus on outreach and promotions to reach more carers. Over the next 12 months the Accelerating Reform Fund projects will support carer identification and contingency planning and the hospital discharge grants will be in place to help improve the carer experience of the discharge process.

5. Financial, legal, equalities, climate emergency and other implications

Not applicable as this report is for information only on the work being done to support carers.

5.1 Financial implications

There are no financial implications arising directly from the report. However, some spending on services for carers is identified; and carers across the city provide care that in some circumstances could otherwise fall to the Council to fund.

Signed: Georgia Shelton

Dated: 01.11.24

5.2 Legal implications

Commercial Legal

- 5.2.1 The Care Act 2014 sets out the Authority's responsibilities to carers for adult members of the community.
- 5.2.2 *The Accelerating Reform Fund* has been awarded to the consortium for which County Council are the lead. This should be governed by a Memorandum of Understanding (MOU) or some form of underlying agreement which sets out each member of the consortium is responsible to the DHSC/sets out the allocation of funding and such. As such, officers will need to ensure that any acceptance by the Authority of the grant conditions imposed by DHSC is being complied with. Legal Services can support with the review of this (if it has not been done so already) and any possible Subsidy Control ramifications.
- 5.2.3 The AR Funding is to be used for two projects as identified in paragraph 4.3.3 of the report (**AR Funded Projects**).
- 5.2.4 The Authority has an existing contract for the *Carers Support Service (Services)* for the purpose as set out in 5.2.1 above. Based on the report the ARF Funded Projects are to be delivered via the Services Contract. It is not clear if these elements of the

Services have already been scoped into the [procured] Service Contract. If not, they can only be varied within the scope of permitted modifications of the Public Contracts Regulations 2015 and further the Authority's internal Contract Procedure Rules. Officers should ensure Procurement and Legal Services are engaged to advise and assist with any such variation(s), as required.

5.2.5 *Hospital Discharge Grants to Carers:* The Authority has power to provide grants to voluntary and community sector organisations under the general power of competence set out in section 1 of the Localism Act 2011. Any grant funding will require a Subsidy Control Assessment prior to award as well as ensuring grant terms and conditions underpin any such award(s).

Signed: 04/11/2024

Dated: Mannah Begum, Principal Solicitor, Commercial Legal, Ext 1423
Social Care & Safeguarding - Legal

5.2.6 The report details the proactive means by which the authority is seeking to ensure that it both identifies and meets the needs of carers within its community in line with statutory duties under the Care Act 2014. There are no further direct legal implications of this report.

Signed: 04/11/2024

Dated: Susan Holmes, Head of Law – Social Care & Safeguarding, Ext 1402

5.3 Equalities implications

There are no direct equality implications arising from this report as it is for information on the work being done to support carers. However, it is important that equality considerations are considered as part of the ongoing work to support carers and any consultation/engagement is accessible and relevant to carers/key stakeholders.

Signed: Sukhi Biring, Equalities officers

Dated: 5 November 2024

5.4 Climate Emergency implications

There are limited climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon footprint, any impacts be managed through working to encourage and enable the use of sustainable travel options, considering the energy efficiency of any buildings used, using materials efficiently and following the council's sustainable procurement guidance, as applicable to the programme.

Signed: Aidan Davis, Sustainability Officer, Ext 37 2284

Dated: 04.11.24

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

Not Applicable

6. Background information and other papers: Appendix 1



Careers%20Scrutiny
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Carers%20program
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7. Summary of appendices:

Appendix 1 contains a breakdown of data on the carers accessing the carers support service. Appendix 2 is the proposal for the review of the Carers Delivery Group (CDG)

8. 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

9. Is this a “key decision”? If so, why? no

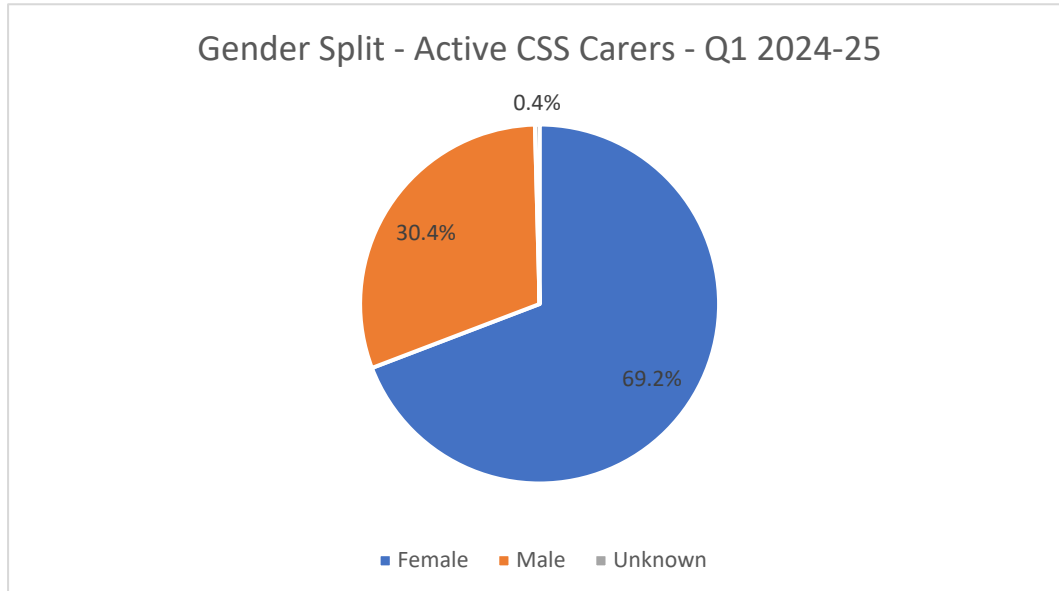
Appendix 1

Careers Scrutiny Report 14.11.2024

Appendix 1

Data breakdown of carers accessing the Carers Support Service.

1. Gender



2. Age

| Age Breakdown of Carers Q1 2024-25 | | |
|------------------------------------|------------|----------|
| 18-19 | 3 | 0.4% |
| 20-29 | 12 | 1.7% |
| 30-39 | 36 | 5.0% |
| 40-49 | 90 | 12.4% |
| 50-59 | 155 | 21.4% |
| 60-64 | 112 | 15.5% |
| 65+ | 315 | 43.5% |
| Refused / Unknown | 1 | 0.1% |
| Grand Total | 724 | - |

3. Ethnicity

| Ethnicity | Q1 2024 - 25 | Percentage of Carers |
|--|---------------------|-----------------------------|
| Asian or Asian British Indian | 293 | 40.5% |
| White British | 263 | 36.3% |
| Prefer not to say/Not Stated | 23 | 3.2% |
| Asian Or Asian British Other Background | 53 | 7.2% |
| Asian or Asian British Pakistani | 15 | 2.1% |
| Black or Black British African | 14 | 1.9% |
| Unknown | 19 | 2.6% |
| Asian or Asian British Bangladeshi | 11 | 1.5% |
| White European | 10 | 1.4% |
| Black or Black British Caribbean | 8 | 1.1% |
| Dual/Multiple Heritage - White And Caribbean | 3 | 0.3% |
| Dual/Multiple Heritage Other Dual/Multiple Heritage background | 2 | 0.3% |
| Black or Black British Other Black background | 1 | 0.1% |
| White Other White background | 1 | 0.1% |
| White Irish | 1 | 0.1% |
| Black or Black British African Somalian | 2 | 0.1% |
| Black Or Black British Somali | 1 | 0.1% |
| Chinese | 1 | 0.1% |
| Black Or Black British Other | 1 | 0.1% |
| Chinese | 1 | 0.1% |
| Dual/Multiple Heritage White & Black African | 1 | 0.1% |
| Dual/Multiple Heritage - Other | 0 | 0.0% |
| Any Other Ethnic Group | 0 | 0.0% |
| Dual/Multiple Heritage White & Asian | 0 | 0.0% |
| Other Gypsy/Romany/Irish Traveller background | 0 | 0.0% |

4. Number of hours a week spent caring

| Approx. hours per week spent caring | Q1 2024-25 | Percentage |
|--|-------------------|-------------------|
| 1-10 hrs | 103 | 14.2% |
| 11-20 hrs | 110 | 15.2% |
| 21-30 hrs | 119 | 16.4% |
| 31-40 hrs | 115 | 15.9% |
| 40+ hrs | 206 | 28.5% |
| Unknown | 40 | 5.5% |
| 19-30 HRS * | 8 | 1.1% |
| 35+ hrs * | 23 | 3.2% |
| Grand Total | 724 | - |

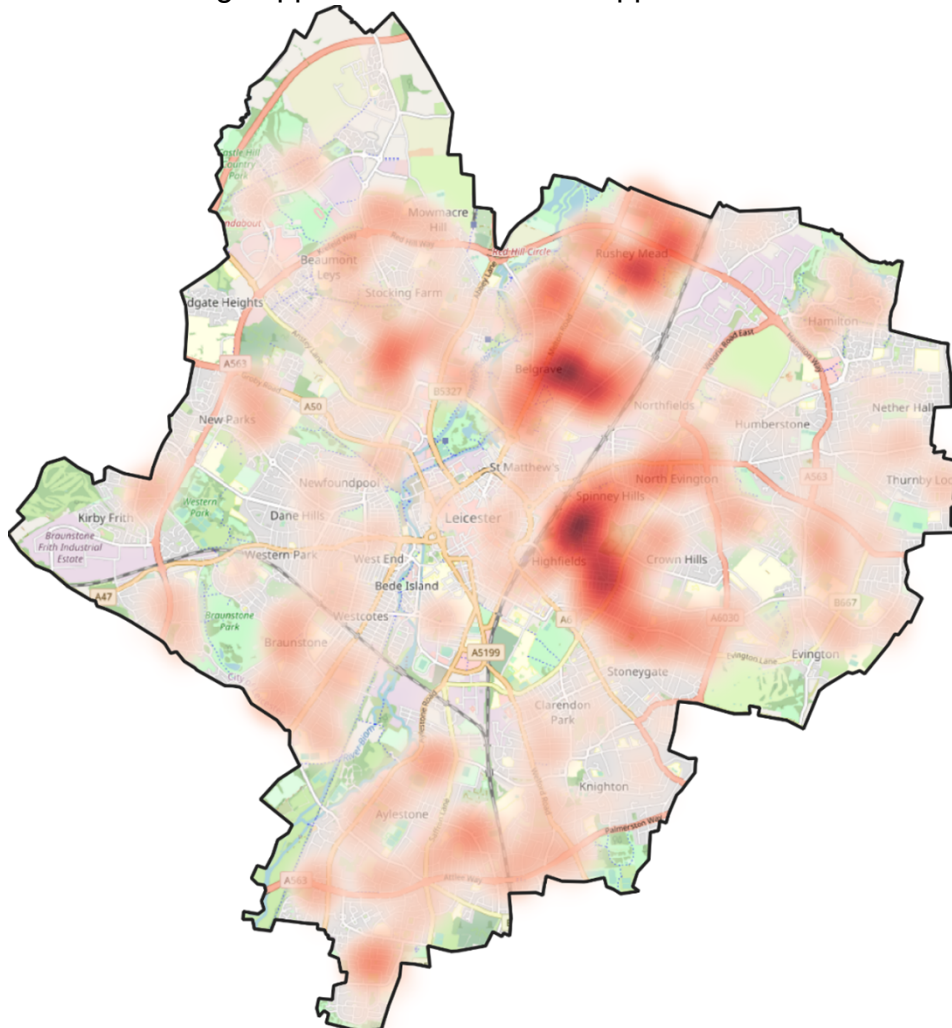
5. Ward data – distribution of carers by ward.

The five wards with the highest number of active registered carers are: Rushey Mead, Abbey, Belgrave, Braunstone Park & Rowley Fields, and Evington. There are a significant number of registered carers that are being supported outside of the City boundary (9.4%).

| Ward | Q1 2024-25 | Percentage of Carers |
|---------------------------------|-------------------|-----------------------------|
| Rushey Mead | 69 | 9.5% |
| County/OCC | 68 | 9.4% |
| Abbey | 50 | 6.9% |
| Belgrave | 49 | 6.8% |
| Braunstone Park & Rowley Fields | 43 | 5.9% |
| Evington | 40 | 5.5% |
| North Evington | 36 | 5.0% |
| Stoneygate | 34 | 4.7% |
| Beaumont Leys | 33 | 4.6% |
| Knighton | 33 | 4.6% |
| Spinney Hills | 32 | 4.4% |
| Wycliffe | 31 | 4.3% |
| Aylestone | 29 | 4.0% |

| | | |
|------------------------|------------|----------|
| Humberstone & Hamilton | 25 | 3.5% |
| Saffron | 25 | 3.5% |
| Western | 25 | 3.5% |
| Troon | 20 | 2.8% |
| Eyres Monsell | 19 | 2.6% |
| Castle | 15 | 2.1% |
| Thurncourt | 15 | 2.1% |
| Fosse | 13 | 1.8% |
| Unknown | 11 | 1.5% |
| Westcotes | 9 | 1.2% |
| Grand Total | 724 | - |

6. Geographic reach – below is a map showing the distribution of currently active carers receiving support from the carers support service.



7. Carer employment status

| Carers Employment Status | Q1 2024-25 | Percentage of Carers |
|--|------------|----------------------|
| Retired | 210 | 29.0% |
| Not Working due to Caring responsibilities | 172 | 23.8% |
| Part time employment | 115 | 15.9% |
| Full Time employment | 88 | 12.2% |
| Not Given | 69 | 9.5% |
| Unemployed | 64 | 8.8% |
| Student | 5 | 0.7% |
| Self-employed | 1 | 0.1% |
| Grand Total | 724 | - |

8. Age breakdown of people being cared for

| Age Breakdown of Person Being Cared For | |
|---|------------|
| 18-25 | 29 |
| 26-34 | 16 |
| 35 – 54* | 52 |
| 55 - 64 | 76 |
| 65-74 | 154 |
| 75 - 84 | 189 |
| 85+ | 123 |
| Unknown | 61 |
| Under 18, 0-4 | 6 |
| Under 18, 5-10 | 5 |
| Under 18, 11-15 | 6 |
| Under 18, 16-17 | 4 |
| Under 18* | 3 |
| Grand Total | 724 |

9. Carer outcome measures – taken from the 2024/25 quarter 1 monitoring return.

| Measure | Number of people reviewed | Number of people agreeing with the | % |
|---------|---------------------------|------------------------------------|---|
| | | | |

| | this quarter | outcome (actual) | |
|---|--------------|------------------|-----|
| I feel more able to manage my emotional health and wellbeing and access additional support if needed | 18 | 18 | 100 |
| I feel more able to manage my physical health and access additional support if needed | 18 | 18 | 100 |
| I feel able to manage my home and daily living needs alongside my caring role | 18 | 18 | 100 |
| I feel I have the ability to make decisions and choices about the support I receive in my caring role | 18 | 18 | 100 |
| I feel more able to manage and sustain relationships with family and friends | 18 | 18 | 100 |
| I feel more able to engage in community activities/volunteering/education opportunities | 18 | 18 | 100 |
| I feel more in control of my finances and know where to access additional support if needed | 18 | 18 | 100 |
| I feel more knowledgeable and confident in my role as a carer. | 18 | 18 | 100 |

End.

Proposal for the Carers Delivery Group Members

Undertaking a review of governance

Introduction

The Carers Delivery Group (CDG) members are requested to discuss and approve an approach to reviewing governance arrangements and relationship with relevant ICS governance structures and the statutory responsibilities of individual partner organisations.

The review, to be supported independently, is the **first phase** of a three-phase programme of work undertaken by all partners of the CDG. The three phases are:

1. Independent governance review.
2. Development of Carers Strategy to include public consultation.
3. Development of implementation plans to deliver the Carers Strategy.

Reason for the proposal to have an independent governance review

A number of drivers have emerged that have identified that it would be timely to review the governance arrangements in place for the unpaid carer agenda.

1. The drivers include:
 - Insights work through forums and across providers has shown some gaps in governance processes into and through the Integrated Care System and the Integrated Partnership Board.
 - The current CDG terms of reference were established in 2019. While there is key representation of the main partner organisations, it is timely to understand the vertical and horizontal governance arrangements of partners in regard to carers to ensure that it is supporting tackling the operational challenges and delivering on the objectives of the carers strategy.
 - Understand how the voice of the unpaid carer is heard and truly embedded into governance arrangement on an ongoing basis.
 - The current LLR Carer Strategy was published in late 2022 and runs until the end of 2025. The strategy and its resultant delivery plan(s) require a clear governance structure in order to have clear lines of accountability for its development and delivery.

The scope of the review

The aim of the governance review to is answer the fundamental question:

What needs to happen to ensure that we have a governance structure in place across the ICS which moves beyond individual organisations to systems working together with purpose and focus driven by the carer voice, to improve the lives of unpaid carers.

A governance structure should ensure that:

- the carer voice is heard.

- decision-making processes remain structured, transparent, and focused on the collective goal(s).
- promotes and maintains engagement internally.
- demonstrates legitimacy and credibility externally.
- partners understand their roles and responsibilities and do what they have agreed to do.
- it allows diversity, innovation and flexibility.
- the relationship between system, place and neighbourhood structures relevant to unpaid carer work is clear.

The review will be supported independently by a professional research organisation, who will support the development of the prompts to ascertain qualitative information.

The scope of the prompts will provide insights and understanding in regard to:

- What is working well.
- What can be improved.
- What the CDG aspires to.
- What the barriers are to reaching those aspirations.
- What the enablers are to reaching those aspirations.
- If the Terms of Reference are appropriate.
- How the CDG supported.
- Governance arrangements into the Integrated Care Board and Integrated Partnership Board and are they conducive to making a difference to carers.
- Vertical and horizontal governance arrangements of partner organisations and are they conducive to making a difference to carers.
- The mechanisms for hearing and acting on the voices of people and carers.
- The priorities of the CDG including development and delivery of the strategy
- Alignment to the priorities of individual partners.
- Connection between the CDG and key strategy partners and influencers.
- The CDG forward looking and innovative approaches.
- Effectiveness of the CDG in improving the lives of carers.

Who would be interviewed?

Interview would take place with:

- People and organisations (who are or represent carers and/r work with carers) including key voluntary and community organisations who support the delivery of services for carers.
- CDG members.

Those CDG members who represent local authorities may wish to nominate their elective member with a lead that encompasses carers to contribute to the research. NHS organisations may also wish their representative lay member to be interviewed.

It is recommended that a maximum of 30 participants would provide the necessary data to meet the overall aim of this qualitative review.

Timeline for the review

The outline timeline for the review is:

October 2024 - agreed overall approach for the review shared with all partner organisations for approval.

End of October/early November 2024 – CDG confirms all partners are in agreement of the review and have taken it through their individual organisation approval process and undertaken the necessary conversations.

Late November 2024 - develop full brief and appoint independent researcher.

December 2024 and January 2025 undertake research interview.

February 2025 - independent analysis and evaluation.

March 2025– delivery of independent Report of Findings.

Approach Collect and analyse the qualitative data

Conduct programme review and collect and analyse the data to inform the evaluation. Methods for collection are one-to-one interviews with CDG members, specific voluntary groups.

Report and communicate the findings

Produce report of findings and communicate the findings of the evaluation. The report would summarise the key findings and conclusions from the review, as well as the evidence and rationale that support them. It would also highlight the strengths, weaknesses, opportunities, and threats, as well as the best practices and lessons learned.

Develop, implement and monitor the recommendations

Utilise the report of findings to develop recommendations that should address the gaps, issues, and risks identified in the review, as well as the opportunities and improvements.

Recommendations

Carers Delivery Board Members are requested to discuss and approve the approach to undertaking a review of the current governance arrangements in place for the unpaid carer agenda.

Organisations take approval process through their own organisations.

Local authorities agree lay member and councillor leads participation.

Adult Social Care Scrutiny Committee

Work Programme 2024 – 2025

| Meeting Date | Item | Recommendations / Actions | Progress |
|-----------------------|--|---|---|
| 8 July 2024 | Adult Social Care Overview | The Commission noted the report. | Report circulated to Members. Added to the forward plan. |
| | Adult Social Care Reviews | A previous report on the strength-based approach be circulated to Members. | |
| | CQC Assessment of Adult Social Care - Readiness and Learning | The Commission to be kept updated on the CQC assessment. | |
| 29 August 2024 | Early Action – Leading Better Lives Project | Information to be provided on prevention budget. | Information provided to Members. |
| | | Information to be provided on cost of Ernst & Young Consultants and identified savings. | Information provided to Members. |
| | | Item to remain on work programme for Commission to receive updates on progress. | Added to the forward plan. |
| | SCE Procurement Plan 2024-25 | Consideration to be given to how social value could be added to contracts through procurement, particularly care leavers as a corporate parent. | Information provided to Members. |
| | | Item to be added to the work programme on supported living. | Updated on the forward plan. |

| Meeting Date | Item | Recommendations / Actions | Progress |
|-------------------------|--|---------------------------|----------|
| 14 November 2024 | Leicester Safeguarding Adults Board Annual Report Understanding Equity in ASC (A Deep Dive into Race Equity) Support for Carers | | |
| 9 January 2025 | <i>Suggested items tbc:</i> <i>Draft General Revenue Budget and Capital Programme 2025/26</i> <i>ASC Savings Delivery Programme</i> <i>Support for Self Funders</i> | | |
| 13 March 2025 | <i>Suggested items tbc:</i> <i>Supported Housing</i> <i>Autism Placed Based Delivery Plan</i> <i>External Workforce Strategy</i> | | |
| 24 April 2025 | <i>Suggested items:</i> <i>Young Carers</i> <i>Transitions from Childrens to Adults</i> <i>Prevention Update</i> | | |

Forward Plan Items (suggested)

| Topic | Detail | Proposed Date |
|-------------------------------------|---|---------------------------------|
| ASC funding | The Commission requested at the meeting on 29 August 2024 that an item be added to the work programme to discuss funding for care, particularly self-funding and deferred payment scheme. | 9 January 2025 |
| Supported Living | Commission requested at the meeting on 29 August 2024 that an update be provided on supported living. Consideration to be given to a joint discussion with the Housing Scrutiny Commission. | 13 March 2025 |
| Community Prevention / Early Action | Commission also requested preventative services be discussed at meeting on 8 July 2024. | 29 August 2024 24 April 2025 |
| Death by Suicide | For joint discussion with public health. | |
| Workforce | For joint discussion with public health. | |
| ASC Budget Monitoring | | |
| Winter Planning | Joint Adult Social Care & Public Health and Health Integration Scrutiny Commission – 10 September 2024. | 10 September 2024 |
| ASC quarterly performance report | | |
| Adult Social Care CQC Assessment | Update on learning from assessments at other authorities and readiness 8 July 2024. Commission requested to be kept updated on the CQC assessment. | |

