



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 8 SEPTEMBER 2020
TIME: 4:00 pm
PLACE: Microsoft Teams Virtual Meeting

Members of the Committee

Councillor Joshi (Chair)
Councillor March (Vice-Chair)

Councillors Batool, Kaur Saini, Kitterick and Thalukdar

One unallocated Labour group place
One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

For Monitoring Officer

Officer contacts:

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If you have any queries about any of the above or the business to be discussed, please contact Angie Smith, Democratic Support on **(0116) 454 6354** or email angie.smith@leicester.gov.uk.

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PUBLIC SESSION

AGENDA

LIVE STREAM OF MEETING

The live stream of the meeting can be viewed here: <https://tinyurl.com/y5hnd8a4>

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 10)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 30th June 2020 are attached and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. ADULT SOCIAL CARE - RESPONSE TO COVID-19 CARE HOME TESTING

**Appendix B
(Pages 11 - 18)**

The Strategic Director Social Care and Education submits a report to provide the Scrutiny Commission with an overview of the testing regime for the local residential and nursing care homes in Leicester and to provide a snapshot of the infection rates and number of deaths associated with Covid-19.

The Adult Social Care Scrutiny Commission is recommended to note the content of the report and are invited to provide comment and feedback to the Strategic Director and Executive.

7. IMPACT OF COVID-19 ON DAY CARE SERVICES FOR INDIVIDUALS WITH A LEARNING DISABILITY

**Appendix C
(Pages 19 - 24)**

The Strategic Director Social Care and Education submits a report to provide Adult Social Care Scrutiny Commission with an overview of the work in progress to understand the impact of Covid-19 on individuals with a learning disability and to consider new models of support.

The Adult Social Care Scrutiny Commission is recommended to note the content of the report and are invited to provide comment and feedback to the Strategic Director and Executive.

**8. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - [Appendix D](#)
UPDATE (Pages 25 - 30)**

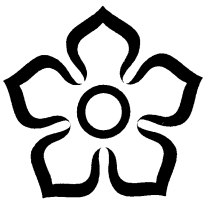
The Strategic Director Social Care and Education submits a report to provide Adult Social Care Scrutiny Commission with an update on the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that transferred from the Council's employment in 2015.

The Adult Social Care Scrutiny Commission is recommended to note the content of the report and are invited to provide comment and feedback to the Strategic Director and Executive.

**9. ADULT SOCIAL CARE WORKFORCE PLANNING - [Appendix E](#)
LOOKING TO THE FUTURE (Pages 31 - 72)**

The Scrutiny Commission task group report on a review into Adult Social Care workforce planning for the future is submitted.

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION
(Virtual Microsoft Teams Meeting)

Held: TUESDAY, 30 JUNE 2020 at 4:00 pm

P R E S E N T:

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Batool
Councillor Kaur Saini

Councillor Kitterick
Councillor Thalukdar

In Attendance

Councillor Russell – Deputy City Mayor, Social Care and Anti-Poverty

Also Present

Mukesh Barot – Healthwatch Leicester

* * * * *

56. APOLOGIES FOR ABSENCE

Apologies for absence were received from Martin Samuels, Strategic Director, Social Care and Education.

The Chair welcomed everyone to the meeting, and reminded everyone it was a virtual meeting, as permitted under Section 78 of the Coronavirus Act 2020 to enable meetings to take place whilst observing social distancing measures. The procedure for the meeting was outlined to those present.

At the invitation of the Chair, all officers present at the meeting introduced themselves.

57. DECLARATIONS OF INTEREST

Members were asked to declare any interests they had in the business on the agenda.

Councillor March declared a Prejudicial Disclosable Interest in agenda item 7,

Revision to Adult Social Care Charging Policy and informed those present that she would withdraw from the meeting when the agenda item was discussed. The Chair informed the meeting that he would change the order in which agenda items would be taken and moved agenda item 7 to the end of the meeting.

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

In accordance with the Council's Code of Conduct, the interest was not considered so significant that it was likely to prejudice the Councillor's judgement of the public interest. Councillor Joshi was not, therefore, required to withdraw from the meeting during consideration and discussion of the agenda items.

58. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the meeting of Adult Social Care Scrutiny Commission held on 4 February 2020 be confirmed as a correct record.

The Chair informed those present that since the last meeting Cllr Khote had passed away. Thoughts and best wishes were passed to her family and friends.

59. PETITIONS

The Monitoring Officer reported that no petitions had been received.

60. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

61. ADULT SOCIAL CARE - RESPONSE TO COVID-19

The Strategic Director Social Care and Education submitted a report which provided the Commission with an overview of the ongoing work and support provided by Adult Social Care (ASC) services in response to the Covid-19 pandemic. Members were recommended to note the report and provide any comments and feedback to the Strategic Director and Executive.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty, thanked officers working in Adult Social Care who she described were absolutely incredible. She stated staff had gone above and beyond their normal duties and had thought through every possible option to keep service users safe in challenging circumstances.

Ruth Lake, Director of Adult Social Care and Safeguarding, presented the

report. Key messages to note included the service had been able to continue to provide the core statutory offer to ensure the safety of individuals and by ensuring they continued to receive the care and support they needed. It was further reported that home visiting had been reduced in order to avoid non-essential visits whilst following social distancing guidance.

It was reported that there was a reduction in elective hospital activity and enablement referrals had fallen. It was further noted there was lots of capacity to meet demand across all services due to a reduction in the level of usual business, but levels were beginning to return to normal. Members were informed there had been a significant change in the number of alerts being made, largely because people were worried about their neighbours. Officers continued to work hard to enable all front-line services to continue safely and ensure safety and wellbeing of staff.

Tracie Rees, Director of Adult Social Care and Commissioning, referred to the services for vulnerable individuals being provided by external providers. Officers were working closely with care homes of which there were 103 in the city. The Council had a contact with 99 of those but continued to work with them all to monitor the impact of the virus, including levels of PPE to ensure safe working practices.

It was reported the Council had also secured a block contract with a local care home for the provision of 15 isolation beds for patients discharged with Covid-19 or were showing symptoms of infection.

There had also been extra support for domiciliary care and supported living providers to ensure no one was waiting for a package of care to be arranged. There was also ongoing support to voluntary sector providers.

It was noted that Hastings Road Day Centre had closed on 20th March due to the pandemic. Staff had continued to provide an outreach support service to prevent crisis, and to enable people to access other community services. Members noted that testing was ongoing with kits delivered to every care home in the zone marked out. The Council continued to work with county colleagues to ensure test kits were available, regular webinars were held to share timely information, and additional finance had been provided to the whole of the care market to cover additional costs incurred. It was noted there would be challenges moving forward in terms of the sustainability of the market, such as the reduction in the number of those going into care homes, and viability issues around workforce levels, and issues had been flagged at national level.

Work was in progress to determine the impact of Covid-19 on the Adult Social Care workforce and wider social care market, and officers would work through lessons learnt and bring back a report to the Commission for consideration.

The Chair thanked officers and staff who had worked tirelessly to provide service to constituents which were vital. He asked officers to pass on best wishes and sincere thanks to staff.

Members than asked questions of officers and the following responses were given:

- With concerns raised about a spike in numbers and second wave of Covid-19 cases, it was re-emphasised that testing had increased with a team working with those in national government to increase testing on care homes residents and staff. It was reported that testing on residents was undertaken monthly as it was uncomfortable for residents. Testing on staff was being done weekly. A letter had also been sent to care providers regarding the use of PPE. The risk of staff testing positive would reduce the number of staff, and an emergency workforce was being used. The key issue was nursing staff, as some homes could only operate if nursing support was on site.
- There may be challenges for care homes in returning back to normal. Having received government money with less residents, there were concerns about the viability of some homes being able to continue to operate with reduced fee income, whilst still having the same bills and costs. There had also been a slow down of the number of people placed into care homes. A national report had been commissioned through the Association of Directors of Adult Social Services (ADASS).
- It was noted that loved ones were not actually able to visit hospitals or care home settings. It was acknowledged that transition from hospital could be concerning. It was reported that there had been no spike in hospital admittance numbers, and no issues with discharge from hospital. It was further noted that care homes were being as supportive as they could be, for example, through connecting loved ones together via video and teleconferencing. Feedback about care staff had been very good.
- In terms of the voluntary sector, there had been no additional funding, but importantly no cuts to existing funding. Officers would provide further detail for Commission Members on funding support provided.
- Information received so far indicated that Covid-19 increased cases were in the working age population. Whilst recognising it might not directly affect those they usually worked with, they might have extended families at risk.
- The Council had written to all care providers to remind them of the additional protective measures to take. Messages had also been put out to the community to make sure the frail and elderly population knew where to go for help and testing. There was a geographical arrangement to provide support to identify those that were vulnerable who would be contacted proactively to ensure arrangements were in place to support them.
- There was continuing support to people who were shielding. There was confirmation that food parcels were not decreasing but were increasing.
- The Council continued to reiterate messages to people in East Leicester, to ensure people remained vigilant with measure to keep them safe.
- Officers visiting residents were using PPE and were confident they were not carrying infection into or out of people's homes.
- Post code data had just been received of people having been diagnosed with having Covid-19, and analysts were busy looking at the data. The Council had the ability to run information through Liquid Logic, and post code data could be used to cross match to identify vulnerable people. It was

noted that whilst there was an increase, officers were not seeing this translate into hospital admissions.

- Through the Leicester Employment Hub, 12 care workers had secured direct employment with care providers.
- The Authority still continued to provide funding for lunch clubs, and some had continued to provide food deliveries.
- Under lessons learnt work was in progress to determine the impact of Covid-19 on mental health, and people using services, carers and staff would be signposted towards self-help networks. The Richmond Fellowship was also providing mental health support by telephone to people who may need then during this time.
- It was queried if there were facilities for people who needed to shield from a family member who had tested positive for Covid-19, but people should try to isolate following government guidance.
- It was reported there were issues around data protection and the use of post code data from Public Health England and what it could be used for. It was stated that safe usage of the data could be demonstrated.

The Chair thanked the officers for the report.

AGREED:

that:

1. The report and comments by the Scrutiny Commission Members be noted.
2. An ongoing response to Covid-19 be brought back to the next meeting of the Commission.
3. That an item be included on the use of Liquid Logic combined with the post code data from Public Health England in generating a targeted shielding response with regards to the outbreak.

62. LEICESTERSHIRE COUNTY CARE LIMITED

The agenda items were taken out of order.

The Strategic Director Social Care and Education submitted a report which updated the Commission on the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that had transferred from the Council's employment in 2015. Members were recommended to note the content of the report and to provide comments and feedback to the Strategic Director and Executive.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty, introduced the report and referred to the threat to the staff terms and conditions at a time when staff were undergoing a very difficult period, and were finally getting recognition for the work they did. Working with Unison, the Authority had made various approaches to the Owner of the homes and had done whatever it could to encourage them to engage and discuss the issue. It was noted the Authority would continue to monitor the quality of the care provided in the homes, and reiterated the potential for LCCL to lose long-standing, well-

trained staff. It was reported that LCCL had made a request to defer final payments to the Council, and it had been responded that a discussion could be had if they deferred making any changes to the terms and conditions until after the Covid-19 pandemic and when it would be known what was happening in the care market. The Authority was continuing to monitor the financial position of LCCL to make sure the Authority did not have a chain that was unstable, which would have a significant impact on residents, but the last accounts publicly available did not show that this was the case.

Tracie Rees, Director of Adult Social Care and Commissioning, informed the meeting that despite Unison making representation, the Company had issued workers with a letter to state they had until Saturday 4th July to sign a new contract or they would be dismissed. It was reported that Unison had stated staff were worried about their employment status and were likely to sign up to the terms and conditions. Looking forward it was noted that Unison could take LCCL to a tribunal. It was also recorded that the company had high income levels which did not reflect the rationale for changing conditions.

Members noted the Company had stated they were making changes due to Covid-19. It was reported that the Council had paid over £167k to cover expenses, and voiced concern the Company was making profit, had a good level of occupancy but were still reducing the terms and conditions of staff. It was also voiced they had failed to take into account public mood and the support being given to care workers and the NHS.

Tracie Rees informed the meeting that in terms of the amount of money the Company owed Leicester City Council, the final payment of £265k for the sale of Thurncourt was due at the end of the five-year period in October 2020, so at this point in time they had paid the requirements for the homes.

Councillor Russell reported that both she and the City Mayor had written to the Chief Executive at LCCL on behalf of the Council, had written to government ministers expressing disgust on how LCCL were being allowed to continue with the way they were treating staff, but the Government required the Council to continue to pay additional money to the company despite this. It had also been raised with the Care Minister and flagged in a variety of ways including with local MPs who had taken up the issue.

Councillor Kitterick brought to the attention of the meeting that LCCL had declared a £1.5m profit in 2018, an increase in profit declared in 2017 of £983k. He added that the company stated they were making changes to terms and conditions as the business model they had was not viable, but it was a business model they had taken on and had increased profits of 50%. He asked if officers could check the LCCL family owners' connection with Essex County Care Limited (ECCL), which was showing a mirror situation of a £1m profit loss in 2017 and £1.3m lost in 2018. He voiced concern that money being given to LCCL from the Council was filling a financial void for the company in Essex. He added that as a warning to other authorities that the decision taken as a council showed the inadvisability of selling its care homes to private owners.

Councillor Russell responded that in terms of additional funding an even approach had been taken, and a standardised rate on how the Council paid for care beds was across the board in order to try and maintain the quality of care, ensuring they could employ sufficient staff, to allow staff to take time off to undertake training, be covered for holidays, to maintain the physical quality of homes, and also in recognition that running costs had increased. She added that when commissioning beds in care homes, when a decision was taken by a family to place a family member in a care home, that the home was somewhere they could stay for a long time, and to not pay a company money might destabilise a facility. It was further reported that the most recent money from government had been parcelled out to care homes. Information had been provided to MPs to assure them that money had been used to support residents and staff and not to further line the pockets of those running the business.

Tracie Rees informed the meeting that the Council were aware that LCCL owned a number of care homes in the Essex area, and that over a number of years they had made a number of decisions to leave the market in that area, had closed some building and were seeking to sell other buildings, which might go some way to explain why they had a deficit in terms of their profits. Members responded that normally when a business was sold it did not produce a deficit, that the accounts for the company were disturbing. Councillors asked the when looking at Essex County Care Limited it might also be worth officers looking at the CQC reports also.

In response to a question, Tracie Rees reported that when the care homes were sold and the staff were TUPE'd across, there used to be a 12 month ruling whereby terms and conditions could not be changed, but there was only a certain amount of legal protection for a period of time to protect staff. It was noted that the only time an organisation could change TUPE conditions were for certain conditions, one of them being economical. LCCL had stated they wanted to change terms and conditions for that reason. Members were informed that when the sale of homes went through several years prior additional conditions could not be imposed anything in terms of the conditions around retaining staff indefinitely as TUPE stood alone as a separate legal entity and could not be changed that as a condition of sale. It was also agreed at the time to pay the same fees to LCCL as to other care homes in the city.

Members were informed that all care homes were registered with the Care Quality Commission (CQC), the regulatory body for care homes, and regularly undertook inspections of home. The Council had flagged to CQC the current situation with the home and concerns that if a number of staff members were to leave the organisation the potential effect it would have on the care of residents and remaining staff. The Council also had its own quality assurance framework used to monitor conditions at the home. It was noted that the homes all had a good rating.

The Chair thanked officers and Members for their participation.

AGREED:

that:

1. The report and comments by the Scrutiny Commission Members be noted, particularly the concerns for the way LCCL were treating staff.
2. Officers look at the finances and CQC reports of Essex County Care Limited homes.
3. A report be brought back to the Commission in due course.

The Chair requested if Members have any additional questions that they forward them by email to the relevant officer for a response.

Having made a declared a prejudicial disclosable interest, Councillor March left the meeting at this point at 5.27pm.

63. REVISION TO ADULT SOCIAL CARE CHARGING POLICY

This agenda item was taken last.

The Strategic Director Social Care and Education submitted a report which informed the Commission of the findings of a consultation exercise in relation to proposed changes to the charging policy for non-residential care services. Members were recommended to note the consultation findings and make any comments to the Strategic Director and Executive and not the implications of Covid-19 on the approach to implementation of any decision.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty, stated a commitment had been made to bring the results of consultation back to Scrutiny. It was further stated that it was not known if the Government would try to recoup some of the additional monies it had paid out during the pandemic, or whether funding increased if the Government recognised difficulties. The Deputy City Mayor also said the Council did not want to be in a position to reconsult and increase anxiety.

Ruth Lake, Director of Adult Social Care and Safeguarding presented the report and brought to the attention of Members recommendations contained within the report, but deferral implementation from April 2021 due to the pandemic, as detailed in section 3.8 of the report. Members were asked to note options identified for consideration in relation to the treatment of disability benefits provided via the Department for Work and Pensions (DWP) and were provided at section 3.6 to the report.

Councillor Kitterick outlined reasons why he believed the report should not be considered during the Covid-19 pandemic, and the decision to take away £1.3million worth of cuts against the most vulnerable in society. He added that in light of the pandemic until the authority could look at the whole of the budget for the foreseeable future that Scrutiny give the strongest steer that they recognise financial pressures, but that the authority stay with Option 1, to continue disregarding the higher or enhanced rate of disability benefits down to the lower or standard rate, within the financial assessment, and for a future consultation to be undertaken, and that the Council look across all finances

following the Covid-19 pandemic.

Councillor Russell stated she completely understood Members' opinion on the report, but the changes would not affect all individuals but would be tailored to individual circumstances. She added the council was in a difficult position and had been asking government to look at funding for Adult Social Care since 2010.

The Chair noted that the report was due to be brought to the Adult Social Care Scrutiny Commission for a while, and that sooner or later a decision would have to be made, and that the consultation had received a good response with over 1,000 people responding. The Chair asked that if the proposals were approved and the maximum increase of £29.45 contribution per week be required, what support would those people affected get as a buffering zone. Matthew Cooper, Contracts & Assurance Business Manager, drew to Members' attention that the potential income levels of £1.3million was based on an estimate of take up of benefit in Leicester and affected those on the higher rate of disability benefits. It was further noted the figures should be considered with caution the authority could apply discretion. A social worker would look at the care package in place alongside benefit being claimed, to look at other welfare changes and benefit cuts, and to assess impact on the individual with regard to 'Minimum Income Guarantee'.

Ruth Lake reported that if a decision was not taken within a reasonable timescale since consultation, it would be open to legal challenge if people felt the outcome of the consultation was no longer relevant to making a decision, and that in the future there would need to be commissioned a new statutory consultation.

The Chair noted Members' concerns in relation to the treatment of disability benefits. He noted the arguments to consider Option 1 and have further consultation on the matter for a final decision and asked for Members' opinion.

Councillor Kitterick moved that Option 1 be taken as the agreed option from the report to maintain the status quo, and when looking at finances the authority undertaken another wider statutory consultation following the Covid-19 pandemic, the findings of which would be brought back to a future meeting of the Scrutiny Commission. This was seconded by Councillor Batool, and on being put to the vote the motion was carried.

AGREED:

that:

1. The report and comments by the Scrutiny Commission Members be noted.
2. Option 1 be taken as the agreed option from the report to maintain the status quo, and when looking at finances the authority undertaken another wider statutory consultation following the Covid-19 pandemic, the findings of which would be brought back to a future meeting of the Scrutiny Commission.

64. CLOSE OF MEETING

There being no other items of urgent business, the meeting closed at 5.56pm.

Adult Social Care Scrutiny Commission Report

Adult Social Care - Response to Covid19
Care Home Testing

Lead Member: Cllr Sarah Russell
Lead Strategic Director: Martin Samuels
Date: 8. 9. 2020

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the testing regime for the local residential and nursing care homes in Leicester and to provide a snapshot of the infection rates and number of deaths associated with Covid19.

2. Summary

- 2.1 There are 103 residential and nursing care homes registered with the Care Quality Commission (CQC) in Leicester. 55 of these provide support to those aged 65+ and/or with dementia care. The other 48 homes provide support to those under the age of 65, which tend to be individuals with a learning disability or mental health issue.
- 2.2 Since the localised lockdown for Leicester was introduced on 4.7.2020, care homes have been required to undertake weekly testing of care staff, with residents tested on a 4-weekly cycle.
- 2.3 Since the 4.7.2020 the number of individual residents tested positive for Covid19 has reduced from 73¹ to 2 as at 25.08.2020. The number of staff has also reduced from 61 to 4 as at 25.08.2020. This highlights the hard work and dedication of the care home providers to reduce the infection rates among their residents and staff.
- 2.4 Since 16.03.2020 the City Council has collected weekly data from the care homes to understand if there are any trends or concerns. The data collection also includes the number of deaths of residents from the virus. Since mid-March there have been 117 recorded deaths attributable to COVID-19. This number has remained static with no further deaths (attributable to COVID-19) recorded since 21.07.2020.
- 2.5 Work is currently in progress to introduce testing for supported living, as noted at paragraph 4.25 and 4.26. A detailed report will be presented to the ASC Scrutiny Commission in due course.
- 2.6 In terms of domiciliary care, there are no plans to undertake testing of all staff, see paragraph 4.27.

¹ The figures for staff and residents represent the baseline testing data that was collected as part of the whole care home testing programme.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

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

4. Report

- 4.1 The City Council has maintained regular contact with the 103 care homes operating in Leicester since the beginning of the pandemic in March 2020. The Council has a contract with 99 homes but has engaged with all 103 registered with the Care Quality Commission (CQC). CQC is the regulatory body for all residential and nursing care homes
- 4.2 An intelligence tracker has been developed by the Council to identify emerging issues and trends, allowing the authority to work proactively with the providers to address any concerns. Contact is made with every home at least once a week, which has increased the level of partnership working with the organisations.

Whole Care Home Testing Programme

- 4.3 In June 2020 the Department for Health & Social Care (DHSC) announced the whole home testing regime. This meant that all residents living in the 55 homes registered with CQC for those aged 65+ and/or providing dementia care should be tested. This excluded the 48 homes providing support to working age adults (WAA). However, following challenges to Government all care homes are now included in the testing programme.
- 4.4 Since the localised lockdown for Leicester was introduced on 4.7.2020, care homes have been required to undertake weekly testing of care staff with residents tested on a 4-weekly cycle.
- 4.5 The DHSC engaged Deloitte to support the whole care home testing regime, which included webinars supported by Council staff to ensure the providers understood how the programme would operate, including swabbing techniques, delivery and collection of the testing kits and the use of the online registration portal.
- 4.6 Some early issues were identified, including problems with accessing the portal to order the testing kits and the withdrawal of a certain make of testing kit, due to the lack of safety certification. Whilst these issues have been resolved, they did create a delay to the full implementation of the testing programme.

Care Home Infection Rates

4.7 The following table details the numbers of the test results received from the homes over the last 6 weeks. The information includes the number of staff working in the homes during the week, the number of test results returned during the week and the number of positive tests. The infection rate is then calculated as a percentage of the number of positive results versus the total number of results received back that week.

4.8 The same process is completed for residents, which is also included in the table.

Measure	Baseline	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33
		Total	Total	Total	Total	Total	Total	Total
Total homes	103	135	135	135	135	135	103	103
Homes that have received test results this week (staff or residents)	88	91	126	112	101	92	79	92
Homes that have received no positive results this week (staff or residents)	74	61	107	103	88	82	68	78
Total staff	3525	4364	4667	4658	4661	4654	3449	3462
Number of staff results returned	2222	2281	3811	3338	2794	2236	1937	2318
Number of staff results positive	61	30	43	7	11	7	12	12
Infection rate	2.75%	1.32%	1.13%	0.21%	0.39%	0.31%	0.62%	0.52%
Total residents	2202	2769	2895	2886	2866	2872	2180	2181
Number of resident results returned	1709	1479	2299	1704	1229	754	991	910
Number of resident results positive	73	21	18	9	9	5	16	12
Infection rate	4.27%	1.42%	0.78%	0.53%	0.73%	0.66%	1.61%	1.32%

Unfortunately, the DHSC are not able to provide the data directly to the City Council, so the authority has to rely on the homes providing the information, which is time consuming and may not always be accurate.

4.9 While positive results have been falling since the monitoring began, a spike in resident infections during week 32 has occurred with positive cases being identified at 8 homes. Having analysed the data there is no clear reason why this increase in positive cases has been seen in our care homes.

Care Home Deaths attributed to Covid19

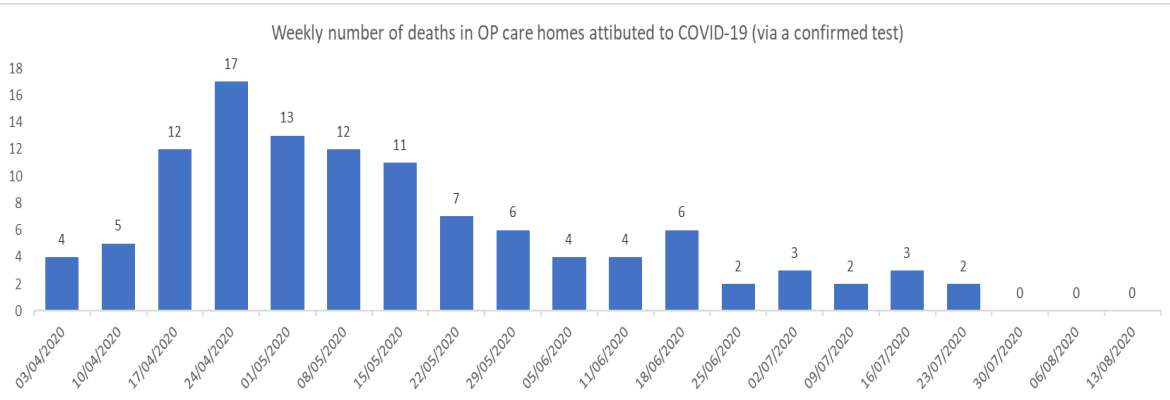
4.10 Since monitoring began (16.03.2020) at the beginning of the pandemic

117 deaths for care home residents have been attributed to/caused by Covid-19. 113 were recorded for those homes 65+ and 4 for WAA.

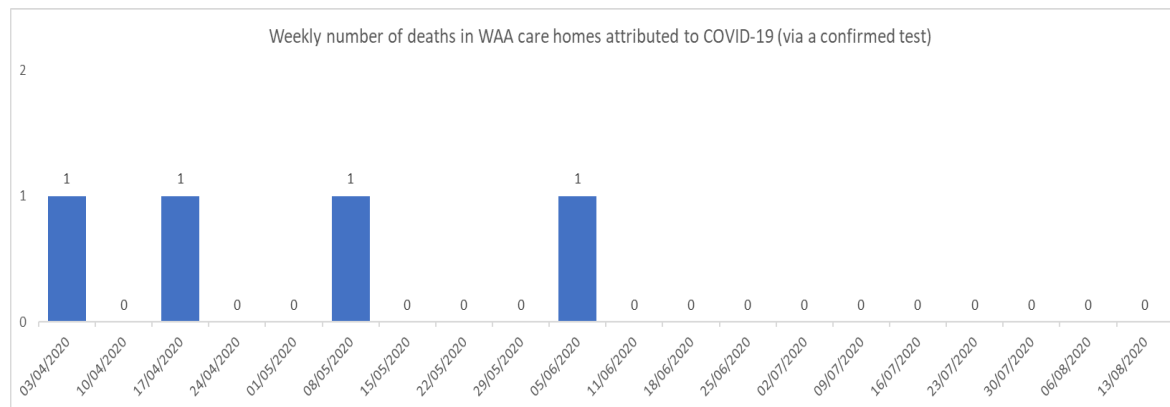
4.11 The figures above are collated from deaths which occurred both in the home and in hospital.

4.12 Resident deaths have occurred at 26 homes for 65+ and 4 homes for WAA. These homes are geographically dispersed and not concentrated in any one area of the City.

4.13 Reported weekly resident deaths (not the actual DoD) for homes 65+.



4.14 Reported weekly resident deaths (not actual DoD) for WAA homes.



Safe Working Practices

4.15 Daily briefings, Government updates and Public Health information is issued to ensure the homes have the latest and most accurate advice to help inform safe working practices.

4.16 Safe working practices as described in DHSC’s *Admission and Care of Patients in a Care Home during COVID-19* include: appropriate isolation strategies and cohorting policies, hand hygiene, social distancing, regular testing as part of the whole care home testing programme and compliance with IPC measures in relation to the provision and utilisation of PPE and cleaning and waste disposal.

- 4.17 Care workers are also being restricted to working at one location and relatives and friends not being allowed to enter the home unless their loved one is at end of life. However, homes are using technology and other means to keep residents in touch with their relatives.
- 4.18 Health colleagues have provided equipment to support the homes, this includes the provision of Oximeters (these monitor blood oxygen levels and are used as part of a wider diagnostic picture). Smart phones were offered to all the homes to assist with remote clinical assessments, although not all homes took up the offer as the majority already had this technology in place.
- 4.19 In the early months of the pandemic the City Council centralised its entire stock of Personal Protective Equipment (PPE) to create an emergency supply for the local care market. This ensured that the homes could access items that could not be sourced via their normal supply chains. Emergency PPE is now available via the Local Resilience Forum, although none of the homes have needed to use this route for several months.
- 4.20 Health colleagues have also offered free Infection Prevention Control (IPC) training to all 103 homes, 72 have accepted and to date 63 have completed the training, with positive feedback. The homes that have declined the training, tend to have their own 'in house' infection control training programmes. Also, there is no evidence to suggest that any of the homes have experienced any outbreaks, due to non-compliance with IPC measures.
- 4.21 Face shields were required for 13 homes, as they undertake Aerosol Generating Procedures (to support ventilated patients and those with tracheostomies). The Council identified 80 members of staff that needed face shields and funded the fitting and associated training. This was delivered within 2 weeks of the requirement being identified.
- 4.22 IPC funding (totalling £3.69m) was made available from Government. £3.22m of this has been passported to the care homes to assist them to reduce the spread of the virus. The remaining funding (£479k) was distributed to Supported Living and Domiciliary care providers.

Provision of testing for providers of supported living & domiciliary care

- 4.23 Following advice from DHSC regarding the next stage of the testing strategy for social care, plans have been put in place to support an initial round of testing for staff and residents in supported living schemes, which meet the risk-based criteria as follows:
- A closed community with substantial facilities shared between multiple people, and

- where most residents receive the kind of personal care that is CQC regulated (rather than help with cooking, cleaning and shopping)
- 4.24 This equates to 18 of the 93 schemes in the city. Work is in progress with the DHSC to agree the logistics of implementing the testing and an update will be presented to the Adult Social Care Commission when more information is available.
- 4.25 Public Health have advised that local evidence suggests that infection rates for domiciliary care workers are no different to the general population. As care workers are classed as essential workers, if they experience symptoms, they are able to source testing themselves or through their employer.
- 4.26 For Supported Living and Domiciliary care IPC training has been circulated to providers and a link to the training is now on all of the Local Authorities websites. An audit is due to commence week commencing 24.8.2020 to determine the levels of engagement with the training offer.

5.1 Finance

Additional fee uplifts to standard rates have been provided to residential homes during lock down and, as indicated in the report, £3.2m of Infection Control Fund has also been distributed.

Martin Judson, Head of Finance

5.2 Legal

Awaiting legal comment

5.3 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 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, sexual orientation.

There are no direct equalities implications arising from the report recommendations as the report provides an overview and is for noting. However, COVID 19 will have disproportionately impacted on particular protected characteristic groups, either directly or indirectly.

Individuals living in care homes may have highly complex health needs and will be from across all protected characteristics.

The ability to routinely test colleagues and people supported in care services for COVID-19 is an important tool for protecting those that deliver and receive care.

The PSED has remained in force throughout this time and considerations on the impacts of the immediate response to COVID 19 and the actions that the Council takes going forwards into recovery should fully consider the needs of people with different protected characteristics and where disproportionate negative impacts are identified, steps should be implemented to mitigate this. The report doesn't provide any demographic information in relation to the infection rates and number of deaths associated with Covid19.

Where equality monitoring information is collected, it may be useful in establishing where and for whom COVID 19 has had disproportionate impacts and may provide a useful indication for further work, for the Council and partners.

Any lessons learnt that may develop into recovery plans for opportunities to do things differently, for people needing ASC support including any changes to service delivery or policy as a result of COVID 19 and future new ways of working, should be equality impact assessed prior to making a decision on those changes, to ensure that there are not unintended consequences for people with protected characteristics.

Surinder Singh
Equalities Officer
Tel 37 4148

5.4 Climate Change

Awaiting climate change implications

5.5 Other

None

6. Appendices

None

7. Background Papers

None

8. Is this a Key Decision Y/N = No

ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

Impact of Covid-19 on Day Care Services for
individuals with a Learning Disability

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

Martin Samuels – Strategic Director – Social Care &
Education

8th September 2020

Wards Affected: All

Report Author: Tracie Rees

Contact details: Tracie.rees@leicester.gov.uk tel: 454 2301

V4

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the work in progress to understand the impact of Covid-19 on individuals with a learning disability and to consider new models of support.

2. Summary

- 2.1 The majority of building based day care and respite services for individuals with a learning disability have been closed since March 2020.
- 2.2 Over recent weeks some family/carers have been reporting concerns about the negative impact that the current arrangements are having on their loved one, due to the lack of attendance at their normal day care or community-based service.
- 2.3 As it unlikely that individuals will be able to return to their usual services in the near future, consideration needs to be given to developing different models of support. Therefore, City Council is working with other local authorities to share good practice and to understand what options could be developed. See paragraph 4.6.
- 2.4 Also, the Association of Directors of Adult Social Care Services (ADASS) for the East Midlands region have appointed consultants (at no cost to the City Council) to undertake a review to understand what is happening regionally and nationally and to present alternative models of care.
- 2.5 Whilst priority has been given to looking at the options for people with a learning disability as they are most at risk of admission to specialist hospital and family/carer breakdown, work has also started on understanding the impact on other groups who would usually attend day care or community-based support. This will be reported to Scrutiny at a later date.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
 - a) note the content of the report and to provide comment/feedback.

4. Report

- 4.1 Adult Social Care (ASC) funds in the region of 359¹ individuals with a learning disability to attend day care or community-based services (these include services directly commissioned (92), funded by a direct payment (235) and those who have both (32)). These are individuals who are eligible for support as defined by the Care Act 2014. The majority funded by the City Council are supported by the independent or voluntary sector.
- 4.2 The City Council operates one 'in house' day care service for individuals with profound and multiple learning disabilities at Hastings Road Day Centre (HRDC). There are currently 29 people who attend the service on a regular basis and some of those (11 individuals) are 100% funded by health due to the severity of their condition.
- 4.3 During the closure period, HRDC has continued to support one individual for 2 hours a day, to assist their carer. However, with the current social distancing requirements, it would be difficult to allow many more to attend safely and at this time the authority is currently undertaking welfare calls and providing an outreach service where possible.
- 4.4 Most external services have been closed since mid-March 2020 although they have been offering services virtually. These include welfare calls, delivering activity packs, online (Zoom) activity sessions and groups chats, advice and information for carers. A few external services have remained open to a very small number of complex individuals in order to support those people and their family/carers. Whilst all services report that this virtual offer has been extremely valuable, some family/carers have been reporting concerns about the current arrangements and their inability to cope without a break.
- 4.5 Whilst Council officers and health colleagues work together to prevent carer/family breakdown, there have been several hospital admissions of individuals with a learning disability over the last few weeks, which appear to have been triggered by the lack of daily routine and social interaction.
- 4.6 As it unlikely that individuals will be able to return to their usual services soon, due to issues of social distancing and other Covid19 related considerations, consideration needs to be given to developing different models of support. Therefore, City Council is working with other local authorities to share good practice and to understand what options could be developed. This includes retaining the virtual offer to add value to packages of support. In this case consideration will be given to implementing flexible costing options which better mirror a move to online engagement activity, utilising technology to support families and individuals receiving services and looking at outreach models.

¹ Information correct as at 14.08.2020. Source: service provision in period – data warehouse

4.7 Also, the Association of Directors of Adult Social Care Services (ADASS) for the East Midlands region have appointed consultants (at no cost to the City Council) to look at the recovery of day care and community-based services, including new models of support.

4.8 Their work is due to be completed mid-September and includes the following objectives:

- Audit the current work on co-production and understanding the impact of Covid19 on individuals and their family/carers focused primarily those with learning disabilities who access day services or short breaks.
- To identify new types of support and identify what could be built into transitional and new models of care
- To identify best practice both regionally and nationally

4.9 Once further details are available the Council will seek to develop new models of care and will engage with the learning disability community and other partners to understand if the proposed changes can deliver the required outcomes.

4.10 Any new developments will be shared with the ASC Scrutiny Commission in due course.

5. Scrutiny Overview

5.1 An overview of the impact of Covid-19 was presented to the ASC Scrutiny Commission on 30.6.2020, which included information relating to day care services.

6 Financial

The department spends £4m on day care including direct payments. The financial impact of any changes to the current provision will be looked at following the completion of the work outlined in this report.

Martin Judson, Head of Finance

7 Legal

Awaiting legal comments.

8 Equalities

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and 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, sexual orientation.

There are no direct equalities implications arising from the report recommendations as the report provides an overview. However, COVID 19 will have disproportionately impacted on particular protected characteristic groups, either directly or indirectly. Underpinned by the Care Act, adult social care supports many different people, including older people, disabled people and those with long-term conditions, those in need of support to maintain good mental health, and those who are mentally unwell, along with their carers.

The PSED has remained in force throughout this time and considerations on the impacts of the immediate response to COVID 19 and the actions that the Council and partners take going forwards into recovery should fully consider the needs of people with different protected characteristics and where disproportionate negative impacts are identified, steps should be implemented to mitigate this. Risk assessments should take account of the particular circumstances of those with different protected characteristics or who appear to be in particular at-risk groups.

Any lessons learnt that may develop into recovery plans for opportunities to do things differently, for people needing ASC support including any changes to service delivery or policy as a result of COVID 19 and future new ways of working, should be equality impact assessed prior to making a decision on those changes, to ensure that there are not unintended consequences for people with protected characteristics. This includes circumstances whereby channels of contact for support or the communication of information are changed, for example utilising technology to support families and individuals. Where equality monitoring information is collected, it may be useful in establishing where and for whom COVID 19 has had disproportionate impacts and may provide a useful indication for further work, for the Council and partners.

Surinder Singh
Equalities Officer
Tel 37 4148

9 Climate Change

There are limited climate change implications associated with this report. However, continued provision of services online in the future has the potential to reduce carbon emissions from the operation of buildings and travel to services, but only where this is judged to be safe and appropriate.

Aidan Davis, Sustainability Officer, Ext 37 2284

10. Appendices

None

11. Background Papers

None

ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

Update - LEICESTERSHIRE COUNTY CARE
LIMITED (LCCL)

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

Martin Samuels – Strategic Director – Social Care &
Education

8th September 2020

Wards Affected: Thurnby Lodge, Eyres Monsell, Abbey, North Evington

Report Author: Tracie Rees

Contact details: Tracie.rees@leicester.gov.uk Tel: 454 2301

V2

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that transferred from the Council's employment in 2015.
- 1.2 The Council sold 2 residential care homes to LCCL in February 2015 (Abbey & Cooper House) and a further 2 in October 2015 (Arbor House & Thurn Court).

2. Summary

- 2.1 LCCL began formal consultation on 16.4.2020 with 97 former Council staff who were subject to TUPE (53 Leicester City and 44 from Leicestershire County who sold 9 homes to LCCL in 2013).
- 2.2 The rationale for LCCL changing Terms & Conditions (T&C's) was based on economic reasons relating to Covid19.
- 2.3 As the TUPE Regulations provide legal protection to the transferring employee's terms and conditions, the sale agreement did not stipulate that staff transferring to LCCL would always remain on their Council T&C's.
- 2.4 Despite requests from the City Council to defer the proposals for a 12-month period, the consultation was concluded at the end of June 2020. Staff were advised to sign a new contract by 4.7.2020 or their employment would be terminated. It is unclear how many employees have signed the new T&C's, although Unison state that it is likely to be the majority.
- 2.5 Unison have confirmed that possible legal action against LCCL is under consideration.
- 2.6 All 4 city homes are rated as 'Good' by the Care Quality Commission (CQC) and recent monitoring visits undertaken by the City Council have not highlighted any staffing or quality issues.
- 2.7 An overview of LCCL's financial position is detailed at paragraph 4.4 to 4.9.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
- a) note the content of the report and to provide comment/feedback

4. Report

- 4.1 In April 2020, the City Council became aware that LCCL had commenced a formal consultation process with all ex local authority TUPE staff to remove their enhancements as a means of reducing costs to the organisation.
- 4.2 Contact was made with LCCL, who explained that due to reduced occupancy levels and additional costs, such as agency staff to cover employees who were sick or self-isolating, additional Personal Protection Equipment costs etc, they were having to look at all expenditure, including reducing staff enhancements.
- 4.3 Funding has been made available to all local authorities by Government to support the care sector with Covid-19 associated costs and the grant monies has been passported to all residential care homes. To date LCCL has received £256,453 of Covid-19 funding support. The funding provided is in line with the monies paid to the other care homes in the City in terms of how funding has been calculated and distributed.

LCCL Financial Position

- 4.4 LCCL stated that they were incurring in the region of £400k pa in additional costs associated with Covid-19. The following information provides an overview of their financial position as detailed in accounts lodged with Companies House.
- 4.5 There are two operating companies in the group – Leicestershire County Care Ltd (LCCL - £15m turnover) and Essex County Care (ECCL - £2.2m turnover) together providing the vast majority of operating turnover of the group. The overarching holding company is Johnson Care Ltd (£17.5m consolidated group turnover), which owns the two subsidiaries for LCCL & ECCL.
- 4.6 ECCL has 2 CQC registered care homes (originally 7 but 5 no longer registered). December 2018 accounts of the holding company acknowledge continuing difficulties for ECCL, with the company making losses and a breakdown of the company's relationship with its principal customer, Essex County Council, particularly around fee rates. That led to ECCL closing some homes on the back of regulatory problems and homes not being financially sustainable. These home closures, associated costs and costs of redundancy payments were cited as contributory factors to the losses recorded in the 2018 financial statements.

4.7 This appears to be why ECCL were having cash flow difficulties, even though LCCL is doing well. The extent of the impact the home closures will have on the on-going results for ECCL (and the Group) for year end December 2019 will not be seen until the 2019 accounts are filed (due by 31.12. 2020).

4.8 As a 'group' the holding company holds the bank loan's, but they are cross guaranteed by the subsidiary companies. The loans will have covenants which depend on operating performance of the companies and they will likely need to demonstrate to lenders that they are taking appropriate measures to maintain compliance with those covenants such that they do not breach them.

4.9 Two key performance measures they use is to monitor bed occupancy rates and the proportion of turnover spent on wage costs. Occupancy rates will be exhibiting some levels of stress as occupancy at a national level is affected by the pandemic, is a key driver of turnover and with that potentially reducing over a sustained period, the proportion being consumed on paying wages will again be adversely affecting that measure.

4.10 In conclusion, LCCL is an independent provider and therefore the City Council has no legal powers over how they run their business. The authority's powers are limited to provision of care services and safeguarding of residents. There is a duty to deliver compliant services in line with the core contract and the quality of those services, which LCCL are delivering at this time.

4.11 It is also important to note that individuals who require residential care funded by the City Council can choose where they would like to live. Therefore, it is not possible to cease using LCCL homes, especially as they are situated predominately on council estates, where many existing residents and tenants wish to remain.

5 Scrutiny Overview

5.1 A detailed report was presented to the ASC Scrutiny Commission on 30.6.2020.

6 Financial

6.1 There are no financial implications arising from this report.
Martin Judson, Head of Finance

7 Legal

7.1 The report summarises the position and there are no direct legal

implications arising out of the report.

Julia Slipper, Principal Lawyer, ext 6855

8 Equalities

8.1 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 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, sexual orientation.

There are no direct equalities implications arising from the report recommendations as the report provides information and is for noting. LCCL also have their own responsibilities under the Equality Act in terms of both employment and service provision (as a provider of public services).

Sukhi Biring, Equalities Officer, 454 4174

9. Climate Change

9.1 There are no climate change related implications associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

10. Appendices

None

11. Background Papers

Previous report to the ASC Scrutiny 30.6.2020

Leicester City Council Scrutiny Review

Adult Social Care Workforce Planning: Looking to the future

A Review Report of the Adult Social Care Scrutiny Commission

Date: 8th September 2020

DRAFT

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Task Group Members

Councillor Melissa March (Chair of Task Group)

Councillor Rashmikant Joshi

Councillor Patrick Kitterick

Late Councillor Jean Khote

Chair's Foreword

The problems facing adult social care are systemic and national issues that affect our ability to provide the quality of care that our most vulnerable citizens deserve, and Leicester is not alone in this. There are 14,000 people working in the adult social care sector in Leicester and for most of them it is a vocational calling of which they are rightly proud. It is difficult and challenging work for low pay and little praise or recognition.

This purpose of this review is to look at the workforce now, and its likely shape in the future, and to recommend ways in which we can support those who care in order to achieve better outcomes for them and the people that they care for.

The problems in adult social care are national, but Leicester is not exempt. Some of the most significant issues arising from the evidence collected for this review include:

- 23% of nursing homes in the city require improvement
- 43.7% of our domiciliary care workers are on zero hours contracts.
- There are ingrained staffing shortages across the country with around 122,000 roles or 10% of vacancies unfilled in adult social care nationally
- The sector is set to grow by 36% by 2035 in the East Midlands, which would require almost 5,000 roles to be filled
- Turnover of staff is high across the sector national – 20% over the last year with only 67% remaining in the sector, which is equivalent to 951 staff members leaving every year. The number of part-time workers is fairly high.
- The workforce is ageing and often in ill health themselves, with fewer young people coming to and staying in the profession. 3080 people are due to retire in the next 15 years, including 32% of nurses.
- When taken together the unfilled and new vacancies, the turnover of staff and the retirement of staff create a gap of 22,304 people, or 1.5 times the size of the existing care workforce. This is a stark figure and highlights the scale of the issue.
- Over half of the workforce have no care specific qualifications.
- There is no parity of esteem between the NHS and social care, but each relies on a symbiotic relationship with the other.

- Low pay is endemic throughout the sector but when this has been increased annually, it has eroded differentials for slightly more senior staff creating no incentive for taking on additional responsibilities.
- There is not much career progression and a lack of desirable training or development opportunities.
- There are low levels of unionisation amongst care providers, which leads to a lack of collective voice around terms and conditions or improving quality of work for carers.

This report goes on to recommend the following:

- Paying the Real Living Wage to all staff on Leicester City Council adult social care contracts to properly value those staff working in the sector. This would cost an estimated £3.9m for 2020/21 for residential care, domiciliary care and supported living. Not all organisations complete the Adult Social Care Workforce Data Set, so the actual cost will be higher, and even more so if we implement other working rights, such as occupational sick pay.
- We expedite our 2019 Manifesto commitment to sign up to the Ethical Care Charter
- Join up the silos to create a clear, simple and desirable apprenticeship route funded using unspent levy funds to encourage newer people to join the sector permanently, particularly younger people.
- Work with those in the workforce to try and find community and cooperative solutions, such as employee buy outs or a grouping together of micro providers, which ensure staff are invested stakeholders in care organisations
- When commissioning, require that providers give access to the unions to their workforce so that they can collectively lobby for improvements in their workplace.
- Also, to require and to ensure that providers complete the Skills for Care National Minimum Data Sets (NMDS) so that they are able to access funding for training but also so that we can better follow trends across the workforce locally.
- Create our own internal agency for existing LCC staff rather than working with external agencies to offer more flexibility for our own team by creating a pool of people and additional work.
- Retention is key in terms of boosting quality of work and quality of care for those receiving it. We need to work with providers around this specific issue. Recommendations to increase retention rates include improved training and development routes; improved pay and conditions; and proper recognition and valuing of the role of carers.

Councillor Melissa March, Vice Chair of Adult Social Care Scrutiny Commission

EXECUTIVE SUMMARY

1. Introduction

- 1.1 The Adult Social Care Scrutiny Commission set up a task group in 2019 to conduct a review into 'Adult Social Care workforce planning for the future'. *(To note that the evidence gathered in this report pre-dates the coronavirus pandemic, and we acknowledge that the impacts on the adult social care workforce are far greater with an unpredictable future)*
- 1.2 In Leicester we have an ageing population who are living longer but often with complex comorbidities and ill health in later life. We have three times the national average of work age people in receipt of social care. When combined with nationally led cuts to prevention services, we have a real challenge in adult social care (some clients are also coming into the system at a comparatively early age and staying for long periods, if not permanently, as users of adult social care services).
- 1.3 **According to Age UK charity:** 1.5 million people aged 65 or over have an unmet social care need, a number that has grown significantly since 2016. Worryingly, Age UK estimates that by 2030 this could grow to 2.1 million older people if the current approach to funding and providing care remains as it is today. Last year there were 1.32 million new requests for social care, over half of which resulted in no services at all or people being signposted elsewhere. In the last five years there has also been a £160 million cut in total public spending on older people's social care and there are more than 100,000 vacancies in the England care workforce.
- 1.4 Nationally, the NHS is experiencing significant pressures, and the issues in social care are even greater. Therefore, the outlook is concerning. Workforce shortages stand at around 122,000 with 1,100 people estimated to leave the job every day – an annual leaver rate of almost a third – and a quarter of staff on a zero-hours contract.
- 1.5 If the demand for the social care workforce grows proportionally to the projected number of people aged 65 and over then the number of social care jobs will need to increase by 36% to around 2.2 million jobs by 2035. International recruitment will be even more important for social care, and a restrictive immigration policy will simply make this harder.

<https://www.localgov.co.uk/Experts-decry-lack-of-consideration-given-to-social-care-in-immigration-reform/50029>

City Council lead officers in Adult Social Care services explained the landscape of adult social care services provision in Leicester, including workforce data and key issues. Leicester generally reflects the national picture as shown in the presentation slides and CQC ratings performance data **at Appendix A.**

A summary of the key data shows:

- It is a workforce made up of 83% women.
- 25% of the workforce in Leicester are aged over 55, compared to 20% of people aged over 55 in work across all sectors. These people are likely to retire in the next decade.
- 48% of roles are full time.
- 43% are BAME, and 57% are White
- 83% are British, 4% are EU, and 13% are Non-EU
- 39% of care workers were employed on zero-hours contracts (or 4,900 jobs). Leicester has a low staff turnover rate, the lowest in the East Midlands, and the number of part time workers is fairly high.
- 43.7% of people working in domiciliary care are on zero-hours contracts
- Work on zero hours contracts show a 31.8% turnover compared to 24.9% overall.
- 50% of the workforce do not hold a relevant social care qualification.
- 7.8% of the posts within the adult social care sector are vacant
- If we think about a future workforce requirement and take in to account turnover rates, growth of the workforce required and also replacing those reaching retirement age, we need to recruit the entire adult social care workforce within the city 1.5 times over in order to ensure we have enough capacity to look after those who need it.

Source: 'Skills for Care' is the leading source of workforce intelligence for the adult social care workforce in England. Information is collected in the Adult Social Care Workforce Data Set (ASC-WDS), which was previously named National Minimum Data Set for Social Care (NMDS-SC), to create robust estimates for the size of the whole adult social care sector and characteristics of the workforce. Leicester City data can be accessed at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx>

1.8

Task group members were impressed with the 'Skills for Care' online interactive website tool which provides a wide range of information, publications and intelligence, including local, national and regional comparable data and charts, this can be accessed at <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Data-and-publications.aspx>

1.9

Members raised questions relating to private care workers e.g. low pay and poor working conditions for some workers. Officers explained that they do address these issues if they are made aware of them, however, there is a need for more whistle blowers in order to address the ongoing situation. It is a delicate issue, as many of those in the workforce may fear 'rocking the boat' and making their own situation worse by raising issues with authorities.

1.10

In March 2020 a Parliamentary inquiry was launched into the 'Social Care Crisis' <https://www.localgov.co.uk/Social-care-crisis-inquiry-launched/50147> to find out what needs to be done to solve the ongoing social care funding and workforce crisis. *(however, the coronavirus pandemic has since impacted on social care and NHS services on a much larger scale...therefore the future is unpredictable...)*

1.11

Please note that evidence gathered for this report took place prior to March 2020, before the coronavirus pandemic impacted drastically on a global scale. This has changed the landscape of adult social care services and the workforce with ongoing uncertainty and additional pressures piled onto services that were already in crisis. We would like to take this opportunity to praise the whole social care and NHS workforce, as well as informal carers, in Leicester City for their dedication and commitment through these difficult times.

The Chief Executive of Care England, Professor Martin Green, said: *'If there is one thing that this dreadful coronavirus pandemic has shown us it is that the social care workforce is our greatest resource. We must learn from this and train, resource and cherish the workforce accordingly.'*

'An important legacy of this crisis must be securing the status of social care as one on equal to the NHS. Never again must social care be the underdog. Social care must retain its rightful status which will therefore necessitate adequate resourcing, funding and status.'

Source: <https://www.localgov.co.uk/One-in-five-healthcare-workers-could-quit-in-wake-of-Covid-19-think-tank-warns/50376>

To acknowledge that in April 2020, during the Covid-19 pandemic the government Health and Social Care department launched a new adult social care national recruitment care campaign, which will impact on future workforce planning, see website link: <https://www.gov.uk/government/news/adult-social-care-recruitment-care-campaign-launched-to-boost-workforce>

Recommendations

The Executive are asked to consider the following recommendations:

- 2.1 That the goal of paying everyone working in adult social care the Real Living Wage or above is realised at the earliest possible opportunity.
- 2.2 That we expedite our 2019 manifesto commitment to sign up to the Ethical Care Charter.
- 2.3 To remove zero hours contracts. This will increase job security for those working in adult social care and should also decrease staff turnover. The review welcomes and supports the early work being undertaken to establish minimum hours as an initial step.
- 2.4 To recognise the crucial link between retention and quality of care and work with providers to support and improve retention rates amongst the workforce.
- 2.5 Work with those in the workforce to try and find community and cooperative solutions, such as employee buy outs or a grouping together of micro providers, that ensure staff are invested stakeholders in care provision. This featured in the 2019 Labour in Leicester Manifesto as a Carers' Coop.
- 2.6 Include in contracts when commissioning that unions be granted access to the adult social care workforce to encourage them to take collective action over key issues affecting their workplaces.
- 2.7 The council to consider developing its own internal pool of bank staff and work to allow more flexibility for work sharing and hours, rather than outsourcing and using agencies. This pool could also support social care providers when in times of crisis e.g. wintertime, then in summertime the bank pool of staff can be used to backfill when workers need to be released for training. The creation of a pool of LCC staff would have a financial cost.
- 2.8 There needs to be a concerted effort to encourage and attract younger people to adult social care careers in the future. There is a dedicated officer in the Council's Employment Hub dedicated to work with the social care sector around recruitment,

- particularly working with colleges and other routes to attracting young people into this sector.
- 2.9 Adult social care and nursing courses, as well as ongoing training and development, should be interlinked with improved pay structures and career paths.
- 2.10 Ensure that the council has a workforce plan that encompasses the projections and workforce intelligence of the external social care provider market. This is being worked on by consultants as part of LSCDG (Leicestershire Social Care Development Group) in conjunction with partners in Leicester, Leicestershire and Rutland.
<https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-planning/Practical-approaches-to-workforce-planning-guide.pdf>
- 2.11 Staff turnover rates are lower for staff who have achieved qualifications, so it is important to encourage social care providers to invest in the training and development of staff. Encourage and support independent providers to have their own workforce plans and ensure owners and senior managers have the right skills and support to ensure their organisations remain viable and sustainable.
- 2.12 Proactively invest further in improving the quality in adult social care provisions, including a particular focus on Registered Managers. For example, programmes like 'Well led' and 'Lead to Succeed' from skills for care will do this (and can be claimed for through Workforce Development Funding).
<https://www.skillsforcare.org.uk/Leadership-management/support-for-registered-managers/develop-yourself.aspx>
- 2.13 Encourage, support and ensure providers complete their ASC-WDS data return and to claim funding for upskilling staff (see above!). When commissioning, add this as a condition in contracts with care providers.
- 2.14 Although the task group was reassured that travel time and mileage payments are already factored into the existing hourly fee rates paid by LCC to contracted providers, and that this rate includes an element of funding towards other business overheads of providers, it is worth considering why the UKHCA (UK Home Care Association) suggested hourly rate is so much higher. Vacancy and turnover rates are more significant in domiciliary care and we know that there are clear links between the quality of work for those employed in the sector and retention, as well as continuity of care for service users. That rate is £20.69 an hour and would lead to a total of £10.84m extra on top of the current cost of home care provision, inclusive of contracted provision and Direct Payments.

- 2.15 Leicester City Council needs to be part of challenging and changing perceptions of working in adult social care, considerations about how to do this could include:
- Care ambassadors - <https://www.skillsforcare.org.uk/Recruitment-retention/I-Care...Ambassadors/I-Care...Ambassadors.aspx>
 - Localised recruitment / retention initiatives
 - Developing career pathways and sharing case studies
 - Engagement in awards
 - Sharing positive news stories and engaging local media
 - Trying to unpick whose care is undervalued and underpaid precisely because it is traditionally “womens work”, and that this remains a significant barrier for many people.
 - We live in a society focused on appearances and that this drives a large amount of the negative perceptions around older or disabled people. Work, for example, to engage children and younger people with care settings, could be crucial in helping to combat some of these damaging stereotypes.

- 2.16 Engage with colleagues across health sector in the Leicester, Leicestershire and Rutland area to aim for social care having equal status and parity with NHS and health colleagues. Train staff to be able to work across the health and social care system as a whole and ensure that there are attractive ways for this to continue after student nurses have qualified.

3. Conclusion

- 3.1 It is acknowledged that national government cuts and austerity have impacted on services and created problems, but this does not render us entirely powerless to make improvements here in Leicester for those being cared for, and for those who care.
- 3.2 For many people not yet working in adult social care, it can seem an unattractive proposition as a career but for many working in adult social care, it is precisely because of how rewarding and varied the days can be that motivates them in their work. People are simply not choosing to enter the care sector when pay, conditions and the status of the profession are as they are. It is not an area that is well regarded or highly competitive, despite the important and nuanced skill set required to provide good care.
- 3.3 We are expecting to need a growth in jobs in this sector cumulatively of c22,000 by 2035, and we owe it to those who care to improve the quality of their work and

workplaces as much as we can. We owe to it those who require care to ensure that the system within the city of Leicester has the capacity to look after everyone properly.

- 3.4 There is a clear moral imperative around preventing 'market forces' just driving the care sector into the ground. We must develop positive cultures and a strong morale. Going forward, we must pay carers the Real Living Wage, and we must boost terms and conditions with things like additional pay for work in unsociable hours; more days of annual leave; and enhanced sickness or parental leave rights. If we are unable to encourage care work to be well paid, then we must ensure that those working within the care sector are empowered in their work and feel valued.

End of Executive Summary

REPORT

1. Introduction

- 1.1 This review looks at the adult social care workforce now, its prospects in the future and recommends ways in which we can support those who care and achieve better outcomes for them and the people they care for. Our care workforce is key to being able to support people to live independently in dignity and safety, but the national crisis in adult social care workforce is deeply concerning.

'Social care provides care, support and safeguards for people during the most vulnerable times of their lives; it supports disabled or older people and it supports them to live good lives. However, with over a million people receiving social care funded by the state, over 350,000 thought to be paying for their own care, 1.4 million older people not getting the care they need, and around 1 in 6 of us - 7.3 million people - providing unpaid care for adult family members in England, this is about a group of people much, much bigger than the population of London now, let alone in the future'.

source: [Directors of adult social services](https://www.adass.org.uk/sort-out-social-care-for-all-once-and-for-all)

<https://www.adass.org.uk/sort-out-social-care-for-all-once-and-for-all>

Task group evidence gathering included:

- Leicester workforce data set
- Summary of the adult social care workforce
- Employment overview
- Recruitment and retention
- Demographics
- Pay
- Qualifications and training
- Social care services providers

Key sources included:

- [The state of the adult social care sector and workforce in England](#)
- [Skills for Care summary of care only home services 2019](https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-care-only-home-services-2019.pdf)
<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-care-only-home-services-2019.pdf>
- [Skills for Care summary of domiciliary care services 2019](https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-domiciliary-care-services-2019.pdf)
<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-domiciliary-care-services-2019.pdf>
- [Skills for Care local authority area summary reports](https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-authority-information/Local-authority-area-summary-reports.aspx)
<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-authority-information/Local-authority-area-summary-reports.aspx>
- Care Quality Commission local authority area data profile: older people's pathway – Leicester Local Authority, March 2019.
- Leicestershire Social Care Development Group
<http://www.lscdg.org/about/>
- Leicester City Council Adult Social Services
<https://www.leicester.gov.uk/health-and-social-care/adult-social-care/>
- Leicester City Council Employment Hub website: [Leicester Employment Hub](#)

- Adult Social Care providers, staff and unions.

2. Leicester City Adult Social Care Workforce Data Set in Social Care

Supporting evidence for Leicester City data – PDF link to ‘A summary of the adult social care sector and workforce in Leicester 2017/18’, - Leicester Skills for Care report:



Leicester-Summary
from skills for care w

- 2.1 Task group members were impressed with the new Adult Social Care Workforce Data Set (ASC-WDS), an online data collection service that covers the adult social care workforce in England. It was previously known as the National Minimum Data Set for Social Care (NMDS-SC). It is completed by Private, Independent, Voluntary care employers and Local Authority Adult Social Care. The leading source of workforce information for the whole adult social care sector. Completion of the data set is mandatory for local authorities, but is not a mandatory requirement for the Private, Independent and Voluntary sector. There are two levels of data return of the data set, one enabling the care provider to claim Workforce Development Funding (a pot of funding dispersed by Skills for Care to support the Adult social care workforce with qualifications / training of staff).

Source: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/adult-social-care-workforce-data.aspx>

- 2.2 There are currently 238 Care Quality Commission regulated care employers across Leicester City that employ 14,000 workers across the independent sector (11,000), local authority (750) and jobs working for direct payment recipients (1,900). This is the latest information available from the Adult Social Care Workforce Data Set (ASC-WDS), taken from local authorities as at September 2018 and from independent sector employees as at March 2019.

Jobs by service

Domiciliary	8,900
Residential / Nursing	3,700
Community	950
Day Services	225

Using data obtained by ADASS as of March 20 there are 238 private sector employers...

- 133 Domiciliary Care agencies
- 103 Residential Homes
- 21 Nursing homes

Demographics

- 18% of the workforce are male
- 82% of the workforce are female
- The average age of a worker is 44 years old

Age	Percentage of workers
Under 25 years	9%
25 – 54 years	69%
55 years and above	22%

3. Recruitment & Retention

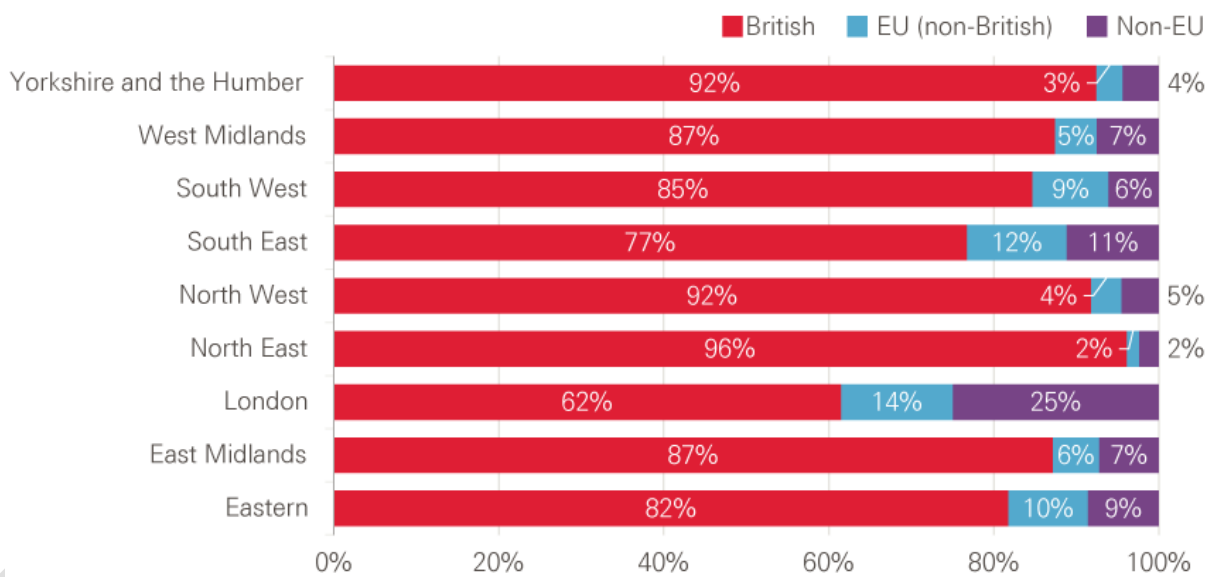
- 3.1 Both the NHS and social care employers recruit from the same pool for many roles. As a major employer, typically providing better pay terms and conditions, and career progression than social care can afford the NHS can have a significant 'gravitational pull' on the social care workforce. Health care assistant roles in the NHS can be extremely attractive to staff in social care and there is a 7% gap

between pay for nurses in adult social care and in the NHS sector. Over the next few years this will rise further, with basic pay for NHS nurses increasing including pay progression. To match pay increases in the NHS in social care would cost around £1.9bn by 2023/2024.

3.2 There are sector-wide staff shortages, and these will be significantly and adversely affected by the national government policy of a points-based immigration system.

3.3 This table below shows 'Where Social Care Workers in UK come from?'

Where do social care workers in the UK come from?



The Health Foundation © 2019 Source: *The state of the adult social care sector and workforce in England. Skills for Care; 2019*

3.4 The table below shows 'NATIONALITY DATA FOR LEICESTER CITY'

Nationality

Nationality	Percentage of workers	Actual Numbers
British	75%	10,500
EU	7%	980
Non-EU	17%	2,380
Unknown	1%	140

3.5

‘**Skills for Care**’ predict the social care industry will need another 650,000 workers by the year 2035. Yet, a ‘Totaljobs’ research report in September 2019 reveals that one in three social carers plan to leave the industry within the next five years, meaning the sector could be facing a major staff deficit of over 1.2 million workers by 2024.

Source: <https://www.totaljobs.com/recruiter-advice/overcoming-the-challenges-facing-social-care-employers#download-the-totaljobs-social-care-report>

3.6

Leicester City recruitment and retention data shows:

- There is a 20.6% turnover rate which equates to 2,884 leavers
- 67% of these leavers (1,932) remain within the sector and have moved to another care employer which means **952 leave the sector each year**
- 13.1% vacancy rate which equates to 1,700 jobs at any one time
- Average years of experience in the role equates to 3.6 years

Years of Experience	Percentage	Number of Workers
Less than 3 years	55%	8250
3 – 9 years	31%	4650
10 years or more	14%	2100

3.7

The task group were impressed with the work of the LSCDG (Leicestershire Social Care Development Group) who actively works with care providers and other organisations such as Schools, Colleges and health to arrange and participate in career and recruitment fairs, to raise the awareness of social care. <http://www.lscdg.org/about/> It is noted that the LSCDG is an equal partnership across the 3 LLR local authorities. Each partner makes an annual contribution to the scheme, which provides training at no cost to the external providers. This is in addition to the monies paid via the fee payments to support staff training and development.

4.

Pay Structures

4.1

For 2019/20, Directors of Social Services estimated the impact of the national living wage on their direct wage costs, the fees they pay for care and other indirect costs would add nearly £450 million to their budgets. In 2020/21, they face a further 6.2% rise in the national living wage.

According to the Kings' Fund, NHS research in February 2020: *“The cost to local authorities of commissioning social care is heavily affected by the rate of care-worker pay. The 6.2% rise in the national living wage is richly deserved by care staff but, along with rising demand for services and workforce shortages, may be more than the sector can bear”.*

4.2

This table below shows the pay for social care staff

Pay

Front Line Care Workers	Average Pay per hour
Local Authority	£10.66
Independent Sector	£8.27

Managers (Registered Managers / Care Managers)	Average Pay per hour
Local Authority	£22.85
Independent Sector	£12.85

Regulated Professions (Nurses / Social Workers)	Average Pay per hour
Local Authority	£19.53
Independent Sector	£15.83

- 4.3 Working with the employment team from the council, care providers identified turnover, recruitment and retention as the major barriers they faced, highlighting the existing competition between different domiciliary care agencies. This was less of a problem where agencies did not carry city council contracts and were instead charging more to customers and paying more to staff. This led to longer term staff and continuity of care. This review saw examples of this in advertisements and also in a case study.
- 4.4 A sensible benchmark to use would be to increase pay in line with the Real Living Wage (as determined by the Living Wage Foundation). Raising pay to RLW would make adult social care a more attractive proposition compared to other lower paid jobs, possibly even bringing an increase in status. This would better value hard working care workers and further enable them to maintain standards of care rather than worrying about external pressures. This report recognises that this is not a realistic prospect for the city council given the pressures placed nationally on our budget by the government's programme of austerity. However, this review also recommends that the goal of paying everyone working in adult social care the Real Living Wage is realised at the earliest possible opportunity.
- 4.5 "In April 2016 the government introduced a higher minimum wage rate for all staff over 25 years of age inspired by the Living Wage campaign - even calling it the 'national living wage'. However, the government's 'national living wage' is not calculated according to what employees and their families need to live. Instead, it is based on a target to reach 66% of median earnings by 2024. Under current forecasts this means a rise to £10.50 per hour by 2024. For under 25s, the minimum wage rates also take into account affordability for employers. The Real Living Wage rates are higher because they are independently calculated based on what people need to get by. That's why we encourage all employers that can afford to do so to ensure their employees earn a wage that meets the costs of living, not just the government minimum." – Real Living Wage Foundation website <https://www.livingwage.org.uk/what-real-living-wage>
- 4.6 We believe that this would cost circa £3.9m each year (including other employer related on-costs), which is a large annual sum, but we believe that the benefits of this would be seismic for those working in and receiving adult social care in this city.

The table below shows uplifts in the National Living Wage for 20/21 across Leicester City Council contracts in the adult social care sector compared with the additional spend if we were to increase to Real Wage for the same period.

Service	NLW uplift 20/21 (£)	LWF LW uplift (£)	LWF LW Extra Cost (£)
Domiciliary Care	£2.6m	£4.1m	£1.5m
Supported Living	£0.9m	£2.1m	£1.2m
Residential Care	£2.7m	£3.9m	£1.2m
Totals	£5.4m	£9.9m	£3.9m

5. Pay Differentials

5.1 People working within the sector are keen to maintain pay differentials to reward those who are taking on additional responsibilities in order to retain senior staff. However, in March 2019 just under 50% of the adult social care workforce was not paid at the National Living Wage so 575,000 jobs nationally received a pay uplift. This review fully supports increasing pay in this sector. However, this means that an increasing number of staff are now being paid at living wage and, essentially, devalues some of the skills and posts that used to be remunerated at a level above NLW. 10% of posts in 2016 were paid at National Living Wage but this has now increased to 20% in 2019.

5.2 The risk here is that there will be little incentive for people to take on more senior roles without a pay differential. These roles could include antisocial hours, senior carers and managers. Although it is great to be lifting the pay for the very lowest paid in this sector, it is also important to ensure that we are remunerating those who do assume extra responsibilities fairly too.

5.3 One suggested approach is that the local authority addresses this through commissioning and states an increased hourly rate for certain roles, for example, senior care workers, to ensure that these remain attractive enough and incentivised sufficiently.

6. Ethical Care Charter

6.1 UNISON's ethical care charter provides a clear and strong framework for ensuring job quality and security within the adult social care sector. Although this review welcomes that the city council is starting to explore living hours contracts

with care providers, it also recommends that we expedite our 2019 manifesto commitment to sign up to the Ethical Care Charter.

There are three areas that prevent the signing of the charter at this time:

- 1) The removal of zero hour contracts would require a voluntary variation to the existing domiciliary care contract, but if providers refuse then a full re-procurement exercise would be required. The council is only aware of two providers who use zero hour contracts.
- 2) Payment of the National Real Living Wage Foundation rates = £3.9m
- 3) Payment of occupational sick pay. Whilst existing fee rates include provision for sick pay they are for the most part based on SSP minimum levels of weekly pay and cover a minimum of 5 days sickness. Payment of Occupational Sick Pay across ASC contracts would add significant additional cost to the authority. The level of cost would be dependent on individual pay rates for different roles and the number of days of sickness cover.

6.2 It is clear living-hours contracts over the course of a month would ensure increased security for both, employers and employees, within the sector, as well as enabling people to improve access to work benefits, including universal credit. However, by working with providers to ensure that no zero-hour contracts are used in place of permanent ones if permanent contracts are preferable to workers, we would be able to agree to sign up to stage one of the ethical care charter and start the process of improving job quality for the c14,000 people working in the sector across the city.

7. Unionisation

7.1 There are staff working within the NHS in similar roles to the domiciliary and care home support commissioned by the city council, but their working environment seems radically different. This is in no small part down to the role of trade unions and professional bodies in ensuring quality terms and conditions for their members, as well as bringing people together to lobby on their collective behalf. Currently, people are not able to join UNISON when they have a problem requiring support, this includes whistleblowing, which adds a further moral imperative. This review also recommends that the city council works with providers and that the commissioning process includes a requirement for unions to have access to staff working within the sector.

8. Training and Development

8.1 Similarly, to the national picture, around 50% of the workforce have no qualifications in adult social care. People have worked (on average) in the care sector for 7.3 years but with little additional training, apart from basic training e.g. safeguarding, health & safety, moving and handling. The quality of care and the satisfaction of working in care could be hugely improved if providers were to work together to improve the qualifications, as well as other learning opportunities, of their employees.

8.2 Leicester City qualifications key data shows:

Qualifications

- 49% held a qualification relevant to adult social care, this is slightly lower than the National average of 51%
- 13% of staff have completed the care certificate, 34% in progress or partially completed, 53% not started the care certificate.
- We know turnover rates are lower for staff who have achieved qualifications, so it is vitally important to encourage providers to be investing in the training and development of staff.

8.3 There is compelling evidence about how learning and development improve retention rates. As a result, there is a case to be made with providers about how training, qualifications and continuing professional development, as well as improved terms and conditions and higher pay would increase retention and crucially, improve continuity of care and outcomes for those in receipt of adult social care too. This report recommends that the city council works with providers to make this case clearly and supports them to take appropriate action.

8.4 Task group members asked about interaction with care providers and hospitals e.g. skilled health workers. Lead officers mentioned the 'skills for care programme' – at present 10 people are on the scheme, and work is being carried out to capture the gaps that exist across Leicestershire.

8.5 Leicester City Council is a partner of the LSCDG in relation to the adult social care training which is provided across Leicestershire (LLR), the council contributes £60,000 to this. The partnership has contracted with a consultant to

start in April 2020 to look at how we can attract new people to the care career pathways, this will help with future workforce.

The 'Leicestershire Social Care Development Group' (LSCDG) has been operational since 2006, the aim of LSCDG is to support the workforce development and raise quality for independent and voluntary sector (IVS) across Leicester City, Leicestershire and Rutland. They work with over 400 + adult social care providers, that includes; Care Homes, Nursing Homes and Domiciliary Care Agencies. They run a series of courses that are delivered by experienced experts in the field, which includes in house local authority staff and external providers who have been through a robust selection process. They work with partners who are in touch with IVS and help to formulate and direct the training plan as well as implementing new legislation and procedure.

- 8.6 When the local authority commissions contracts of care, we are paying for an element of staff training. However, many people are moving around the sector and receiving the same mandatory training time and again in multiple jobs or from multiple agencies, rather than a more considered or personalised approach to developing individuals. Although it is vital that basic standards are maintained through retaining existing levels of training, we should try and work with providers to think more creatively about how they develop individual members of staff. Moreover, there is funding available to do so (e.g. Skills for Care and unspent levy funds), or scope to develop specific training through the LSCDG too.
- 8.7 It is well documented that there are higher turnover rates amongst providers with poorer inspection rates. It is also clear that improved continuity of care is inextricably linked to improved quality of care. There are higher turnover rates in care settings with poorer inspections from the CQC but 70% of workers go on to work elsewhere but remain in the sector. One answer is to support providers to recruit staff based on their values. Values based recruitment has been shown by Skills for Care to lower turnover rates by 6%. Another is to tailor training to individuals working in the sector in addition to the existing standard mandatory training that many staff members do multiple times for a range of different providers.
9. Apprenticeships
- 9.1 The adult social care workforce is ageing whilst, simultaneously, there are lots of young people looking for long term work and careers. Providers have highlighted that they are unable to recruit but seem keen to employ more staff. The review

recommends that there is some further work to do with providers to try and outline their responsibility collectively and individually for upskilling and developing the workforce they require. Providers in their feedback stated that many of the people that they interviewed lacked the skills or experience necessary for the work. Whilst this lack of ready to go talent is understandably frustrating, it is a persistent problem, so providers need to work together with the city council to seek to ensure that there is a pool of people who are able, trained and willing to undertake these roles. The task group very much welcomes that this is one area of work that will be undertaken by the new Workforce Development post, which will link into the council's employment hub and Skills for Care.

.2 The task group heard evidence of case studies and positive work carried out by

city council's employment & apprenticeship hub officers, who promote the health and social care sector to local schools within Leicester and Leicestershire as well as specific recruitment and jobs fair events.

An example of publicity flyer for 'Social Care Jobs Fair'- PDF link:



Social-care-jobs-fair
-30-03-2020 (003).pd

9.3 Leicester Employment Hub officers actively work with the councils Adult Social

Care services and with external partners across the city to encourage and attract more people to consider social care jobs and training opportunities.

Leicester Employment Hub partnership working – case study evidence:

The Leicester Employment Hub is keen to engage with local partners such as the DWP. Partnerships are an effective tool to support specific sectors including Health and Social Care, because they understand the struggles with recruitment and retention. The Employment Hub arranged a visit for DWP staff to 'Adaptus Cares', a local care provider, to understand the sector in depth and the challenges faced; the different roles available, as well as entry and training requirements. The visit included a tour of the facilities including training rooms and becoming familiar with equipment such as hoist. This visit enabled DWP staff to portray this information to their claimants. They found the visit so useful that they have decided to invite 'Adaptus Cares' to one of their team meetings. *Source:* [Leicester Employment Hub](#)

The task group were informed that another major factor in the inability to recruit apprentices was that there is a requirement to provide a minimum of 16 hours a week of work. Providers were unwilling to promise these sorts of contracts to new starters, particularly those fresh out of college or school, given they did not provide as attractive terms and conditions for their existing (often long term) workforce. This lack of parity felt uncomfortable and so they did not want to take on apprentices, regardless of the schemes in place to incentivise this. This review recommends addressing this in two ways: firstly, by improving access for the existing workforce to permanent contracts that are not zero hours; and, secondly, by offering a coherent, easy and supported programme of ready to go support for agencies to take on apprentices together and to make this process as risk free and simple as possible. This review supports the work being undertaken to have guaranteed hours for those working in the care sector.

10 Unspent Levy Funds

10.1 This report recommends that working with providers and within the confines of

the existing apprenticeship scheme and using unspent levy funds, we could recruit, train and support cohorts of people to enter into the adult social care workforce. Smaller providers are only required to pay 5% of training costs but we could use the levy funds to remove this barrier if they were prepared to guarantee the required 16 hours per week in a contract for social care apprentices. The low minimum wage would allow for the 20% of time necessary to be spent on 'off the job learning'. This report recommends that the council actively puts together a package to make this a very easy and accessible route that is free for providers and to sell this to them. This would enable more, new and better skilled people to enter into this workforce. The task group welcomes that currently the levy is being made available to support the Nursing Associate Pilot working with UHL & Skills for Care in the East Midlands

10.2 The taskforce undertaking this review has learned the LSCDG (Leicestershire Social Care Development Group) is to employ a consultant from April 2020 to look further into the issue of encouraging more younger people into this area of work across Leicester, Leicestershire and Rutland. We have limited the framework of this review somewhat to avoid duplication here but await the outcome of this piece of work.

Reablement

11.1

Within reablement team, the only aspect of the city council that directly delivers care, it is worth looking at the *Buurtzorg model* of home care from the Netherlands (see below) which focuses on higher quality care in longer but fewer visits, as well as building circles of community around those who are being cared for. It is relatively cost effective.

Buurtzorg is a pioneering healthcare organisation established 12 years ago in the Netherlands. It started with one team of four nurses and now has 950 teams and 10,000 nurses and nurse assistants providing more than half of Dutch home care. At its heart is a nurse-led model of holistic care provided by self-managed neighbourhood teams – Buurtzorg is Dutch for Neighbourhood Care. Teams are supported by regional coaches, an IT system that works because nurses were involved in designing it, and back office support designed around and dedicated to their needs. The model has revolutionised health and social care in the Netherlands. Patient satisfaction rates are the highest of any healthcare organisation, impressive financial savings have been made and employee satisfaction is high.

Source: <https://buurtzorg.org.uk/about-buurtzorg/>

11.2 Between 2018 and 2020 NHS Wales was going to pilot this model with two million pounds of funding. The Royal College of Nursing says, “The RCN has long supported this model, which was founded in the Netherlands and has garnered international acclaim for its nurse led, cost effective principles, which rely upon nurse innovation leading the way for care of patients in their own communities.”

12 Coops

12.1 There are existing examples of care organisations in the UK that are run or controlled by the workers, but they are all agencies, not residential settings. There is a clear relationship between the quality of work and the quality of care that Coops UK have identified, and they campaign for improvements in the former to boost the latter. They have also seen the wellbeing and mindset for workers who are stakeholders in any business is much improved.

12.2 Options that could be considered include employee takeovers of care settings when owners are looking to retire or move on. For example, in the city many of those who own care homes and nursing homes are often nearing the end of their own working lives and this could be an option that worked for everyone. The city council should consider supporting, facilitating and bolstering moves from within

the workforce wherever possible. Shifting from owner-operator businesses to employee-owned ones has been shown to work financially and boost social value elsewhere in the UK.

12.3 Part of the 2019 Labour in Leicester Manifesto is to explore the development of a carers' coop, essentially looking to create a micro providers network that gives more ownership to those working in domiciliary settings.

12.4 Both of the above options are almost impossible given the structural austerity across the UK, but in Scotland (where there is a much higher percentage of cooperatives and particularly in the care sector), the government funds awareness of cooperative business models. The city council should consider supporting in similar way.

13 Internal pool of people and work

13.1 Within the council's own team there could be scope to create a way of sharing hours between existing staff members. Some people, for example, might want more flexible shifts to fit around caring responsibilities and weekend or evening work could appeal to them. Others might want to take on additional work whilst building up savings or similar. More might be looking to retire but could be persuaded to stay working for us if there were fewer hours involved. Rather than working with external agencies, for example, for social workers, this review recommends that wherever possible the council offers more flexibility in our own team by creating a pool of people and additional work. As well as offering clear benefits to our existing staff, this would also keep more work in-house so that we could ensure adequate supervision for staff. This way, we would have a back-up option before outsourcing to agencies and we could potentially retain important skills and expertise too.

14 CQC ratings - Appendix A shows the performance data for Leicester

14.1 Task group members raised concerns about the CQC ratings showing 23% of Nursing Homes in Leicester requiring improvement. Adult Social Care service officers explained the difficulties these homes faced in recruiting trained nurses. However, the city council can take action as necessary if concerns of poor quality are reported and can offer intervention work e.g. almost live-in support by our team. It was noted that the safeguarding of clients was not an issue.

14.2

The quality ratings framework supports the council's level of care and support to care homes in the city. Officers reported that visits for 2018/19 for LA were 22 visits and 292 safe visits. We use the CQC annual risk monitoring toolkit and this works well.

14.3

Task group members raised the following points:

- a. How would a person start a Domiciliary Care agency? Lead officers explained that CQC is the pathway for this, however some do start and then collapse and restart. The LA will check the financial stability of all contracts and those that apply. In Leicester we have many local smaller providers, and some have private funders (noted that LA does not have anything to do with private funded ones). The CQC is responsible for rating all providers.
- b. **Concerns about privately funded domiciliary care providers** that are not rated regularly. Lead officers said that if they were made aware of any concerns then these can be reported to the CQC.
- c. Can care services can be accessed using personal budget self-funded / direct payments? Lead officers confirmed this can be done.
- d. Concerns raised relating to the presentation slide (App A) showing **CQC unrated 30% Domiciliary Care services operating in Leicester**. Lead officers confirmed that this relates to the number of new ones entering the market.
- e. **Concerns raised about support for people with loneliness** e.g. existing daycare services reducing and new groups that are not registered operating in the city. Lead officers explained that daycare services were not rated by CQC and did not have to be registered. The LA does quality checks for those that it contracts or funds in the city, however others can operate notwithstanding. **Members voiced their concerns about inadequate controls and checks for daycare services that operate informally in the city.**

14.4

Task group members felt that the CQC should be given a wider remit to focus on quality of employment as well as quality of care. The government should establish a minimum commissioning cost for local authorities to ensure care is not commissioned at unrealistically low levels and ensure that local authorities have sufficient funding to meet this requirement.

- 15 Future workforce projections – the task group supports the evidence below submitted by ‘Leicester Skills for Care’:
- 15.1 The ‘Projecting Older People Population Information System’ (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2018 to 2035. In the East Midlands region, the **population aged 65 and over was projected to increase between 2018 and 2035 from 930,000 to 1.29 million people**, an increase of around 39%. This poses potential challenges for the adult social care sector and workforce.
- 15.2 Skills for Care forecasts show that, **if the adult social care workforce grows proportionally** to the projected number of people aged 65 and over in the population between 2018 and 2035, **an increase of 36% (55,000 jobs) would be required by 2035**.
- 15.3 **Currently, Skills for Care does not publish local workforce projections, however, to give us guide estimations using the information we know about the current breakdown of the workforce in Leicester City, if services grew in proportion to 36% increase in jobs the future would be increasingly problematic.**
- 15.4 There are, of course, big caveats to this as use of technology, commissioning intentions and the impact of recruitment and retention campaigns will impact on how the workforce will look in the future.

	Currently	2035	Differential
Domiciliary Care	8900	12104	3204
Residential Care	3700	5032	1332
Community	950	1292	342
Day Services	225	306	81
		18734	4959

So, a growth of 4959 prospectively by 2035.

We also need to consider the impact of replacing those who leave the sector...

20.6% turnover in the past year, however 67% of these leavers are remaining in the sector, a total number of 951 staff members leaving the sector each year based on these figures. Turnover rates differ and we know that turnover of staff within domiciliary care is a greater challenge, in Leicester City the turnover of care workers within domiciliary care is 26.3% (18.3% vacancy rate). We also know that the workforce will increase and therefore the numbers will be higher, even if percentages remain the same.

If we base on 951 leaving the sector each year based on current turnover levels, in the next 15 years we will need to replace a total of 14,265 staff.

15.6 We also need to consider the impact of replacing those who are reaching retirement age in the next 10/15 years...

22% of the current workforce are aged 55 and over and will be reaching retirement age in the next 10/15 years.

This equates to 3080 staff; we can delve deeper into the data and see which job roles this will impact most. The percentage of Nurses aged 55 and over is 32%.

15.7 Possible future workforce projection as a total...

If we think about a future workforce requirement and taking in to account turnover rates, growth of the workforce required and also replacing those reaching retirement age we may see the future workforce numbers being around:

Current workforce	14,000
Replacing retirees	3080
Replacing leavers	14265
Growth in sector	4959
Additional staffing required	22,304

This essentially means that in the next 15 years, we need to recruit the entire adult social care workforce within the city one and a half times over in order to ensure we can fill the gaps and have enough capacity to look after those who need it.

15.8

There are obviously caveats to this data, turnover and retirees may change, commissioning intentions may change, use of technology may impact on the workforce numbers required, but as a general picture this will give an idea on the scale of the challenge facing Adult social care locally.

16

Department of Health and Social Care survey in 2019 – supporting evidence

16.1

The department's recent survey of 2,020 adults showed that people in England aged 18 to 34 are the most likely to consider applying for a job in adult social care. It will continue to target people 20 to 39 age group, raising awareness of the benefits of a career in adult social care. The survey showed that:

- 64% of people 18 to 34 age group would consider a career in adult social care
- over half of people aged 18 to 34 would consider changing career for a job that helps or supports others
- more than 1 in 10 people aged 18 to 34 are dissatisfied with their current job
- 59% would consider moving roles to a job that offers more personal fulfilment
- 65% of parents with dependent children would consider a role in adult social care

16.2

Nearly 1.5 million people work in the adult social care sector, but an ageing population means that 580,000 more workers will be needed by 2035. The average age of those working in the sector is 45 years old, and around 385,000 jobs are held by people aged 55 years old who are likely to retire in the next 10 years.

Minister for Care, Caroline Dinenage said:

“A career in adult social care offers the rewarding opportunity to make a real difference to the lives of some of the most vulnerable people in society – a sentiment 96% of current care workers on the ground agree with. We have over a million brilliant people working in the sector, but we urgently need new talent to ensure we can continue to provide support for those who need it”.

17 CONCLUSION

- 17.1 As above, it is acknowledged that national government cuts and austerity have impacted on services and created problems, but this does not render us entirely powerless to make improvements here in Leicester for those being cared for, and for those who care.
- 17.2 For many people not yet working in adult social care, it can seem an unattractive proposition as a career but for many working in adult social care, it is precisely because of how rewarding and varied the days can be that motivates them in their work. People are simply not choosing to enter the care sector when pay, conditions and the status of the profession are as they are. It is not an area that is well regarded or highly competitive, despite the important and nuanced skill set required to provide good care.
- 17.3 We are expecting to need a growth in jobs in this sector cumulatively of c22,000 by 2035, and we owe it to those who care to improve the quality of their work and workplaces as much as we can. We owe to it those who require care to ensure that the system within the city of Leicester has the capacity to look after everyone properly.
- 17.4 There is a clear moral imperative around preventing 'market forces' just driving the care sector into the ground. We must develop positive cultures and a strong morale. Going forward, we must pay carers the Real Living Wage, and we must boost terms and conditions with things like additional pay for work in unsociable hours; more days of annual leave; and enhanced sickness or parental leave rights. If we are unable to encourage care work to be well paid, then we must ensure that those working within the care sector are empowered in their work and feel valued.

18 Appendices to the report - Att.

Appendix A: Summary of the ASC sector and workforce in Leicester and CQC performance data – presentation slides



APP A Adult Social
Care Workforce and

Appendix B: Executive response scrutiny template

Contacts

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Email: Melissa.March@leicester.gov.uk
Leicester City Council <https://www.leicester.gov.uk/>

20. Financial, Legal and Other Implications

1. Financial Implications

The proposals in this report would add at £14.7m per annum to the current £107m adult social care budget, being the £3.9m to implement the real living wage rate for providers and £10.8m to implement the UK HCA domiciliary care rates. The additional cost of improving the sick pay arrangements beyond statutory levels by increasing payments to providers has not been quantified.

Martin Judson, Head of Finance

2 Legal Implications

There are no direct employment law implications at this stage. However, if some of the recommendations are taken forward employment legal advice should be sought as there might be employment law implications.

Julie McNicholas
Employment and Education Solicitor, Legal Services

3. Equality 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 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, sexual orientation.

Whilst this review has looked at the adult social care workforce now, its prospects in the future and recommended ways in which we can support those who care and achieve better outcomes for them and the people they care for, it is important to ensure equality issues/considerations are embedded throughout any work going forward.

Taking into account the city's demographic profile, both the ASC workforce and those being cared for will be from across a range of protected characteristics, and these need to be taken into account when developing the workforce and providing caring responsibilities. Any communication needs to be meaningful and accessible for a wide number of people/communities.

If any specific initiatives, policies, procedures, service changes, etc. are introduced as a result of this work, we need to consider any changes and how they impact on protected characteristics, as with any change, we are trying to identify disproportionate impacts on that particular group and finding ways in which to mitigate it which in this case will also include looking at any wider risks.

It would be beneficial to record/ evidence these by using the Equality Impact Assessment tool as an integral part of the decision-making process it is recommended that an Equalities Impact Assessment is undertaken. The Equality Impact Assessment is an iterative document which should be revisited throughout the decision-making process and should, ultimately, also take into account any consultation findings, which needs to be meaningful and accessible.

Further advice can be sought from the Corporate Equalities Team.
Sukhi Biring, Equalities Officer, 0116 454 4175

Appendix A is 'A Summary of the Adult Social Care Sector and Workforce in Leicester, and CQC performance data – presentation slides'

Click on this icon to access presentation slides (slides are att in this document)



APP A Adult Social
Care Workforce and

DRAFT

Appendix B is 'Executive Response to Scrutiny' template

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

Introduction

...

Scrutiny Recommendation	Executive Decision	Progress/Action	Timescales

Adult Social Care Workforce, Leicester

(File created on: 10/22/2019,

Source: Skills for Care

Adult Social Care – Workforce Data Set)

Summary of the adult social care workforce

Hover over the i to find out more information about the data



This summary of the adult social care workforce in **Leicester** includes jobs in local authority and independent sectors as well jobs for direct payment recipients. **Please note that the other pages refer to jobs in the local authority and independent sector only.**

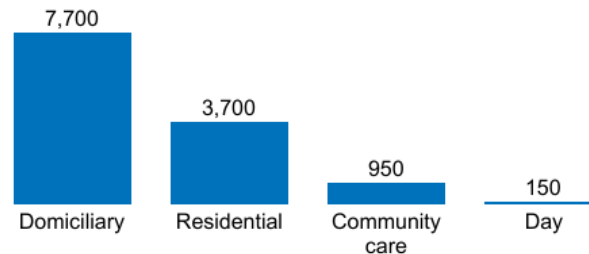


There were **14,500** jobs in **Leicester**



There are **232**
CQC regulated establishments in **Leicester**

Jobs by service



In **Leicester** there were...



9,700
Direct care jobs

1,200
Managerial jobs



350
Regulated professionals

2,200
Jobs for direct payment recipients



Back to map
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Summary and key findings

Employment overview

Recruitment and retention

Demographics

Pay

Qualifications and training

Employment overview

Hover over the i to find out more information about the data



Use the drop-down menus to change the sector and/or job role.

Select a sector:

Overall

Select a job role:

Overall

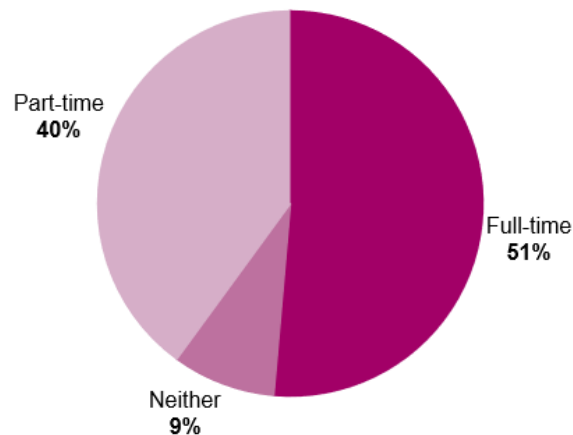
Zero-hours contracts



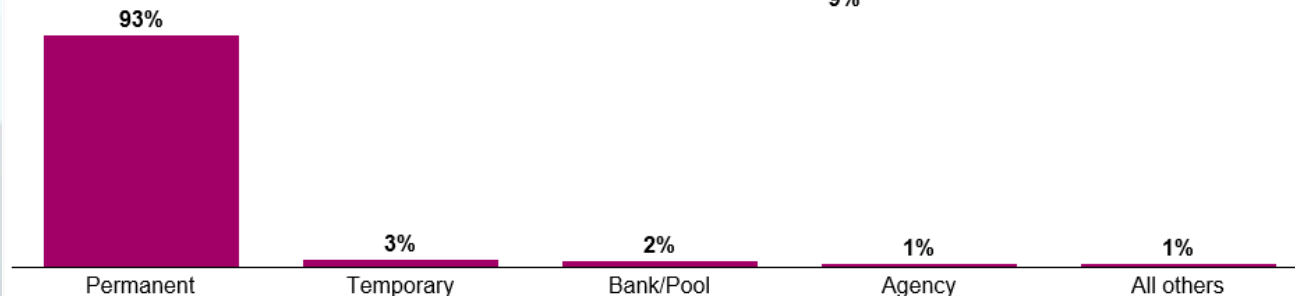
39%

of workers were employed on **zero-hours contracts** (or **4,900 jobs**)

Working time



Employment status



Recruitment and retention

Hover over the i to find out more information about the data



Use the drop-down menus to change the sector and/or job role.

Select a sector:
Overall

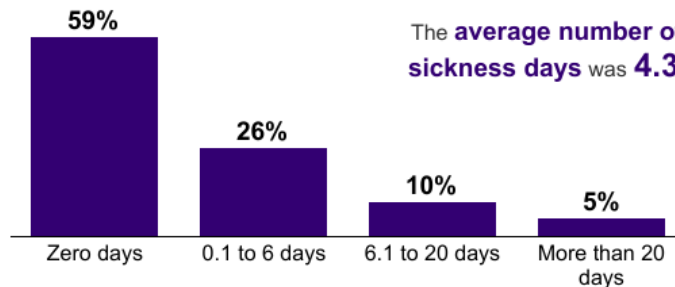
Select a job role:
Overall

The **turnover rate** in 2017/18 was **20.1%** (or **2,400 leavers**).

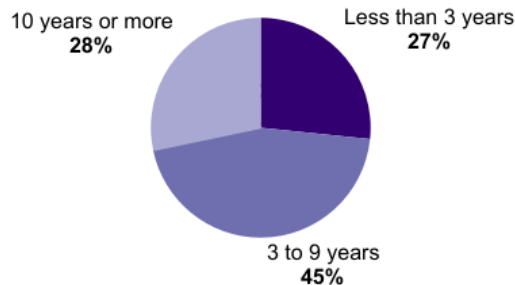
The **vacancy rate** in 2017/18 was **13.3%** (or **1,800 jobs**).

Around **61%** of leavers **remained within the sector**.

Sickness rates



Experience in sector



On average, workers had **7.3 years** of **experience in the sector**.

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Demographics

Hover over the i to find out more information about the data



Use the drop-down menus to change the sector and/or job role.

Select a sector:
Overall

Select a job role:
Overall

Gender

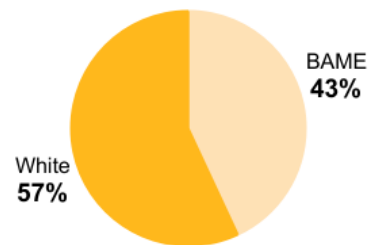


83%
of the workforce
were **female**.

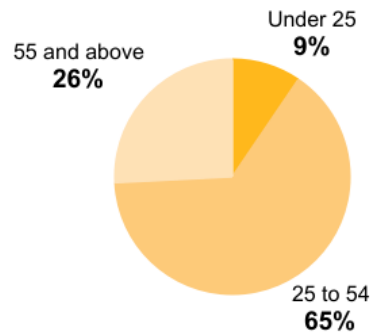


17%
of the workforce
were **male**.

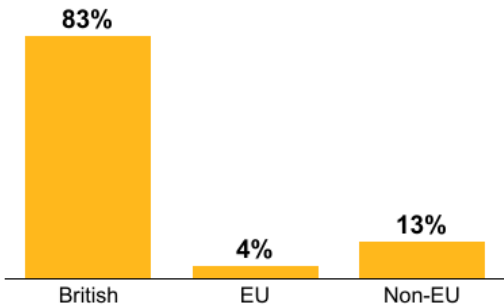
Ethnicity



Age groups



Nationality



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Summary and key findings

Employment overview

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Qualifications and training

Pay

Hover over the i to find out more information about the data



Use the drop-down menus to change the job role

Please see sector breakdowns below.

Select a job role:
Overall

Local authority sector

The average hourly rate for **Overall** jobs in the **local authority sector** in **September 2017** was

£14.91

£8.54

£14.91

Independent sector

The average hourly rate for **Overall** jobs in the **independent sector** in **March 2018** was

£8.54

Independent

Local Authority

On average, **pay in the local authority** was **£7.41 higher** than the **National Living Wage** (£7.50).



On average, **pay in the local authority** was **£1.04 higher** than the **National Living Wage** (£7.50).

Qualifications and training

Hover over the i to find out more information about the data



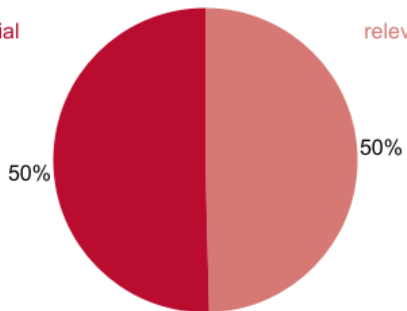
Use the drop-down menus to change the sector and/or job role.

Select a sector:
Overall

Select a job role:
Overall

Social care qualifications held

% **had** a qualification relevant to social care

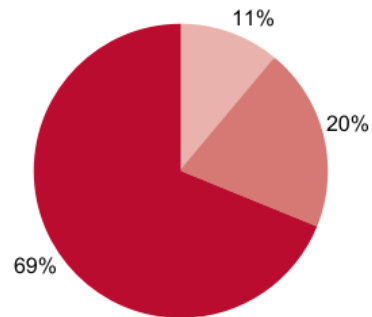


% **did not have** a qualification relevant to social care

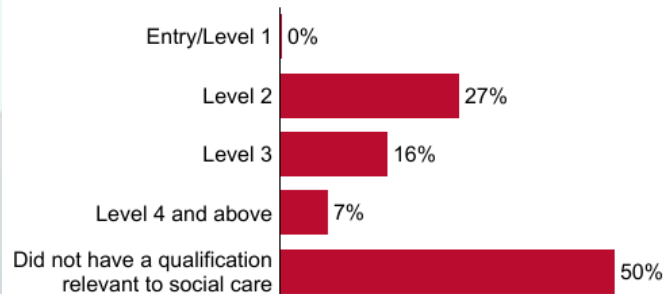
Care Certificate

Key:

- Complete
- In progress / partially completed
- Not started



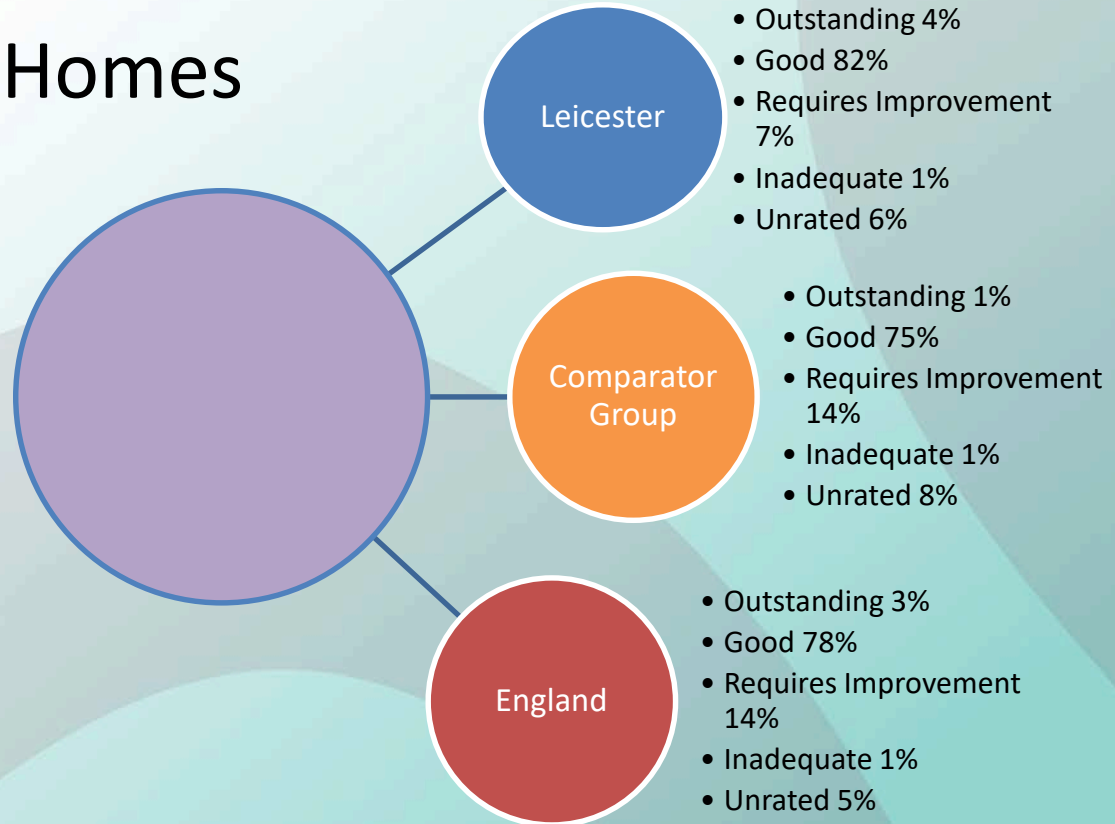
Qualification by level



CQC ratings

- Residential Care Homes

74

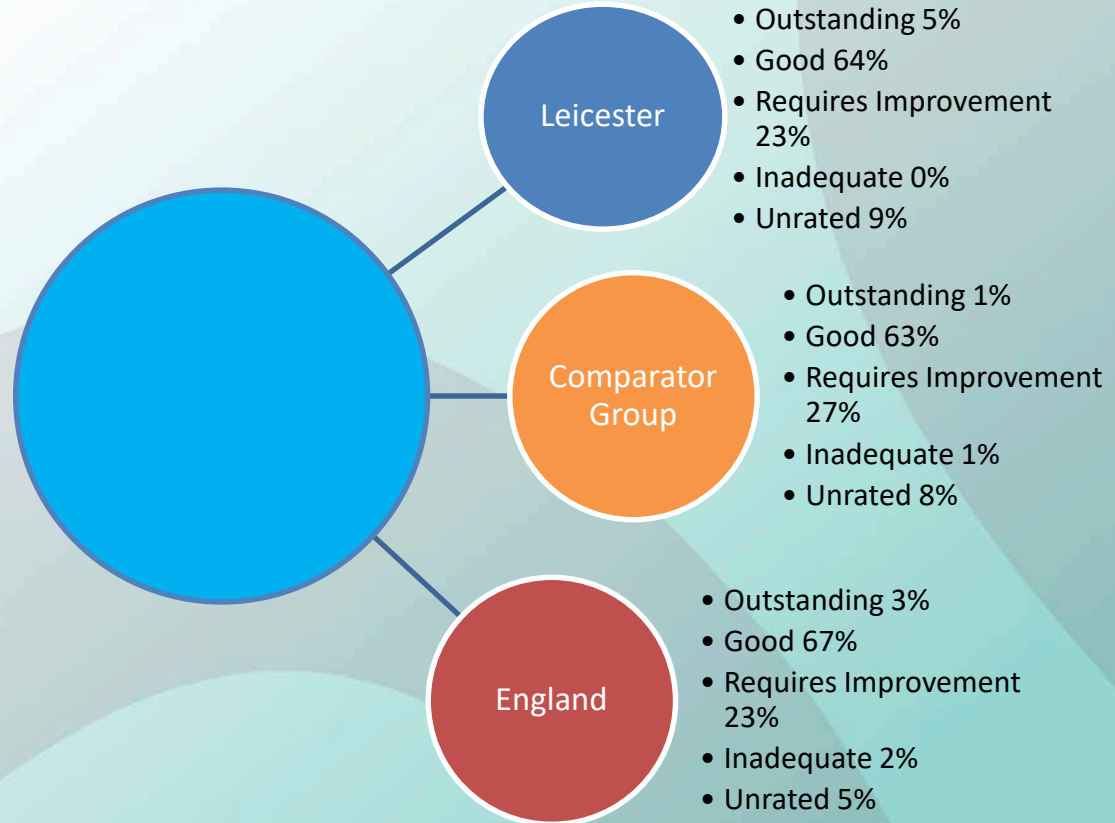


Source: Care Quality Commission: CQC local authority area data profile: Older people's pathway – Leicester Local Authority (Date produced: 18 March 2019)

CQC ratings

- Nursing Homes

75

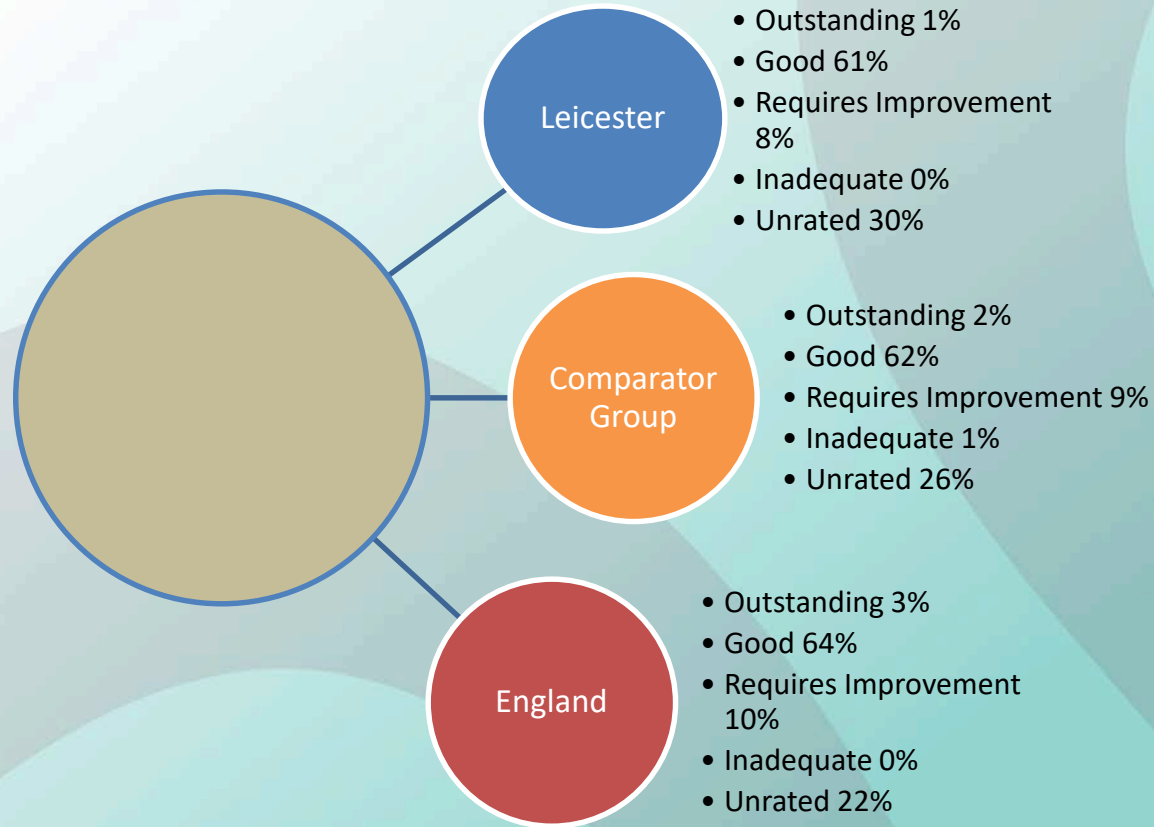


Source: Care Quality Commission: CQC local authority area data profile: Older people's pathway – Leicester Local Authority (Date produced: 18 March 2019)

CQC ratings

- Domiciliary Care

76

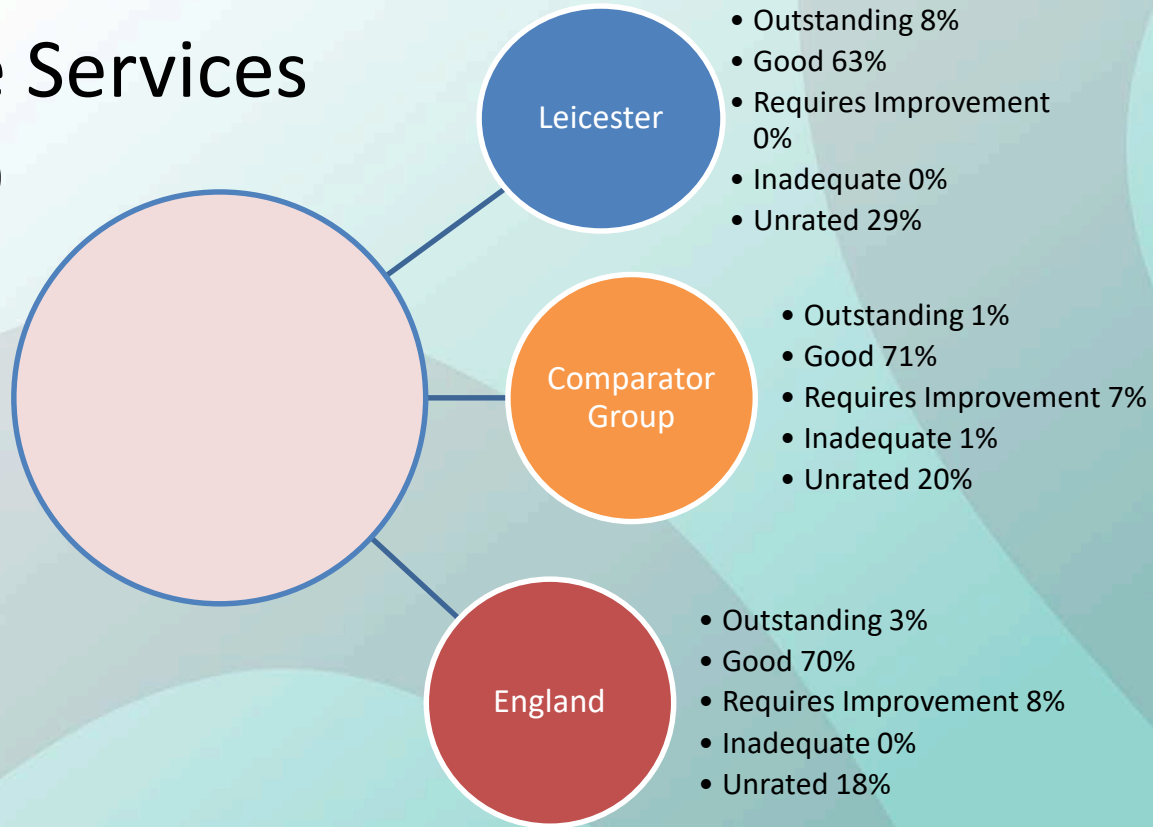


Source: Care Quality Commission: CQC local authority area data profile: Older people's pathway – Leicester Local Authority (Date produced: 18 March 2019)

CQC ratings

- Community Care Services
(inc. Supported Living)

77



Source: Care Quality Commission: CQC local authority area data profile: Older people's pathway – Leicester Local Authority (Date produced: 18 March 2019)

