



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 23 APRIL 2026

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 Batool, Joannou, Kaur Saini, Orton, Russell and Sahu

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

For Monitoring Officer

Officer contacts:

Julie Bryant (Governance Services) Julie.bryant@leicester.gov.uk and Katie Jordan (Governance Services) Katie.jordan@leicester.gov.uk or E-mail: Governance@leicester.gov.uk Address: Leicester City Council, 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: Julie Bryant, Governance Services on Julie.bryant@leicester.gov.uk or Katie Jordan, Governance Services on Katie.jordan@leicester.gov.uk Alternatively, email governance@leicester.gov.uk, or call in at City Hall.

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PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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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 Thursday 12th March 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 CITY COUNCIL INTEGRATED CRISIS RESPONSE SERVICE: CARE QUALITY COMMISSION INSPECTION [Appendix B](#)

The Strategic Director for Social Care and Educations submits a report providing the Adult Social Care Scrutiny Commission with the Care Quality Commission's inspection outcome for the Leicester City Council Integrated Crisis Response Service (ICRS).

8. SUPPORT FOR CARERS [Appendix C](#)

The Director for Adult Social Care and Commissioning submits a report providing an update on carers work in the city and setting out key priorities over the next 9 months.

9. AUTISM AND NEURODIVERSITY DELIVERY PLAN UPDATE APRIL 2026 [Appendix D](#)

The Director for Adult Social Care and Commissioning submits a report updating the commission on progress made, highlighting key developments, outcomes achieved, and next steps.

10. EMPLOYMENT RIGHTS ACT 2025 [Appendix E](#)

The Director for Social Care and Commissioning submits a report to update the Commission on new legislation.

11. LLR LEDER ANNUAL REPORT SUMMARY 2025 [Appendix F](#)

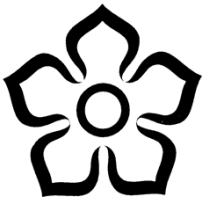
The Director for Adult Social Care and Commissioning submits a report to brief the Adult Social Care Scrutiny Commission on the findings of the LLR LeDeR programme and their work to date to learn and prevent premature deaths of people with a learning disability and autistic people in our area.

The report also includes a sense of the initiatives being undertaken to support the child death overview process (CDOP) for children and young people with a learning disability.

12. WORK PROGRAMME [Appendix G](#)

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

13. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 12 MARCH 2026 at 5:30 pm

P R E S E N T:

Councillor March – Chair
Councillor Cole – Vice Chair

Councillor Batool
Councillor Kaur Saini
Councillor Russell

Councillor Joannou
Councillor Orton
Councillor Sahu

* * * * *

1. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that no apologies for absence had not been received.

2. DECLARATIONS OF INTERESTS

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

3. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on 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 Thursday 15th January 2025 were a correct record.

The following matters were arising:

- Information from actions of the previous meeting had not yet been received:
 - Members requested figures on how much additional money was needed for staffing.

- To provide figures on income to the Council for disability benefits. How much additional money has needed to be spent on staffing?

4. CHAIRS ANNOUCEMENTS

The Chair announced that there would be a short break during the meeting for those observing Ramadan.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

6. PETITIONS

It was noted that none had been received.

7. LEICESTER CITY COUNCIL REABLEMENT SERVICE: CARE QUALITY COMMISSION INSPECTION

The Strategic Director of Social Care and Education submitted a report providing the Adult Social Care Scrutiny Commission with the Care Quality Commission's inspection report of the Leicester City Council Reablement Service.

The Service Manger for Independent Living Services gave an overview of the themes from the CQC Framework, points to note and matters to take forward. Key points to note were as follows:

- Achievements within the service sector were commendable with overall CQC ratings of 'Outstanding.'
- Inspection results were also awaited for the Integrated Crisis Response Service (ICRS).
- Regarding the Reablement service, of the 5 domains inspected, 4 were 'Outstanding' and 1 was 'Good'.
- Success was attributed to collective achievement over the past 20 years since the Council had won the Best Practice award.
- A breakdown of the key domain areas inspected was given as follows:
 - Safe – rated Outstanding. This had been achieved through multi-disciplinary team working
 - Effective – rated Outstanding. It was noted that 57% of those receiving Reablement services were fully independent, 26% required continued support at a reduced level and 83% continued to live at home. There was a 97% reported satisfaction rate.
 - Caring – rated Good. Feedback included a male service user who would have preferred continuous care from male staff. The diversity of the team was recognised though.
 - Responsive – rated Outstanding. The service was recognised for

it's Person centred approach, partnership work and medical discharges being immediately supported.

- Well Lead – rated Outstanding. The positive culture, commitment to staff well-being and diversity of workforce were recognised.
- Regarding next steps, it was felt that the recognition should be celebrated. There would be a month dedicated to sharing learning, working with the wider department and domiciliary partners. The aim was to create a learning hub and develop material. There would be a continued commitment to develop and value staff through succession planning.

In response to member questions and comments, the following was noted:

- The Chair recognised that this was a glowing report and recognised the importance of keeping services in house.
- A new framework spanning social work and education would build on existing learning. Resources could be utilised for cross cutting areas of improvement. More information and numbers on LPT discharges from their Reablement Unit could be provided to the commission.
- Co-production work had taken place to foster knowledge about the reablement service.
- For the 'Care' category, evidence had required strengthening. Feedback showed a 97% satisfaction rate.
- Scrutiny of the Integrated Care Service could be added to the next agenda.

AGREED:

- 1) That the report be noted.
- 2) More information and numbers on LPT discharges from their Reablement Unit would be provided to the commission.
- 3) The Integrated Care Service would be added to the next agenda.

8. SOCIAL ISOLATION AND LONELINESS

The Director for Social Care and Commissioning submitted a report to provide an overview of the approaches the Adult Social Care Department utilises to support people so that they are less likely to be impacted by social isolation and loneliness. The following was noted:

- It was estimated that between 30,000 and 33,500 residents in Leicester experienced social isolation, with higher levels associated with deprivation.
- Adult Social Care services often provided opportunities for increased social contact for carers and people receiving support.
- The department was taking a strength-based approach through Adult Social Care services to enable people to connect within their communities.

- Commissioning arrangements were increasingly asset based, with service providers encouraged to do more to connect individuals to local community support.
- Key service delivery included supported employment opportunities for people with learning disabilities and autism, with plans to expand this to a wider cohort from April.
- The Leading Better Lives programme aimed to address broader issues of social isolation and had been discussed previously at the Commission.
- Work was also taking place with Public Health colleagues to support people with severe mental illness and explore links between physical and mental health, including through the Joy platform.
- It was acknowledged that a range of work was taking place across the department, although there remained scope to do more.

In response to questions from Members, the following was noted:

- Members noted that social isolation was not limited to those receiving care and support and could also arise from factors such as economic hardship. It was suggested that addressing social isolation required a whole Council approach.
- The Leading Better Lives programme brought together representatives from across the Local authority and partner organisations, along with people with lived experience and the VCSE, through a programme board to encourage wider participation and collaboration.
- Work to measure outcomes and impacts of interventions was still at an early stage, including work relating to severe mental illness. An outcomes framework was being developed to monitor impacts and understand demand on services.
- Work with the voluntary, community and social enterprise sector (VCSE) was focused on understanding their role in supporting people experiencing social isolation. No additional funding had been provided at this stage, but partners had acknowledged that the Council alone could not meet all needs.
- Work was underway to improve access to information and support services. Feedback from previous engagement had indicated that many residents were unsure where to access help.
- Improvements were being considered to the MyChoice directory, alongside the development of the Joy platform, which aimed to provide a more accessible way for people to find local support.
- A previous community festival had highlighted that residents were often unaware of available services and support. Future events would seek to increase awareness and engagement.
- Preventative work was still in early stages and evidence was being developed to support future business cases. Members were advised that building the evidence base would be essential to demonstrate the long-term value of preventative approaches.
- The work linked closely with the Suicide Prevention Strategy and the NHS WorkWell programme, supporting people to improve wellbeing and

return to employment where possible.

- Social prescribers and local coordinators linked to GP surgeries were helping connect residents to community support rather than relying solely on medical interventions.
- Members raised the value of community based initiatives such as walking groups and warm welcome spaces in supporting mental wellbeing.
- It was noted that some individuals may choose to live in isolation. In such circumstances, services sought to work with consent and build relationships where possible while respecting individual choices.
- The Commission discussed potential challenges around demand on VCSE organisations and the importance of ensuring adequate capacity to support referrals from initiatives such as social prescribing.

AGREED:

- 1) That the report be noted.
- 2) For more information/numbers on how challenges and barriers are addressed.
- 3) Information on Mental Health Cafes to be shared with Members.
- 4) Further information to be shared on new VCSE platform to be shared.

9. EQUALITY AND DIVERSITY DEVELOPMENT

The Strategic Director for Social Care and Education submitted a report setting out the Social Care and Education Department's improvement ambitions with regards to equality and diversity over the 2026-27 year. The following was noted:

- This was a long-term project allowing for continued conversation. The aim was to create a maturity matrix.
- It was recognised that the service was strong in the area of co-production but needed to improve, drawing on staff lived experience.
- An inclusive decision making forum would be open to all staff.
- Key focuses for training would include bias awareness.
- A survey had been conducted asking participants to consider what changes were required to make the council an anti-racist organisation. The Mission Diverse service were analysing responses.

In response to member discussion and questions, the following was noted:

- Members noted that, despite ongoing consideration of equality and diversity, corporate progress has been limited.
- Most of the 14 priority areas identified were cross cutting across social care for adults and children.

- The Vice-Chair noted that he would be pleased to assist with considerations and working to challenge culture and mindset.
- It was noted that within the Social Care Team, global majority senior managers (HOS and above) were not representative of local communities, particularly within the Children's sector.
- More consistent understanding was required regarding manager's awareness of staff with a disability or neurodiversity. Steps to increase awareness had included conversations with the chair of the disability group.
- Clearer outcomes and measurable indicators were required, including metrics to better understand how staff felt about working in the department.

AGREED:

- 1) That the report be noted
- 2) For conversations to take place with the Strategic Director for Social Care and Education and the Vice Chair.
- 3) For the item to come back to scrutiny.

10. ANNUAL REPORT 2024/25 ADULT SOCIAL CARE COMPLAINTS AND COMMENDATIONS

The Strategic Director for Social Care and Education submitted a report to provide Adult Social Care's Scrutiny Commission with a copy of the Annual Report for 2024/25 produced in relation to Adult Social Care's (ASC) statutory, corporate, Local Government & Social Care Ombudsman complaints and commendations. The following was noted:

- The report was presented annually to the Commission.
- It set out complaints activity over the year and how learning from complaints and feedback was used to improve services.
- Feedback from people drawing on services was recognised as a valuable source of information to help shape service improvement.

In discussion with Members, the following was noted:

- Discussion took place around how scrutiny could gain a clearer understanding of the wider range of feedback received by the service, including issues that did not reach the formal complaints threshold. It was explained that feedback was considered through existing oversight arrangements and that both positive and negative feedback were reviewed as part of practice improvement.
- Around half of complaints related to the care received, with the remainder relating to people's experience of staff and communication. Further work was underway to improve how wider feedback was analysed, including the potential future use of AI to identify themes within larger volumes of data. It was noted that a broader feedback report may be brought to the Commission next year to capture issues

that fell below the formal complaints threshold.

- Commendations were highlighted as an important part of the overall feedback process and were used to recognise good practice and support frontline staff. This included sharing positive feedback through internal communications and newsletters.
- Communication continued to be one of the most common themes within complaints. It was noted, however, that the overall number of complaints remained low when considered against the volume of contact and support provided by the department. In response, work had been undertaken to introduce language guides to support clearer, kinder and more accessible communication across the service.
- The discussion also highlighted the importance of recognising that written translation alone may not meet everyone's needs, particularly where literacy or education levels were a barrier. The diversity of the workforce was recognised as a strength, particularly where staff were able to communicate in a person's first language and understand cultural context. Verbal communication and accessible language were therefore seen as important elements in improving communication with residents.

AGREED:

- 1) That the report be noted.
- 2) That an agenda item on AI analysis of complaints data would be added to the work programme.

11. SCE PRIORITIES AND PERFORMANCE REPORTS 2026/27

The Strategic Director for Social Care and Education gave a presentation displaying the fourteen agreed priorities for the Social Care and Education department for the 2026/27 financial year alongside performance ambitions which would be reported on periodically to track progress. Key points to note in addition to the slides attached were as follows:

- Regular progress reporting would come to scrutiny and could feed into the quarterly reporting.
- The aim was to have a strategy in place by the summer of 2026 for children's and adults supported living.
- The Leading Performance programme had been initiated in January. Each manager had a reflective workbook to improve leadership skills.
- Consideration was given on how to better use data and build manager skill sets to create leaders, culture and ethos.
- Significant work had taken place on quality assurance. Collaborative work with the Children's service were ongoing.
- Use of AI had been beneficial for the service.
- The recent White Paper on reforms to the schools and SEND systems in England was noted as potentially impacting Adult Social Care, with care plans already able to remain in place up to the age of 25. It was key to

- understand the pathways for transition from Children's to Adult Services.
- The Head of the Social Care Academy was now in place, with a formal programme launch coming in the autumn.
- Quarterly updates would be provided for the performance ambitions.

In response to member discussion and questions, the following was noted:

- Members noted the importance of understanding the priorities from the perspective of service users.
- AI could be used to check quality and was not intended replace staff. It was acknowledged that AI could contain an inbuilt bias.
- Priorities for equality and diversity were considered but a separate strand was required.
- The new website would be available in different languages with a new manager for web content.

Cllrs Sahu and Joannou left during the consideration of this item.

AGREED:

- 1) That the report be noted.

12. 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 the governance officer.

The following items were agreed to be added to the programme:

- 1) Consideration of use of AI for complaints.
- 2) Supported Living – possibly a joint item with CYPE scrutiny commission members.
- 3) Quality Assurance processes.

13. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19:49.

Adult Social Care Scrutiny Commission Report

Leicester City Council Integrated Crisis
Response Service:
Care Quality Commission Inspection

Lead Member: Cllr Mohammed
Dawood

Lead Strategic Director: Laurence Jones
Director: Ruth Lake

Date: 23 April 2026

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 the Care Quality Commission's inspection outcome for the Leicester City Council Integrated Crisis Response Service (ICRS).

2. Summary

2.1 ICRS was inspected by the Care Quality Commission (CQC) in March 2026. The outcome was a rating of 'Outstanding'.

2.2 Appendix 1 contains the full CQC Inspection report for detailed information about the inspection findings.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the CQC report and provide any comments
- b) Commend the efforts of staff and managers within ICRS for the outstanding inspection outcome

4. Report

4.1 ICRS is a registered domiciliary care service, regulated by the Care Quality Commission (CQC). It is subject to the CQC Provider Assessment framework. This judges the service quality against 5 key areas:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

- 4.2 ICRS last received a comprehensive assessment in December 2017 (published in April 2018). This rated the service as 'Good' overall, with a rating of good 4 areas, and outstanding in the area of 'responsive'.
- 4.3 It has therefore been over 7 years since the last comprehensive service inspection. The CQC use a risk approach to completing inspections. There have been national reports highlighting CQC's challenge in completing regular and timely re-inspections. Desktop processes have taken place since 2017, where ICRS has been required to submit evidence of service delivery to CQC.
- 4.4 The recent CQC inspection took place in March 2026. Inspectors were onsite during one week, meeting staff and managers. Stakeholder interviews, reviews of other information held by CQC and contact with people who have used the service were also sources of evidence to inform the inspection findings.
- 4.5 The context for service delivery is challenging. Whilst it is a registered domiciliary care provider, it operates a crisis model of support, responding to people's need within 2 hours. ICRS supports over 1000 people who have fallen at home each year, usually within one hour, avoiding waits for emergency services, mitigating the harm caused by long periods lying on the floor and reducing conveyances to hospital. The service undertakes complex risk assessments and staff are trained to complete specific health tasks.
- 4.6 The final report was published in February 2026. The service received a rating of 'Outstanding' overall, with all 5 key areas individually rated outstanding. The CQC report attached at appendix 1 details the findings in each area. This includes direct feedback from people who had used the service, from staff and from stakeholders.
- 4.7 The service is committed to continual learning and improvement, and this was reflected in the CQC report. As improvement is business as usual, and the inspection findings were overwhelmingly positive, no specific action plan will be developed in response to the CQC inspection report. The service will share its reflections on preparing for inspection within Social Care and Education, via the Learning and Improvement Board.

5.1 Finance

There are no financial implications arising directly from this report. The 'Outstanding' rating is noted and it indicates efficient use of resources within the service.

Signed: Mohammed Irfan, Head of Finance
Date: 10 April 2026

5.2 Legal

There are no direct legal implications to be considered. The exceptionally positive outcome of the recent inspection is, however, noted as evidence of the strong commitment to ensuring that the authority is meeting its statutory duties.

Signed: Vicky Sowah
Principal Solicitor
Date: 9 April 2026

5.3 Equalities Implications

The Integrated Crisis Response Service (ICRS) provides urgent, short-term support to adults experiencing a health or social care crisis at home, such as responding rapidly to individuals who have fallen. Consequently, this service disproportionately supports older adults and individuals with physical disabilities, mobility restrictions, or long-term health conditions.

An outstanding rating from the Care Quality Commission gives assurance that the service is delivering safe, effective and person-centred support, which helps to promote independence and improve outcomes for these groups. This rapid response improves health and well-being outcomes for these specific protected groups.

There are no negative equality impacts identified arising directly from this report, as it is for information and oversight only and does not propose changes to service access, eligibility, or provision. Ongoing performance monitoring and future service delivery should continue to consider the needs of people with protected characteristics under the Equality Act 2010.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148
Date: 7 April 2026

5.4 Climate emergency implications

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

Signed: Duncan Bell, Change Manager (Climate Emergency) Ext 372249

Date: 8th April 2026

6. Appendices

Appendix 1: CQC Integrated Crisis Response Service Inspection press release including a link to the full report on their website once published.



CQC upgrades rating of Leicester domiciliary care agency from good to outstanding

The Care Quality Commission (CQC) has upgraded the rating of the Integrated Crisis Response Service in Leicester from good to outstanding following an inspection in February.

The Integrated Crisis Response Service, run by Leicester City Council, is a domiciliary care agency which supports people who have fallen at home, preventing admission to hospital and facilitating people's discharge from hospital to home. It is part of the local authority's 'home first model', which works with established partner organisations in supporting people to remain in their own home.

CQC carried out the inspection in line with its 'right support, right care, right culture' [guidance](#), which assesses whether a service guarantees autistic people and people with a learning disability the respect, equality, dignity, choice, independence and access to local communities that most people take for granted.

CQC has rated the Integrated Crisis Response Service as outstanding for being safe, effective, caring and well-led, up from good. Responsive was re-rated as outstanding.

Greg Rielly, CQC's deputy director of adult social care for the East Midlands, said:

"When we inspected the Integrated Crisis Response Service, we found an incredibly responsive service with staff who were putting people at the heart of their care, ensuring both positive experiences and outcomes for them.

"Leaders had created an inclusive and person-centred approach to care. People were fully involved in all decisions relating to their care and determining the support they received, including any referrals to other services or agencies.

"It was clear that staff fully understood the diverse health and care needs of people within the community. We found that leaders were exceptional in ensuring people could access the care, support and treatment they needed, when they needed it. People received a response within two hours of being referred to the service, promoting their safety by reducing risk and enabling people to remain at home or return home from hospital.

“The service co-ordinated a multi-agency approach, which ensured referrals to other services, such as housing and technology, were made in a timely manner to support people’s independence. Staff also worked alongside occupational therapists and nurses to seek advice and guidance in people’s best interests, ensuring they had the best access to care.

“In 2025, the service received 1726 requests for assistance to people who had fallen at home. Of those, 72% of people remained independent following short-term support and just 4% had to be admitted to hospital, highlighting the effectiveness of the service and the positive impact it has on people’s health and well-being.

“Overall, staff and leaders should be incredibly proud of their ethos and approach to care in ensuring the best outcomes for people, allowing them to be as independent as possible, for as long as possible.”

Inspectors found:

- Staff made sure people’s care records provided clear information of the circumstances which led to their referral to the service, including their physical, mental, emotional and social needs.
- Staff treated people with care and respect, and people were supported by staff who spoke the same language as them and understood their cultural needs.
- Staff made sure people’s care records were accessible to them and in formats which met their communication needs. Flashcards, pictorial guides and communication boards were available to support people with cognitive or speech challenges.
- Staff and leaders were innovative in how they listened to, and used, information about people most likely to experience inequality in experience or outcomes to provide exceptionally tailored care, support and treatment in response.
- Staff supported people to plan for important life changes, giving them enough time to make informed decisions about their future, including at the end of their life.
- Leaders made it easy for people to share feedback and ideas or raise complaints about their care, treatment and support and people knew how to do this.
- Staff listened to concerns about safety and investigated and reported safety events. Lessons were learnt to continually identify and embed good practice.

The report will be published on CQC’s [website](#) in the coming days.

Contact

For media enquiries:

Appendix 1

- Liz Bowen, Senior Media Regional Communications and Engagement Officer – elizabeth.bowen@cqc.org.uk
- Lewis Cole, Senior Media Regional Communications and Engagement Advisor – lewis.cole@cqc.org.uk
- Alternatively, you can email regional.comms@cqc.org.uk

Journalists wishing to speak to the press office outside of office hours can find out how to contact the team on the [website](#).



Support for Carers

Adult Social Care LMB & Scrutiny Committee

Date of meeting: 23.04.26

Lead director/officer: Kate Galoppi / Rebecca Hayward

Useful information

- Ward(s) affected: All
- Report author: Rebecca Hayward
- Author contact details: rebecca.hayward@leicester.gov.uk
- Report version number: 3

1. Summary

- 1.1. The purpose of the report is to provide an update on carers work in the city and to set out our key priorities over the next 9 months.
- 1.2. The report will focus on the following areas:
 - i. CQC and Peer Review Findings
 - ii. New Carers Strategy 2026 -2030
 - iii. Commissioned Carers Support Service (Age UK)
 - iv. Short Breaks for Carers
 - v. Accelerating Reform Fund (LLR) Carer Projects:
 - a) Carers Emergency Support Plan
 - b) Hospital Discharge Grant
 - c) THINK Carer Training
 - vi. New Guide for Carers and carers assessments
- 1.3. A previous report on carers was presented to scrutiny in Nov 2024.

2. Recommended actions/decision

- 2.1. Commission members are recommended to:
 - a) note the current work that is being undertaken in response to the CQC inspection and Peer Review to improve support carers
 - b) note the commitment and approach to co-production in our work to develop support for carers.
 - c) to provide comment and feedback on the current arrangements

3. Scrutiny / stakeholder engagement

- 3.1. As part of the CQC inspection and peer review stakeholders were invited to give feedback on the City's approach to supporting carers, this included people with lived experience as well as voluntary and community providers and statutory partners.
- 3.2. A Carers Strategy workshop was held on February 3rd at Age UK, Leicester. The workshop was targeted at carers, organisations who support carers, and professionals working with carers. The aim of the workshop was to review our current strategic priorities to see if they are still relevant and fit for purpose, to provide feedback on what matters to carers and to identify any gaps. The workshop

was attended by 11 carers and 12 people from organisations that represent and/or support carers. The workshop was very positively received, and attendees were keen to be involved in developing the new strategy.

- 3.3. To ensure a wider input from carers we intend to publish an online survey on the council's consultation website, Citizen Space from April – May to gather wider views.
- 3.4. A further workshop with carers and partners will be held in May/June to agree in co-production the new priorities and develop the Leicester City Carers Strategy (2026-2030). A co-production working group will then support the development of a robust delivery plan.
- 3.5. As part of the review of our short breaks offer for carers of people with profound and multiple learning disabilities, engagement and consultation with carers and families and providers has taken place and identified that an enablement model is required that increases peoples' independence and offering a person-centred environment and variety of activities.
- 3.6. The Accelerating Reform Fund care projects are being co-produced, and the Emergency Support Plan has been developed by a co-production group of carers across LLR.
- 3.7. A new Guide for Carers is being developed co-productively with carers and social work teams.
- 3.8. Engagement with city carers via our co-production group Making it Real has identified a gap for carers in having their voice heard and being directly involved in shaping our offer for carers. As a result of this feedback, we are now including a carers group as part of the participation service.

4. Background and report information

4.1. Background and Context

- 4.1.1. 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 who haven't identified themselves as unpaid carers.
- 4.1.2. Our ongoing commitment to carers is set out in our Annual Plan:
'We want informal carers to feel well supported, able to continue their caring role and live a good life'.
- 4.1.3. In the financial year 2025/26, adult social care directly supported 712 carers. This is a slight increase on the previous years. Of these, 620 had a carers assessment, the remaining 92 were referred to other sources of support, including to the carers support service.
 - 480 had a joint assessment with the cared-for-person.
 - 130 had a separate assessment from the cared for person.

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

- 50 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.
- 31 carers received a one-off direct payment.

4.2. CQC Inspection and Peer Review Findings

4.2.1. In early 2025 the CQC inspected Leicester City Council Adult Social Care and issued their findings in a report dated July 2025. CQC rated the council overall as “requires improvement”. There were specific issues raised about the council’s response to Carers.

4.2.2. The key areas for improvement in the CQC inspection in relation to carers were:

- Withdrawal of Carers Support and not being replaced causing challenges in accessing information and advice
- Long waits for carer assessments with a median wait time of 119 days, the longest being 719 days against a target of 28-42 days
- Some carers reported that they weren’t offered Carers Assessments
- Inconsistent approach to Carers Assessments

4.2.3. In December 2025 Adult Social Care underwent a peer review, with a specific focus on carers, led by Northamptonshire County Council. The review identified areas of strength as well areas for improvement. The areas for improvement were:

- Inconsistencies in staff understanding of what support is available
- Strategic vision for carers is not always clearly communicated or understood
- Most Carers assessments are completed jointly in the context of how to support them in their caring role and not necessarily recognising them as individuals
- Offer to working age and young carers (under 18) is not clear.
- Improve information for carers including refreshing websites
- More work to engage ‘anchor’ institutions (universities, football, rugby)

4.2.4. To support and have oversight of our work to support carers across adult social care we have set up an internal Carers Oversight Group. The Carers Oversight Group, established in October 2025, is an internal group of officers from Adult Social Care chaired by Ruth Lake, Service Director. It currently meets every 4 weeks and is responsible for having strategic oversight of any work that is aimed at improving our offer to carers, ensuring work related to carers is cohesive and aligned with departmental strategic priorities, including having oversight of and supporting the delivery of the carer’s strategy and action plan. The 7 primary workstreams are:

- i. Carers Support Service
- ii. Developing a new Carers Strategy

- iii. Improved Information, Advice & Guidance for Carers
- iv. Developing a new Guide for Carers and Carers Assessments
- v. Accelerating Reform Fund
 - a) Emergency Support Plan
 - b) Hospital Discharge Grant
 - c) THINK Carer Training
- vi. Short Breaks for Carers
- vii. Carers Data and Key Performance Indicators

4.3. Carers Strategy

- 4.3.1. The current Leicester, Leicestershire & Rutland Carers Strategy (2022-25) was joint with County and Rutland and expired at the end of 2025. Oversight and review of the joint carers strategy sat with the Leicester, Leicestershire & Rutland Carers Delivery Group (CDG). The CDG membership comprises officers from each of the 3 local authorities, the ICB, University Hospitals, Healthwatch and a representative from each of the City's (Age UK) and County's (Voluntary Action South Leicestershire) commissioned carers support service as well as a couple of carers with lived experience. Administration and leadership of the CDG currently sits with County Council who we are working with to take forward a review of the membership, terms of reference and governance structure.
- 4.3.2. In November 2025 it was agreed that each local authority would develop its own carers strategy going forward. The new Leicester City Carers Strategy for 2026-2030 will be developed in co-production with carers and partners that represent and support carers in Leicester.
- 4.3.3. The previous strategy had the following 8 priorities, and these are currently being reviewed and evaluated to inform the development of a new strategy.
- 1) Carers are identified early and recognised - Building awareness of caring and its diversity
 - 2) Carers are valued and involved - Caring today and in the future
 - 3) Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting
 - 4) Carer Friendly Communities
 - 5) Carers have a life alongside caring – Health, education, employment and financial wellbeing
 - 6) ‘Care with Confidence – Technology and skills supporting you to care effectively’
 - 7) Carers can access the right support at the right time - Services and Systems that work for carers
 - 8) Supporting Young Carers
- 4.3.4. Some highlights of progress against these priorities over the last 18 months includes:

- Held a successful Carers conference (June 2025) for professionals in health and social care and voluntary sector partners to raise awareness and the importance of early identification of carers and the support available to them.
- Carers are involved; we have set up a carers panel to work alongside Age UK to continuously improve and promote the Carers Support Service. We have commissioned a new Carers Participation Service, due to go live this summer. Carers have co-produced the Carers Emergency Support Plan. Carers involved in revising the carers practice guidance
- New website for the Carers Support Service with more information and improved layout and navigation.
- Carers Support Service - targeted outreach to raise the profile of the service in hospitals and local GP surgeries as well as being involved in the Leading Better Lives community drop ins and information festivals.
- Carers Support Service new support groups established for parent carers and carers of people with ADHD.
- Delivered the Hospital Discharge Grant for carers
- Increased promotion and take up of the Carers passport – an LLR wide initiative that gives carers recognition and enables carers to access a variety of services and support.
- Work to improve the move between children’s and adult services with young carers and parent carers, so that they can consider and plan for their future aspirations in terms of college, university, leaving home and ageing.
- Carers are a key consideration of our leading better lives work and feature significantly in our early action plans and activities.

4.3.5. In November it was confirmed that each of the three local authorities would be developing their own strategies independently. This gives each local authority the opportunity to develop a place based co-produced strategy that reflects the voice of carers and what is important to them and their communities. Work is currently underway to gather views and feedback from carers and partners to inform and shape the new strategy.

4.3.6. A workshop with carers, organisations who support carers, and professionals working with carers to review our current strategic and to identify any gaps was held in February. There was a good response to reviewing the previous Strategy’s priorities and it was felt that some of the priorities could be amalgamated and re-worded. The workshop was very positively received, and attendees were keen to be involved in developing the new strategy.

4.3.7. To ensure a wider input from carers we have an online survey on the council’s Citizen Space. The survey will be easily accessed via a QR code which will be widely publicised via a press release, social media and sending to partner organisations and providers working with carers to share across their networks and with carers they support. The survey will also be sent to approx. 1,500 carers who have accessed the council’s Carers Support Service (and given their

consent to be contacted). The Carers Support Service will be doing some outreach and attending a range of community events to promote the survey.

- 4.3.8. The new strategy will be co-produced, and a co-production working group will be established. It is proposed that the strategy will be developed as a video, supported by a short 2- or 3-page written strategy or Charter. A delivery plan will sit underneath the strategy setting out the deliverables and key performance measures.

4.4. **Commissioned Carers Support Service.**

- 4.4.1. Age UK continues to deliver our commissioned carer support service to all carers over the age of 18. The current contractual period runs from July 2024 until June 2027 with an option to extend to 30 June 2029. 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.
- 4.4.2. The service supported over 500 carers in 2025/2026 with over half being self-referrals.
- 4.4.3. The support service is a crucial part of the support available to carers across the city 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, drop in's and other practical help such as peer support, emergency planning, and carers passports.
- 4.4.4. The service has just launched a new refreshed website with clear information and guidance for carers. It stands separate to their main Age UK website meaning carers can more easily access information in one click. [Support In Leicester for Unpaid Carers - Leicester Carers Support Service](#)
- 4.4.5. The service continues to respond to feedback from carers and has recently established some new carer drop-ins and support groups targeted at specific communities, for example the Neurodiversity Peer support group and LGBTQ+ Carers Café.

4.5. **Short Breaks**

- 4.5.1. Work is ongoing to develop an enablement focused short breaks offer for people caring for people with profound and multiple disabilities. We are currently working closely with the provider market to develop a model that whilst also giving carers respite, will increase people's independence and offer a person-centred environment and variety of activities.
- 4.5.2. A brochure is being developed in partnership with Leicestershire County Council and Leicester Partnership Trust to give carers clear information about what is available across the region.

4.6. **Accelerating Reform Fund (LLR) Carer Projects:**

- 4.6.1. 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. Funding is allocated to local authorities through ICS (Integrated Care System) geographies to encourage collaboration between local authorities and local health boards.

4.6.2. The funding has been carried over into 2026, and we are currently delivering the following key projects:

- a) Carers Emergency Support Plan
- b) Hospital Discharge Grant
- c) THINK Carer Training

4.6.3. As part of a Leicester, Leicestershire and Rutland consortium we have already delivered a very successful 'Summer Carers Conference', in June '25 aimed at health and social care professionals and voluntary and community sector organisations working with carers, to raise awareness and the importance of early identification of carers and the support available to them. We are planning a second conference in June this year to follow up on progress made and to launch the Emergency Support Plan and promote the THINK carer training now available for professional working with carers.

4.6.4. Carers Emergency Support Plan

4.6.4.1. Support for carers in a crisis is something that has been repeatedly raised by carers as a priority. The Emergency Support Plan has been co-produced with carers, and a standard template has now been developed for use 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. To ensure accessibility the Plan will be available in a variety of formats, online, QR code, printable hard copy. It has also been agreed in partnership with Lions Clubs that the plan can be used to piggyback on the already established 'message in a bottle' scheme used by first responders in emergencies. The final version of the Plan will be launched at our carers conference in June.

4.6.5. Hospital Discharge Grant for Carers

4.6.5.1. The aim of the discharge grant is to provide carers with additional support in the form of a one-off grant, up to a maximum of £200 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. The grant programme was launched in February 2026 and ended on 31st March 2026. Take up of the grant was good and it has been positively received by carers. Over 135 carers have been awarded a grant within the city and over £23,000 has been awarded. Grant money has been used to purchase new bedding, help towards costs of new washer/dryers and incontinence pads.

4.6.6. THINK Carer Training

4.6.6.1. Following feedback from the summer conference in June from health and social care staff and the voluntary and community sector it was clear that

more awareness and training was needed around the importance of carer identification and to build staff confidence in having conversations with carers are feeling able to signpost them to sources of support. On the back of this funding was allocated to develop and deliver a THINK Carer training programme across LLR.

- 4.6.6.2. Take up of the training has been popular with all 8 sessions scheduled for 2025 now fully booked. Feedback from staff has been overwhelmingly positive and we are now exploring the possibility of running further sessions.

4.7. **Guide for Carers and carers assessments**

- 4.7.1. Social Work Teams have been working with carers to develop a new Guide for Carers; this uses plain language and sets out what carers can expect from a carers assessment.

4.8. **Summary**

- 4.8.1. The report outlines the range of activity currently being undertaken which puts carers at the heart of what we do in adult social care. The carer voice is essential to this work, and all plans will continue to be coproduced with our carer community in Leicester. Whilst there is still a lot to do, the clear sense of where we are working well to support our carers, and where we need to improve will drive our work and ambitions to ensure carers are well supported, feel able to continue to care and live a good life in our city.

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

5.1 Financial implications

There are no specific financial implications within this report which is focused on the approach to developing our support for carers. Any resultant Carer's strategy will likely inform the local authority's plans for developing its respite provision offer to carers and available resources will need to be considered at that point.

Signed: Matt Cooper, Business Manager (finance), Ext 2145

Dated: 13th April 2026

5.2 Legal implications

There are no apparent legal implications directly arising from the content of this report.

Signed: Emma Young, Senior Lawyer

Dated: 13 April 2026

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

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation. The report sets out the work currently in progress to support carers in the city, along with key priorities for the next nine months. Equality considerations have been built into this work, and a co-production approach ensures that carers voices and lived experience are fully represented. For example, this includes developing the new Carers Strategy for 2026-2030 and updating guidance for carers and carers assessments. Work currently underway on the CQC and peer review findings, commissioned support services, short breaks, improving information, advice and guidance and data on carers, along with key performance indicators should lead to improved services for carers, who will be from across a range of protected characteristics. It is recommended that Equality Impact Assessment (EIAs) are carried out as part of the currently underway to support carers in the city, to ensure that we can demonstrate that equalities impacts have been considered. The EIA process enables the Council to identify potential issues, take appropriate action to reduce or remove negative impacts, where possible, and maximise any potential for positive impact. As an ongoing process, the EIAs should be reviewed regularly as part of the decision-making process and updated to reflect the outcomes of any engagement or consultation.

Signed: Sukhi Biring, Equalities Officer

Dated: 9th April 2026

5.4 Climate Emergency implications

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

Signed: Duncan Bell, Change Manager (Climate Emergency), Ext 372249

Dated: 09.04.26

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

6. Background information and other papers:

7. Summary of appendices:

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



Autism and Neurodiversity Delivery Plan Update April 2026

ASC Scrutiny Commission

Date of meeting: 23rd April 2026

Lead director: Kate Galoppi

Useful information

- Ward(s) affected: All.
- Report author: Leanne Karczewski
- Author contact details: Leanne.Karczewski@leicester.gov.uk
- Report version number: 1.0.

1. Summary

- 1.1 The ASC Scrutiny commission received a report in March 2025 seeking feedback and endorsement on the new 'Leicester City Adult Social Care Autism Delivery Plan 2024-2026.
- 1.2 Following feedback from the Scrutiny commission the delivery plan has strengthened its focus on neurodiversity as well as autism. In developing and delivering this work it is important to recognise that individuals who experience neurodivergence experience it differently and may not wish to be defined by diagnostic labels. We need to recognise this whilst ensuring it does not limit our ambitions to create environments and support that are accessible and inclusive for everyone in the city. To achieve this, we ensure that people affected by Neurodivergence and autism are at the centre of what we are doing by working in co-production and partnership wherever possible.
- 1.3 This report presents to the commission progress made since the launch of the plan, with a particular focus on events and activities taking place across Leicester City to deliver on the first priority of the Autism and Neurodiversity Delivery Plan which is ***“to make sure that information, advice and guidance is easy to find and use, reliable and consistent for autistic and neurodivergent people.”***

2. Recommendations

- 2.1. The ASC Scrutiny Commission is invited to comment on the progress of the delivery plan for Neurodiversity and Autism.

3. Background

- 3.1. Leicester City Autism and Neurodiversity Delivery Plan is grounded in a clear legal and strategic framework. It aligns with:
 - Care Act 2014 – ensuring fair access to information, advice, and support that helps people make informed decisions.

- Equality Act 2010 – embedding reasonable adjustments and accessible services so no one is disadvantaged.
- Autism Act 2009 – supporting early diagnosis, workforce awareness, and appropriate local services.

3.2 These duties provide the foundation for the Delivery Plan, ensuring all priorities are statutory-compliant while focusing on what autistic and neurodivergent people, and their carers, have told us matters most.

3.3 The Delivery Plan was launched on the City Council website in January 2026, and a project delivery group is now up and running to provide governance and direction for this work.

Data and evidence base

3.4 Strengthened data collection and analysis is central to planning. The revised Joint Strategic Needs Assessment (JSNA) has now been published and, includes separate chapters for autism and learning disabilities and autism only. This enables targeted, evidence-driven prioritisation.¹

3.5 The chapter for autism only is the first one in Leicester time which means that for the first time we will have data and recommendations broken down by these distinct groups enabling us to focus our work on areas for improvement more effectively.

3.6 There are several key recommendations and findings in the JSNA that have helped us to identify key areas for focused work. Leicester City has specific challenges for autistic and neurodivergent residents, particularly in areas of higher deprivation and within its large ethnic minority communities. Autistic adults experience higher rates of mental ill health, and national data shows significant growth in autistic mental health inpatients, especially those without a learning disability, highlighting increasing demand on services.

3.7 The JSNA and local engagement have identified key priorities, including improving access to culturally sensitive support, addressing health inequalities, supporting carers, and ensuring services, public spaces, and transport are more accessible for people who are autistic and/or neurodivergent.

Progress against Delivery

3.8 The Autism and Neurodiversity Delivery Plan has now been published on the City Council's website and shares our intention for this to be the first step towards Leicester becoming an Autism and Neurodiversity Friendly City along with the six priorities we are working on.

¹ [Adults' Joint Strategic Needs Assessments | Joint Strategic Needs Assessment | Leicester City Council...](#)

- 3.9 A Project Delivery group has been formed to provide governance and direction for the delivery of the Plan. Joint funding has been agreed for a part time 2-year fixed term Business Change Commissioning Manager post who will lead on the implementation of the Council's and Health's ambitions around autism, neurodiversity, and the development of short breaks.
- 3.10 For the Neurodiverse Friendly City blueprint initial benchmarking has taken place with Bradford City Council and further benchmarking is planned with Cardiff. The learning and evidence gathered from this benchmarking and the initial phase of the delivery plan will inform the first draft of the Blueprint, for consideration in June 2026.
- 3.11 Central to the Delivery Plan is co production and engagement with autistic and neurodivergent people, their families, and carers. As part of Autism Acceptance Month and Neurodiversity Celebration Week in the third week of March and the whole of April, we are delivering a series of community engagement events under the banner of "Leading Better Lives."
- 3.12 These informal sessions have been designed to improve accessibility, encourage open conversations, and strengthen links between the Council and the community.
- At each session, we are providing:
- Information about Autism Space and how families can access helpful information and support about autism and neurodivergence.
 - Information on wider health-related services
 - Signposting to relevant voluntary and community sector groups
 - Information on local organisations and peer support networks that autistic and neurodivergent (ND) individuals may find helpful.
- 3.13 In addition to providing information, we are using these sessions as an opportunity to gather feedback from autistic and neurodivergent individuals, families, and community members on what they would like to see in a more ND-friendly city as a part of the longer-term Autism ND Delivery plan. This feedback will help inform future planning, service development, and partnership work.
- 3.14 We have already delivered our first two sessions at the Brite Centre in Braunstone and the Eyres Monsell Children's and Young People's Club. Both sessions have been well attended and already given us helpful insights about what people who live in the city want to see in place to make the city more neurodivergent friendly.
- 3.15 In attendance so far, we have had Social Workers, representatives from the Department for Work and Pensions (DWP) and the Violence Reduction Network as well as VCSE organisations. Our aim is to build a network of people with lived experience and professionals who want to have an influence

in the city, and first indications from the drop ins is that this would be welcomed.

- 3.16 We are also working in partnership with a small local organisation called “A Different Human Design”. This organisation provides information and awareness of all neurodivergent conditions and is run by people with lived experience. They aim to equip people with information and do this in innovative ways including a “book/information bus” that travels around to different venues. A Different Human Design are delivering an event on the 11th and 12th April at the High Cross called “Beat the Odds” which has brought together a wide variety of providers, activities and initiatives across Leicester which aim to improve mental health, with a focus on Neurodiversity. Leading Better Lives are sponsoring this event and will have a stall all weekend at the event in the old Top Shop space. ([See appendix A for leaflet](#)).
- 3.17 The ADHD Support Service contract is currently being mobilised, which will replace the support provided by ADHD Solutions that unfortunately ceased trading at the end of 2024. This will be a 12-month contract initially with the option to extend for a further 12 months pending further funding being available from the ICB. The reach and impact of this new service will be closely monitored to ensure effective use of funding and evidence of the demand for preventative support in the future.

Partnership working and alignment with related work.

- 3.18 We have strong partnerships across Leicester, Leicestershire and Rutland, including the LLR Autism Partnership Board, the Learning Disability and Mental Health Collaboratives, the Mental Health Partnership Board, and the Neurodiversity Subgroup to ensure consistent and effective regional collaboration.
- 3.19 Through **Leading Better Lives**, we will be improving neighbourhood-level access to information and support in formats suitable for autistic and neurodivergent people and their carers.
- 3.20 Our work with **Leicestershire Partnership Trust** is enhancing digital information and guidance through Autism Space and the Joy app.
- 3.21 We are building partnerships with the Voluntary and Community Sector organisations such as **A Different Human Design** who work in a neuro affirmative way to build trust and confidence with people in the community.

Governance and accountability

- 3.22 Governance and guidance are being provided through the **Autism Partnership Board**, with co-production from the **Participation Service / Lived Experience Group** and input from **Leicester Voices Together**, ensuring decisions are informed by lived experience.

3.23 The six workstreams will run from January 2026 to June 2027, with a **proactive review at the end of the programme**, and a **June 2026 update to Leadership** to demonstrate progress and present proposals for the **Autism and Neurodiversity Friendly City Blueprint**, informed by pilots, benchmarking, and wider LLR engagement.

5. Financial, legal, and other implications

5.1 Financial implications

There are no direct financial implications arising from this report.

Mohammed Irfan, Head of Finance
13 April 2026

5.2 Legal implications

There are no apparent adverse or significant implications from a commercial legal perspective.

The report mentions engagement with various third parties, from other local authorities to working in partnership with a local organisation called "*A Different Human Design*". These seem to have been set up as part of the Delivery Plan. If any of these arrangements have not been procured formally or documented, it may be worth running the details past the Legal and Procurement teams to ensure that the relationships are regulated so as to be in accord with the Procurement Act 2023 and the Council's own internal Contract Procedure Rules.

Emma Young, Senior Lawyer
13 April 2026

5.3 Climate Change and Carbon Reduction implications

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

Phil Ball, Sustainability Officer, Ext 37 2246
April 13 2026

5.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

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

This report seeks approval for the final draft of the delivery plan and steps across six priority areas to improve services and outcomes for autistic and neurodivergent people in Leicester. The plan aims to reduce health inequalities which are often amplified for disabled groups.

The most relevant equality implications primarily relate to the protected characteristic of Disability, as autism and most forms of neurodivergence are covered under the Equality Act 2010 where they have a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

The successful implementation of this Delivery Plan should lead to a measurable improvement in the experiences and outcomes for autistic and neurodivergent people across all relevant protected characteristics. There may be actions arising from the plans which would benefit from further consideration of the equality's implications and possibly a full equality impact assessment in certain circumstances.

Equalities Officer, Surinder Singh, Ext 37 4148
Date 13 April 2026.

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

6. Background information and other papers:
7. Summary of appendices:

[Appendix A](#)- Beat the Odds leaflet

Appendix A- Beat the Odds Health and Wellbeing festival



Health & Wellbeing Family Festival

Neurodiversity • Mental
Health • Community

Saturday 11th
& Sunday 12th April 2026
At Highcross Shopping Centre
Leicester

Do you know where to turn for support?

As waiting lists get longer & pressure increases on health services, we are showcasing the wonderful initiatives serving Leicestershire.

Find the perfect match to support you & your family with community groups, advice, coaching, inspiration & more!

Expect information stalls, uplifting talks, interactive activities, sampler sessions, exclusive discounts and raffle.

For a full list of exhibitors 

This list will continue to be updated, so keep checking back for more!
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Appendix E



Employment Rights Act 2025

Adult Social Care Scrutiny

Date of meeting: 23rd April 2026

Lead directors: Kate Galoppi

Useful information

- Ward(s) affected: ALL
- Report authors: Annette Forbes
- Author contact details: Annette.forbes@leicester.gov.uk
- Report version number: 1.0

1. Summary

1.1 The Employment Rights Act reforms represent one of the most significant changes to employment protections in recent years. Implementation will be phased across 2026 and 2027. For adult social care providers, these reforms have implications for: Workforce costs Recruitment and retention Rota planning and staffing resilience Payroll compliance Governance and inspection readiness While CQC does not enforce employment law directly, workforce governance impacts both the Safe and Well-led domains. Providers should treat these reforms as both a legal and operational priority.

2. Recommendations

2.1 For ASC Scrutiny members to receive this update on new legislation which is a welcome improvement for the rights of people working in this sector, but noting the potential risks and implications that will need careful management.

3. Report

Background and Context

3. Supporting information:

3.1 Introduction

This briefing note summarises the significant UK employment law reforms due to take effect between February 2026 and January 2027, with a specific focus on what these changes mean for adult social care providers in Leicester and Leicestershire. The Employment Rights Act (ERA) will bring new obligations and responsibilities for social care employers across England, this report focuses on the initial challenges and support that may be required to help manage the quality & stability of social care provision within Leicester City.

The adult social care sector already faces high vacancy and turnover rates, alongside significant operational pressures. Therefore, understanding the upcoming legislative changes is essential for providers to ensure compliance, mitigate risks, and maintain workforce stability.

Note timelines are subject to change and guidance from Central Government or ACAS relating to some aspects has not yet been issued.

3.2 Overview of Key Legislative Changes (2026–27)

From April 2026, a series of major employment law changes will come into effect. All workers will become eligible for Statutory Sick Pay (SSP) from the very first day of absence, with payments set at either 80% of their weekly earnings or the standard flat rate, depending on which is lower. At the same time, employees will gain a day one entitlement to unpaid parental leave, provided they give 21 days' notice, and paternity leave will also become a right from the first day of employment.

A new entitlement will also be introduced for bereaved partners, allowing fathers or partners of a deceased mother or primary adopter to take up to 52 weeks of leave during the first year following the death. In addition, whistleblowing legislation will be expanded so that disclosures relating to sexual harassment are explicitly recognised as qualifying protected disclosures.

Enforcement activity will be strengthened through the creation of a new Fair Work Agency, which will bring together the functions of several bodies—including HMRC's National Minimum Wage Enforcement, the Employment Agency Standards Inspectorate, and the Gangmasters and Labour Abuse Authority. Its remit will span areas such as Statutory Holiday Pay, Statutory Sick Pay, umbrella companies, and modern slavery.

Finally, employers who fail to consult collectively on redundancies will face a significantly increased liability, as the maximum protective award will double from 90 days' pay to 180 days' pay.

The forthcoming changes are likely to have a noticeable impact on adult social care services, particularly in relation to workforce pressures. As Statutory Sick Pay becomes available from the first day of absence, providers may see an increase in SSP claims and short term sickness, which could further strain staffing levels. Given that social care rotas must operate continuously and many services already face workforce shortages, any rise in unplanned absence may place additional pressure on workforce stability and increase reliance on agency staff.

In addition to sickness absence, the expansion of day one entitlements, such as paternity leave and unpaid parental leave, will contribute to greater levels of unplanned or short notice leave. To manage this effectively, providers will need to strengthen their approach to rota planning and develop more resilient staffing models. This will require improved rota management processes, better coordinated bank staff arrangements, and a greater emphasis on using real time workforce data to respond quickly to emerging staffing gaps.

By October 2026, several further reforms will come into effect that will shape employment practices across the adult social care sector. The period will see the establishment of the Adult Social Care (ASC) Negotiating Body alongside the infrastructure required for the Fair Pay Agreement (FPA). Together, these bodies are intended to introduce nationally agreed standards for pay, terms and conditions, and

training across the sector, setting a more consistent framework for workforce expectations and rights.

At the same time, the time limit for bringing Employment Tribunal claims will be extended to six months, giving employees a longer window in which to raise legal challenges related to workplace disputes.

Employers will also face a strengthened duty to prevent sexual harassment. This duty will require them to take all reasonable steps to protect staff, including from harassment perpetrated by third parties such as people drawing on support, clients, and customers. This represents a significant expansion of employer liability and places greater emphasis on robust organisational policies and preventative measures.

Additionally, new public sector outsourcing rules will be introduced to ensure fairer treatment of employees. These measures aim to prevent divergence in terms and conditions between former public sector workers transferred under TUPE and private sector staff later employed on the same contracts. In practice, this means that private sector employees working on outsourced public sector service contracts will have their terms and conditions aligned with those previously transferred from the public sector, reducing inequalities and inconsistencies within the workforce.

The introduction of the Adult Social Care (ASC) Negotiating Body and the Fair Pay Agreement (FPA) is expected to have a significant impact on the sector. These arrangements may require providers to offer higher rates of pay, more secure contractual hours, and improved terms and conditions for staff. Although these reforms aim to strengthen and stabilise the workforce, there is a risk that the changes will not be supported by sufficient central government funding. As a result, providers may face difficult financial decisions relating to staffing levels, service viability, and their ability to meet new employment obligations.

In response to these pressures, some providers may seek to renegotiate their contracts with commissioning authorities. This is likely to be particularly evident in the Home Care sector, where tight margins may force organisations to hand back care packages, restructure their workforce, or, in extreme cases, close services altogether.

To demonstrate compliance with the new statutory requirements, providers will need to ensure that they have robust documentation, transparent processes, and strong management capability in place. This includes maintaining fair procedures, accurate employment records, and appropriate training for managers. As compliance requirements increase, commissioners will also face greater demands, with more complex contract monitoring arrangements potentially adding pressure to their own staffing and capacity.

Alongside these changes, sustainability is expected to play a more prominent role in procurement evaluations, requiring providers to demonstrate ethical workforce practices, financial resilience, and long-term viability. Over time, providers with stronger employment practices and more stable governance are likely to become more competitive within the market. This could contribute to gradual consolidation, with larger or more financially secure organisations absorbing smaller providers struggling to adapt to the new landscape.

Although the reforms seek to create a more resilient and sustainable adult social care market, achieving this will come at a higher baseline cost for both providers and commissioners.

By January 2027, a further set of significant employment law reforms will come into force, bringing substantial changes to dismissal rights, contractual practices, and workplace protections. The qualifying period for bringing an unfair dismissal claim will be reduced to six months, and the existing cap on compensation will be removed entirely. This change will considerably increase employers' exposure to potential claims and heighten the importance of robust and compliant HR processes.

At the same time, new restrictions on "fire and rehire" practices will be introduced. Where an employee refuses to accept a restricted contractual variation, such as changes to pay, pensions or working hours, any subsequent dismissal will be treated as automatically unfair. This creates a much higher threshold for employers seeking to restructure terms and conditions.

Bereavement protections will also be strengthened. From day one of employment, workers will have the right to unpaid bereavement leave, including in cases of pregnancy loss before 24 weeks. In addition, flexible working arrangements will be bolstered by a new requirement that refusals must be based on "reasonable" grounds, raising expectations for transparency and fairness in decision-making.

Further protections will be introduced for new or expectant mothers, providing enhanced safeguards against dismissal during pregnancy and the period following childbirth. Workers on zero hours contracts will also benefit from new rights: after a vesting period, anticipated to be around 12 weeks, employers will be required to offer them a permanent contract that reflects their average hours. Employers will also be obliged to give reasonable notice of shift changes or cancellations, ensuring greater stability for workers previously reliant on unpredictable schedules.

Finally, new requirements for organisations to develop menopause action plans and gender pay gap action plans will come into effect, signalling a stronger focus on workplace equality, wellbeing, and long term workforce inclusion.

3.3 Local Context

The significance of these reforms is amplified by the already challenging workforce landscape across Leicester and Leicestershire. Leicester is currently reporting a vacancy rate of 7.1%, illustrating the persistent difficulties providers face in recruiting sufficient staff. In Leicestershire, the turnover rate stands at 22.8%, highlighting ongoing challenges with workforce retention. In addition, approximately 87% of the adult social care workforce is employed within the independent sector, where many small and medium-sized providers have limited HR capacity. This will make it especially difficult for them to absorb and implement the substantial new responsibilities introduced through the Employment Rights Act.

Together, these factors underline the need for providers to prepare proactively for the forthcoming legal changes. For organisations already operating in a tight labour market, meeting new obligations around leave entitlements, Statutory Sick Pay, and pay related reforms is likely to be particularly resource intensive. Some smaller providers may struggle to adapt and could consolidate or exit the market altogether,

increasing the risk of sudden reductions in capacity and the need for emergency placements by the local authority.

3.4 Recommendations for Contracted Social Care Providers

To effectively manage the risks and opportunities arising from the 2026–2027 employment law reforms, providers are encouraged to take a proactive and structured approach to organisational readiness. This begins with reviewing and updating all employment contracts, policies, and staff handbooks to ensure they fully reflect the new legal requirements. Strengthening HR governance will be essential, particularly in areas such as sickness management, dismissal procedures, and the accuracy and consistency of employment record-keeping.

Providers will also need to prepare for expanded leave entitlements by improving their rota planning systems and developing more resilient contingency staffing models. Making greater use of real time workforce data will support more effective decision making during periods of unplanned absence or increased demand. Alongside this, managers must receive appropriate training to ensure they understand their responsibilities in preventing harassment and responding appropriately to whistleblowing concerns.

Given the potential future impact of the Fair Pay Agreement (FPA), providers should remain alert to national developments and undertake financial scenario planning to understand how any changes to pay and conditions may affect their operating costs. Finally, fostering open and constructive engagement with trade unions will be an important factor in supporting positive workforce relations and helping organisations navigate these significant sector wide reforms.

3.5 Support Requirements for Quality & Contracts & Commissioning

Providers will require substantial support to navigate the changes introduced through the new employment legislation. Leicester City Council commissions providers support services from the Leicestershire County Council Inspired to Care team, a jointly funded initiative designed to strengthen recruitment, retention, and workforce capacity across the local social care sector. Inspired to Care offers a comprehensive package of free support, including exclusive access to its online Members Area, which hosts a wide range of recruitment and retention tools and resources. Providers also receive invitations to fully funded bimonthly conferences featuring workshops, training sessions, expert speakers, and networking opportunities. Additional support includes free advertising through Inspired to Care’s website and social media platforms, links to other no-cost advertising outlets, and tailored one to one visits to help organisations address specific challenges.

Providers benefit from priority booking for events such as career fairs, access to a dedicated LinkedIn group, opportunities to join a staff discount scheme, and participation in funded recruitment pilots. Regular newsletters, vlogs, blogs, and best practice guidance further enhance providers’ access to workforce development insights and advice.

In direct response to the Employment Rights Act, Inspired to Care has commissioned a specialist Human Resources company to support local providers in adapting their

HR practices. Conferences have already been delivered to explain the legislative changes in detail and briefing notes have been produced to assist with implementation. The commissioned HR specialists offer a range of services, including compliance audits, risk reviews, updated HR policies and documentation, management training for social care leaders, and ongoing HR advisory support. Although this enhanced HR support comes at a cost to providers, larger organisations with established HR teams may be able to manage the changes independently. The offer will, however, be particularly valuable to the many smaller standalone providers that form a significant part of the city's residential care market.

Inspired to Care will continue to expand its support, developing new fact sheets and workshops tailored to the upcoming legislative changes. At the same time, Leicester City Council will strengthen its risk matrix and Quality Assurance Framework by incorporating data relating to providers' compliance with the new HR requirements. This will help identify early warning signs of potential provider failure and reduce the likelihood of disruption for people drawing on care, such as emergency moves or sudden contract terminations.

In addition, the Council will update its Business Continuity Guidance for providers and deliver further workshops through the Quality Improvement Team within the Quality & Contracts Service. These sessions will help providers assess the increased pressures arising from the legislation and consider how best to identify, manage, and mitigate associated risks.

4.1 Conclusion

The impact of the ERA will be wide ranging but the effects are yet to be determined. As stated earlier in the report, providers may approach LCC with requests for additional fees to help them meet the new legislative requirements and this will need to be considered in the fee reviews that are conducted annually. There are no guarantees within the legislation or guidance that these will be adequately funded by central government which may result in additional financial pressures for LCC going forward.

Further reports will be produced as the situation develops and challenges are identified.

5. Financial, legal and other implications

5.1 Financial implications

This report provides an overview of key legislative changes relating to UK employment law. Government have not provided full details but some aspects are due to come into effect from April 2026 and some later on in October 2026. The impact will therefore be across financial years 2026/27 and 2027/28.

As part of these reforms, there will be the introduction of the Adult Social Care Negotiating Body and a Fair Pay Agreement (FPA). The introduction of the FPA may mandate higher levels of pay and improved employment conditions for workers in the sector. Any increase in pay will lead to higher costs for adult social care providers and may lead them to request price increases from the council. The financial impact of this cannot be quantified because any pay increases haven't been agreed yet.

This report flags up the risk that government may not provide full funding for any future care worker pay increases. The council budgets for a modest increase in independent sector package costs. If costs increase beyond our budgets, it will lead to a financial pressure for Adult Social Care. Commissioning teams will need to be prepared to have tough negotiations with providers if the council cannot afford to meet requests for price increases.

The right for some workers on zero hours contracts to move to permanent contracts may lead to substantial costs for providers and may need to additional future costs such as redundancy, annual leave, sick pay, etc. If zero hours contracts are reduced or phased out, it will reduce the desired flexibility that works for certain people.

It must be made clear to providers that the Human Resource Company is a paid for service. This may make it prohibitive to smaller providers so an alternative way to provide them with the necessary information will be helpful.

If higher pay and improved employment conditions are achieved through these reforms, the adult social care may become more attractive as a sector to work in and could potentially reduce the recruitment and retention challenges that are widely felt in the sector.

Mohammed Irfan, Head of Finance
01 April 2026

5.2 Legal implications

Employment Law Implications:

The Employment Rights Act 2025 will bring complex challenges for employers both financially and procedurally.

The report has identified the potential changes that are likely to affect the adult social care sector.

Leicester City Council is not the legal employer of staff within outsourced care services, rather the service providers themselves are the contractual employers of those staff. Accordingly, employment law obligations rest with these providers, who are responsible for ensuring compliance with any legislative changes.

However, these changes may result in increased operational costs for providers (eg changes to sick pay etc) which may affect the financial viability of contracts. It is unclear whether further assistance will be given by central government or whether the Council will be expected to assist.

In light of this, further advice should be sought from finance and from the commercial team in legal if service providers request further funding or changes to their existing contracts as a result of the employment changes.

From an employment perspective the City Council is not the employer.

Suraiya Ziaullah
Senior Solicitor, Education & Employment Law
0116 454 1487

Commercial, contract and procurement

There are no apparent adverse implications of this report from a commercial legal perspective.

As noted above, in the longer term, there is likely to be an impact on commissioning in the ASC sector, as providers seek to renegotiate contracts to accommodate increased and/or new pay and employment obligations. The report also highlights it is probable that contracts will need more robust monitoring processes and tenders/contracts may need to emphasise sustainability and employment practices to a greater degree.

Any work commissioned by the Council from third parties (such as Inspired to Care) will need to follow the usual procurement and internal processes to ensure compliance with the Procurement Act 2023 and LCC's Contract Procedure Rules.

Emma Young, Senior Lawyer, Contract and Commercial
1 April 2026

5.3 Climate Change and Carbon Reduction implications

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

Phil Ball, Sustainability Officer, Ext 372246
1st April 2026

5.4 Equalities Implications

The Employment Rights Act 2025 (enacted in December 2025) will impact on local authorities and adult social care (ASC) departments, significantly changing employment standards and equality obligations starting in April 2026.

The report has potential equalities implications for both providers and people drawing on care and support. The proposed reforms to employment rights may have a positive impact on workers with protected characteristics, particularly women, disabled people, and those with caring responsibilities, through improved access to leave, flexible working, protection from harassment, and greater employment security.

There is, however, a risk that smaller providers may experience increased cost and administrative pressures in implementing the changes. Where providers are unable to absorb these pressures, there may be an indirect impact on the availability and

continuity of services, which could affect service users with protected characteristics if market instability leads to reduced capacity or provider failure. It is important that the council continues to take equalities considerations into account through its commissioning, contract monitoring and quality assurance arrangements, and work with providers to support implementation. Where appropriate, the Council should use equality impact assessment processes to identify and mitigate any disproportionate impacts arising from the changes. Equalities Officer, Surinder Singh, Ext 37 4148
Dated 1 April 2026

5.5 Other Implications

No other implications

6. Background information and other papers:

N/A



LLR LeDeR Annual Report Summary 2025

**LeDeR – Learning from Lives and Deaths of autistic
people and those with a learning disability**

For consideration by:
Adult Social Care Scrutiny Commission

Date: 23 April 2026

Lead director: Kate Galoppi

Useful information

- Ward(s) All
- Report author: Michelle Larke
- Author contact details: michelle.larke@leicester.gov.uk

1. Purpose of report

- 1.1. This cover report accompanies a slide deck which will be presented at the ASC scrutiny commission meeting on 23 April 2026.
- 1.2. The purpose is to ensure our Adult Social Care Scrutiny Commission are fully briefed and sighted on the findings of our LLR LeDeR programme and their work to date to learn and prevent premature deaths of people with a learning disability and autistic people in our area. The summary offers a sense of both the system planning requirements for NHS services and support and those provided by local authority (particularly in relation to our care and support providers).
- 1.3. Whilst the report is mainly focussed on LeDeR which is an 18+ improvement programme, it includes a sense of the initiatives being undertaken to support the child death overview process (CDOP) for children and young people with a learning disability.
- 1.4. This report is for information only.

2 Report Summary

- 1.1. This cover report and the accompanying presentation provide the background to Leicester, Leicestershire and Rutland's LeDeR programme, which includes a review of deaths in 24/25. This is set against the national context and includes important statements garnered from the findings of those reviews and how that is supporting system planning for this year and beyond.
- 1.2. A key plank of our LeDeR work supports learning into action which will help ensure people with a learning disability or who are autistic do not die prematurely from avoidable (preventable or treatable) death in LLR.

3. Recommendations

- 1.1. ASC Scrutiny Commission are invited to:
 - Note and make any comments.

2. Supporting information

- 2.1. This cover report and accompanying presentation presents an important summary from the deaths of people with a learning disability or those who are autistic in 2024/25 in Leicester, Leicestershire and Rutland.
- 2.2. LeDeR (Learning from Lives and Deaths - People with a Learning Disability and Autistic People) is an NHS-funded service improvement programme in England. It reviews the care of people with learning disabilities and autistic people aged 18+

who have died, aiming to improve services, reduce health inequalities, and prevent premature mortality.

- 2.3. The focus is on learning from lives and deaths to identify good practice and areas for improvement, rather than investigation, complaints, or attributing blame.
- 2.4. When a person with a learning disability, or an autistic person dies, a notification is made, and a review is conducted (often involving families) to understand their care and identify any lessons that might be learned from their death.
- 2.5. Operating in LLR since 2016/17, the lives and deaths of people with a learning disability, and from January 2022, autistic people, have been reviewed with the findings presented in the LeDeR annual reports. The local LeDeR team focuses on turning reviews into learning and action to enhance local health and social care services. Led locally by the Leicestershire Partnership NHS Trust, the programme involves partnerships with people, our ICB, hospital trust and all three local authorities.
- 2.6. Key findings from 90 deaths notified to LeDeR in 24/25 include key statistics about their age, ethnicity and diagnosis. This tells us that people with a learning disability are still dying at a younger age compared to those in the general population. However, the median age at death decreases even more for those with a severe or profound LD and for those from ethnic groups when compared to white adults with a LD.
- 2.7. This tells us that health inequality due to ethnicity, or for those more complex is still a real area of concern and whilst avoidable deaths are declining – the rate for those who died up to 2023 is still double the rate of the general population.
- 2.8. In terms of the causes of deaths – respiratory (40%) remains the leading cause of death for people with a LD in LLR, followed by cardiac (16%) and cancer (11%).
- 2.9. Key and important statements from the report suggest that the application of the mental capacity act remains a concern for people with LD as does cancer screening – the low uptake of screening opportunities means most people included in the review had a stage 4 diagnosis (the most advanced stage of their cancer).
- 2.10. For autistic people whilst notifications remain low (337 notifications which resulted in the completion of 127 reviews between 2021-23), the leading cause of death for those people who died was recorded as suicide, misadventure or accidental death (31.5%) followed by circulatory system (20.2%) and cancer (14.5%). More than half of those reviewed had a diagnosis of depression.
- 2.11. The report identifies some important and essential opportunities for system planning and for learning to be implemented that reduce levels of inequality through access and understanding (ensuring reasonable adjustments are considered and) are put in place.
- 2.12. The report also points to some specific learning needed to support our autistic population in LLR including the importance of post diagnostic support, support for health and wellbeing including mental health, complemented by annual autism health checks with their GP.
- 2.13. This report is for information only.

4. Financial, Legal, and other implications

Financial implications

There are no direct financial implications arising from this report.

Mohammed Irfan
Head of Finance, Leicester City Council
Date: 13 April 2026

Legal implications

The report is for noting. Generally, any ongoing activities which includes commissioning services, or otherwise payment to third parties, early engagement and advice should be sought from Procurement and Legal Services to ensure that any such arrangements comply with the Procurement Act as well as the Authority's own Contract Procedure Rules.

Mannah Begum, Principal Solicitor, Commercial & Contracts Legal Services
Date: 13 April 2026

Climate Change Emergency implications

There are no direct climate change implications arising from this report.

Phil Ball, Sustainability Officer, Ext 372246
13th April 2026

Equalities implications

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

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics. Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy/maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

The LLR LeDeR Annual Report Summary highlights health inequalities affecting several protected groups:

People with learning disabilities have much shorter life expectancies and higher rates of avoidable deaths than others. Those with severe or profound learning disabilities

are most affected. People from ethnic minority backgrounds tend to die younger than White people, with gaps of almost 20 years between some groups.

Most autistic adults in the review were male, and a significant number died through suicide or accidents. High levels of depression and anxiety were also recorded.

The report shows barriers to fair healthcare access, including inconsistent use of the Mental Capacity Act and lower participation in cancer screening.

Although the report is for noting, the System Planning for 2025/26 will help address these inequalities. Key actions include the use of the Reasonable Adjustment Digital Flag, plans to improve access to health services, and local reviews using an intersectional approach. These measures will help advance equality of opportunity and reduce health inequalities across LLR

Equalities Officer, Surinder Singh, Ext 37 4148
Dated 13 April 2026



Leicester, Leicestershire
and Rutland



LLR LeDeR Annual Report Summary 2025

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Siouxie Nelson – LeDeR Clinical Lead

4th March 2026



LeDeR – Learning from lives and deaths

NHS Leicester, Leicestershire and Rutland is the operating name of
Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:



Leicester, Leicestershire
and Rutland
Health and Wellbeing Partnership

Reviews of deaths in 2024/25

A total of 90 deaths of people with a LD and Autistic people were notified* to the LLR LeDeR Programme in 2024/25.

Of those

- 4 people were autistic.
- 15 were adults with LD and autism.
- 58 were adults with LD.
- 13 were out of scope.

Ethnicity

- 89% were 'White'
- 6% were 'Asian or Asian British'
- 3% were 'Black, African, Caribbean or Black British'
- 2% were 'Other ethnic group'

Age at death

Median age at death for those whose deaths were notified* to LeDeR in 2024/25, was **61yrs.**

"She was a massive character with red hair and green eyes."

National Context



KEY OVERALL DEMOGRAPHICS FROM THE LEDER REPORT

SEX

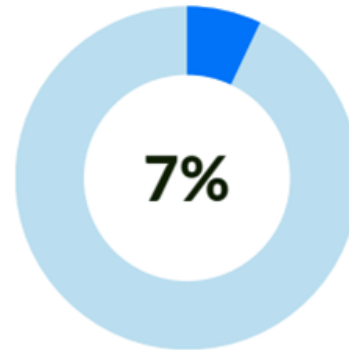
54.7% of adults notified with a learning disability who died in 2023 were male.



79.5% of autistic adults who died in 2021-2023 were male.



ETHNICITY



7% of adults notified to LeDeR in 2023 were from an ethnic minority group.

AGE AT DEATH

In 2023, adults with a learning disability on average die 19.5 years younger than the general population.

MEDIAN AGE AT DEATH OF ADULTS WITH A LEARNING DISABILITY WHOSE DEATH WERE NOTIFIED TO LEDER BETWEEN 2018 - 2023

62.5

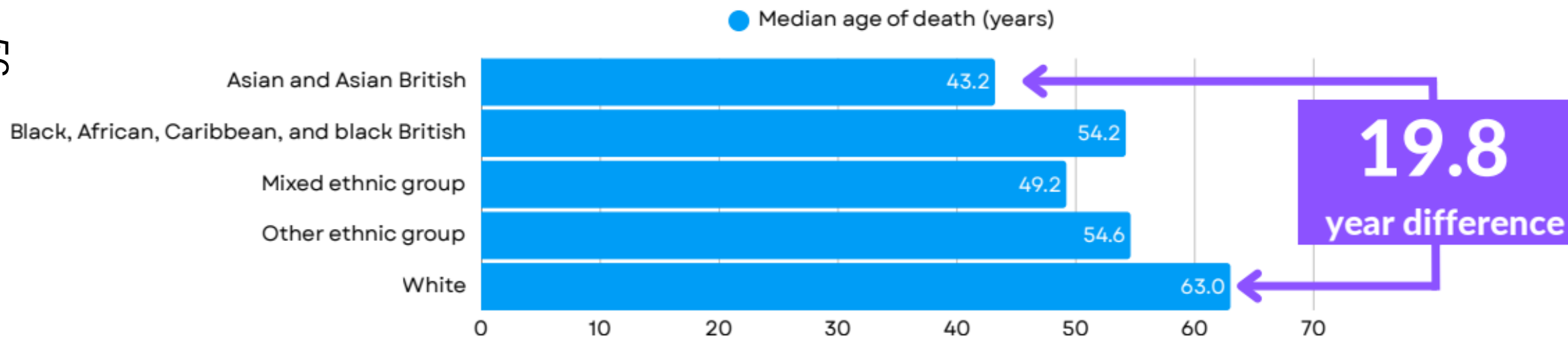
*Note: Age at death is not the same as life expectancy.

Ethnicity

AGE AT DEATH

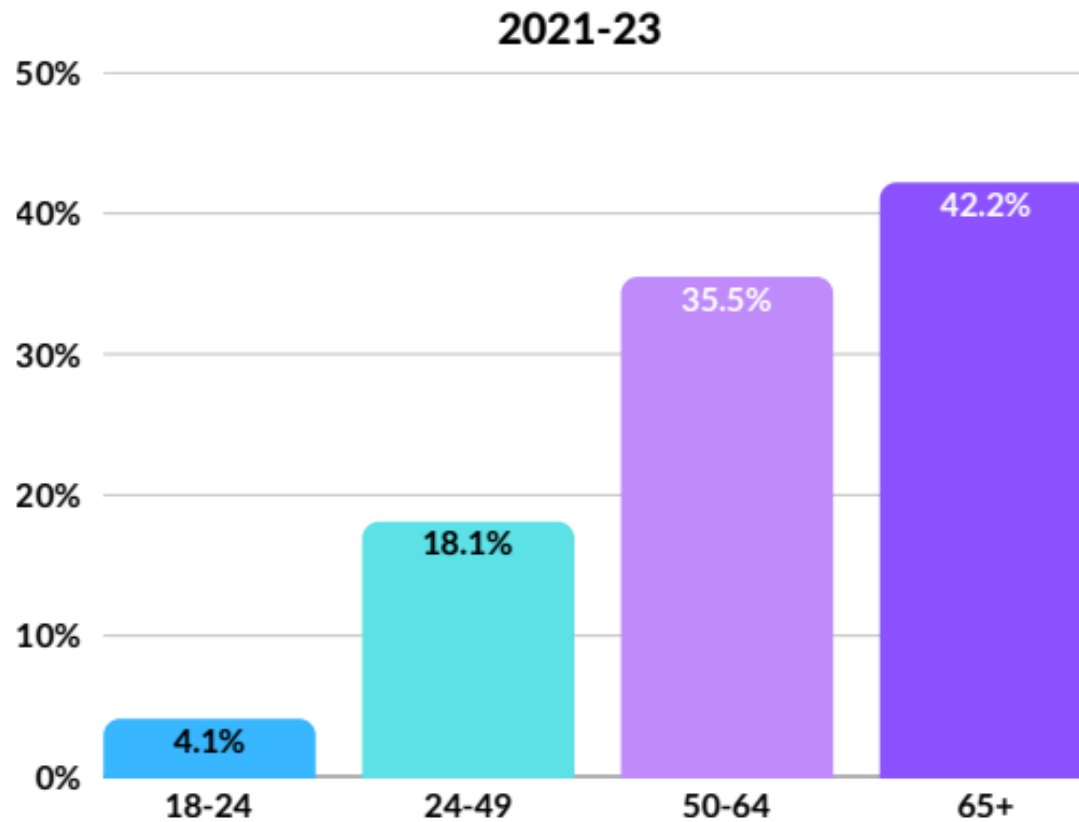
Adults from all ethnic groups who were notified to LeDeR from January 2021- December 2023 had a younger median age at death compared to White adults who died.

56



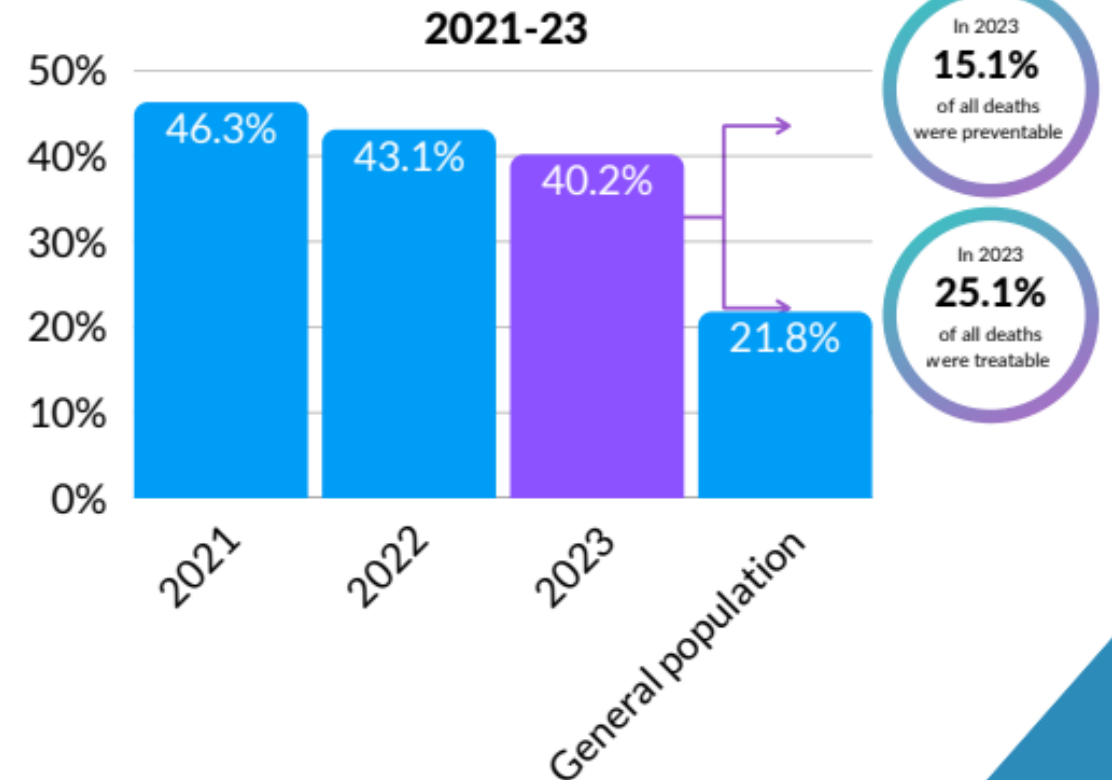
DEATHS BEFORE 65

Nearly **60%** of adults with a learning disability who had a LeDeR review died before the age of 65 years.



AVOIDABLE DEATHS

Avoidable deaths have declined since 2021, however, the rate for adults with a learning disability who died in 2023 is still nearly **double the rate compared to the general population** (data for 2022).

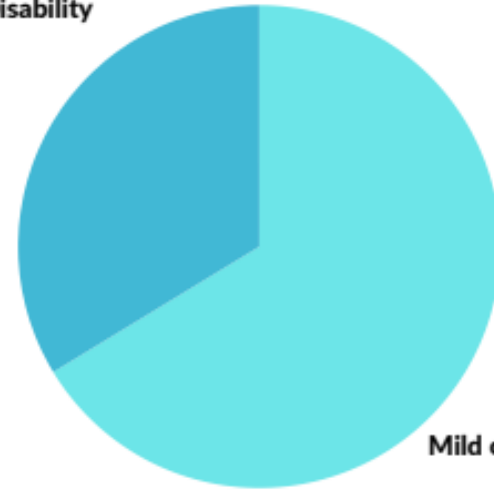




LEVEL OF LEARNING DISABILITY IN THE LeDeR DATA BETWEEN 2021-2023

Of the 3,970 adults with learning disability who had a level of learning disability recorded in their initial review form, over two thirds were recorded as having a mild to moderate learning disability, and one third a severe or profound learning disability.

Severe or Profound learning Disability
33.7%



Mild or Moderate learning disability
66.3%

Median age at death

Mild or moderate

64.9
years



57.6
years

Severe or profound

Table 3.8: Avoidable mortality by the level of learning disability for adults who died from January 2021 to December 2023 and for whom a LeDeR review was completed using the latest version of the initial review form.

	Mild or moderate, Number (% of all deaths)	Severe or profound, Number (% of all deaths)	General adult* population, (% of all deaths)
Avoidable deaths (preventable and treatable)	1,127 (43.0%)	525 (39.6%)	21.8%
Preventable**	490 (18.7%)	163.5 (12.3%)	14.2%
Treatable**	637 (24.3%)	361.5 (27.3%)	7.6%

* Over the age of 20

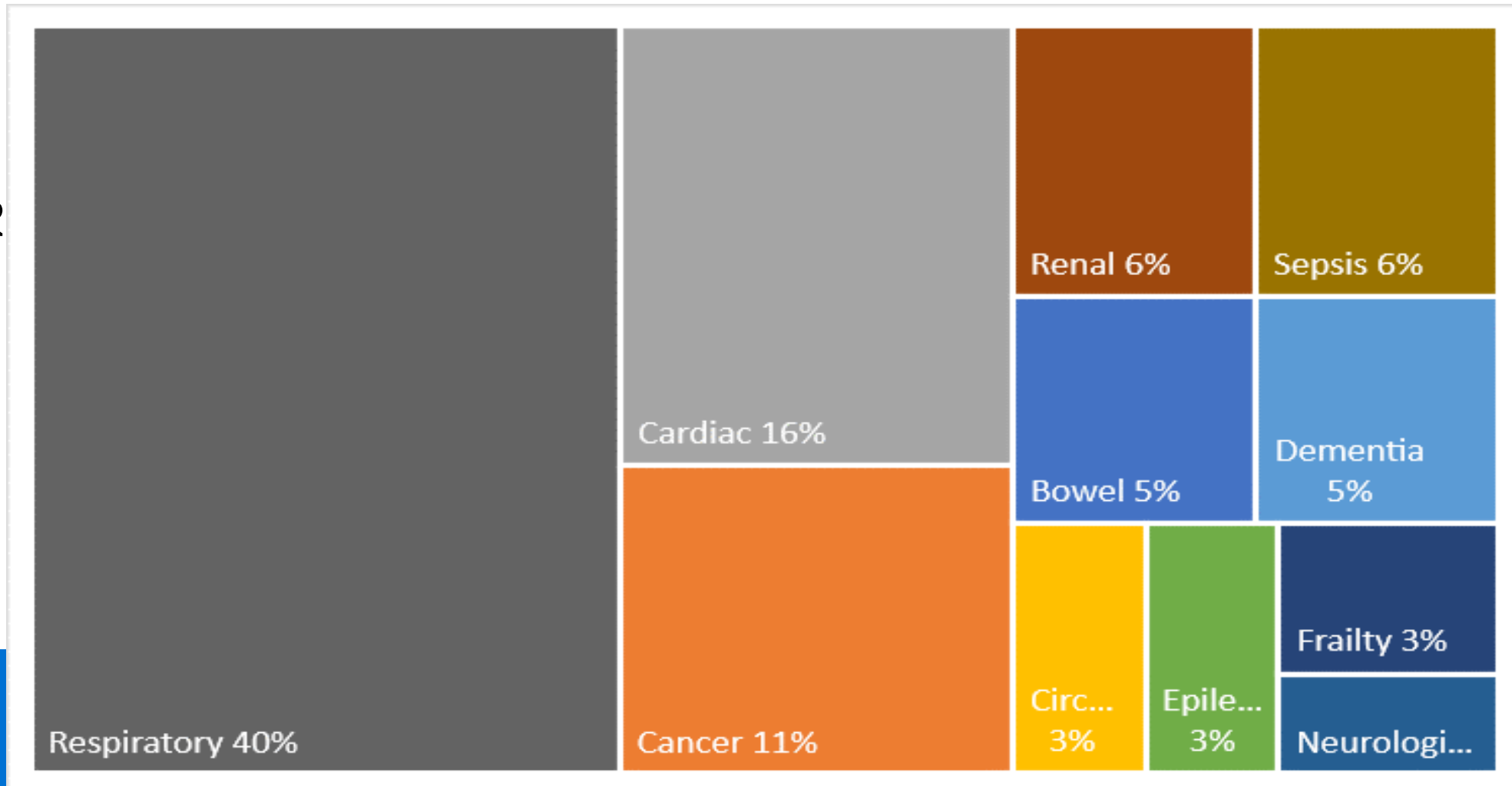
**Causes of death classed as equally preventable and treatable have been counted as 0.5 in preventable and 0.5 in treatable. There were 60 deaths that were categorised as equally preventable and treatable for adults with a severe or profound learning disability. 195 deaths for adults with a mild or moderate learning disability were categorised as equally preventable and treatable.

Mild or moderate (% of avoidable deaths)		Severe or profound (% of avoidable deaths)	
Cause of avoidable death	Number (%)	Cause of avoidable death	Number (%)
Influenza and pneumonia	144 (12.8%)	Influenza and pneumonia	99 (18.9%)
Ischaemic heart diseases	129 (11.4%)	Epilepsy	67 (12.8%)
Cancer of the digestive organs	107 (9.5%)	Cerebrovascular diseases	44 (8.4%)
Total avoidable deaths (% of avoidable deaths)	1,127 (43.0% of all deaths)	Total avoidable deaths (% of avoidable deaths)	525 (39.6% of all deaths)

Causes of death

Respiratory remains the leading cause of death for those in LLR

61



National Context

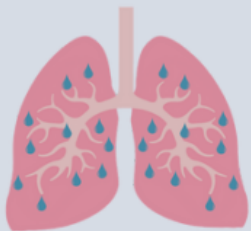
What did people with a learning disability die of in 2023?

Most common:

Cancer



Lung infections (pneumonia)



Heart problems.



Of each,
10 people with a learning disability
who died in 2023.



4 people **should** probably **still be** alive today.



Important Statements

The Mental Capacity Act (2005)



The system in LLR continues to be unsuccessful in the correct and complete application of the Mental Capacity Act (MCA) (2005), in practise, for people with a LD and autistic people.

Cancer



LLR LeDeR have seen a rise in people with a LD dying from cancer particularly in the past year. It is a concern that most of those people had a stage 4 cancer diagnosis, which means the cancer was at the most advanced stage.

System Planning for 2025/26

The Clinical Executive are clear that in order to address these challenges all services, partnerships and collaboratives in LLR need to examine their response to this agenda. Please can I therefore ask that in your plans for the remainder of the year and for 2025/26 you ensure:

1. The Reasonable Adjustment Digital Flag (RADF) is fully implemented in your pathways and that staff in related services are accessing the RADF e-learning resource.
2. Improvement plans are in place across services in your pathway to improve access through reasonable adjustments.
3. Monitoring and reporting arrangements are put in place to ensure improvement plans are resulting in reduced levels of inequality of access to care for the LDA population to the services in your pathway.

Letter from Chief Medical Officer NHS Leicester, Leicestershire & Rutland Integrated Care Board



Cancer and Screening



65

Cervical Screening is very low this year (5% of eligible people attended).

High impact actions plans are in place and highlights the importance regarding the low cancer screening seen in LLR LeDeR.

Focused Priority Review Area for 2025 - 2026

'All Cancer Diagnosis'

There is an increase in deaths from cancer and those with a stage four diagnosis.

Local Focused Priority Review Area

Deaths of those under the age of 50yrs, with congenital conditions and/or syndromes, through the lens of intersectionality

Median Age at Death 28yrs

Expected deaths (44%), the person died from the condition/syndrome. Unexpected deaths (56%) were all Respiratory related. People generally survived average life expectancy for their condition.

89% of people lived at home with family

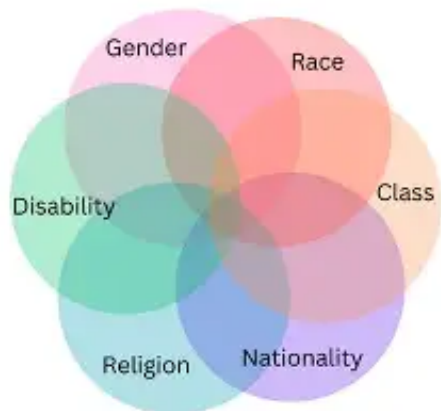
33% of people were from a diverse ethnic background

Vicarious intersectionality was observed ~ if there were language barriers experienced by the care giver; it was observed the same barriers were simultaneously observed for the person.

MCA issues ~ appears to challenge professionals more when the care giver is an unpaid care giver, as opposed to a paid care giver. With more responsibility placed on unpaid care giver.

Concerns with recognition of deteriorating patient and the dying patient and the difference.

66



Autism



Notifications remain very low.

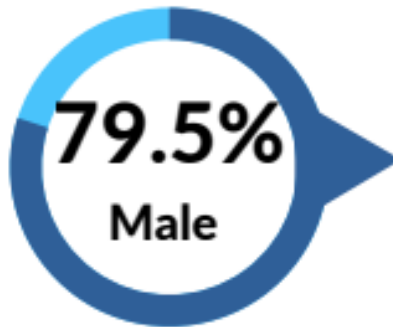
Importance of post diagnostic support service and consideration of active surveillance of health and wellbeing post discharge.

A call for autism register and autism health check.



National Context

KEY DEMOGRAPHICS OF AUTISTIC ADULTS WHO HAD A LeDeR REVIEW BETWEEN 2021 - 2023





MENTAL HEALTH 2021-23

Had a diagnosis
of depression

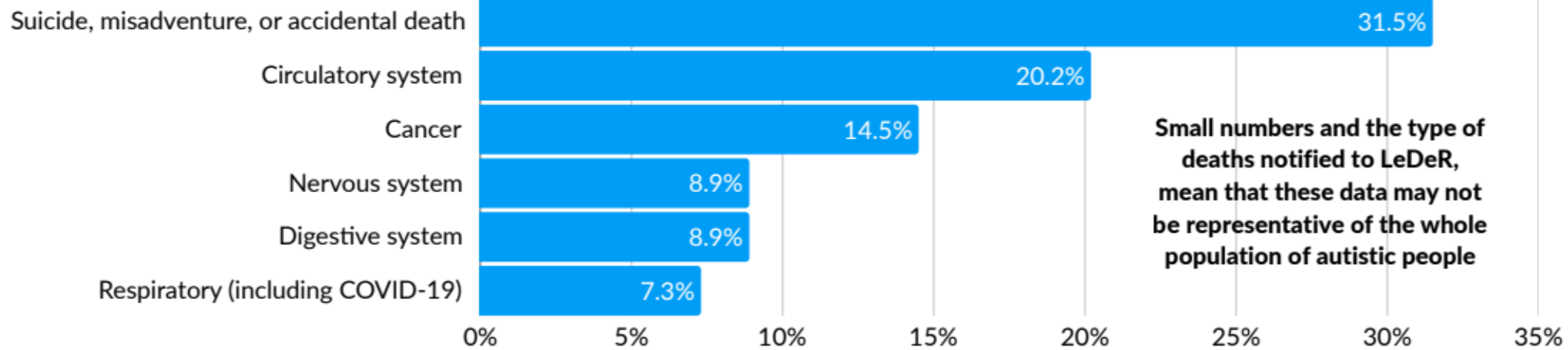
54.3%

42.5%

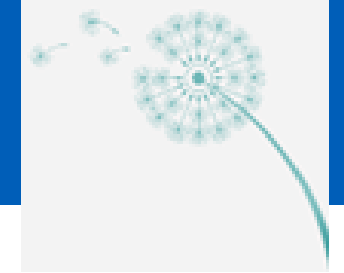
Had a diagnosis
of anxiety disorder

MOST COMMON CAUSES OF DEATH FOR AUTISTIC ADULTS WHO HAVE HAD A LeDeR REVIEW

● 2021-2023



LeDeR CDOP



- Develop LLR wide Care Passport for children and young people with LD.
- GP LD Registers to include all children with a learning disability.
- Smoking cessation in-reach for parents and carers of children and young people with LD.
- Evaluate if the LAPPP tool would be clinically appropriate for children.
- Ensure that children and young people with a LD and a life-limiting condition are considered for the Children & Young People's Advanced Care Plan (CYPACP)
- Ensure every child and young person with a LD and medical complexity has an allocated lead medical consultant.



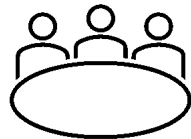
71

Top 10 Learning into Action Points (2024–2025)

1. Report all deaths of people with LD and autistic individuals promptly to LeDeR.
2. Review and ensure compliance with the Mental Capacity Act (2005).
3. Avoid estimating weight; use suitable equipment and record accurately.
4. Create clear care plans for those with behaviours that challenge in preparation for future care needs.
5. It is important to instigate Advanced Care Plans and ReSPECT forms early enough.
6. Improve access and communication for cancer screening; implement RADF.
7. Use tools like DISDAT to identify and manage pain effectively.
8. Prevent aspiration pneumonia with holistic, multi-disciplinary care and use of LAPPP.
9. Promote cardiovascular health using 'Healthy Living Toolkits'.
10. Ensure access to specialist LD phlebotomy services when needed.

Learning into Action

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LD AHC's are at the highest they have been in LLR.

LD Community Phlebotomy & sedation clinic.

GP LD Ambassador Network.

End of life care working group.

Leicestershire Aspiration Pneumonia Protection Plan.

STOMP annual reviews increased significantly.

Healthy Living Toolkits.

ReSPECT training delivered to ED staff.

LD Week Conference in Adult Social Care.

Adult Social Care Scrutiny Commission

Work Programme 2025-2026

Meeting Date	Item	Recommendations / Actions	Progress
26 June 2025	<i>Items TBC:</i> <ol style="list-style-type: none"> 1. CQC update? (timeline) 2. Engagement on Dementia 3. Social Care and education quarterly dashboard 4. Leading better lives 		
28 August 2025			Meeting cancelled, CQC item moved to 13 th November.
13 November 2025	<i>Items TBC:</i> <ol style="list-style-type: none"> 1. CQC report 2. Care Arrangement Fees 		

Meeting Date	Item	Recommendations / Actions	Progress
15 January 2026	<i>Items TBC:</i> <ol style="list-style-type: none"> 1. Budget 2. Quarterly Performance Update 3. Reablement Inspection Verbal update 4. Adults Safeguarding Annual Report 5. Self-neglect 		
12 March 2026	<ol style="list-style-type: none"> 1. CQC Reablement 2. Loneliness and Social Isolation 3. Equality and Diversity Plan 4. Annual Report 24/25 ASC Complaints and Commendations 5. SCE Priorities and Performance Reports 2026/27 	<ol style="list-style-type: none"> 3. To include equalities 	
23 April 2026	<ol style="list-style-type: none"> 1. Integrated Crisis Response Service 2. Carers 3. Neurodiversity (Autism delivery) 4. Employment Rights Bill 5. LEDeR Report 		

Director's suggestions	Chair's Suggestions

Forward Plan Items (suggested) 2024-25

Topic	Detail	Proposed Date
Dementia	To come back with lived experience Case Studies as per June Scrutiny meeting actions.	
Young Carers/Carers		
Supported Housing		
ASC Priority plan		

Neighbourhood Teams		
Internal work force? Unions? EM Care?		
Leading better lives?		
Diverse by Design	Added to Work Programme as part of the June 25 Scrutiny meeting actions.	
Examine rationale between residential and domiciliary care.	Following June 25 Scrutiny meeting.	
Agency Rates	Suggested at June 25 Scrutiny meeting.	
Item following OSC Revenue Outturn	Information to be provided on early intervention for working age adults requiring care packages in order to reduce demand and ensure that ASC remained financially sustainable. Prevention to be taken up as an ASC agenda item.	
Self-funders	Added at 13 th Nov meeting. With a view to include partners / VSE. Market shaping and invite providers of care services to share experiences of working with the Council.	
CQC update	Report to come in new municipal year	June 2026
Adult Social Care Quarter 2 Performance (April – September 2025) and Quality Assurance	To come back to Scrutiny when more figures are available.	

Reablement Provider Service Inspection – Verbal Update	To come back to Scrutiny	
Adult Social Care Quarter 2 Performance (April – September 2025) and Quality Assurance	Invite the new head of academy once established - Also invite CYPE Scrutiny members.	
Impact of Recruitment Work	Requested at OSC – to include caseloads for Social Workers.	
Equality and Diversity Development	Requested to come back to Scutiny at the March meeting.	
AI Data on complaints	Requested to come back to Scutiny at the March meeting.	
Supported Living	Possibly a joint item with CYPE scrutiny commission members.	
Dementia		
