

Leicester  
City Council

## **MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION**

**DATE:** TUESDAY, 9 MARCH 2021  
**TIME:** 5:30 pm  
**PLACE:** Virtual Meeting using Zoom

### **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:**

***Aqil Sarang (Democratic Support Officer) and Anita Patel (Scrutiny Policy Officer),***

*Tel: 0116 454 5591, e-mail: aqil.sarang@leicester.gov.uk*

*Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ*

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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](mailto:angie.smith@leicester.gov.uk).

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# **PUBLIC SESSION**

## **AGENDA**

### **LIVE STREAM OF MEETING**

[https://www.youtube.com/results?search\\_query=leicester+democracy](https://www.youtube.com/results?search_query=leicester+democracy)

**1. APOLOGIES FOR ABSENCE**

**2. DECLARATIONS OF INTEREST**

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

**3. MINUTES OF THE PREVIOUS MEETING**

**Appendix A  
(Pages 1 - 8)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 19 January 2021 be confirmed 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. PROCUREMENT PLAN FOR 2021/23**

**Appendix B  
(Pages 9 - 14)**

The Strategic Director for Social Care and Education submits a report providing the Commission with an overview on the anticipated procurement activities to be undertaken by the Social Care and Education (SCE) department during 2021-23.

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

**7. IMPACT OF COVID-19 ON DAY CARE / COMMUNITY OPPORTUNITY SERVICES**

**Appendix C**

The Strategic Director for Social Care and Education submits a report with an update on the impact of Covid-19 on day centres and the people who attend them.

Members of the Commission are recommended to note the reports and provide feedback to the Strategic Director for Social Care and Education.

**8. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT** **Appendix D**  
**(Pages 15 - 52)**

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with a copy of the 2019/20 Annual Report, with all complaints and commendations received by Adult Social Care.

Members of the Commission are recommended to note the contents of the report.

**9. SUPPORTED LIVING AND EXTRA CARE HOUSING** **Appendix E**  
**(Pages 53 - 114)**

The Strategic Director for Social Care and Education submits a report providing the Commission with an overview of the Supported Living and Extra Care Housing Strategy (2021/2031).

Members of the Adult Social Care Scrutiny Commission are recommended to note the Supported Living and Extra Care Housing Strategy and note the need for 396 additional units of accommodation over the next 10 years to support a range of vulnerable individuals.

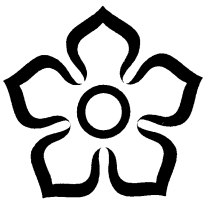
**10. COVID-19 UPDATE**

The Strategic Director for Social Care and Education will provide a verbal update on the latest Covid-19 updates.

**11. WORK PROGRAMME** **Appendix F**  
**(Pages 115 - 118)**

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

**12. ANY OTHER URGENT BUSINESS**



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 19 JANUARY 2021 at 5:30 pm

P R E S E N T:

Councillor Joshi (Chair)  
Councillor March (Vice Chair)

Councillor Batool  
Councillor Kaur Saini

Councillor Kitterick  
Councillor Thalukdar

\* \* \* \* \*

**86. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

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 Members and officers present at the meeting introduced themselves.

**87. DECLARATIONS OF INTEREST**

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

**88. MINUTES OF THE PREVIOUS MEETING**

AGREED:

That the minutes of the Adult Social Care Scrutiny Commission Meeting held on 10 November 2020 be confirmed as a correct record.

**89. PETITIONS**

The Monitoring Officer reported that none were received.

## **90. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

The Monitoring Officer reported that that none were received.

## **91. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - VERBAL UPDATE**

The Director of Social Care and Education gave context into the agenda item and the reason for inviting a representative from Leicestershire County Care Limited. The Chair thanked the Director for his update and was pleased to hear that an agreement had been reached between the Council and Leicestershire County Care Limited. The Chair then invited the representative from Leicestershire County Care Limited to address the commission to help reassure members. It was noted that the company was resolute on paying the outstanding £200,000 due to the ongoing pandemic there had been delays and occupancy within the care home was down by 20% and the Government grants and support aided the company to stay afloat.

Following the bad press in the media, the representative reassured Members that the company still provided the highest quality of care as reported by the compliance team and no areas of concern were raised and the Care Quality Commission were also kept updated.

It was reported that the cost of running the Care homes were going up whilst occupancy had decreased resulting in a decrease in income. Grants provided were going towards staffing, training and visiting pods.

The representative thanked the Council for the ongoing support and understanding the company during difficult conditions.

As part of the discussions the Chair thanked the representative for their attendance and reassuring update and felt it was important as part of the scrutiny process for inviting Leicestershire County Care Limited.

Members were concerned with the reduction in staffing, issues in other care homes the outstanding debt and the concern the CQC raised with leadership. It was noted that due to the decrease in occupancy this had resulted in contract changes where rate of pay hours were introduced and transport allowances were reduced. The company did as much as they could to preserve jobs and maintain the service. Following the concerns raised the by the CQC the company had fully recruited 2 external auditors to meet the concerns.

Members were reassured that the closure of the care homes in Essex was a result of losing a local authority contract as the Council were grossly underfunded and it was not viable over the subscribed area. It was an urgent decision to close the care home from CQC at the height of the pandemic and the company facilitated the safe movement of residence and closed. It was noted that lessons were learned and since then CQC inspections were good and the company continued to work with local authorities.

Following Unison's deep concerns which suggested staff were given an ultimatum. It was noted that this was blown out of proportion and every staff stayed on to work for the company with no reduction in their pay. The changes were carried out in the interest of all parties.

It was noted that the company were budgeting to mitigate the 20% decrease in occupancy and although the external perception was bad as a result of the report of the media internally the company had held one to one consultations with staff and preserved jobs and improved governance and management.

The situation with the care homes in Essex was different to the ones in Leicester and both Councils had been very supportive of the family run company that aimed to get back to where they were.

The Deputy City Mayor for Social Care and Anti-Poverty supported restoring additional support to staff to enable a stable work force and investigate how to retain care home staff to deliver a quality service.

AGREED:

- 1) That, the company consider the comments made by the Commission and provide good working conditions for frontline staff;
- 2) That the company restore business relationships with Leicester City Council;
- 3) And that, the company ensure that the financial debt is resolved by the end of the financial year.

## **92. LEICESTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20**

The Chair of the Leicester Safeguarding Adults Board (LSAB) delivered the annual report for 2019/20 and shared her condolences with those who's lives had been touched by the pandemic.

It was noted that the board held short focussed meetings with statutory partners focussed on adults with care and support needs. The board were exploring areas of domestic abuse, the implications of the lockdown, governance in the most efficient forms and the Local Resilience Forum.

The board had also tried to engage with prisons, the justice system and housing providers and were focussing on developing further to continue functioning by trying to reach all communities and gather data around inequalities and the Black Lives Matter movement.

The Director of Social Care and Education noted that anti-racism sessions had been delivered across departments with over 100 staff involved to understand the issues faced. An anti-racism group had been set up to review the evidence collected and address the areas of concern. This would help in evaluating whether certain communities are receiving effective support as a result of lack of knowledge and understanding.

Members raised their concerns with how enquires were being concluded, with 93% of enquiries reduced or eliminated and 7% where risks remain and how these figures compared with other. It was noted that these were not unusual figures and there were instances where it was difficult to reach conclusions. The Director for Adult Social Care and Safeguarding noted that the service were in a similar position to other authorities and there were a small number of people who's risk couldn't be mitigated and that formal benchmarking data could be provided outside of the meeting.

Members of the Commission raised their concerns with the BAME community figures and queried whether this was a result of a lack of awareness or a case of people not coming forward. It was noted that there were a range of different issues within communities and this was not uncommon. The service were linking frontline workers with communities to deliver a effective level of service.

It was noted that liquid logic was used to collect data to create the overall picture with ethnicity data being collected at different points. The service tried to speak to people when they were comfortable to speak and had a highly representative staff group to maintain a quality of service where people were comfortable to speak.

Members suggested that there were prevalent issues and how were the service working on improving the service. It was noted that it was important to build the trust of the communities and to ensure confidentiality. The Deputy City Mayor for Social Care and Anti-Poverty suggested that Ward Councillors had the opportunity to play a positive role within local communities to help avoid people being reluctant where everyone could receive high levels of support from a very skilled team of staff.

Agreed:

That the members of the Commission be requested to note the report.

### **93. DRAFT GENERAL FUND BUDGET AND DRAFT CAPITAL BUDGET 2021/21**

The Director of Finance submitted a report setting out the City Mayor's proposed budget for 2021/22. The Commission was recommended to consider and comment on the Adult Social Care element of the budget. The Commission's comments would be forwarded to the Overview Select Committee as part of its consideration of the report before presentation to the meeting of Council in February 2021.

Martin Judson the Head of Finance presented the report to the Commission and noted that the draft budget was a stop gap one-year budget with minimal changes and that finances were to be reviewed again this year in the light of greater certainty over government funding and the impact of the pandemic.

It was noted that an additional £10 Million had been allocated to the adult social care budget, £3 Million of which was funded through central government



funding and £3.6m would be raised from the social care precept on the Council Tax. The overall council budget has been balanced in 2021/22 by using £20 million from reserves.

As part of the discussions the Commission discussed extensively the areas of the budget for Adult Social Care. It was noted that the £5.5 Million Substance Misuse budget was now part of the Public Health budget. It was noted that the cost of care packages were budgeted to increase by 9.3% annually as a result of increasing need together with fee increases of 2.3% which are determined mainly by the increase in national living wage rates in 2021/22

It was noted that the department were ensuring preventative services were commissioned and that there was investment in the reablement and enablement services.

Members of the Adult Social Care Scrutiny Commission raised their concerns over the increase in care package costs of £12.5 million. It was suggested that a detailed report be brought back to the Commission to allow for in depth scrutiny.

The Deputy City Mayor noted that the Adult Social Care cost increases were a national issue. The government have been promising to reform the funding for adult social care for a number of years and we are still waiting for the green paper.

Members of the Commission were concerned with the pressure on communities that a rise in Council Tax would have as a result of the social care precept. It was noted that there was a range of support available for those vulnerable families that would be impacted with the increase in Council Tax.

The Director of Adult Social Care noted that, the department undertake significant benchmarking of the spend and how it is distributed, closely and extensively with other cities. The Commission were reassured that necessary services would continue.

AGREED:

that:

1. The Commission note the report,
2. And that, a detailed report be brought back to the Adult Social Care Scrutiny Commission on the increasing cost of packages of £12.5 million.

#### **94. COVID-19 RECOVERY PLANS UPDATE**

The Director of Social Care and Education provided a verbal update on the Covid-19 recovery plans.

It was noted that there were currently high levels of infection resulting on significant pressures on the NHS and the intensive care units (ICU's), where operating theatres had to be converted into ICU's.

It was noted that the government had allocated £149 million to support the infection control work and a further £120 million for additional testing. Free PPE was also available from a range of suppliers.

Staff within care homes were being tested twice weekly and residents every four weeks. It was suggested that staff of the working age of 30-59 were bringing the virus into care homes which resulted in an increase in cases within the care home settings across the country.

The Commission were made Aware that all over 65's would be vaccinated by the end of Sunday 24 January 2021 and the government were on track to achieve this.

It was noted that the vaccination programme was an NHS service and that it was being delivered in phases to ensure they were ready to deliver. There would be 24 sites in Leicester, Leicestershire and Rutland with additional hospital sites and vaccination centres.

Members of the Commission asked whether re-admission figures were kept. It was noted that hospitals did track and monitor these figures and this could be provided.

Members of the Commission thanked the Director of Social Care and Education for the update and thanked everyone for their input and ongoing work. Members suggested that people appreciated the work being carried out by the authorities.

## **95. RESPONSE TO THE ADULT SOCIAL CARE SCRUTINY COMMISSION TASK GROUP REVIEW INTO SOCIAL CARE EXTERNAL WORKFORCE**

The Deputy City Mayor for Social Care and Anti-Poverty addressed the Commission and on a response from the Adult Social Care Scrutiny Commission Task Group Review. It was suggested that as a result of the task group areas had been identified that required further work to be carried out on specific areas but was positive with the long term aspirations.

The Vice Chair of the Adult Social Care Scrutiny Commission suggested that the areas that had been responded to, should be brought to the scrutiny commission to move the recommendations forward.

### **AGREED:**

That the responses from the Adult Social Care Scrutiny Commission Task Group Review be brought to the Adult Social Care Scrutiny Commission for discussions on particular subjects.

**96. WORK PROGRAMME**

It was noted that the Scrutiny Policy Officer would share an updated list of items to be considered for future Commissions with Members.

**97. ANY OTHER URGENT BUSINESS**

There being no items of urgent business, the Chair declared the meeting closed at 08:11pm.



## Adult Social Care Scrutiny Commission Report

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### Procurement Plan 2021-23

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ASC Scrutiny Commission Date: 9 March 2021

Lead Deputy City Mayor: Cllr Sarah Russell

Lead Assistant City Mayor: Cllr Elly Cutkelvin

Lead Director: Martin Samuels

## Useful information

- Ward(s) affected: All
- Report author: Kate Galoppi
- Author contact details: (454) 5421
- Report version: 1

### 1. Purpose of report

- 1.1 This report provides the Adult Social Care (ASC) Scrutiny Commission with an overview on the anticipated procurement activities to be undertaken by the Social Care and Education (SCE) department during 2021-23.
- 1.2 The plan also includes the status of each entry and a risk rating in respect of its contract value.
- 1.3 The Adult Social Care Commission is asked to note the report and to indicate if they would like more information about a particular entry and or to be involved in developing the specification, depending where the item is in the procurement process.

### 2. Summary

- 2.1 As per the government's transparency code, the Procurement Plan must be published on the council's website. It is anticipated that the Head of Procurement is to discuss the Procurement Plan at the City Mayor Briefing on 4 March 2021.
- 2.2 Inclusion of a contract in the plan does not necessarily mean that the procurement will go ahead. As with all expenditure, anticipated contracts will be subject to a commissioning review and ongoing challenge as to whether they are required, and whether/how they should be procured. This review process may impact on the anticipated value and/or duration of contract. The implications of social value considerations will also be considered during the commissioning review.
- 2.3 The Procurement Plan informs potential suppliers of major market activity. It also provides an overview of significant procurement activity and to enable links and efficiencies to be achieved.

### 3. Recommendations

- 3.1 The Adult Social Care Commission is asked to note the report and to indicate if they would like more information about any particular activity and or to be involved in developing the specification, depending where the item is in the procurement process. As detailed at Appendix 1.

### 4. Report/Supporting information including options considered:

4.1 None.

## 5. Details of Scrutiny

This report provides the Adult Social Care Scrutiny Commission with an overview on the anticipated procurement activities to be undertaken by the SCE department during 2021-23.

## 6. Financial, legal and other implications

### 6.1 Financial implications

Inclusion of contracting activity on the attached Plan is a statement of intent and is subject to the necessary funding being available. The Plan provides a basis for challenge and a more strategic approach to achieving value for money through major procurement activity.

### 6.2 Legal implications

Each procurement activity will need to follow due process in accordance with internal and legislative requirements, with advice from ASC Procurement Services and Legal Services.

### 6.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising directly from this report.

### 6.4 Equalities Implications

These will be considered a part of each procurement process, as appropriate.

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

Procurement is used to drive wider social value, i.e. to bring about improvements in economic, social and environmental well-being.

## 7. Background information and other papers:

7.1 None.

## 8. Summary of appendices:

8.1 Appendix 1 – SCE Procurement Plan 2021-23 Entries.

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

No

**10. Is this a “key decision”?**

No



Name of Contract	Service Description	Risk Rating	Lead Officer	Full Contract Value	Anticipated Contract Start Date	Duration of New Contract	Proc. Team	Procurement Status	Lead Member (for PCR Level Procurements)
<b>Social Care Case Management System (Support, Maintenance and Development)</b>	Electronic Social Care Case Management System	High	June Morley	£2,300,000	01/04/21	Up to 10 Years	ICT	In progress	Cllr Russell
<b>Assessment and Equipment Service for People who are Deaf, Deafened or Hard of Hearing</b>	Assessment and Equipment Service for People who are Deaf, Deafened or Hard of Hearing	Low	Beverley White	£145,000	01/04/23	3+2 Years	ASC	Not started	Cllr Russell
<b>Carers Breaks/Respite Service</b>	Main aim of the service is to provide an alternative to traditional building-based respite in the form of a person-centred flexible support service. Service may potentially be commissioned and procured with the Community Opportunities (Day Care) provision.	High	Beverley White	£115,000	01/04/22	1+1 Years	ASC	Pre-procurement	Cllr Russell
<b>Communication Support Service</b>	Service for people who access services who require support to communicate.	Medium	Caroline Ryan	To be confirmed	01/10/21	3+2 Years	ASC	Pre-procurement	Cllr Russell
<b>Community Opportunities (Day Care)</b>	Provision of good quality and cost effective citywide community opportunity day services that help to maintain and promote independence and well-being for vulnerable adults in Leicester. These services should support the Council's aim to enable, support and protect vulnerable people. The service will be for Older People, Adults with Mental ill Health, Adults with including sensory impairments, D/deaf, D/deafblind and visually or hearing impaired people) and Adults with a Learning Disability (moderate to severe, which may include people with autistic spectrum conditions). The community opportunities service will therefore offer adults with disabilities and older people in the city of Leicester, day activities and support to develop skills that will help them in their everyday lives to enable them to achieve maximum possible independence and well-being.	High	Beverley White	£8,112,500	01/04/22	3+2 Years	ASC	Pre-procurement	Cllr Russell
<b>Direct Payments Support Services</b>	Provision of support to users receiving Direct Payment: Service to include Initial Support and set up, Recruitment/Selection, support, Payroll services, Employment Advice and managed accounts.	High	Caroline Ryan	£2,400,000	07/11/22	4 Years	ASC	Pre-procurement	Cllr Russell
<b>Extra Care Developments</b>	To develop and build independent extra care accommodation for a range of vulnerable people of all ages including people with dementia, learning disabilities, mental health needs and people with physical or sensory disabilities. The Council has developed this approach to what is often termed Extra Care in light of experience in Leicester and the personalisation agenda. Such new supply should address this brief in full.	High	Caroline Ryan	£6,700,000	To be confirmed	To be confirmed	ASC	Pre-procurement	Cllr Russell
<b>Healthwatch Leicester and Leicestershire</b>	The statutory duties for Healthwatch are to:- a. gather and share the views of members of the public who use health and social care services b. influence the planning, commissioning, delivery, re-design and scrutiny of health and social care services c. assess the standard of local health and care provision and make recommendations for improvement based on the views of people who access services d. help people access and make choices about health and care services	High	Caroline Ryan	£1,748,424	01/04/22	3+2 Years	ASC	Pre-procurement	Cllr Russell
<b>Independent Living Support - Supported Housing</b>	Independent Living Support Supported Housing Service is a non-statutory, low level preventative service for vulnerable adults and older people in the city of Leicester. The Independent Living Support Supported Housing Service offers vulnerable adults including older people support to maintain and /or develop skills that will empower them in their every-day lives to manage all practical aspects of daily living, including setting up and maintaining the home to achieve resettlement and help to maintain positive health and well-being.	High	Caroline Ryan	£1,105,000	01/04/22	3+2 Years	ASC	Pre-procurement	Cllr Russell
<b>Integrated Community Equipment Loans Service</b>	Leicester City Council on behalf of itself, Leicestershire County Council, Rutland County Council, Leicester City CCG, East Leicestershire and Rutland CCG and West Leicestershire CCG to procure Integrated Community Equipment Loans Service. Procurement for this service is already underway.	High	Julie Morley	£38,500,000	01/04/22	5+2 Years	ASC	In progress	Cllr Russell
<b>Liberty Protection Safeguards</b>	The Liberty Protection Safeguards will be replacing the Deprivation of Liberty Safeguards. It is a significant piece of legislation in relation to social care, changing the framework that we use to authorise deprivation of liberty for those who lack capacity to decide where to live, and it will apply to 16 and 17 year olds as well as adults.	High	Caroline Ryan	£12,000,000	01/04/22	3+1 Years	ASC	Not started	Cllr Russell
<b>Mental Health Wellbeing and Recovery Services</b>	Provision of locality based services, to develop supportive mental wellbeing communities and help individuals with mental health needs to stay well and live full lives.	High	Caroline Ryan	£2,220,555	01/10/21	3+2 Years	ASC	Not started	Cllr Russell
<b>Provision of Supported Living Accommodation</b>	Provision of Supported Living Accommodation. Accommodation providers offering tenancies to people who access supported living services.	Low	Caroline Ryan	No cost implication	01/04/22	4 Years	ASC	Not started	Cllr Russell
<b>Short-Term Residential Care Beds</b>	A highly responsive short term bed service delivered 24/7 in 2 care homes in the City. The service offers a period of assessment post discharge or to avoid unnecessary admission into hospital for up to 6 weeks. Referrals into the service come from hospital teams, contact and response and other care management teams.	High	Beverley White	£1,900,000	03/07/22	3+2 Years	ASC	Pre-procurement	Cllr Russell
<b>Advocacy Services (Independent Care Act Advocacy (ICAA); Independent Mental Health Advocacy (IMHA); Independent Mental Capacity Advocacy (IMCA); Independent Complaints Advocacy Service (ICAS))</b>	Care Act advocacy services. Advocacy is taking action to help people to understand and say what they want, secure their rights, represent their views, wishes, and interests and access services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice. Care Act Advocacy There is a statutory requirement to provide independent advocacy services to people who would experience substantial difficulty in being fully involved in their assessment, in the preparation of their care and support plan, in the review of their care plan, or where there is no one appropriate available to support and represent the person's wishes as per the section 67 and 68 of the Care Act 2014. Independent Mental Capacity Advocacy (IMCA) is a statutory service provides non-instructed advocacy for people with a variety of communication needs under the Mental Capacity Act. Provision of an Independent Mental Health Advocacy (IMHA) service is required to meet statutory duties. IMHAs act as an important safeguard to help and support patients to understand and exercise their legal rights, and also support patients to access benefits and preventative services under the Mental Health Act. Statutory provision of Independent Complaints Advocacy Service (ICAS) to provide assistance to residents in the city to make a complaint about their NHS care or treatment.	High	Beverley White	£781,000	01/04/22	3+2 Years	ASC	Not started	Cllr Russell
<b>Best Interest Assessors</b>	Provision to carry out Best Interest Assessments under the DOLS (Deprivation of Liberty Safeguards) responsibilities under the Mental Capacity Act 2005 (MCA). The MCA DOLS exist to ensure that no one is deprived of their liberty without good reason. There are Best Interest Assessor's within the Council but sometimes there is a need to use external assessors.	Medium	Caroline Ryan	£600,000	01/04/22	4 Years	ASC	Not started	Cllr Russell

<b>Carers Services for Adult Social Care</b>	The aim of the service is to provide a range of outcome focussed, personalised services for carers that support the Council to fulfil its statutory duties in respect of carers under the Care Act 2014.	High	Beverley White	£770,000	01/07/22	3+2 Years	ASC	Not started	Cllr Russell
<b>Delivery of Adult Social Care Care Act Functions in HMP Leicester</b>	Satutory provision of care and support for vulnerable adults at HMP Leicester	Low	Caroline Ryan	£130,000	01/04/22	3+2 Years	ASC	Not started	Cllr Russell
<b>Domiciliary Support Service</b>	Provision of domiciliary support services to maintain independence for people accessing services at home.	High	Beverley White	£196,000,000	10/10/22	5+2 Years	ASC	Not started	Cllr Russell
<b>Adult Social Care Telecare</b>	Provision of Telecare services.	High	Jagjit Singh Bains	£1,300,000	To be confirmed	4+3 Years	ICT	Not started	Cllr Russell
<b>Support to Young Carers</b>	Completion of statutory young carers assessments, provision of respite and support for families where young carers are identified.	Medium	Jackie Difolco	£400,000	01/04/21	3+2 Years	Goods/Services	Not started	Cllr Russell
<b>Community Family Services</b>	Provision of community setting support, training, respite and befriending service	Low	Jackie Difolco	£240,000	01/04/21	1+2 Years	Goods/Services	Not started	Cllr Russell
<b>16+ Accommodation and Support</b>	Accommodation for looked after children (16+), care leavers (18-25) and homeless 16-17 year olds. Placement sufficiency duty is clear that there should be appropriate and sufficient accommodation and support on offer for our children and young people	High	Sally Vallance / Caroline Carpendale	£3,500,000	01/11/21	5 Years	Goods/Services	In progress	Cllr Russell
<b>Paid Persons Representatives (PPR) (Deprivation of Liberty Safeguards)</b>	Provision of a Paid Person Representatives (PPR) for those people who are being assessed under Deprivation of Liberty Safeguards (DOLS) and where there are no friends or family that could take this role. A PPR is appointed to protect their interests throughout the process. DoLS PPR may cover in a residential setting, such as a care home or hospital or in the community.	High	Caroline Ryan	£700,000	04/04/22	4 Years	ASC	Not started	Cllr Russell
<b>Service User Participation Service</b>	The services facilitates the participation of people who access services in the commissioning processes that support the design, and review of local adult social care services personalised support services, empowers adults and young people to voice issues about local social and community care services and provides information and advice about voluntary and statutory sector health and well-being services. An important focus for this work will be people who access services participation in local Partnership Boards: the Leicester Learning Disability Partnership Board, the Leicester Mental Health Partnership Board, and the Leicester, Leicestershire and Rutland Autism Board.	Low	Caroline Ryan	£180,000	01/07/22	3+2 Years	ASC	Not started	Cllr Russell
<b>Visual Impairment Support and Enablement Service</b>	The aim of the service is to provide a range of person centred support options for people with Visual Impairment or who are Deafblind which seek to maximise their potential and enhance their inclusion in everyday life. For all people who access this service, this will be a short-term service with a defined route towards independence	High	Beverley White	£938,000	01/07/22	3+2 Years	ASC	Not started	Cllr Russell
<b>Domiciliary Support Service for People who Hoard</b>	Provision of domiciliary support service for people who hoard.	High	Beverley White	To be confirmed	01/04/22	3+2 Years	ASC	Not started	Cllr Russell
<b>Arrangements for emergency respite and temporary care placements during COVID-19 for Adults (Learning Disabilities and Autism)</b>	Provision of emergency respite for for people with a profound and multiple learning disability (PMLD) or people included in the transforming care program (TCP)	High	Michelle Larke	£5,000,000	01/04/22	3+2 Years	ASC	Not started	Cllr Russell
<b>Education System (ONE)</b>	Procurement for the electronic Education System (ONE)	High	June Morley	To be confirmed	To be confirmed	To be confirmed	ICT	Pre-procurement	Cllr Cutkelvin / Cllr Russell
<b>Adult Mental Capacity Professionals</b>	Once the Liberty Protection Safeguards are implemented, requirement to have the provision of Adult Mental Capacity Professionals to undertake assessments.	High	Caroline Ryan	To be confirmed	01/04/22	To be confirmed	ASC	Not started	Cllr Russell
<b>Care Technology</b>	Potentially to procure a Care Technology partner to support/help deliver a Care Technology service which may create bespoke solutions for people accessing social services to meet their outcomes.	High	Gwen Doswell	To be confirmed	To be confirmed	To be confirmed	ICT	Not started	Cllr Russell

<b>Column C Risk Rating</b>	
Low Risk	Below £300,000 (Construction Works below £4,733,252)
Medium Risk	Between £300,001 to £663,540 (PCR Threshold for Social and Other Specific Services)
High Risk	Above £663,540 (PCR Threshold for Social and Other Specific Services)

## ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

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Impact of Covid-19 on Day Care/Community  
Opportunity Services

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

Martin Samuels – Strategic Director – Social Care &  
Education

9<sup>th</sup> March 2021

Wards Affected: All

Report Author: Bev White

Contact details: [beverley.white@leicester.gov.uk](mailto:beverley.white@leicester.gov.uk)

V4

## **1. Purpose**

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the impact of Covid-19 on day centres and the people who attend them.

## **2. Summary**

- 2.1 On September 8<sup>th</sup>, 2020, the Commission received a status report on these services. This report provides an update.
- 2.2 The majority of building-based day care services have been closed since March 2020, about 50% having remained open but with a reduced service between July and December. In Lockdown 3, most have closed completely except for their most vulnerable clients. In some cases, this has resulted in family/carers receiving additional support to help relieve the challenges posed by closure.
- 2.3 In the City, day centres have been offering alternative services and this is the case across the region, with regional discussions facilitated by ADASS confirming this and enabling sharing of good practice.
- 2.4 This report sets out the present situation and particularly the support offered to these services by the City Council.

## **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 400 individuals to attend day care services, who are eligible for support as defined by the Care Act 2014. An additional 600 people attend day services via a Direct Payment.
- 4.2 The City Council operates one 'in house' day care service for individuals with profound and multiple learning disabilities at Hastings Road. There are usually around 30 people attending the service but currently between 4 and 10 people attend the service on a regular basis and some of those are funded by health due to the severity of their condition. In terms of the others that attend the service, the authority is currently undertaking welfare calls and an outreach

service where possible.

- 4.3 Most individuals funded by the Council are supported by the independent or voluntary sector. There are 14 providers of day care with whom we contract but there are thought to be an additional 26 (approximately) with whom we have no contractual arrangement.
- 4.4 Most external services have been closed since 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 and food delivery. A few external services have remained open to a very small number of high need individuals to support those people and their families. 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. All concerns have been responded to.
- 4.5 Council officers and health colleagues continue to work together to prevent carer/family breakdown by commissioning additional support, usually in the form of domiciliary care, which enables the family carer to take a break. Many carers have been signposted to other services for advice and information and to support their emotional and physical resilience. The number of carers registering with their GP practice and with the Leicester Carers Support Service has increased during the Covid period which is good as it enables carers to receive priority services, including vaccines.
- 4.6 The Council has continued to pay contracted providers at pre-Covid rates to support their business stability, support the delivery of alternative services and to ensure their responsiveness should restrictions be lifted, and reopening occur.
- 4.7 Anecdotal intelligence suggests that some of our smaller, non-contracted providers are feeling the impact of loss of income due to closure, although some groups, particularly those run by BAME communities are benefitting from community funding. Most providers have taken advantage of the government's furlough scheme.
- 4.8 Council officers are in regular (weekly) contact with day service providers, supporting them to understand and implement the government guidance on:
  - Safe opening of day centres
  - Testing of staff
  - Vaccinations
  - Obtaining and use of PPE
  - Applying for grants from the Government's Infection Protection Fund
- 4.9 Whilst some providers remain partially open to their most vulnerable

customers, the majority are closed (other than for virtual services). This is because most of the people who access their services are Clinically Extremely Vulnerable and therefore shielding in line with government guidance. Current social distancing requirements mean that it would be difficult to ensure the safety of customers should they wish to return to a centre.

- 4.10 Most contracted providers have indicated that they intend to welcome people back into services in April, but this will be subject to government guidance in force at that time.
- 4.11 Anecdotally we hear that most people are looking forward to returning to services as they miss their friends and the activities offered by groups. Sadly, some people have passed away and others are now too frail to be able to resume attendance at groups.
- 4.12 The support that these groups offer to family carers i.e. giving them a break whilst the cared-for attends the service has been missed and in some cases the council has commissioned extra support for the family, usually domiciliary support which usually either undertakes jobs around the house that the carer would have done but now needs to keep the cared-for company, or alternatively, undertakes an activity with the cared-for to give the carer a break. Some people have continued to attend a service as their needs are complex and the risk of family breakdown too great. The in-house service, Hastings Road, has welcomed two new people who previously attended an external service which has had to close for precisely this reason.
- 4.13 Covid testing has been rolled out for providers and is being taken up by those providers who remain open for face to face contact with people using their services. This is facilitated by council officers. Staff testing will be required before services open in due course.
- 4.14 Council officers have been supporting the rollout of the vaccination programme and encouraging staff and people using services to avail themselves of the vaccine as soon as possible. A proactive communications exercise has taken place informed by national and local good practice, including information in community languages and myth busting.
- 4.15 Providers have been offered free PPE for Covid protection and council officers have been coordinating and fulfilling requests. Officers are satisfied that providers understand the importance of this and the associated guidance.
- 4.16 It is hoped that these different actions will all support the resumption of services which will be of benefit to people using them, family carers and providers.
- 4.17 The Association of Directors of Adult Social Care Services (ADASS)

for the East Midlands region appointed consultants (at no cost to the City Council) to look at the recovery of day care services, including new models of support with the following objectives:

- Audit the current work on co-production and understanding the impact of Covid 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

4.18 The work found that there had been:

- Good relationships and closer working with providers in response to crisis situations,
- The development of creative solutions to deliver support and care during the crisis
- Adapting offers and adopting new ways of working, including the use of digital solutions, and providing more outreach support to individuals
- Implementation of regular welfare telephone calls to individuals and carers

4.19 As a result of this, Council officers are actively engaged in regional work to improve and increase targeted engagement with people who use services and carers to identify wants, needs, restrictions, and must haves to define potential service structures and service responses. This includes leading work on recruiting carers to a specific coproduction group – the response to this from the City’s carers has been tremendous with over 20 recruited. The group will be a reference group informing service design, policies and so on.

4.20 The learning from the Covid pandemic and the ADASS work is also being incorporated into the current review of day services/ community opportunities, particularly in relation to changes to the service model to reflect the ‘new ways or working’ which have been valued by people.

4.21 Feedback from providers and people using services and their carers tells us that the virtual offer is liked, and they would like to see this incorporated into the present and new model of service.

4.22 We will therefore learn from the ADASS and Covid messages and adjust the current model to take account of these. We will also incorporate them into the new service (to start in April 2022). This will include bringing in the virtual, digital offer which has appealed to many people; retaining the welfare calls and outreach which will support a more personalised approach to the service that a person receives; ensuring the model has a greater focus on enablement, building on individuals’ strengths and aspirations to support them to maintain and/or increase their independence, using community assets wherever possible.

## **5. Scrutiny Overview**

An overview of the impact of Covid-19 was presented to the ASC Scrutiny Commission on 8<sup>th</sup> September 2020, which included information relating to day care services.

## **6 Financial**

The report is just providing an update on the impact of Covid-19 on day centres and those who attend them, so have no direct financial implications, at this stage.

However, this may need to be revisited as new ways of working are accepted going forward, and if these impact on our finances.

Yogesh Patel -Accountant (ext. 4011)

## **7 Legal**

The Council should ensure it has contractual arrangements in place with providers in delivering day care services. In respect of the review of the services and any proposed changes to the service model, this may be subject to consultation therefore early engagement of legal advice and assistance should be sought.

Mannah Begum, Principal Solicitor, ext. 1423

## **8 Equalities**

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

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

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

The report provides an update on the impact of Covid-19 on day centres and



the people who attend them, it also lists the work carried out by the council during the pandemic and the support which has been incorporated into our services to ensure we continue to provide a service to vulnerable people, who will be from a range of protected characteristics.

Going forward the learning from the Covid pandemic and the ADASS work will be incorporated into the current review of day services/ community opportunities, which should lead to a positive impact for people from across a range of protected characteristics and take into account equality considerations throughout the current review.

Sukhi Biring, Equalities Officer, Ext 37 4175

## **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, where this is judged to be safe and appropriate.

Aidan Davis, Sustainability Officer, Ext 37 2284

## **10. Appendices**

None

## **11. Background Papers**

None





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## ***Annual Report 2019/20***

## ***Adult Social Care Complaints and Commendations***

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For consideration by:  
Adult Social Care Scrutiny Commission  
Date: 9<sup>th</sup> March 2021  
Lead director: Martin Samuels

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## Useful information

- Ward(s) affected: All
- Report author: Joanne Tansey, Complaints Manager (Adults) – Social Care & Education
- Author contact details: T: 454 2472 Email: Joanne.Tansey@leicester.gov.uk

### 1. Purpose of report

- 1.1 The purpose of this report is to provide members of the Adult Social Care Scrutiny Commission with a copy of the 2019/20 Annual Report, produced in relation to all complaints and commendations received by Adult Social Care (ASC). Information within this report provides a fuller picture of the contacts received across the Department and accompanying analysis.

### 2. Report Summary

- 2.1 The annual report details information about statutory, corporate, Local Government & Social Care Ombudsman complaints, as well as commendations that have been received by Adult Social Care during the last year. This information is provided with some further analysis of the types of complaints received, by division and across service areas.
- 2.2 The full version of the annual report is attached for information at Appendix 1.
- 2.3 For the purposes of this meeting and of particular note from 2019/20:
- I. The number of formal statutory complaints recorded during the year was 81 – a slight decrease of 6% compared to the previous year.
  - II. Officers' efforts to resolve matters at a local level were evident and 16 cases were noted to have additional actions proposed to try and address matters (for example a meeting with the complainant and/or agreeing a particular course of action, in addition to responding in writing). Positively, none of these contacts progressed to the Ombudsman.
  - III. Nine complaints were upheld (11% of total) and 22 (27% of total) were partially upheld.
  - IV. The top reason for complaints that were upheld in any way related to a lack of communication, information, or consultation.
  - V. Eleven contacts in relation to Adult Social Care were formally concluded by the Local Government & Social Care Ombudsman (LGSCO) during 2019/20: four complaints were upheld. Most complaints received by the Ombudsman concern aspects of assessment and support planning.
  - VI. The Department noted an increase in the number of commendations received for officers, reflecting the good service provided: 293 compared to 248 the year before. These commendations have been acknowledged further within the Department and with the members of staff concerned.
  - VII. Further work is continuing to make sure that the Department considers all sources of feedback that it receives holistically (including complaint information), in conjunction with the work of ASC's Practice Standards and

Governance Board. This Board focuses on the links between feedback, learning and making practice improvements.

2.4 The ASC Complaints Team has continued to work with Adult Social Care managers to ensure that efficient, robust, and thorough investigations are undertaken for all incoming complaints. Without compromising the independence of the complaint process, the Complaints Team provides support that helps to avoid additional costs that could be incurred through the engagement of external complaint investigators. The team works to ensure that quality, open and transparent responses are provided to people who draw on social care support; making sure that any corrective actions or remedies are identified and addressed as appropriate, with lessons for wider service learning also being taken forwards.

### 3. Recommendations

3.1 Scrutiny members are asked to note the contents of the 2019/20 annual report.

### 4. Financial, Legal, and other implications

#### Financial implications

There are no financial implications to this report.

*Martin Judson, Head of Finance, Adult Services, 374101*

#### Legal implications

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

*Pretty Patel, Head of Law (Social Care & Safeguarding), 371457*

#### Climate Change and Carbon Reduction implications

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

*Aidan Davis, Sustainability Officer, Ext 37 2284*

#### Equalities implications

The Annual Report details information about the statutory, corporate complaints and commendations received by Adult Social Care during the last year. Having an accessible robust complaints procedure in place ensures fair redress to dissatisfaction experienced and reported by users of services and carers on their behalf.

This process is in keeping with one of the council's equality and diversity strategy priorities areas, to design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities in Leicester.

This annual report provides evidence to inform progress against this outcome. In addition, recording and analysis of complaints received as set out in the report

enables the council to consider whether it is meeting the general Public Sector Equality Duty aims of eliminating discrimination and promoting equality of opportunity in its service provision.

*Surinder Singh - Equalities Officer, 454 4148*

No further implications identified.

## **5. Supporting information / appendices**

5.1 The Adult Social Care complaint process adheres to the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. The Regulations' publishing requirements for Local Authorities and complaints highlight that the following details should be made available annually:

- I. The number of complaints received within a period 1<sup>st</sup> April – 31<sup>st</sup> March.
- II. The number of complaints determined as well-founded.
- III. The number of complaints referred to the Local Government Ombudsman.
- IV. A summary of the subject matter of complaints received.
- V. A summary of any matters of general importance arising out of the complaints or the way in which they were handled.
- VI. Any matter where action has been taken or is to be taken to improve services as a consequence of those complaints.
- VII. Ensure that the annual report is available to any person on request.

Appendix 1

Annual Report 2019 - 2020 Adult Social Care (ASC) Complaints and Commendations

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

No

**7. Is this a “key decision”?**

No



## **ANNUAL REPORT 2019 – 2020**

### **ADULT SOCIAL CARE (ASC) COMPLAINTS AND COMMENDATIONS**

<b>Contents</b>	<b>Page</b>
<b>1. Executive summary</b>	<b>3</b>
<b>2. Accessibility of the complaint procedure</b>	<b>4</b>
<b>3. 2019/20 complaint contacts</b>	<b>5</b>
<b>4. Comparison to previous years</b>	<b>7</b>
<b>5. Profile information in relation to 2019/20's complainants</b>	<b>7</b>
<b>6. Complaint reasons</b>	<b>11</b>
<b>7. Lessons identified from complaints received in 2019/20</b>	<b>12</b>
<b>8. Putting learning from complaints into further action</b>	<b>14</b>
<b>9. Contact with the Local Government &amp; Social Care Ombudsman (LGSCO)</b>	<b>16</b>
<b>10. The good things our customers tell us</b>	<b>18</b>
<b>11. Report contacts</b>	<b>19</b>

## **APPENDICES**

### **APPENDIX 1**

1. Commendations by service area
2. Breakdown of complaint information received across the Department
3. By service areas in Adult Social Care & Safeguarding
4. By service areas in Adult Social Care & Commissioning
5. LGSCO complaints received by service

### **APPENDIX 2**

1. Adult Social Care (ASC) complaint process in brief (chart)
2. Complaint case study 2019/20

### **APPENDIX 3**

Performance indicators relating to the management of statutory complaints

### **APPENDIX 4**

Outcomes for 2019/20 action plan

### **APPENDIX 5**

2020/21 action plan



## 1. Executive summary

- 1.1 It is a statutory requirement to produce an annual report in relation to complaints addressed under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.
- 1.2 Complaints, as well as commendations, provide valuable feedback about the services provided by a Council. They provide an indication of the areas that are performing well and highlight where further attention should be focused to improve service delivery and practice.
- 1.3 For all complaints reviewed under the statutory ASC procedure, investigations at the first stage of the process are based on an allocated response timescale that may be up to 10 working days ('green' complaints), up to 20 working days ('amber'), or up to 65 working days ('red'). Complaints that progress to the second and final stage of the process are considered by the Local Government & Social Care Ombudsman (LGSCO).
- 1.4 Five complaints were responded to in conjunction with Health partners and with whom Adult Social Care shares the same complaint procedure. Joint contributions were required for these complaints that related to hospital discharge/after-care processes.
- 1.5 The average response time for complaints addressed during 2019/20 was 18 working days.
- 1.6 The number of formal statutory complaints recorded in 2019/20 was 81: a slight decrease of 6% compared to the previous year. Seventy-eight complaints progressed to a conclusion under the complaint process, with 9 being upheld and 22 partially upheld.
- 1.7 The top reasons for upholding complaints either partially or in full in 2019/20 were considered to be in relation to<sup>i</sup>:
- Lack of communication /information
  - Delay in receiving a service
  - <sup>ii</sup>Quality issues
- 1.8 Sixteen complaints were addressed with additional actions, such as a meeting with the complainant or a reassessment.
- 1.9 During 2019/20, ASC noted the conclusion of 11 LGSCO enquiries in relation to its services. Four enquiries were upheld in regard to the department's actions, with specific recommendations to be fulfilled as a result. No public interest reports were published.

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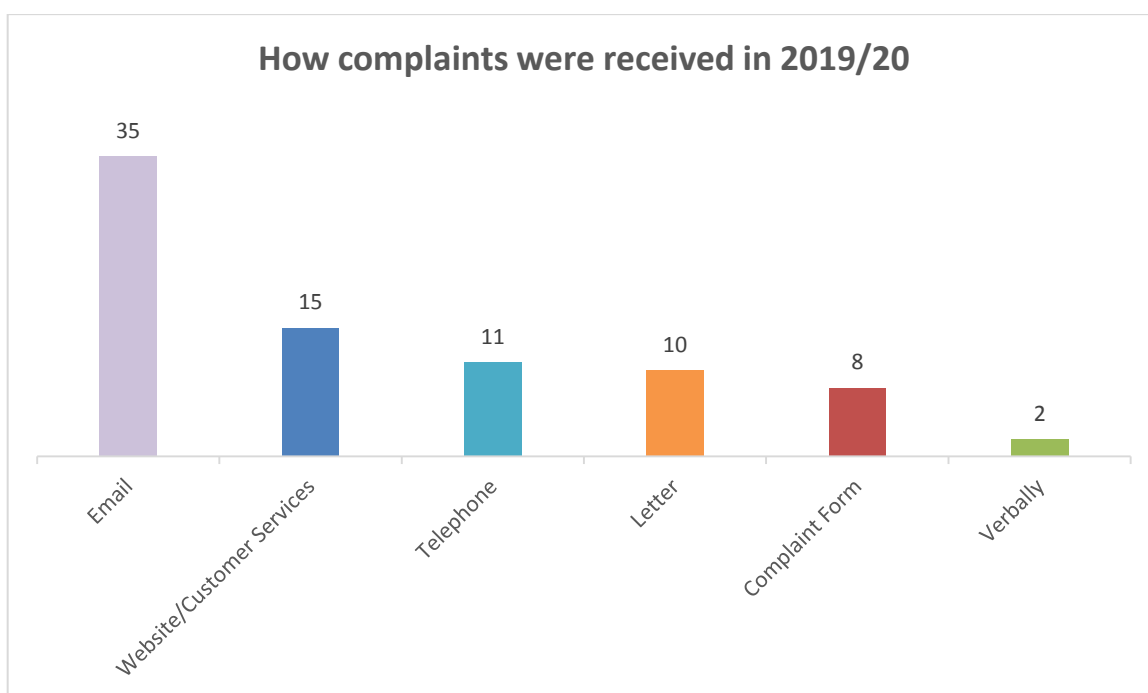
<sup>i</sup> A complaint can have more than one reason identified on receipt: information reported here is based on the highest numbers of complaints that were partially or fully upheld against a particular reason, during the year

<sup>ii</sup> Quality issues – these complaints can include such matters as timeliness of actions, poor recording or failures in aspects of customer care

- 1.10 An increase was noted in the number of commendations received in 2019/20 (18%), with 293 recorded, compared to 248 in 2018/19.
- 1.11 Some complaints fall outside the remit of the statutory complaint procedure but can still be investigated under the Council’s corporate procedure. Only one matter relating to ASC services was reviewed under the Council’s corporate complaint procedure last year (5 less than in 2018/19).
- 1.12 A breakdown of the complaints received across Adult Social Care, by divisions and service areas is included with Appendix 1 of this report.

## 2. Accessibility of the complaint procedure

- 2.1 Details relating to the Adult Social Care complaint procedure and how to make a complaint are available on [www.leicester.gov.uk](http://www.leicester.gov.uk) (which also incorporates direct access to a complaint form): new individuals to the service are also advised of the complaint procedure by care management staff as part of initial discussions about the assessment process. Adult Social Care can also take on board oversight for some matters, when it has been involved with the support arrangements for an individual’s care (i.e. for complaints in relation to residential or domestic care provision).
- 2.2 The top 2 ways of making a complaint in 2019/20 were by email (43%) and via the Council’s website (18%).
- 2.3 Complaint information signposts individuals to advocacy organisations for support but in practice most individuals, relatives or their carers make an approach directly. The percentage of complaints received via advocacy services was 6%, with other main sources of complaints being through relatives - 56% and from individuals in receipt of support directly - 38%.



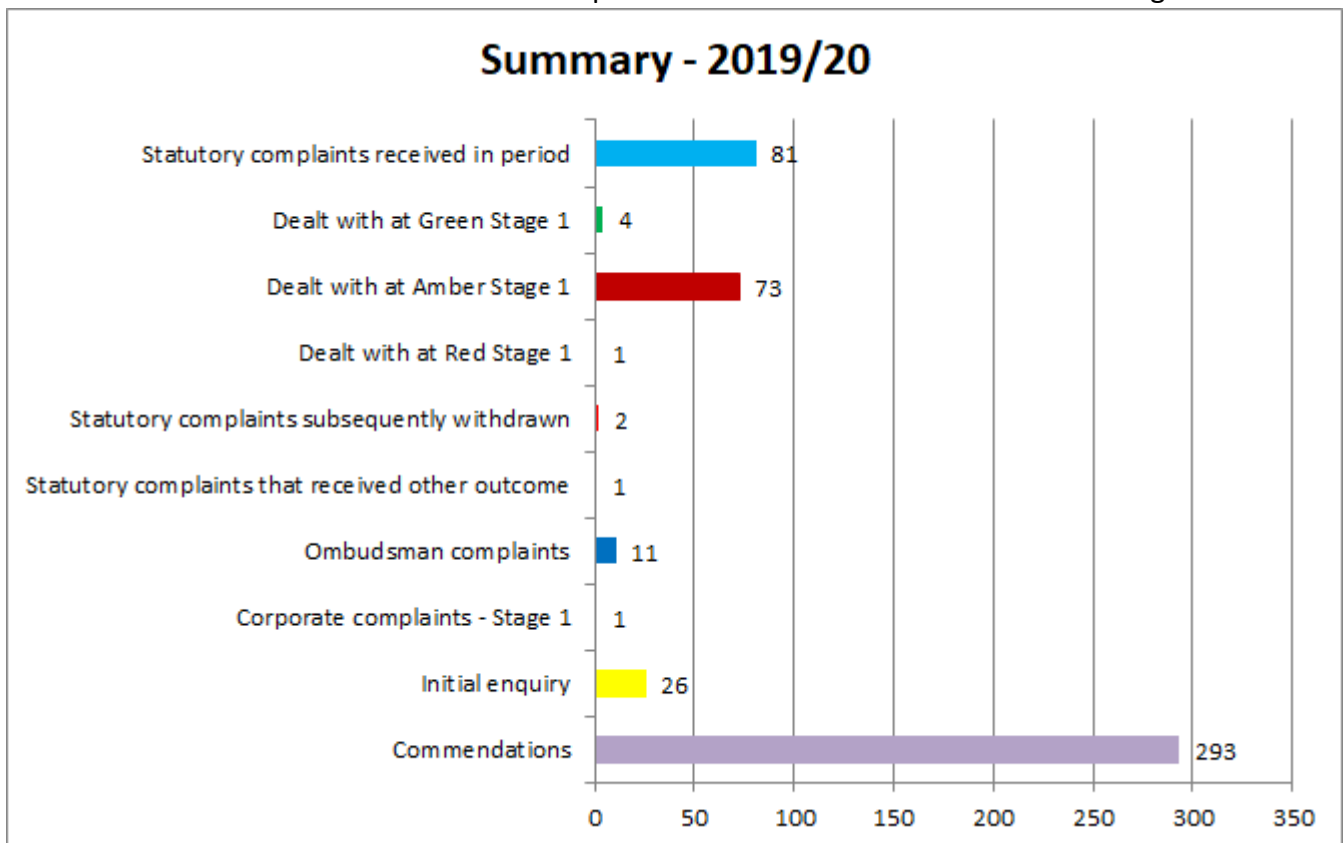
- 2.4 Adult Social Care has an open and accessible approach to complaints, which is reflected in the numbers of complaints considered by the Council each year (although the overall

number of complaints received Vs service provision remains relatively small). With each formal complaint that is addressed, the complainant is advised of their right to direct matters to the Local Government & Social Care Ombudsman and the Department may receive Local Government & Social Care Ombudsman enquiries further to this.

2.5 Complaints received concerning ASC services and other partner agencies, such as the NHS, University Hospitals Leicester, Leicestershire Partnership Trust and Leicestershire County Council are also responded to under the same statutory complaint regulations. A locally agreed protocol is in place to help the experience run more efficiently and effectively for the complainant. Five complaints were managed under these arrangements during 2019/20 (three complaints more than the previous year). The common reason for these complaints concerned hospital discharge and onward support arrangements.

### 3. 2019/20 complaint contacts

3.1 All contacts recorded in relation to complaints and commendations **received** during



2019/20 are highlighted in the following chart:

To explain further:

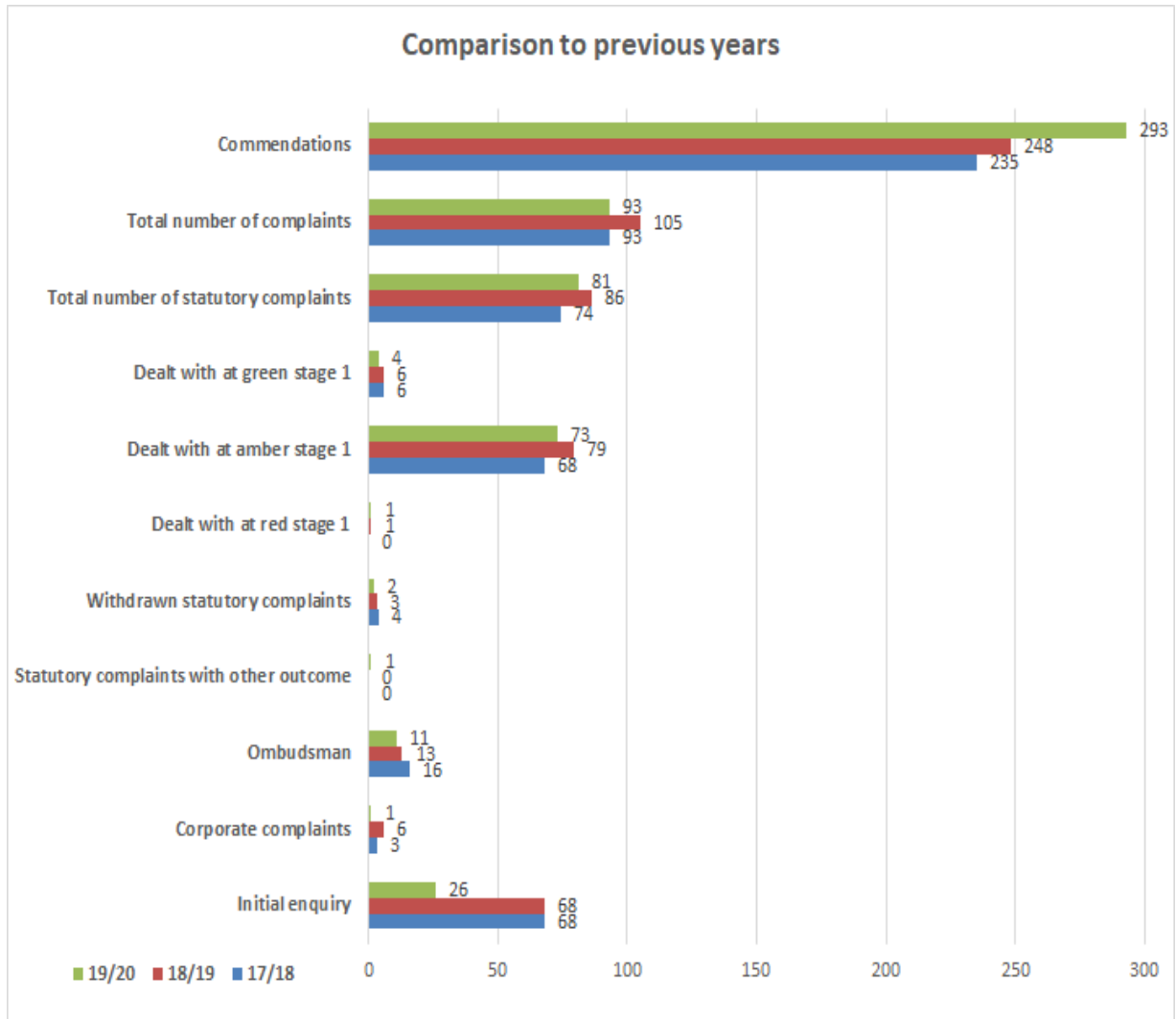
3.2 All contacts received were formally recorded during the reporting period, either as an initial enquiry<sup>i</sup> or as a complaint. Eighty-one statutory complaints were acknowledged during 2019/20 in total.

<sup>i</sup> An initial enquiry is a contact that falls outside the definition of a statutory complaint as it has been resolved within one working day. Additionally, a concern may be classed as an initial enquiry when clarification is pending as to whether the complaint procedure is the appropriate route for addressing the matter further.

- 3.3 A number of complaints (4) were allocated a 'green' response timescale of 10 working days. A further 73 contacts were determined as 'Amber' Stage 1 complaints and were allocated up to a 20-working day response timescale. One complaint was addressed under the more extensive 'Red Stage 1' timescale due to its complexity, which allowed up to 65 working days for the reply.
- 3.4 Out of the 81 statutory stage 1 complaints recorded, 78 progressed to conclusion (2 were withdrawn after acknowledgement, and a further complaint received subsequently progressed with the Ombudsman, as part of an existing, ongoing enquiry). Nine complaints (12%) were upheld and 22 (28%) were partially upheld.
- 3.5 One complaint was logged under the corporate complaint procedure in 2019/20: this was not upheld and did not progress to the Ombudsman.
- 3.6 During 2019/20, ASC recorded 11 enquiries concluded by the Local Government & Social Care Ombudsman (LGSCO) in relation to its services. Five outstanding complaints were carried over to 2020/21 for onward consideration. (More details about LGSCO complaints are provided at section 9).
- 3.7 Regular contact is maintained with complainants and wherever appropriate a flexible approach is employed to address the issues being raised. On occasion, open communication between the complainant and the Council encourages the situation to be resolved earlier on in the complaint process.
- 3.8 During the year ASC undertook 16 'alternate dispute resolution' actions (for example, in the form of a meeting with a complainant or arranging a care reassessment or review), to try and resolve matters at a local level.
- 3.9 Positively, the number of commendations received in 2019/20 increased by 18%: 293 compared to 248 in the previous year. Commendations are always welcomed by staff and the importance of sharing good news has continued to be encouraged throughout the year.
- 3.10 Commendations received are highlighted in SCE's newsletter and any significant customer feedback is acknowledged further with the member of staff concerned, by the Director. The Complaints Team also flags up the positive feedback received for a service with the respective Heads of Service, for their further attention.
- 3.11 As an example of how the complaint process works in practice, a case study of a statutory complaint in action (anonymised) is noted at Appendix 2.

#### 4. Comparison to previous years

To provide some more general information about the nature of contacts received over the



past 3 years by the City Council’s Adult Social Care Department, a snapshot of the type of contacts recorded by the Complaints Team appears as follows:<sup>1</sup>

#### 5. Profile information in relation to 2019/20’s complainants

- 5.1 Each complaint received by Adult Social Care is considered on an individual basis and in relation to the specific concerns raised. Any resolution actions for individual complaints are usually addressed at the point of providing a full written response to the complainant.
- 5.2 All complaints are subsequently analysed further, to identify any wider lessons and to identify any themes or common issues arising across the board. Although the overall number of complaints received is representative of a small percentage of people in receipt of support from ASC, further analysis has been undertaken in terms of complainants’

<sup>i</sup> Data available from other local authorities does not offer like for like information for benchmarking purposes, as those issues/services that a local authority define as part of the statutory complaint process varies significantly.

profiles, as recorded below, to ensure that the complaint procedure remains accessible and equitable to all.

- 5.3 A total of 1464 individuals were deemed eligible to receive support following a completed assessment in 2019/20. From available data, 4907 people were noted to be in receipt of long-term support from ASC as at 31<sup>st</sup> March 2020.

#### Complaints in relation to ethnicity

- 5.4 A detailed breakdown of the ethnicity of those individuals at the heart of complaints received in 2018/19 and 2019/2020 is as follows:

Ethnicity of individual in receipt of support	2018/2019 Number/ percentage of complainants	2019/2020 Number/ percentage of complainants	Overall Number/ percentage of ASC individuals in long term support as at 31 <sup>st</sup> March 2020
Asian or Asian British – Indian	28 (32.6%)	25 (30.9%)	1687 (34.4%)
Asian or Asian British – Pakistani	2 (2.3%)	1 (1.2%)	
Asian/Asian British – Other	4 (4.7%)	-	
Chinese	-	-	
Arab/Arab British	-	1 (1.2%)	3 (0.06%)
Black or Black British – Caribbean	4 (4.7%)	4 (4.9%)	289 (5.9%)
Black or Black British - African	2 (2.3%)	1 (1.2%)	
Black or Black British – Other	-	1 (1.2%)	
Dual Heritage	2 (2.3%)	2 (2.5%)	65 (1.3%)
White – British	37 (43%)	40 (49.4%)	2762 (56.3%)
White – European	1 (1.2%)	1 (1.2%)	
White – Other	2 (2.3%)	3 (3.8%)	
Other	-	-	27 (0.6%)
Not known	4 (4.7%)	2 (2.5%)	74 (1.5%)

- 5.5 In 2019/20: 54.4% of complainants identified as white individuals; 32.1% identified as Asian individuals, 7.3% identified as black individuals and 3.7% were complainants with other ethnic identities (including 2.5% where ethnicity was not known). Based on ethnicity, complainants in 2019/20 closely reflect (proportionately) the breakdown of ethnicity of those individuals in receipt of services from Adult Social Care. <sup>[1]</sup>

<sup>[1]</sup>For further information, the breakdown of ethnicity across the City as per the March 2011 census was: 50.5% - White; Asian – 37.1%; Black – 6.2%; Mixed/multiple ethnic – 3.5%; Other ethnic – 2.6% (data source - [www.ukcensusdata.com](http://www.ukcensusdata.com))

5.6 The following complaint outcomes were noted as follows:

<b>Outcome</b>	<b>Black, Asian &amp; other minority ethnic</b>	<b>White</b>	<b>All complainants*</b>
Not Upheld	20 (59%)	24 (53%)	44 (56%)
Partially Upheld	9 (26%)	14 (31%)	23 (29%)
Upheld	3 (9%)	6 (13%)	9 (12%)
Upheld – Not related to Council Actions	0 (0%)	0 (0%)	0 (0%)
Withdrawn	1 (3%)	1(3%)	2(2%)
Other outcome	1 (3%)	0 (0%)	1 (1%)
<b>Total</b>	<b>34</b>	<b>45</b>	<b>79*</b>

**\*81 complaints received in total – ethnicity data for 2 complainants unknown**

- 5.7 The top complaint reason for either partially upheld or upheld complaints from a Black, Asian or Minority Ethnic perspective was ‘Lack of Communication / Information / Consultation’, with ‘Delay in Receiving a Service’ a close second.
- 5.8 The top complaint reason identified for either partially upheld / upheld complaints from White individuals was also ‘Lack of Communication / Information / Consultation’.
- 5.9 The top primary service reasons for individuals from Black, Asian and Minority Ethnic groups and White groups were the same and were recorded as: physical disability, mental health and frail/temporary illness.
- 5.10 Given the number of complaints received, the information under consideration here is not statistically significant, which makes it difficult to draw any firm conclusions in relation to information concerning ethnicity, complaints and any potential impacts arising from this. However, a slightly higher number of complaints were upheld for white individuals in 2019/20 and this is an area that the Complaints Team will continue to monitor closely over the next year. The ASC complaint process operates to robust standards which are designed to be customer-focused, open, fair, and accountable for all individuals that access it: continuous learning from complaints, whether at an individual, themed or departmental level also remains an active part of the process.

**Profile information according to age**

- 5.11 The highest number of statutory complaints received related to adults aged between 25-50 (a total of 20) in 2019/20.<sup>i</sup> The top primary service reason for this age group was identified to be 'mental health'. This figure is up on the previous year when 15 complaints were received.
- 5.12 Seventeen complaints received concerned individuals aged 51-64. The top primary service reason for this age group was also 'mental health'.
- 5.13 For those complainants in the age range of 18-50, the prevailing primary service reasons were: 'physical disability', 'mental health' & 'learning disabilities'.
- 5.14 The complaint outcomes determined by age range groups for 2019/20 were as follows:

<b>Outcome</b>	<b>18-24</b>	<b>25-50</b>	<b>51-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85-94</b>	<b>95 +</b>	<b>All complainants</b>
<b>Not Upheld</b>	4 (8%)	14 (70%)	8 (47%)	5 (56%)	6 (55%)	9 (53%)	0 (0%)	46 (57%)
<b>Partially Upheld</b>	1 (20%)	3 (15%)	5 (29%)	3 (33%)	3 (27%)	6 (35%)	2 (100%)	23 (29%)
<b>Upheld</b>	0 (0%)	3 (15%)	2 (12%)	1 (11%)	2 (18%)	1 (6%)	0 (0%)	9 (11%)
<b>Upheld – Not related to Council Actions</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Withdrawn</b>	0 (0%)	0 (0%)	1 (6%)	0 (0%)	0 (0%)	1 (6%)	0 (0%)	2 (2%)
<b>Other Outcome</b>	0 (0%)	0 (0%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)
<b>Total</b>	5	20	17	9	11	17	2	81 (100%)

### According to gender

- 5.15 Last year, 45 statutory complaints (56%) were made in relation to female individuals, and 36 (44%) were in relation to males.<sup>ii</sup>
- 5.16 The leading primary service reason recorded for female complainants was physical disability and for males - mental health.

### Repeat complainants

- 5.17 As a matter of course, the complaint process remains open to individuals wishing to raise concerns and there may be some occasions when individuals find it necessary to raise more than one complaint during the course of a year, as interactions between individuals and ASC progress. However, some individuals do opt to revisit the complaint process on a more

<sup>i</sup> The mean age of Leicester's population in 2011 was 34 years.

<sup>ii</sup> March 2011 Census data for Leicester City population: 51% females, 49% males



routine basis, turning to this as the first port of call for their concerns. On occasion, and as appropriate on receipt of such contact, the Complaints Team will attempt to redirect concerns to the relevant service to be followed up and addressed outside of the complaint process.

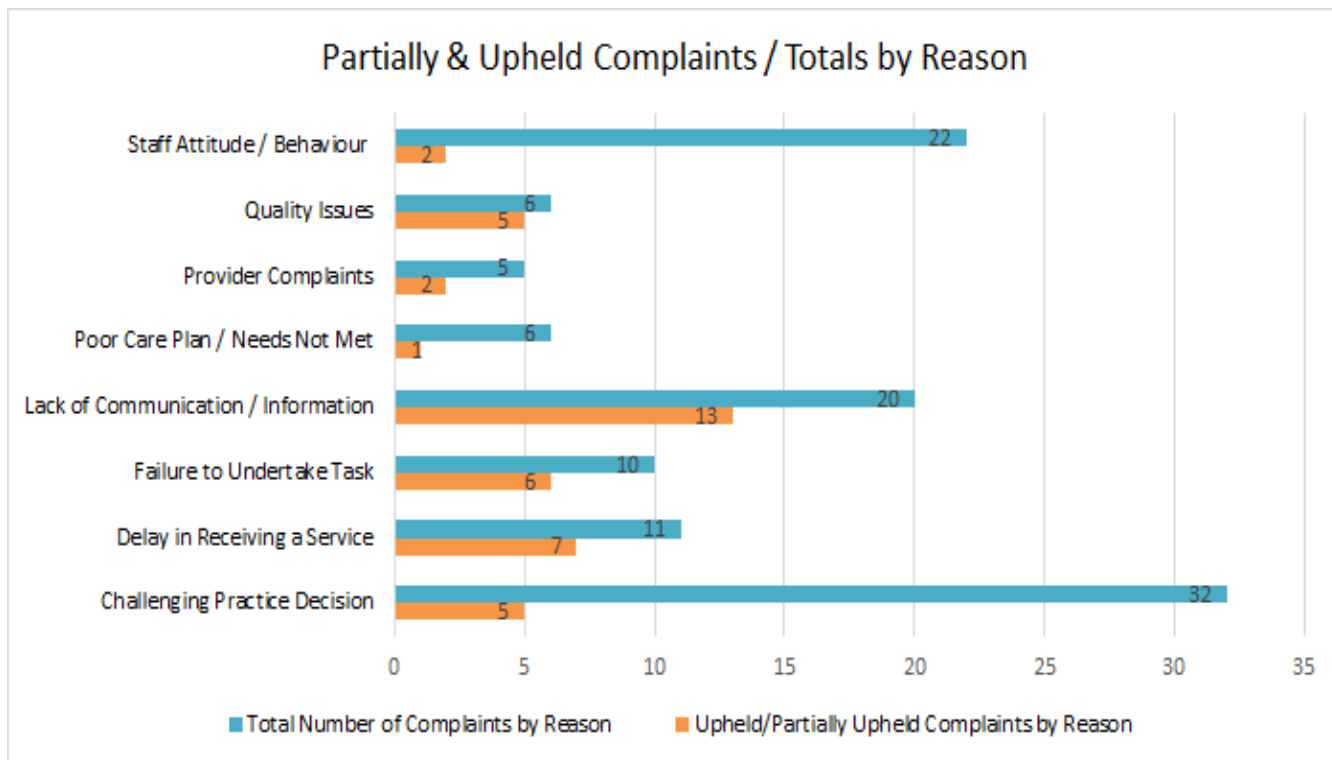
- 5.18 In 2019/20 four individuals accessed ASC's formal statutory complaint process on more than one occasion: two of these complainants proceeded to approach the Ombudsman (and one individual raised two separate complaints with the Ombudsman's service).
- 5.19 On occasion, and according to the merits of the situation, the Department does have to consider the amount of resources called upon to address some individuals' contact. There are times when the Department feels that it is necessary to consider special measures for addressing complaints/complainants that have been ongoing or that have become vexatious in nature: this may also include occasions when individuals have presented with abusive or threatening behaviour towards officers. The Department's response to such situations addresses the circumstances at hand but can include formally limiting or ceasing an individual's contact with the Department for a specific period or advising that the Council will not respond further to the same issues that may have already been reasonably addressed.

## **6. Complaint reasons**

- 6.1 Adult Social Care's statutory complaint database currently records 8 specific reasons for raising a complaint: more than one reason per complaint may be identified. The principle reasons behind any complaint are noted at the point of receipt by the Complaints Team and full consideration is given to all points raised, whether a major or more incidental part of the complaint.<sup>i</sup> The complaint points noted at the start of the process are then reconsidered on completion of the investigation to establish whether the initial reasons for complaint were upheld or not.
- 6.2 The following chart shows a more detailed breakdown of the key complaint reasons identified on receipt (i.e. pre-investigation) during the last year, together with a picture of those complaint reasons that then went on to be partially or fully upheld after investigation (includes those complaints that progressed to an outcome).

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<sup>i</sup> Adopting an all-embracing approach when determining what constitutes a complaint can drive-up the numbers recorded against a specific reason at the start of the process.



- 6.3 As a further fail-safe, where particularly high numbers of the same complaint reason arise, action is taken to explore why such concerns may be arising and to see if there are any underlying issues to address as part of a trend or a theme (rather than on a 'case-specific' basis).
- 6.4 During the year, the Complaints Team reviewed those complaints that noted concerns around staff attitude/behaviour further, to get a better understanding of the trigger for such complaints and to see if there were any common issues at the root of these matters. It was found that a common reason for such concerns to be noted in the first place often arose as a result of a worker's choice of language or how matters had been phrased. Improving communication skills is something that is of further note for the Department and work around this is a key part of the Department's ongoing training and learning.
- 6.5 It is also of note that complaints highlighting staff attitude/behaviour as a concern commonly arise alongside complaints where 'challenging practice decision' is also recorded as an issue too (i.e. those complaints where there is some expression of disagreement about a particular decision or action).

## **7. Lessons identified from complaints received in 2019/20**

- 7.1 The following highlights some of the specific learning points/actions identified from complaints received and upheld during 2019/20 that have been presented to Adult Social Care's Leadership Management Team and Lead Member during the course of the year and some broader themes that are currently being considered further in the context of '8' below.
- i. A second opinion can help determine whether practice/decisions are too risk averse.
  - ii. Issues raised in relation to the role of appointee highlighted the need for some individuals to have access to some information relating to their finances (to be determined on a case by case basis, with capacity etc in mind).

- iii. Further to a complaint resolution meeting with Health, it was widely communicated to contracted care providers and ASC care management teams that the use of wet wipes was not recommended in the delivery of personal care.
- iv. A complainant's experience highlighted the difficulties that can arise when family members are involved in care but not living with the person in receipt of support - the complaint identified how family members can remain unaware of significant decisions that have been discussed with the individual directly when they have capacity. The need to achieve a suitable balance with communication and how/who key information is shared with, was noted as a point for further discussion.
- v. The importance of accounting for the outcomes of previous involvements when deciding on a new referral, was highlighted.
- vi. Ensuring people have as much information as possible to hand, when making decisions about which provision to choose.
- vii. Further action has been followed-up within ASC to ensure that there is a shared clarity around workers' responsibilities for giving individuals/families feedback, when care provider concerns are raised (i.e. following the submission of a quality referral by an ASC worker). Further discussions have taken place between care management and the Contracts and Assurance Service regarding the way in which this could work more effectively.
- viii. The Team Support Worker (TSW) system has been changed: cases are no longer kept with a TSW over a week. When case matters remain unresolved, these are now passed on to duty or for allocation.
- ix. The need for clarity has been stressed in relation to recording any private care arrangements within an individual's case records, with the aim of avoiding any future confusion with the existing/agreed ASC care arrangements that are noted on a support plan.
- x. Forms shared between the Integrated Crisis Response Service and Brokerage have been revised to ensure that additional or relevant information can be passed on at the point of submission, to help inform future conversations/actions and avoid any misunderstandings.
- xi. The importance of evidencing decision making clearly has continued to be highlighted to teams.

7.2 Learning points that arise from complaints are shared in a number of ways across the department and this can be via individual supervision sessions, team meetings, service away days or through the various other forums that are held within the department, feeding into training and practice as appropriate.

**Repeat complaint themes identified between 2018/19 & 2019/20**

- 7.3 Complaint issues that have arisen on a common basis over the past two years have been considered. Aspects of communication are often noted as the key reasons for complaining. Some other more specific reasons that are noted to have arisen are:
- I. Lack of clarity in regard to advice given re processes and anticipated timescales to help manage expectations
  - II. Timeliness in relation to sending out assessments or support plans
  - III. Timeliness of actioning any changes
  - IV. Delays in assessments or referrals
  - V. Timeliness in follow up action to prevent escalation
  - VI. The way we spoke to customers
  - VII. What we said
  - VIII. Management of issues not seen through to resolution
  - IX. The need for relevant and targeted communication/feedback with those individuals not directly in receipt of care (i.e. family members or carers)

The details above are reported within the department, as described in more detail at section 8.

## **8. Putting learning from complaints into further action**

- 8.1 It is expected that appropriate actions are undertaken 'locally', at the point where a matter first arises, in a timely way, to remedy individual concerns as part of the complaint process. Generally, the investigating Head of Service is responsible for identifying and overseeing such action.
- 8.2 Further to a complaint investigation that highlights specific findings of failure or error, the Head of Service is also asked to consider and provide an update on the actions that may have been taken within their wider service area or across the Department; demonstrating how any changes have been implemented as a result of complaint feedback. This information is then also discussed at the Heads of Service's meeting, with further reporting on any actions to ASC's Leadership Team and Lead Member.
- 8.3 Throughout 2019/20, various departmental forums have been used by the service areas concerned to highlight issues identified from specific complaints, to emphasise good customer care practices, communication and the need for clarity of advice or instructions given to individuals.
- 8.4 All complaints received are also reviewed by the Complaints Team, in order to establish whether there are any common trends or issues emerging across the Department and to see if any previously identified themes continue to be repeated (see 7 above). This wholesale review of complaints is intended to provide the Department with a broader awareness of the issues that arise concerning its services and to further identify the impact that our actions have on individuals, so as to identify any wider improvements that may need to be taken into account.
- 8.5 The correlation between learning and any follow-up actions, as well as the impact of such actions, have been explored further in conjunction with the work of the Practice Standards and Governance Board with the aim of establishing how, as a Department, we are clearly

demonstrating the way in which key customer feedback is translating into practical and tangible service improvements or actions.

8.6 Key feedback identified from complaints is also considered alongside other sources of departmental feedback, in order to establish any other evident, shared themes. Progression of these issues are managed through other departmental improvement mechanisms such as the Practice Standards and Governance Board, Heads of Service meetings or the First Line Supervisor's Forum. The Complaints Team also provides feedback to the wider department managers and staff, as part of ongoing activity in relation to complaints.

8.7 Some examples of the actions and learning we have taken from complaints information during 2019/20, as well as other sources of feedback in the Department, are recorded below:

- Collaborative work between ASC management and Health took place to establish a person's right to S117 aftercare: the case in question reaffirmed that changes need to be communicated and recorded clearly, as they occurred.
- Any decision to determine a residential care banding rate should be clearly documented and recorded on the Notification of Placement and Individual Placement Agreement at the time of the review: a complaint was received where this action had been missed by a worker before it transferred to the Supported Residents Care Team. This point was reflected on and highlighted with the management of the relevant team.
- Any private care call arrangements should be recorded clearly and highlight that separate funding arrangements need to be made in relation to these: this was not made explicitly clear on a support plan by a worker. Issues arising from this were identified as key learning points.

**Locality East**

We have changed the way that our duty team functions to ensure queries are passed on at an earlier stage for a duty worker to resolve.

We are ensuring that there is a clear role and responsibility for complaints made about contracted providers and that communication is improved for the Contract's team, the social work team and the person receiving services.

**Locality West**

Discussions at team meetings /reflective supervision have occurred to enable practitioners to consider the impact of not formally assessing mental capacity.

Discussions around mental capacity versus the right for someone to make unwise decisions have also been initiated in team meetings.

**Learning Disabilities Service**

The importance of good communication is an issue that has arisen through a few of Adult Mental Health's (AMH) complaints. This is an area that has been particularly addressed through the wider work that Adult Social Care is undertaking to develop a Strengths Based approach to working with people. A Strengths Based Toolkit, Practice Principles and a document co-produced with people who access our services and entitled 'Tips for Working with Me' all offer advice and support on communication skills and what's important to people.

A new assessment form has also been designed which aims to support workers to have much more open conversations with people about what's important to them (leading to more open, honest conversations). AMH's Strengths Based Action Plan includes the importance of reflective practice in supervision to enable workers to consider whether they have been using these communication skills within their practice.

**Adult Mental Health**

- 8.8 During 2019/20 the Complaints Team attended an away-day for newly qualified social workers, as part of their Assessed and Supported Year in Employment (ASYE - Adults) programme. This provided an opportunity to share details of the complaint procedure and to highlight some of the key messages and learning that can be taken from complaints and commendations, to help build a picture of where things can potentially fall down, but also to identify what good practice looks like and what is positively acknowledged by individuals in receipt of our services.

A presentation providing a brief introduction into the ASC complaint process, with some of the key messages arising from complaints, has also been prepared for inclusion as part of the induction process for all new starters in Adult Social Care.

## **9. Contact with the Local Government & Social Care Ombudsman (LGSCO)**

- 9.1 The total number of Ombudsman complaints received for the **entire City Council**<sup>i</sup> in 2019/20 was 112: the contacts recorded in relation to Adult Social Care services for Leicester City Council made-up an 18% share of this total (17% in the previous year).
- 9.2 The LGSCO receives a number of contacts in relation to Leicester City Council's services and although reflected with their own statistics, not all of these contacts are directed to the Authority for further attention. Consequently, there is usually a slight difference in the data sets published by the LGSCO and the Local Authority for that year.
- 9.3 From ASC's records, **eleven** complaints were formally determined against the Department by the LGSCO during 2019/20: five of these complaints were carried forward from the previous year.

The eleven enquiries in relation to ASC's actions in 2019/20 were concluded with the following outcomes:

Upheld: maladministration and injustice	3
Upheld	1
Not upheld, no maladministration	2
Closed after initial enquiries, no further action	2

<sup>i</sup> Figure taken from 'The Ombudsman's Review of Local Government Complaints 2019 – 2020'

9.4 The four complaints upheld against the authority required formal recommendations to be agreed and completed, with actions confirmed to the Ombudsman's office. A summary of these individual complaints and the associated recommendations - since met - are as follows:

**i. Complaint Ref: 18 001 026**  
**Outcome - Upheld: maladministration and injustice**

Complaint raised concerning ASC's involvement with the Continuing Healthcare Checklist process, the progression of this and the suitability of an assessment and support plan produced.

The LGSCO's formal recommendations included an apology, a payment of £100, and the creation and implementation of further procedural guidance in relation to the CHC application process.

**ii. Complaint Ref: 18 008 692**  
**Outcome - Upheld: maladministration and injustice**

The complainant disagreed with a decision that they were ineligible for services, following an OT assessment undertaken with the Enablement Service.

ASC was asked to apologise for failing to properly complete a care needs assessment in May 2018 and to pay £350 to the complainant. A new care needs assessment was requested, with the need to ensure that the eligibility decision was properly recorded. The Department was also asked to review its procedures in relation to capturing fluctuating needs.

**iii. Complaint Ref: 18 016 053**  
**Outcome - Upheld: maladministration and injustice**

Complaint that the Council reduced the individual's care package without proper consideration of needs.

The Council was asked to undertake a further, full reassessment of needs, taking account of all physical and psychological needs and the fluctuating nature of these, and to draw up a support plan following this. The Council was asked to issue an apology and to make a payment of £250 and to consider any training needs for officers completing an assessment, to ensure accordance with the Care Act.

**iv. Complaint Ref: 19 008 310**  
**Outcome - Upheld**

A complaint was made that ASC had repeated information to a third party, further to its recordings on a safeguarding incident from some years ago, and that this was also against previous findings made by the LGSCO.

A finding was reached on the balance of probability and the Department was asked to apologise for any distress caused and to pay £300. ASC was asked to evidence that the

LGSCO's view, that the conclusions of a 2017 safeguarding investigation were faulty, was clearly recorded within its records.

- 9.5 One of the Ombudsman's most common areas of complaint against ASC services nationally relate to assessment and care planning. The highest proportion of the City Council's ASC complaints also tend to reflect these themes.
- 9.6 The LGSCO's national average for upheld complaints relating to Adult Care Services in 2019/20 has recently been published as 68%: Leicester City Council's performance is below this average.
- 9.7 The Ombudsman's office publishes most decision statements recorded in an anonymised format on their website: [www.lgo.org.uk](http://www.lgo.org.uk). These can be searched for by local authority, subject matter or reference number. They also provide a regular public summary bulletin that notes all decisions found, by authority.
- 9.8 The ASC Complaints Team has continued to take on a proactive role with the preparation of responses to all LGSCO enquiries. It is considered that this action has been of benefit to the Department, providing additional support to service areas that would otherwise be involved in addressing time-consuming enquiries. This action also allows for a further 'independent' overview of complaint issues to take place, prior to any response being returned to the LGSCO, as well as supporting the provision of timely responses.

## 10. The good things our customers tell us

- 10.1 Another side to the Complaints Team's work involves capturing the positive customer feedback and commendations that arise across the Department for further acknowledgment and for sharing. In those situations where staff have clearly gone above and beyond their duty, an individual's good work is shared and acknowledged further in writing by the Director.
- 10.2 Details of those individuals that have received commendations acknowledging the value of their work on behalf of the Department have been reported in the Department's newsletter 'Just ASC' (now SCE Newsletter). Heads of Service are provided with the positive reports received for their respective areas, to help determine how to share good news stories more widely within their own service.

### **What people who draw on social care support and their families told us in 2019-20**

During 2019-20 we logged some 293 commendations: all positive and welcome messages about the quality of the service ASC staff provided. Some of the stand-out messages told us:

*"He spoke of how you went the extra mile in supporting his mother, stating you have a great attitude for work and support and how proud the department should be to have you."*

*"She said how supportive you had been and managed to build confidence, and she was feeling much happier."*

*"He mentioned you gave him hope during a time when his mental health was suffering, and he was at a complete loss."*

*"... felt she had never had a social worker who understood her as well as you do"*



“She said you were brilliant, clever, kind, friendly and delivered on all actions you promised. She spoke of your warm nature, and how you made a massive difference to the quality of life of her parents.”

*“They felt they had been lucky to have a worker as caring as you, and said you are an asset to the department.”*

“He said for the first time in a long time he will be able to go to sleep knowing that his mother’s health issues are being resolved.”

10.3 Many more comments, often personal to the individual or the family’s experience, have been received within the Department - confirming the importance and the value of ASC’s work within the City. Commendations normally reflect the good interpersonal skills demonstrated by staff, notably:

- good and clear communication
- empathy
- humility
- caring nature
- the ability to reassure or put the person at ease
- politeness

They also reflect those instances that have resulted in a positive difference to an individual’s life and the receipt of useful equipment or guidance, is often mentioned.

## **11. Report contacts**

For more information relating to this report please contact:

Joanne Tansey, Customer Feedback & Complaints Manager or

Kane Dickinson, Complaints Officer (ASC)

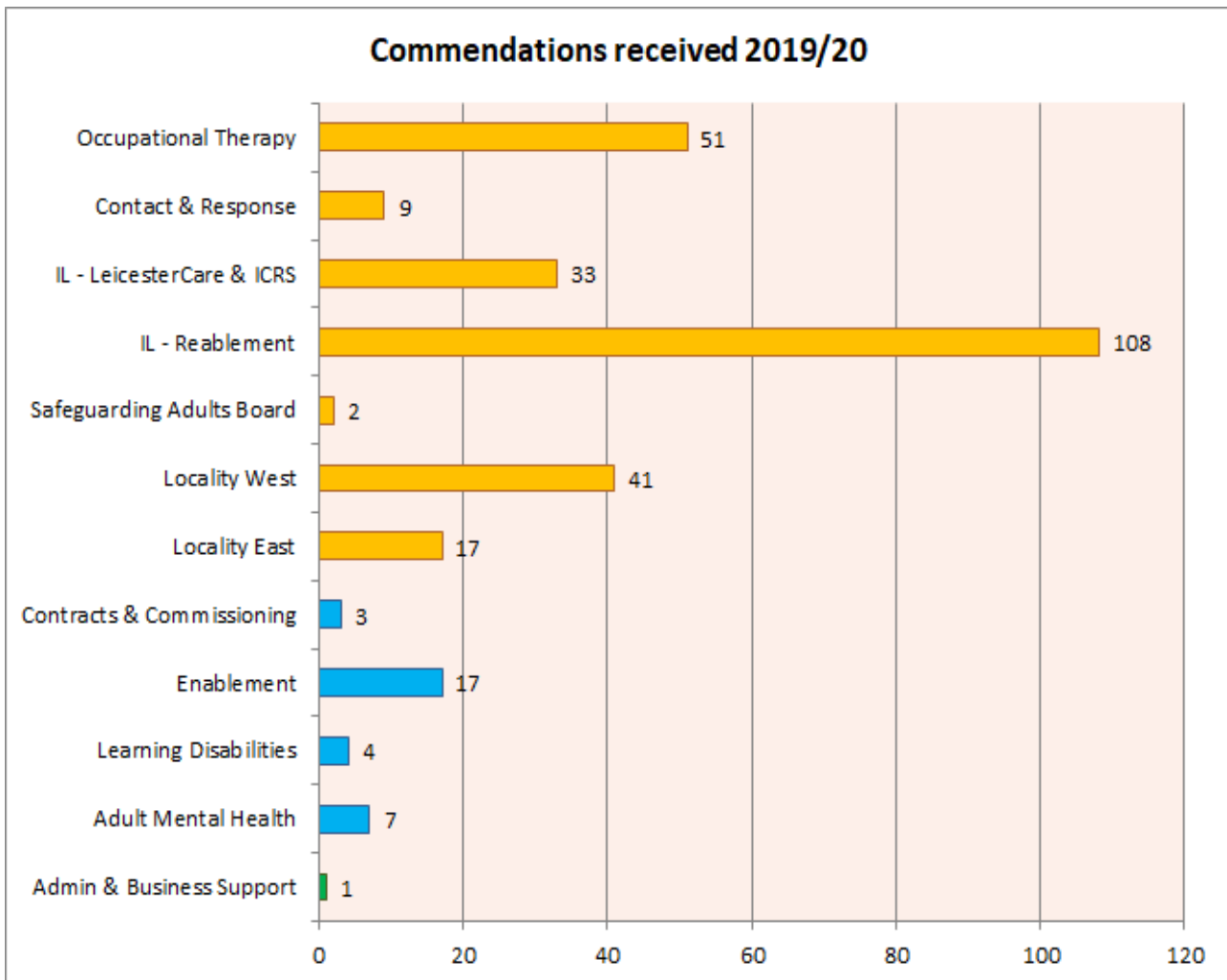
Social Care & Education

Email: [Adultsocialcare-complaints@leicester.gov.uk](mailto:Adultsocialcare-complaints@leicester.gov.uk)

Tel: 0116 454 2470

# APPENDICES

## APPENDIX 1



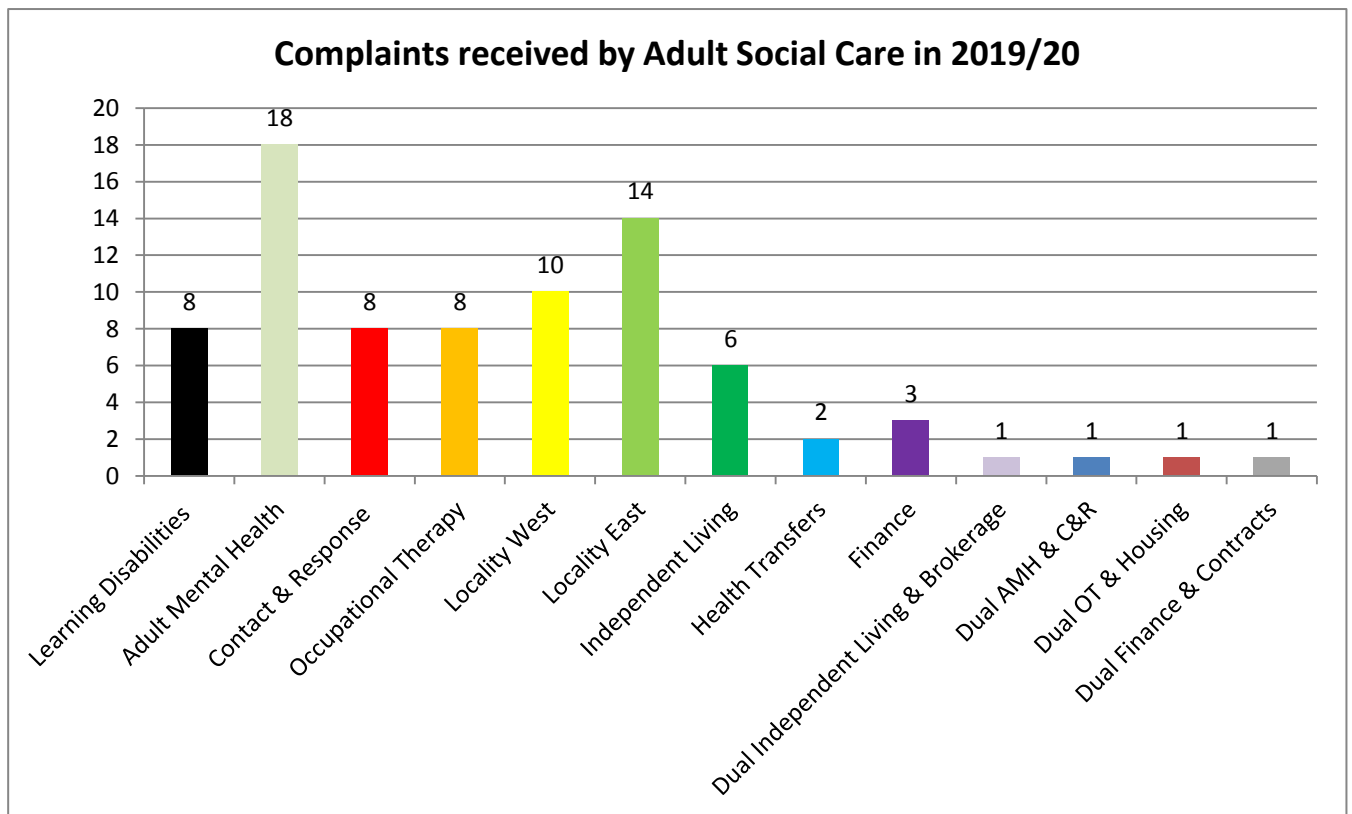
### 1. Commendations by service area

### 2. Breakdown of complaint information received across the Department

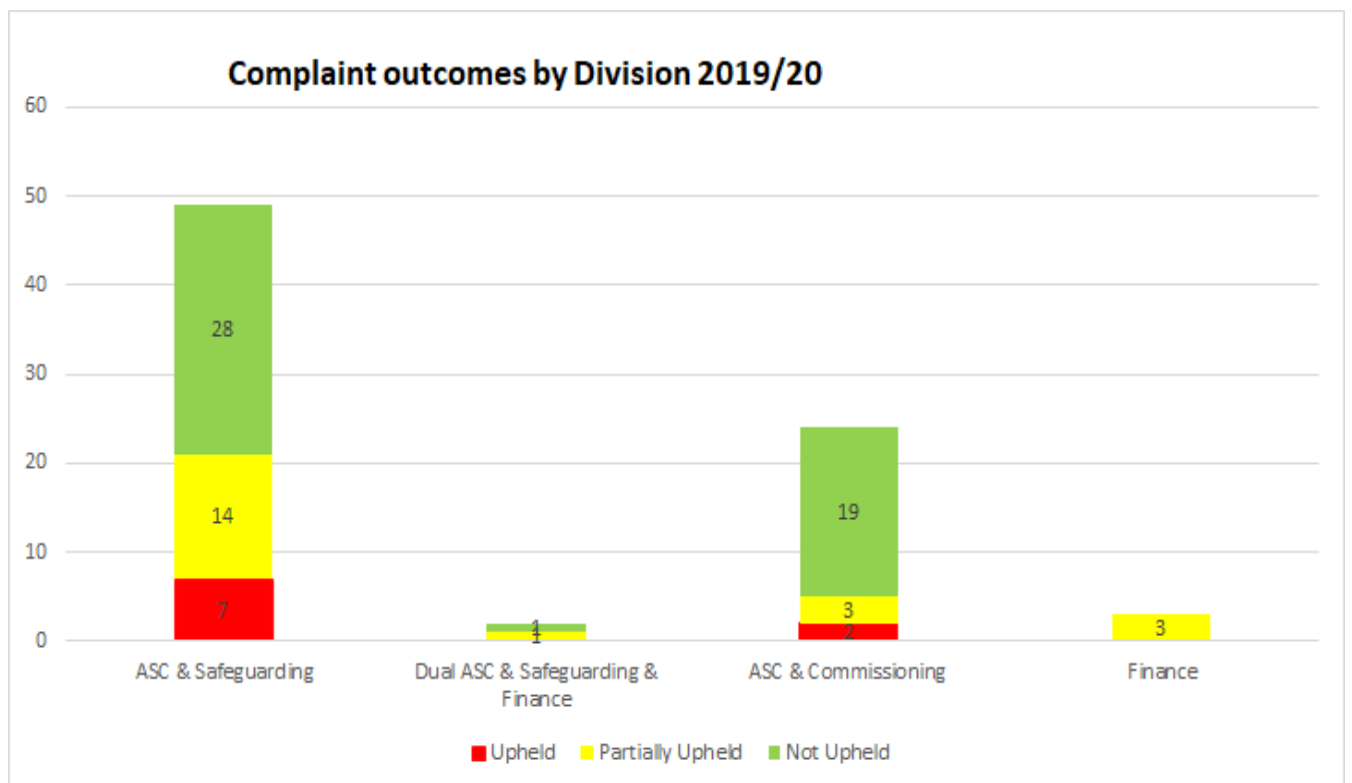
2.1 It is perhaps worth noting that teams receiving a higher number of complaints are not necessarily ones providing a poorer service than others. Higher numbers of complaints may indicate that staff are aware of their responsibilities in terms of recording and formally reporting matters, helping to ensure that the complaint procedure remains open and accessible to all. A clearer picture of the Department's 'health' rests with issues that go on to be upheld and where common patterns of concern may arise.

2.2 It is to be noted that the ratio of complaints received to individuals in receipt of ASC services remains relatively small.

2.3 The distribution of Stage 1 complaints received in 2019/20 across ASC was as follows.



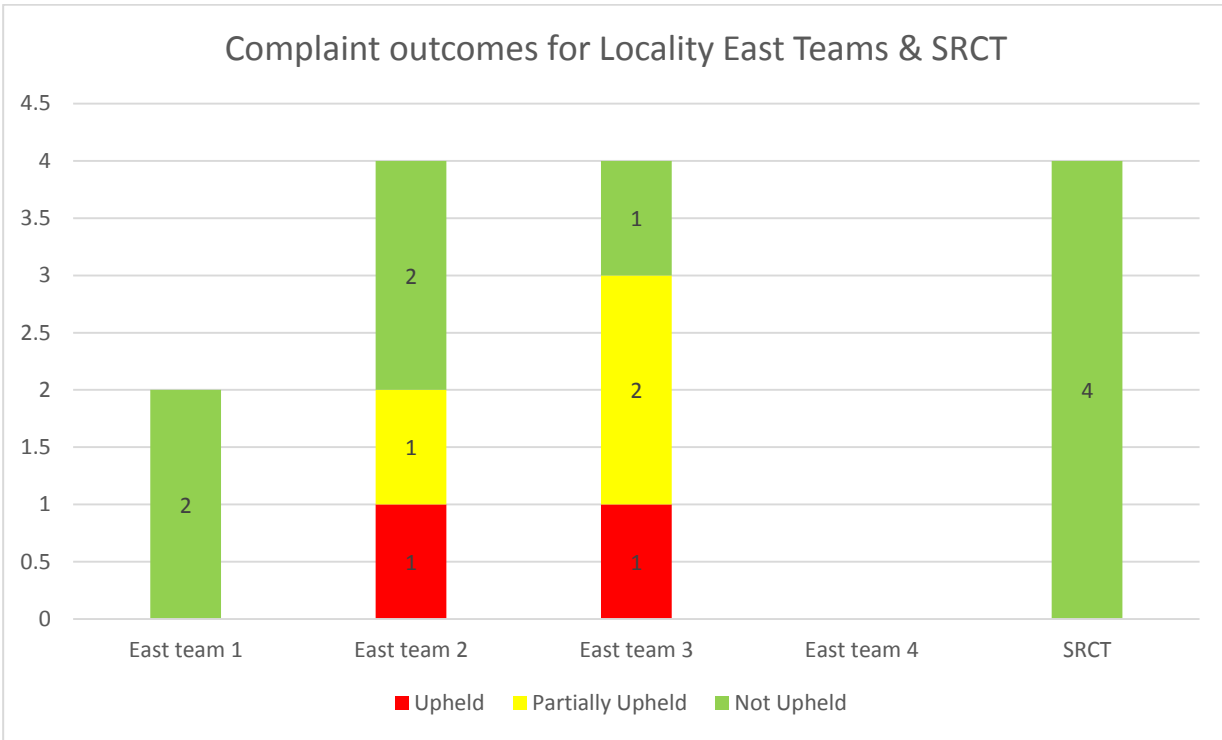
2.4 Complaint outcomes determined by division are as follows<sup>i</sup>:



<sup>i</sup> Graph excludes 3 complaints as these did not record a formal outcome

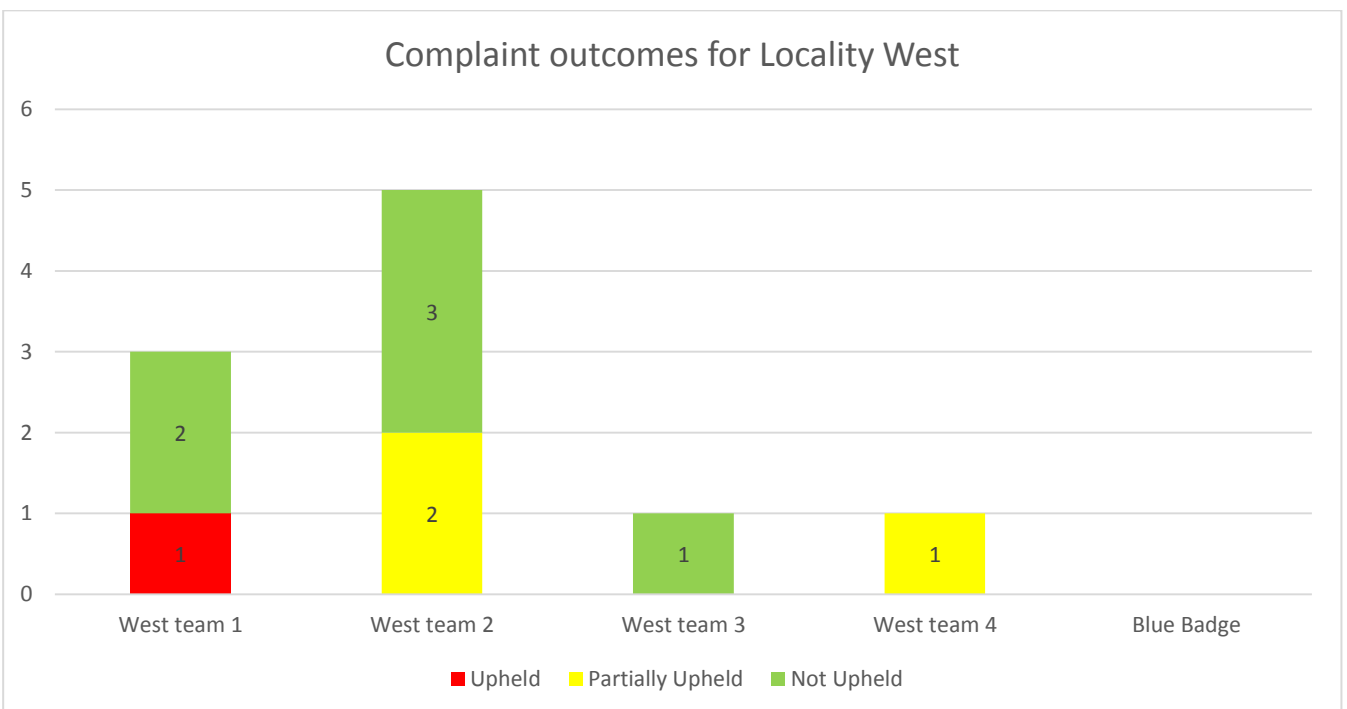
### 3. By service areas in Adult Social Care & Safeguarding

3.1



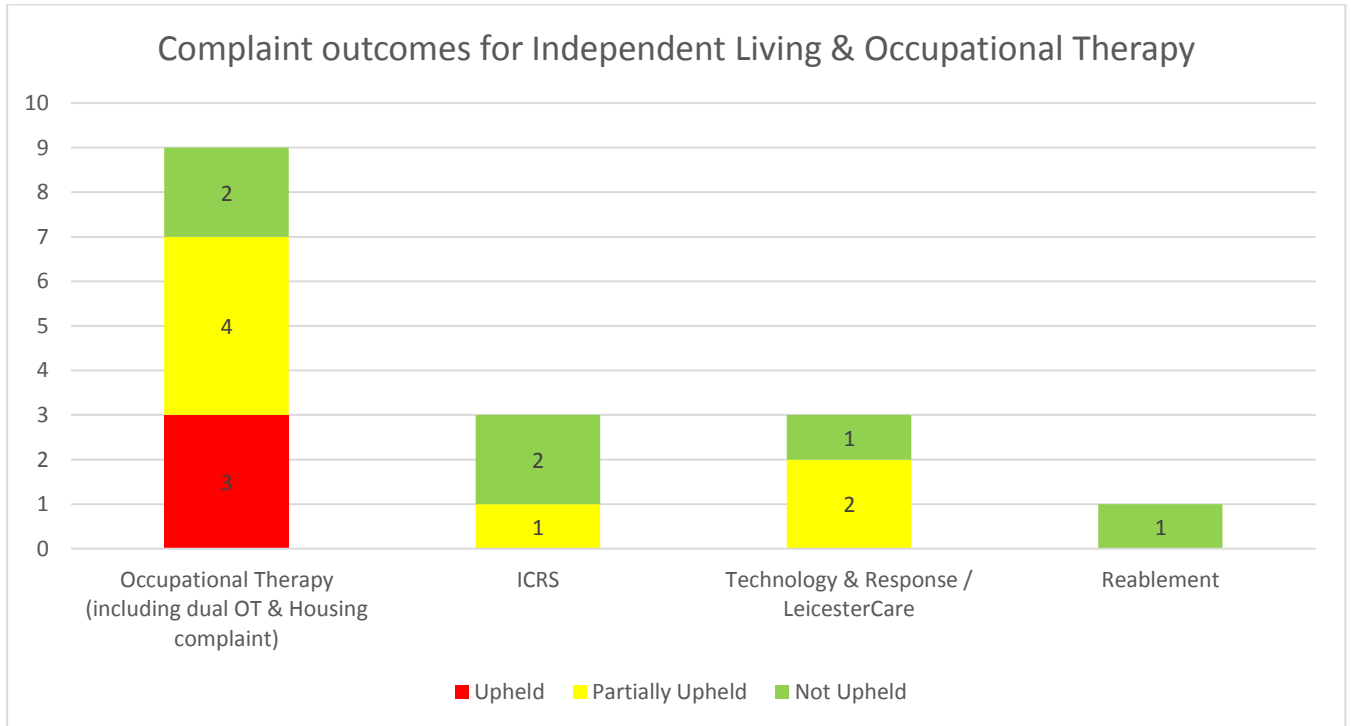
3.2 Locality East Teams and the Supported Residents Care Team received a total of 14 complaints. Twelve complaints were responded to within the initially agreed timescale and no complaints were withdrawn. In total 3 complaints were partially upheld and 2 were upheld.

3.3



3.4 Locality West recorded a total of 10 complaints. All 10 complaints were responded to within the agreed timescale. In total, 3 complaints were partially upheld and 1 was upheld.

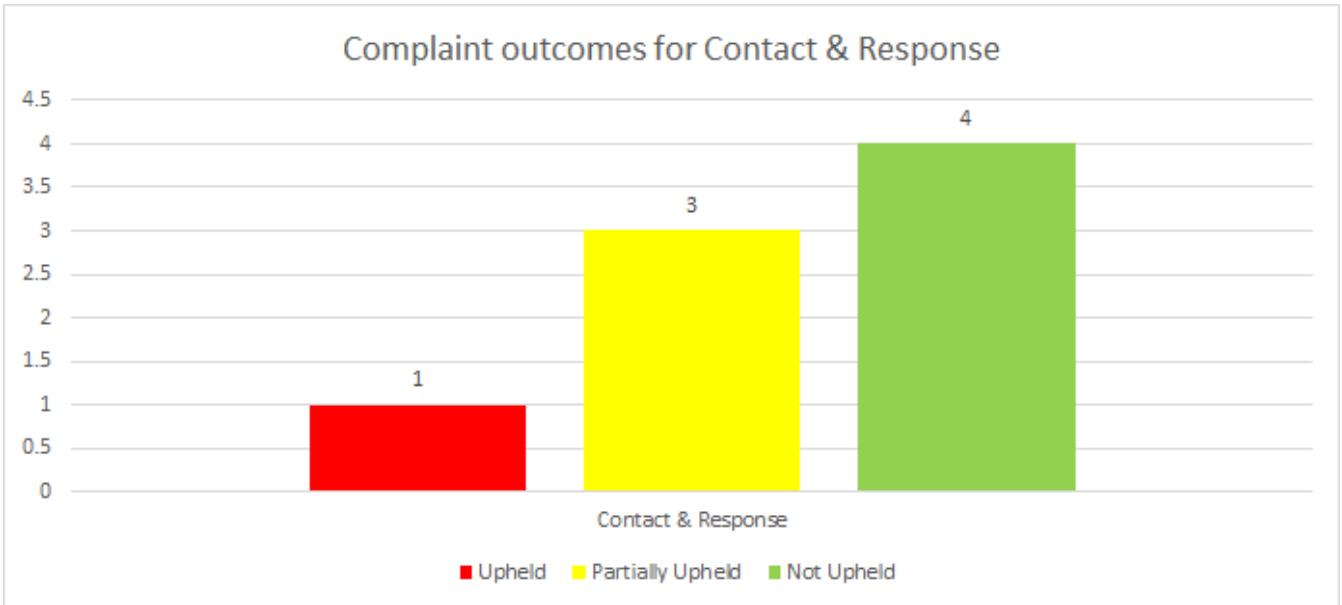
3.5



3.6 Independent Living services (ICRS, Technology & Response/LeicesterCare and Reablement) received a combined total of 7 complaints in relation to their services; one of these complaints was considered with Brokerage input. All 7 complaints were responded to within the agreed timescales. In total, 3 complaints were partially upheld.

Occupational Therapy received 9 complaints, one of which included a joint response with the Housing Division. Two complaints were responded to within the initially agreed timescales, with further time extensions agreed for the others. Of the 9 complaints received, 3 went on to be upheld and four were partially upheld.

3.7



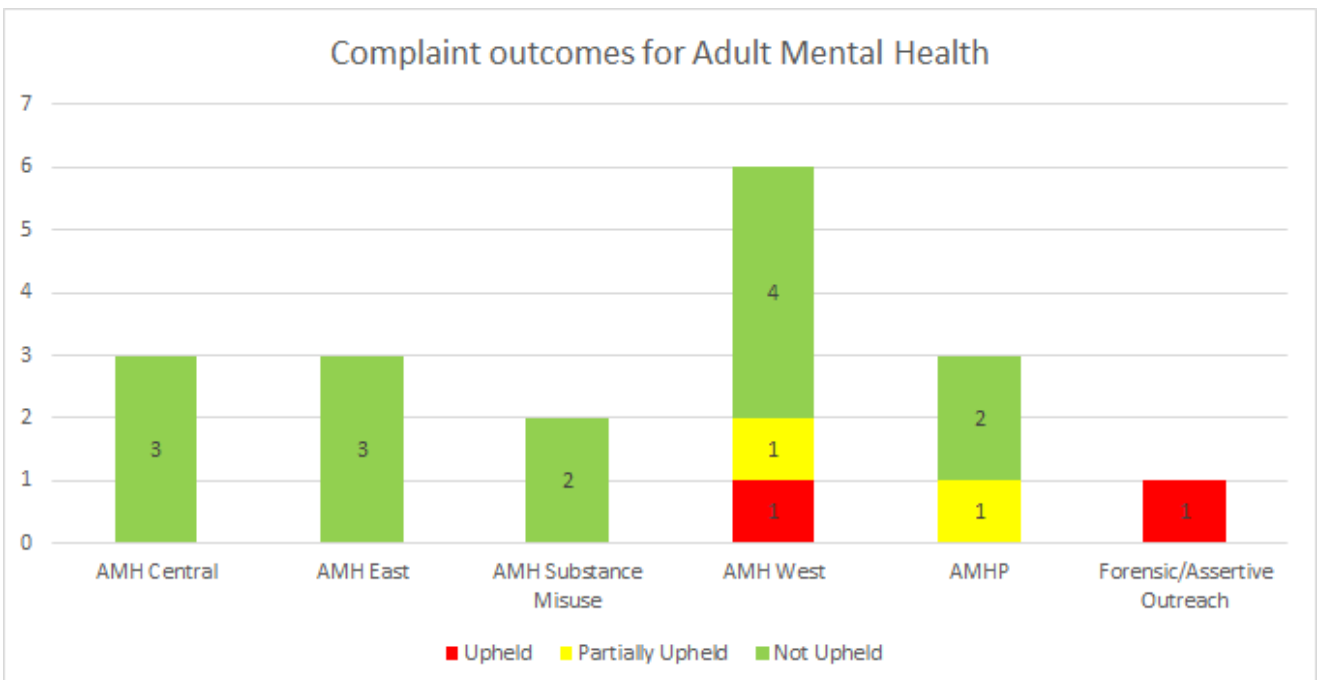
3.8 Contact & Response received a total of 8 complaints: one of which included a joint response with Adult Mental Health. Seven complaints were responded to within the initial timescale set. In total, 1 complaint was upheld and 3 were partially upheld.

3.9 **Health Transfers** received a total of 2 complaints, one of which was responded to within the agreed timescales (the other complaint was received at the beginning of the Covid-19 Lockdown in March 2020 and so a revised timeframe was set accordingly).

In total, 1 complaint went on to be partially upheld.

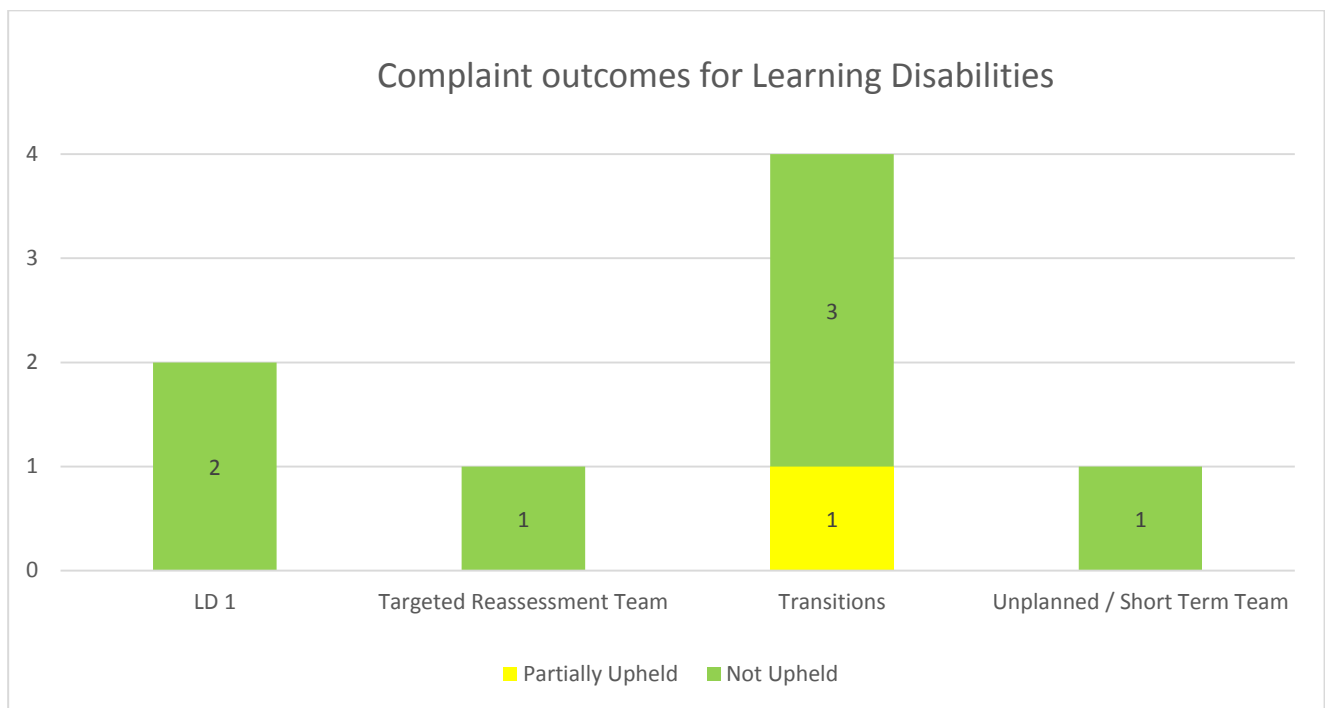
#### 4. By service areas in Adult Social Care and Commissioning

##### 4.1



4.2 Adult Mental Health Services addressed 18 complaints (2 involved joint responses with the Leicestershire Partnership Trust as well as Contact & Response). All 18 complaints were responded to within the agreed timescales. Two complaints were partially upheld and 2 were upheld.

4.3

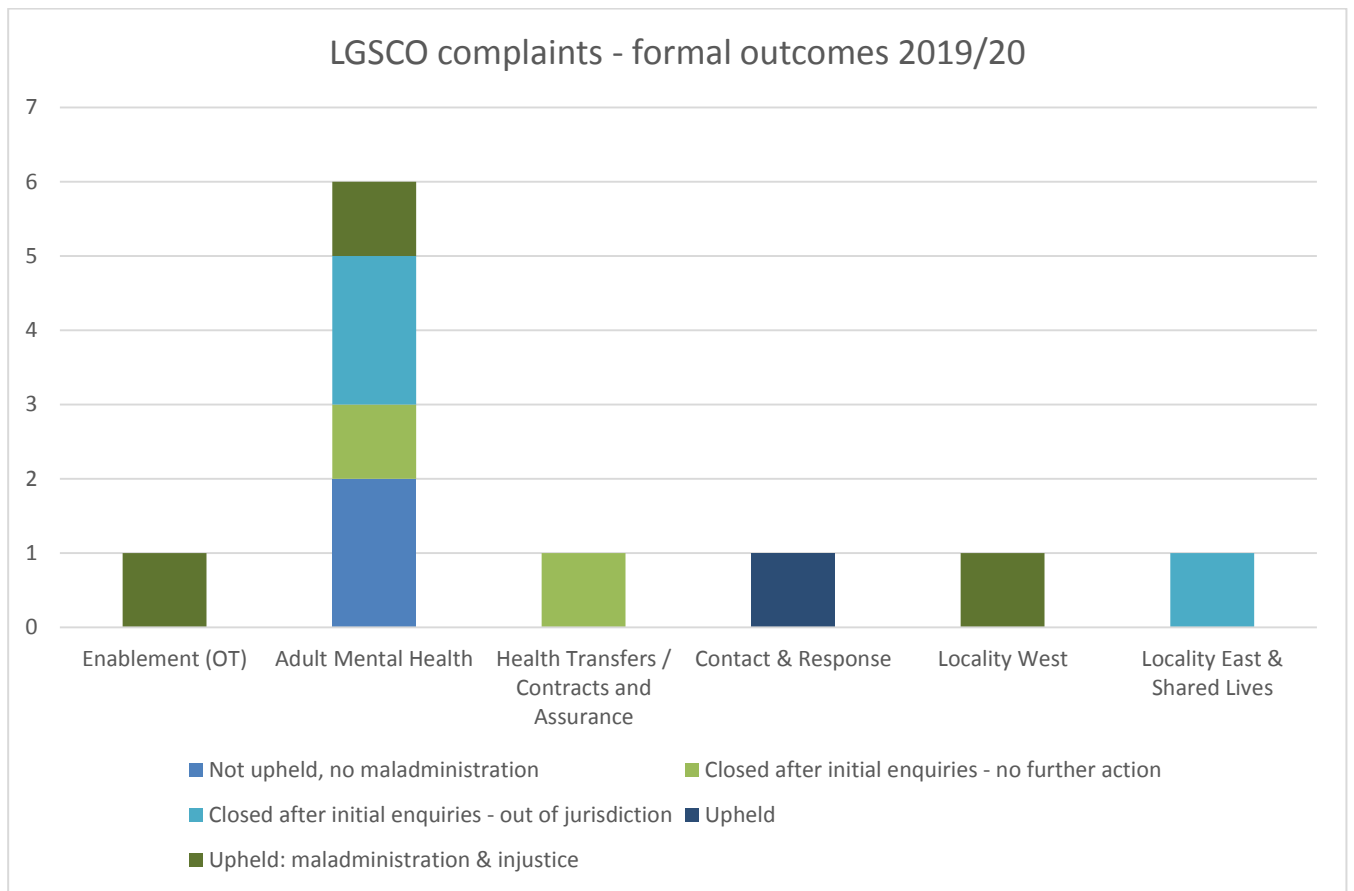


4.4 **Learning Disabilities** received 8 complaints: 7 of which were responded to within the initially agreed timescales. Seven complaints were not upheld: one was partially upheld.

4.5 **Social Care – Finance:** three statutory complaints were progressed in 2019/20 solely in relation to the Finance Team’s actions: all three went on to be partially upheld. A further complaint was jointly responded to by the Finance Team and the Contracts and Assurance Service and was also partially upheld.

4.6 **Corporate complaints** - only one corporate complaint was considered during 2019/20, raised by a care provider. This was not upheld.

5. **LGSCO complaints received by service**

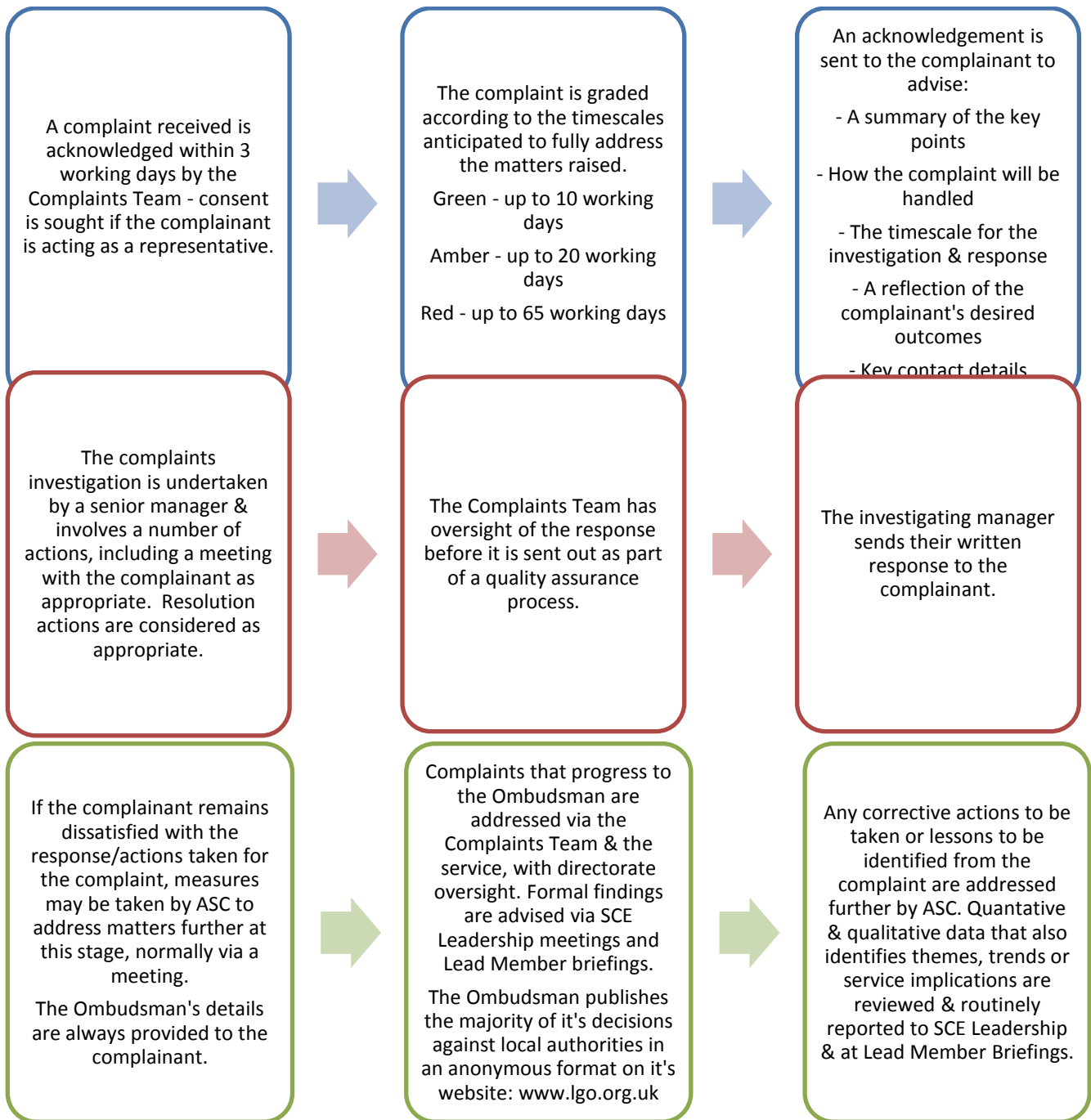




## **APPENDIX 2**

### **1. Adult Social Care (ASC) complaint process in brief (chart)**

*Verbal complaints that are resolved to the complainant's satisfaction within one working day fall outside the complaint procedure.*



## 2. Complaint case study 2019/2020

### ***Background***

A complaint was received from Ms A, in relation to the support considered for her father (Mr S) following his discharge home from hospital. As part of the complaint, the daughter raised matters in relation to aspects of his care, communication and how a recommendation by an ASC Occupational Therapist (OT) for him to receive care on his bed had been made without further consultation with him and without other family members being made aware. The complaint also included issues for the Leicestershire Partnership Trust and the care agency to comment on further.

Ms A went on to comment that decisions reached about her father's care had made him fully reliant on formal support and had impacted on his ability to do things for himself (including accessing drinks during a hot period). Ms A was also concerned that her father had not been able to get out of his home to attend his day centre which had impacted on his mood and had also meant that he'd missed an important GP appointment.

Overall, Ms A felt that more consideration had been given to the welfare of attending carers, rather than her father's needs and that the imposed lack of mobility had caused his health to worsen, hindering his rehabilitation and recovery. Mr S was subsequently readmitted to hospital after a short period at home.

### **Actions taken under the complaint procedure**

#### ***Putting the complainant at the heart of the matter***

Before responding further, consent was sought for Ms A to complain on her father's behalf. A formal acknowledgement letter seeking agreement to the specific complaint points for investigation and the outcomes being sought was provided within 3 working days of receipt of the concerns. This letter explained the complaint process in further detail and highlighted that the complaint would be allocated a 20 working-day response time. It also identified the investigating officers and provided their contact details, should any further matters need to be discussed in the meantime.

With consent, details of the complaint were also shared with the Leicestershire Partnership Trust (LPT) and the care agency for further comment, as aspects of the complaint also concerned their services.

#### ***Investigation processes***

Following direct contact with Ms A to acknowledge the complaint, the Principal OT and Head of Service went on to review the Council's records and to consider the relevant policies and processes that had guided the Council's actions during the period concerned. As part of the investigation, the officers looked at ASC's involvement with Mr S, the assessments that had been undertaken, the evidence that had been gathered and the recommendations that had been made.

The allocated workers' actions and liaison with all family members and other relevant parties was also considered. Staff members with prior involvement in the case were also consulted in relation to their involvement, as appropriate.

#### ***A full written response to the points raised was drafted***

The outcome to the investigation was considered further in relation to the concerns raised by Ms A and a formal written response was drafted on this basis. With its response, ASC reviewed the actions that been taken following its direct contact with Mr S after his hospital discharge.

#### ***Findings***

It was confirmed that the OT visit had taken place to look at his transfers around the home and to assess his abilities further (Mr S was able to make his own decisions regarding such matters).

It was further confirmed that the prospect of all care being provided on the bed was intended as a short-term measure and had been discussed with Mr S directly to ensure his safety and wellbeing. The family member had also been contacted directly to discuss the outcome to Mr S's assessment and the actions that had been identified from this. A later, functional review of all the equipment put in place had concluded that the provision of the equipment was satisfactory and that the care agency had been advised of the need for two members of staff to visit to support Mr S.

With the complaint response, an assurance was offered to Mr S's daughter that his care needs were the primary consideration, that they had been discussed with him directly but that regard also needed to be paid to the carers' moving and handling arrangements, so that all support was delivered safely, for all parties' sakes.

It was also confirmed that, at the time, the OT had also suggested that Mr S contact his GP further, due to concerns about aspects of his abilities and physical deterioration and that these could be related to ongoing health issues.

Further comments were also provided by the care agency to confirm that the management of Mr S's fluid intake had always been considered and sufficient drinks were available and accessible.

As part of its reply, LPT also proposed some changes to their processes, to ensure that contacts were not closed on their system prematurely, when they had not been responded to. An apology was offered for the fact that the family had needed to keep chasing contact up.

#### ***Before the complaint reply is sent***

Prior to sending the complaint reply – and as with all complaints addressed - the Complaints Team reviewed the complaint response and the robustness of the investigation undertaken, ensuring that all complaint points were fully addressed and that the responses and outcomes were clearly explained and stated.

On this occasion, most aspects of the complaint (from ASC's perspective) did not go on to be upheld. However, some actions were identified by the care agency and LPT for further attention.

#### ***Conclusion of stage one of the statutory complaint procedure***

The complainant is always provided with the contact details of the Local Government & Social Care Ombudsman in a response letter. However, the option to contact the ASC Complaints Team to discuss matters further is also provided, to allow for any further conciliatory actions to be considered.

Further to the complaint response, Ms A noted her ongoing disagreement with some of the replies that had been provided although did not wish to enter into an ongoing debate regarding the matters she disagreed with or held a different perspective on.

#### ***Conciliatory actions***

In response to the situation, a meeting was proposed for all key individuals to attend, to allow for further discussions and to gain a better understanding of Mr B and the family's experience. This meeting provided the opportunity for further, open discussion and the chance to gain a further insight into the family's experience. Some further actions were identified as a result of the meeting, with messages shared across ASC and LPT.

#### ***Escalation to the Local Government & Social Care Ombudsman***

On this occasion, the actions taken to respond to the complaint brought matters to a suitable conclusion, without the need to escalate matters to the Ombudsman

## APPENDIX 3

### Performance indicators relating to the management of statutory complaints

INDICATOR	2018/19	2019/20	Target for 2020/21
% Acknowledge Stage 1 complaints (combined) within 72 hours	100%	100%	100%
% Allocate Stage 1 complaints (combined) to investigating officer within 72 hours	100%	100%	100%
<b>Green</b> % Completion of Stage 1 complaints within 10 working days	66%	100%	95%
<b>Amber</b> % Stage 1 complaints completed within initial timescale of 20 working days (25 for joint protocol complaints)	92%	84%	90%
% Stage 1 complaints completed between 21-25 working days	7%	3%	-
% Stage 1 complaints completed between 26-35 working days	1%	7%	-
% Stage 1 complaints completed at 36 working days or over	0%	6%	-
% Completion of Amber Stage 1 complaints within agreed timescale extension	100%	100%	100%
Average complaint response time	16 working days	18 working days	N/A
<b>Red</b> % Acknowledge Stage 1 complaints within 72 hours	100%	100%	100%
% Allocating Stage 1 complaints to investigator within 72 hours	100%	100%	100%

## APPENDIX 4 Outcomes for 2019/20 action plan

Action identified	Outcome
<b>Ensure business continuity and performance in meeting core tasks and targets.</b>	Performance was measured continuously throughout the year with quarterly reports routinely presented to Social Care & Education’s Leadership Team and Lead Member.
<b>Encouraging better communication with complainants.</b>	With each complaint allocated for investigation, the responding manager was encouraged to ensure that they made initial contact and maintained this communication throughout the complaint process.
<b>To encourage direct resolution actions.</b>	Each complaint was considered on its merits and at the point of investigation responding managers were asked to consider any potential actions for resolution – outside of a written response – to address those situations where a difference of view was still held, to try and bring about an agreeable resolution if possible.
<b>To establish and embed a formal process of learning that embraces all feedback that the department receives (including complaints) and that ensures learning is communicated and evidently acted upon, with improvements to be measured.</b>	A number of activities are routinely taking place as part of the cycle of learning from complaints. Repeated complaint themes are being reviewed year on year.
<b>To develop the regular reporting currently undertaken in Just ASC to provide a wider perspective to staff on all issues relating to complaints and commendations and make this more editorial in nature. Information to be included on Interface and further use of First Line Supervisors Forum and Just ASC as reporting channels.</b>	Reporting via the Social Care & Education newsletter has continued.  An introductory PowerPoint presentation has been created for new starters to identify the importance of the complaint procedure and to provide key information about the reasons why complaints can arise.

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**APPENDIX 5      2020/21 Action Plan**

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Action identified	Action required	Anticipated outcome	Timescale
Ensure business continuity and performance in meeting core tasks and targets.	Continuous performance monitoring against timescales to take place: proactive approach employed to ensure responding managers are aware of requirements and timescales and prompted to meet these.	Measurable actions are addressed within specified timescales.	Specific detail of the targets worked to is outlined in the table at Appendix 3.
Encouraging better communication with complainants.	Heads of Service to ensure contact with complainants at the start of the investigation process to discuss concerns being raised directly and to ensure open communication is maintained throughout the process.	That further direct engagement with the complainant encourages a more satisfactory resolution and better outcome for all parties.	Required on a continuous basis – but to be considered further with each quarterly review of complaints.
To encourage direct resolution actions.	When it is apparent that matters remain unresolved/disputed for complainants, Heads of Service to be reminded of options open to attempt further resolution.	Alternate dispute resolution actions in 2019/20 indicated that this action can influence a more positive outcome for complaints and prevent further escalation.	Alternate dispute resolution actions to be considered with quarterly complaint report.
Review how we advise individuals about the complaint procedure.	Evaluate what actions are being taken presently across ASC and what improvements may be required. Also consider whether there are further aspects of communication that need to be improved.	That clear and consistent information is being provided to all individuals that are new to the Department and receiving support.	By 31 <sup>st</sup> March 2021





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# **Adult Social Care Scrutiny Commission Report**

9<sup>th</sup> March 2021

Lead director: Martin Samuels,  
Strategic Director Social Care and Education

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The Supported Living and Extra Care  
Housing Strategy (2021 – 2031)

- Ward(s) affected: All
- Report author: Caroline Ryan / Michelle Larke
- Author contact details: [caroline.ryan@leicester.gov.uk](mailto:caroline.ryan@leicester.gov.uk)
- Report version number: Version 3

## 1. Summary

- 1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with an overview of the Supported Living and Extra Care Housing Strategy (2021-2031).
- 1.2 The strategy highlights the need for up to 396 additional units of accommodation over the next 10 years for a range of vulnerable individuals, this includes people with a learning disability, mental health issues, older people, young people with complex needs transitioning into independent accommodation with support. The strategy is underpinned with a detailed analysis (forecasted demand and accommodation). This is detailed at Appendix B (see Appendices below page 7).
- 1.3 The strategy and appendices are attached at Appendix A and Appendix A1 (see Appendices below page 7). These documents outline the commissioning intentions for developing accommodation (number of units in needed in relation to the different groups) in the City.
- 1.4 A summary presentation is also provided for the commission at Appendix C.

## 2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to:
  - a) Note the Supported Living and Extra Care Housing Strategy as detailed at Appendix A and Appendix A1 (see Appendices below page 7).
  - b) Note the need for 396 additional units of accommodation over the next 10 years to support a range of vulnerable individuals as detailed at Appendix B (see Appendices below page 7).

## 3. Scrutiny / stakeholder engagement

- 3.1 The development of the strategy has involved conversations with colleagues in the Housing Department and the demand identified is reflected in the councils working practices to deliver new affordable housing in the City.
- 3.2 The strategy has been approved by the Deputy City Mayor for Social Care and Anti-Poverty and Assistant City Mayor for Education and Housing.

#### **4. Background and options with supporting evidence**

- 4.1 Officers have been working on the strategy in order to engage with those interested in developing supported accommodation.

#### **5. Detailed report**

- 5.1. The strategy recognises the importance that good housing and support play in a person's health and wellbeing, to their ability to contribute to community life and participate in education and employment.
- 5.2 The strategy is based on a comprehensive demand forecast analysis undertaken during 2019 - 2020. This was based on an in-depth analysis of the adults and young people supported by social care and the demand we anticipate seeing from them in terms of their housing needs.
- 5.3 The strategy provides a vision and high-level programme of work designed to:
- a) To support the Social Care and Education departments strategic priorities, by meeting the needs of vulnerable people with an identified housing need, offering them both security of tenure and greater independence.
  - b) Identify opportunities to make the best use of our current and future property portfolio.
  - c) Connect with a range of strategies and programmes of work including the supply and delivery of affordable housing in the city and the work of the Placement Sufficiency Strategy (for young people).
  - d) Provide key information to our market about what accommodation-based services are needed in the city (and where) over the coming decade.
- 5.4 The strategy also references the housing and support needs of our young people either those looked after, those leaving care or through transitions if they have disabilities
- 5.5. Mechanisms will be put in place to review the demand forecast regularly in line with Leicester City Council's strategic and financial plans. This refreshed information will accompany the individual plans for scheme development seeking Executive approval.

#### **6. Financial, legal, equalities, climate emergency and other implications**

##### **6.1 Financial implications**

A capital policy provision of £6.7m has been set aside for the expansion of the supported living and extra care accommodation in the city, outlined in this report. The extent to which this will be required is uncertain at this stage. For the larger schemes which will be

operated by RSLs the extent of additional funding the council may need to contribute, over and above right to buy receipts, will be determined by the returns which developers can achieve and these are in turn are a function of the capital cost and rental incomes achievable.

For those schemes which are council operated for children looked after, or with SEND, the council will make the capital investment, and this will require the use of the policy provision – potentially £2m - £3m dependent upon the schemes.

Supported living costs less for adult social care for individuals who use services than the alternative residential accommodation for lower levels of support and will therefore mean lower future costs than would otherwise be the case. Schemes providing additional accommodation for disabled children requiring respite, transitional accommodation for those with SEND and flexible semi-independent accommodation for 16-17-year-old looked after children are in demand and should save costs in the long run, but will be evaluated on a case by case basis

Martin Judson, Head of Finance, Ext 37 4101

## 6.2 Legal implications

The development of this policy and the details within it support and underpin the requirements of the Care Act 2014, ensuring that there is scope to support meeting needs with an emphasis of more independent living and reducing reliance on the traditional residential care settings where alternative provision would be more suitable. Increasing the options and offers within the city also moves to increase individuals who use services choice.

In relation to the developments which may result from the plan they will require legal support in terms of procurement and property advice. Legal services (Commercial and Property) should be engaged at early stages on the development of each proposal to ensure any issues are identified and can be dealt with in the initial stages, to prevent delay. Legal advice will be provided in relation to each option taken forward for further decision.

It is noted that there will be a general shift from residential care and current arrangements with private landlords as a consequence. Officers should note that advice should be sought in relation to the reduction/termination of these existing arrangements.

Emma Jackman, Head of Law (Commercial, Property & Planning) Ext 371426

## 6.3 Equalities implications

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

The aim of the proposals is to meet the anticipated future demand for supported living and extra care housing needs for vulnerable adults and to address some of the issues that have been identified with the current provision, both in terms of lack of availability and suitability. This is likely to have positive impacts in terms of the aim of the PSED to advance equality of opportunity, particularly in relation to the protected characteristic/s of age and/ or disability as well as for other vulnerable groups identified in the report.

By providing suitable housing/specialist bespoke builds where peoples' needs are met in a community setting there is also potential to better foster good relations between those who share a protected characteristic and those who do not. Older people, people with mental health conditions, learning disabilities, and other vulnerable groups such as care experienced young people and ex-offenders will be enabled to participate in community life.

The report recommends that individual plans for each proposed development are submitted to the Executive for final approval. Therefore, as work is taken forward it would be prudent to commence an Equality Impact Assessment as part of the development of each more detailed individual proposal in order to effectively assess the impact on protected characteristic groups and take steps to reduce or remove any disproportionate impacts where they are identified. This should include findings from consultation and/or engagement with relevant groups/ individuals as appropriate, in order to fully understand the potential impacts. The Equality Impact Assessments should also be used to maximise positive impacts by making sure that the aims of the PSED are actively considered in the development of proposals and the final decision. Further advice can be sought from the Equalities Team as required.

Surinder Singh, Equalities Officer ext. 37 4148

#### 6.4 Climate Emergency implication

Housing is responsible for 33% of carbon emissions in Leicester. Following the city council's declaration of a Climate Emergency in 2019, and it's aim to achieve carbon neutrality, addressing housing emissions is a vital part of the council's work. This is particularly important through the council's own projects where it has the greatest level of control.

Where new accommodation is developed or purchased opportunities should be taken to make the properties as energy efficient and low carbon as possible. Measures could include improved insulation, low carbon heating, low energy lighting and renewable energy sources. Not only would this minimise carbon emissions from the properties, it would also significantly reduce energy costs and could increase comfort levels for residents.

Aidan Davis, Sustainability Officer, Ext 37 2284

#### 6.5 Housing Development implications

The Housing Division looks forward to continuing its work with SCE colleagues in the delivery of new Supported Housing/Extra Care Affordable Housing which meets identified

needs. In May 2014 the Executive agreed that the Assistant Mayor (Housing) should agree any schemes for RTBR grant funding, and that ward councillors should be consulted on any proposed schemes.

In March 2017 the Assistant Mayor (Housing) approved a list of eligibility requirements for applications to commit Leicester's RTBR funds.

**Janet Callan**, Housing Development Manager, Ext 37 1752

### 6.6 Planning implications

It will be important to align the findings of the new Local Housing Needs Assessment and this report to include policies in the emerging Local Plan. It will be important to work together for the allocation of sites in the upcoming Local Plan for meeting the housing need of different communities within the City.

**Ripple Gupta**, Senior Planner, Ext 37 1746

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

N/A

## **7. Background information and other papers: N/A**

## **8. Summary of appendices:**

Appendix A – Supported Living & Extra Care Housing Strategy 2021-2031

Appendix A1 - Supported Living & Extra Care Housing Strategy 2021-2031 Appendices

Appendix B – Forecasted Demand and Accommodation

Appendix C - Presentation – Summary of the Strategy



# Supported Living and Extra Care Housing Strategy 2021-2031



Appendix A





## Foreword

In Leicester we understand that good housing and support are central to a person's health and wellbeing, to their ability to contribute in community life, and participate in education and employment. For some supported living will be the final step on the housing ladder, providing the support, safety and security of a home for life as they grow older. For others, it will provide an important stepping stone to greater independence, providing support at the right time, for example following a period of mental ill health or as part of a planned pathway to more mainstream independent living.

This strategy recognises the important role our supported living and extra care services play in the wellbeing of the people we support. It also acknowledges that we must target our resources carefully to ensure they have the greatest impact for the people of our city. This document is about prioritising those resources where they are most needed, informing a set of commissioning intentions that will ensure we can meet the demands being placed on us; but we cannot deliver all this on our own.

Leicester has a strong track record of working in partnership to achieve excellent supported living and extra care developments and we are keen to see that continue. Substantial investment will be needed as well as the cooperation of key partners, including our housing associations, our providers of care and support and our health colleagues. Therefore, we are open to ideas about how best to develop the right services for Leicester and invite the involvement of organisations that can help us achieve the ambitions set out in this strategy.



**Cllr Sarah Russell Deputy City Mayor – Social Care and Anti-Poverty**





## Introduction

This strategy outlines the plan for developing supported living and extra care services for Leicester city. The strategy covers the next ten years and addresses the care and support needs of vulnerable people in Leicester, in receipt of social care who also have an identified housing need. This strategy also references the housing and support needs of our young people either those looked after, those leaving care or through transition if they have disabilities.

Our ambition is to address these needs in a way that is flexible, creative, and reflects best practice. Given the increasing cost pressures facing social care and the challenges presented by COVID-19, we have a focus on developing new models of accommodation and support to achieve services that are high quality, sustainable and affordable for the long term.

Our first priority is to ensure people can access support at home. Where this is no longer a possibility, we need to ensure we can offer alternative options that can meet changing needs and offer real choice.

In relation to meeting needs, the vision is for person centred outcomes, focused care and support services that encourage self-management, prevent crisis and promote independence.

A key part of achieving our aims is to work with our housing, and care and support market both now and in the future so we will ensure that there are opportunities to continue the conversation about how we best meet the range of priorities identified in this strategy. This recognises that our delivery plans and timescales will need to adapt in light of the COVID-19 pandemic.



## The Strategic and Legal Context

Following a period of uncertainty, on 9 August 2018 the government announced that housing benefit will continue to meet residents' rent payments in all supported housing. This announcement recognised the vital service supported housing provides to the most vulnerable and those often in crisis.

The government have indicated that it intends to work with partners to develop a robust oversight regime for the sector.

In addition, there will be further review of housing related support which will provide a picture of how housing and support currently fit together. Throughout the lifetime of this strategy, we will continue to review and respond to any guidance around the proposed oversight regime and any review of housing related support arrangements.

In terms of the legal context; supporting people to live as independently as possible, for as long as possible, is a guiding principle of the Care Act 2014. The 'suitability of living accommodation' is also one of the nine areas of wellbeing that local authorities must pay attention to when looking at the needs of an individual.

As defined by the guidance, wellbeing in this context is not just about crisis management; it must also include a focus on preventing and delaying care and support needs. Good quality accommodation-based services can achieve these aims; promoting wellbeing and independence and reducing dependency.

This can help us meet the challenges of the future, supporting people to retain or regain skills and confidence and preventing needs or delaying their deterioration wherever possible.



## Our Vision and Values

This strategy provides a vision and high-level programme of work which is designed to:

- support Leicester City Council's social care and education department's strategic priorities;
- meet the needs of vulnerable people with an identified housing need, offering security of tenure and greater independence; and
- identify opportunities to make best use of our current and future property portfolio.

### **Developing the right services for the people of Leicester:**

- Offer greater independence and reduce the use of residential care
- Meet the demand for accommodation
- Offer security of tenure
- Replace poor quality accommodation currently available to social care

Underpinned by a comprehensive demand forecast



## Guiding Principles

- People who are tenants of supported living have social care needs at a level that will benefit from supported living services.
- Accommodation should be of sufficient build and design quality, configured to operate on a flexible basis. This extends to the affordability of rents and other charges that should not impede on anyone's opportunity to achieve greater independence.
- Supported living and extra care schemes should be connected to their community, providing opportunities for social integration and community activity.
- The way we commission care and support services ensures that the support delivered is at a level of capability to meet all needs. This includes those with even the most complex needs.
- Personalisation is at the core of the new supported living service offer. This recognises that no two people are the same so services will need to take a holistic and person-centred approach.
- Supported living services will be delivered using a strength-based approach. Coproduction, making best use of available assets and encouraging self-help will underpin the new offer.



## Aims and Objectives

The **purpose** of this strategy is to provide key information to our market about what accommodation-based services are needed in Leicester over the coming decade.

### **The key aims of this strategy are to provide:**

- an indication of the current models of housing and support services available for vulnerable people in Leicester. In terms of the care and support services, as a result of the delays caused by the COVID-19 pandemic, a new model will be launched later than planned in 2021.
- an assessment of the needs of vulnerable people in Leicester. This will be reviewed throughout the lifetime of this strategy to accurately predict demand up to 2031. Information which will help inform the market in Leicester in terms of future requirements, which includes moving away from the more traditional forms of support, such as residential care.
- an indication of where the gaps in our accommodation-based provision are and how we intend to address them.
- a review of the current available accommodation in relation to quality and cost effectiveness. This includes a commitment to support the review of the current offer for our young people aged 16-24.
- key information which will inform Leicester's Market Position Statement.
- a summary of the national and local policy context. This will enable us to take a more coherent approach to determining needs across housing, health and social care.

**The following timeline details the process for realising key elements of the housing strategy.**

**Stage 1:**

**Apr 2018 to Dec 2019**

Demand analysis completed and the methodology agreed.

Known provision mapped and gaps identified.

Review of care and support services and launch of ITT to commission a new pathway model. Strategy drafted.



**Stage 2:**

**Jan 2020 to March 2021**

Draft strategy shared with key leads for input. Strategy finalised based on this engagement.

Approval sought for strategy.

Timeline for refreshing demand forecast agreed.

Strategy is launched.



**Stage 3:**

**March 2021 and beyond**

Individual projects/developments scoped. Approval sought for individual projects/developments Strategy is a live document that is updated throughout the ten years.

New care and support services are mobilised.

Although there is no statutory definition of supported living it describes accommodation with support. The housing options can take many forms and the people that are supported can also vary in terms of their circumstances and need. In Leicester this includes:

- People with learning disabilities and/or autism
- People with mental health needs
- People with physical and/or sensory disabilities
- People who are older (over 65 years).

We also recognise the needs of other cohorts, including young people transitioning into adult social care and our transforming care cases. Work has also been done to review how this strategy can support looked after children aged 16-18, and care leavers 18+ so a recommendation is made within this strategy to provide additional accommodation, where appropriate, that would complement the range of provision already on offer.

There is also a programme of work which is identifying individuals, currently in residential care, to move into supported living accommodation, where appropriate.

### **Leicester has a range of supported living options, including:**

- Self-contained properties in schemes with onsite support and a communal hub. Two of our extra care schemes can also offer onsite domiciliary support.
- Self-contained properties with floating support. These properties can be stand alone, in a cluster arrangement or near a scheme with onsite support.
- Shared houses with floating or onsite support and in some cases, onsite care. Individuals share communal areas but have their own bedroom.

### Supported Living and Extra Care in Leicester

- ➡ **There are 112 supported living properties in Leicester**
- ➡ **Schemes are located throughout the city**
- ➡ **Schemes have different models of support available**
- ➡ **Some schemes are designed to meet specific needs**
- ➡ **An independent home can also be accessed through Leicester**

### Homechoice

## Key aspects of our current provision and preferred housing models

- A total of 559<sup>1</sup> people accessed a supported living service during 2018/19. Of these people 26% were in receipt of a direct payment.
- The majority (89%) of the people we support are of working age. The average age is 43. A significant number (90%) have a learning or mental health related disability.
- Following an in-depth review, a new set of arrangements have been commissioned. The new supported living care and support services will replace current contracts when they expire.
- The new model will support the development of care and support pathways for vulnerable working age (18-64) and older people (65+). This will ensure that there is a unified pathway through services as the needs of people change over time.
- The new arrangements also include a specialist service offer which defines the standard of care and support services for individuals with needs that are over and beyond current services. These individuals will be mainly connected with the transforming care programme.
- In terms of the current portfolio of accommodation, just under a third of the properties we have access to is shared housing. These shared services are often not as cost effective, for example we tend to carry vacancies when people move on. A key objective of the delivery plan which underpins this strategy is about assessing the quality and cost effectiveness of our accommodation.
- Our preferred model is for self-contained units in a core and cluster configuration. Access to an office/communal resource space (to house security and assistive technology measures and to provide a shared communal area) is also considered helpful.
- Although our preference is for self-contained units, there are exceptions; shared housing could provide a better housing model for our transition cohort because it will look more like a family home. Options will be explored and a property either owned by the council or one identified from the open market will be sought.
- Although our efforts over the last five years have seen us achieve a 47% increase in the supply of supported living opportunities in the city, from 334 to

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<sup>1</sup> This figure excludes people living in our three extra care schemes accessing domiciliary support services.



632 units of accommodation, improvements need to be made to the way we source new supply. Appendix A details the existing provision available to social care.

### Key headlines from our demand analysis

- The number of working age adults with learning disabilities, mental health issues and physical and sensory disabilities is estimated to increase. We also have an ageing population in the city and one that is unhealthy. With this comes an increase in the number of people with eligible need.
- Leicester is a diverse city. Individual equality impact assessments will be completed for each individual development progressed to ensure equalities implications are considered early in the design and development phase for any new builds brought forward.
- The government review of the funding mechanism for supported housing has impacted on the supply of appropriate properties. Therefore, alongside the proposed developments and those currently in our pipeline development supply, we also need to make best use of our existing provision.
- We are committed to delivering 1,500 new council, social and extra care/supported living homes by 2023. The Leicester & Leicestershire Housing and Economic Needs Assessment (HEDNA) 2017 concluded that the city needs a further 786 new units of affordable housing each year. A proportion of the new supply required of extra care and supported living homes should be delivered within the next four years and this will contribute to this target.
- Nationally, the number of looked after children is rising. In 2017/18 there was a 4% national increase, and in the same period Leicester experienced a 5.8% increase. Changes in legislation mean we are now supporting these young people as care leavers to the age of 25, leading to an increased demand for suitable accommodation.

### Links to other strategies and programmes of work

This strategy connects with various programmes of work currently being delivered in Leicester and more widely across Leicestershire and Rutland. Key strategies which inform this one are:

- **Dementia** and **Carers** strategy for Leicester, Leicestershire and Rutland (LLR)
- Transforming Care Accommodation delivery plans (LLR)
- **Joint Health, Social Care and Education Transitions strategy 2019-2022**

- Joint Health and Social Care Learning Disability and Mental Health commissioning strategies.
- **Adult Social Care Strategic Priorities**

This strategy also recognises the link to services for those under 18 years of age and those aged over 18, and the importance of appropriate transition of services and support. It represents an opportunity to support the work being done to provide accommodation and support for our young people aged 16-24.

Leicester City Council's children's services have a responsibility to secure sufficient and appropriate accommodation for looked after children (children who cannot live at home) up to the age of 18 (Children's Act 1989). Once a looked after child reaches the age of 18, they are known as a care leaver. **The Leicester Placement Sufficiency Strategy (2020-2023)** sets out the council's approach to meeting its responsibilities to provide safe, secure and appropriate accommodation for children in care and care leavers over the next three years. Commissioners will continue to work together to explore any opportunities for supporting the work of the Placement Sufficiency strategy.

#### Links to affordable housing need in Leicester

Supported living and extra care are a specialist form of affordable housing. The HEDNA 2017<sup>2</sup> for Leicester and Leicestershire provides an integrated assessment of future housing needs and the scale of future economic growth, both for the housing market area and for the local authorities within it. The relevant chapter of the HEDNA relating to this strategy is the section on affordable housing which provides an estimated calculation of net need per annum of 786 new units between 2011-31. The recommendations made within this strategy would contribute to some of this shortfall. As such this strategy connects with the council's local policy and other strategies relating to the supply and delivery of affordable housing in Leicester.

#### Need: anticipating and meeting demand over the next ten years

Underpinning the recommendations made in this strategy is a robust demand forecast. This helps us understand and plan for meeting the need for accommodation-based support over the next ten years. The forecast has taken the social care 'as is' position at the end of the 2017/18 financial year projecting the level of need for accommodation-based support over the next seven years.

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<sup>2</sup> A new local housing needs study has been commissioned by the local planning authority which will supersede the existing HEDNA.

**In terms of ‘demand’ it focused on:**

- Social care’s current trends in providing support.
- What has been determined as ‘missing’ from the current provision.
- Programmes of work looking to change the way that accommodation-based support is provided in the city.
- Feedback about current provision in terms of what works and what could be improved.
- Detailed analysis of the needs of the different groups; sense checked against population projections for the city.

Whilst each of these elements are evidence based, they cannot be considered an absolute accurate assessment of future need. Therefore, to ensure that this forecast remains valid throughout the lifespan of this strategy it will require regular review.

*Working in collaboration to maximise resources and opportunities*

There is an opportunity to work in collaboration to use existing council land and existing buildings to meet the recommendations for developing bespoke accommodation. Land/opportunities to address affordable housing and other needs within the city are limited. The new Local Plan seeks to address this, however, timescales for adoption, are not until late 2021<sup>3</sup>. This presents a key action to work in partnership, in a timely way, with the local planning authority to identify and bring forward opportunities where they exist.

This will include utilising the full range of options available to the council including investment, affordable housing obligations, use of right to buy receipt monies (contribution of up to 30% of the total scheme capital cost), and existing policy provision monies. We will also consider supporting partners to access funding for specialist builds or open market purchases through other organisations such as Homes England and NHSE where this contributes to an unmet need in the city.

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<sup>3</sup> This timescale may need to be revisited in light of COVID-19



## Forecasted demand and the type of accommodation that would meet it

The following information details the vulnerable client groups, the number of units of accommodation and the rationale/evidence, which determines the number of units needed and the type of accommodation that would best suit these groups. Appendix B provides more information about the characteristics of those in need, and the evidence base which underpins the forecasted demand for the next seven years.

	Net	Rationale	Accommodation type that would best meet need
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### Adult provision

Mental health inpatient discharges from the Bradgate Unit	27	Based on current rates of discharge as per Health's advice	Step down supported living (27 units).
Transforming Care and Ministry of Justice	8	Based on inpatient client list for Leicester where individuals have been identified by NHSE as needing supported living	Specialist supported living scheme (4-6 units).
<b>Total</b>	<b>35</b>		

### New provision for statutory cases

Diversion from residential to supported living/extra care (people of working age and older people)	80	Placements into residential care that could be avoided through new provision	Extra care/supported living
People on the waiting list for supported living (older people, those of working age with LD, AMH, PD)	18	Includes a potential cohort of people with dementia that could benefit from alternative provision	Extra care/supported living
<b>Total</b>	<b>98</b>		

	Net	Rationale	Accommodation type that would best meet
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## New provision to delay entry into statutory care

People on the housing register awaiting sheltered accommodation (over 60 years of age)	15	Based on eligibility	Extra care
Council tenants in existing sheltered housing who are known to social care	57	Based on current population of sheltered (14 council run) who are known to social care	Extra care
<b>Total</b>	<b>72</b>		

## Respite provision

Respite unit for people with complex disabilities	8	Based on data from transitions, those accessing respite through care	Specialist scheme 8 units
<b>Total</b>	<b>8</b>		

## Replacement of sub-standard existing provision for statutory care and sheltered housing

Shared housing for people with learning difficulties and two council ex-sheltered supported living schemes	160	Number of units available in the shared houses (117) plus the 43 units in the two ex-sheltered schemes	Extra care/step down scheme
<b>Total</b>	<b>160</b>		
<b>Total Adults</b>	<b>373</b>		

	Net	Rationale	Accommodation type that would best meet need
<b>Young people provision</b>			
Young people (SEND) eligible for adult social care support	8	Based on current intake rates	Specialist supported living scheme (4 units) and shared house (4 bed)
Looked after children 16-17 years	4	TBC - alternative provision for those stepping down from residential	TBC – work will be done in partnership with children's colleagues to identify move on options
Care leavers 18-25 years (not requiring adult social care)	11	Pilot alternative provision through extra care when built	Extra care
<b>Total</b>	<b>23</b>		
<b>Total Adults and Young People</b>	<b>396</b>		

## Proposed development priorities and anticipated delivery of existing pipeline supply

The following table details the proposed phasing of the work required to deliver up to 396<sup>4</sup> units across the ten-year period. The strategy recommends four new bespoke developments are progressed. There are also four existing pipeline schemes which will help meet the anticipated demand.

Up to 2022

2022 to 2026

2026 to 2030

### Phase 1

Develop up to 196 units of accommodation, including:

- ★ Extra care at Hamelin Road (82)
- ★ Extra care at Tilling Road (73)
- ✿ Units for SEND (8)
- ◆ Progress site option for step down scheme (27)
- ◆ Pipeline scheme planned at Blackbird Road (6)

### Phase 2

Develop a further 66 units of accommodation, including:

- ◆ Extra care at identified site (50)
- Consider site/open market purchase options for:
- ✿ Respite (8)
  - ✿ Transforming Care and Ministry of Justice individuals (8)

### Phase 3

Develop further units of accommodation, including:

- ◆ Potential for Ashton Green to yield an extra care (70)
- I Work with the market to meet any shortfall

#### Key

- ★ Development planned with completion dates indicated.
- ◆ Development planned but with no firm completion dates (though timescales for delivery have been indicated)<sup>5</sup>.
- ✿ Sites and locations (>0.5 hectares) required to progress development/purchase. These will seek the necessary approval.

<sup>4</sup> The figure of 396 is in addition to the demand for the two extra cares being progressed at Hamelin and Tilling Roads. The total demand therefore is for 551 units across the seven years. <sup>5</sup> Note these are subject to change.



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## What Are We Doing:

### our future commissioning intentions and working with our market

- This strategy is based on the premise that as a local authority we may not be able to build all the accommodation that will be required over the next ten years. Therefore, we welcome the opportunity to work in partnership with organisations that can support this aspect of our work.
- This strategy is about communicating current supply, anticipated demand and our future requirements. To help facilitate this we will ensure there are regular opportunities to continue those conversations with commissioners.
- The recommendations made in this strategy constitute gaps in our current provision, where for some of our more challenging and/or complex groups, we are currently faced with a lack of suitable accommodation. Responding to this, recommendations include the development of four specialist units, including respite accommodation.
- The detailed assessment of demand found that 563 units of accommodation were required over the forecasted period, noting that the 155 units at Hamelin and Tilling Road are confirmed. This leaves a shortfall of 396 units which the strategy seeks to address.
- The proposal is that the type of accommodation and sites to be developed are done in three phases, over the next 10 years. The timeline is based on the actions required to move from proposal to delivery.
- If all the proposed schemes are approved for development or are achieved for social care, this will deliver in the region of 177<sup>5</sup>units over the 10-year period.
- However, this will leave a shortfall of approximately 219 units, and it is proposed to approach the open market, especially the local registered providers to determine if they can support the delivery of the additional homes. Of particular interest will be areas less well served by supported living and extra care provision. Appendix A details the location of the existing supply in the city.
- It is anticipated that the majority of these units will be developed in partnership with other organisations with the use of Right to Buy receipts.

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<sup>5</sup> This figure does not include the 155 units that will be delivered as part of the Hamelin and Tilling extra cares.



- We will work in partnership with providers to meet the expectations of the new care and support service arrangements. Ambitious key performance indicators will drive performance, reflecting a vision for high performing, highly personalised, value driven services that support the concepts of enablement, living well and recovery.
- There are several influences on all this that require this strategy to be fluid. Our move towards integration and the move to reduce our reliance on, and develop alternatives to, residential care are two good examples of this.
- At the centre of this is a commitment to work in partnership. We also recognise the need to develop a model of co-production. This will ensure we work together – with those using our services, their carers and families and those supporting them – to ensure the services we commission meet aspirations.
- We will continue to review services to build an accurate picture of where additional provision is required, where it is in excess and to identify the type of accommodation that is needed in the right location. A key part of the work required is looking at what provision we need for our older populations and whether the planned and pipeline developments meet this demand.
- The delivery plan sets out how we intend to achieve our vision for supported living between now and 2031. The table below represents a summary of a more detailed delivery plan; its purpose is to inform those we support, our providers and other partners of the priorities for development so that we can work together to achieve our strategic aims. All the actions we want to achieve are underpinned by key performance targets that are specific and measurable to allow us to evidence and evaluate our success against our stated ambitions.



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## Delivery Plan for Supported Living and Extra Care services 2021 - 2031

What we need to do and how we will do it

### **We need to have better mechanisms in place to monitor demand and performance so we will:**

- Continue to work closely with key teams to ensure that the needs of the people they support are captured and reflected in the demand analysis.
- Agree a timeline for refreshing our demand forecast to ensure we are accurately anticipating likely demand across the ten years.
- Continue to review and improve the evidence for cohorts where we have limited knowledge and/or intelligence about their accommodation needs.
- Continue to build our evidence base for developing extra care as an alternative to residential care evaluating the success of our preferred model of 18+ mixed communities.
- Undertake a formal review of the shared houses social care has access to. This will establish the quality and cost effectiveness of the provision and how well this housing meets peoples' need. This will involve talking to the residents and the landlords.
- Establish co-production opportunities for specialist builds and/or where individual properties need to be purchased to enable people we support to input into the design and to ensure the property reflects where and how they want to live.

How we will know we have achieved it

### **In the short term (1-3 years):**

We will continue to work closely with key teams across care management and health to further improve our knowledge and awareness. Mechanisms for refreshing needs assessments and a process for co-production is put in place.

### **In the medium (3-5 years) to long term (5-10 years):**

Improved commissioning practice (which includes co-production) and informed decision-making results in a sustainable portfolio that meets demand. The people who access our supported living service tell us they feel safe, secure and well supported.

## What we need to do and how we will do it

### **We need to secure a steady and sustainable new supply of appropriate accommodation so we will:**

- Support the market to navigate the impact of any planned welfare reforms.
- Launch this strategy and develop key documents to support the market to respond to our requirements including developer brief and better information on our website.
- Continue to explore opportunities to support the development of new accommodation as per the recommendations made in this strategy.
- Continue our work with health to embed housing priorities into the integration agenda.
- Explore potential models for housing and support, such as community living networks.
- Develop our options for securing accommodation from the market and undertake a comprehensive review of the quality and cost effectiveness of the current portfolio.

## How we will know we have achieved it

### **In the short term (1-3 years):**

Improved understanding of the specific needs of all cohorts. Our market is better informed as a result of the publication of key documents/information and this results in productive partnerships and the new supply of accommodation. This may also see us repurpose or decommission accommodation that no longer meets needs.

### **In the medium (3-5 years) to long term (5-10 years):**

- We better understand the value of different housing models including the community living network approach for our statutory provision.
- We have a portfolio of properties that offer high quality accommodation.
- There is a pledge between health, housing, social care and support sectors that supports this work.

- Individual development projects are progressed and achieved.

### What we need to do and how we will do it

#### **Launch the new care and support model to ensure we have the best arrangements in place to commission support.**

- Work with our support providers to implement the new care and support services and performance monitoring arrangements.
- Continue dialogue with care management and other stakeholders on the approach we take to ensure we commission for all needs, including those with the most complex requirements.
- Explore the opportunities for increasing and maximising the use of assistive technology.
- Consider the opportunities for developing and piloting individual service funds (ISFs).

### How we will know we have achieved it

#### **In the short term (1-3 years):**

New arrangements are launched in November 2020.

We will engage with the market, establishing better mechanisms to have those conversations more regularly.

#### **In the medium (3-5 years) to long term (5-10 years):**

There are opportunities for the increased use of assistive technology in the provision of supported living and extra care and we understand the benefits of ISFs through a pilot programme. Further consideration is given to developing this option for people in Leicester.



## Additional References and Guidance

This is an overarching strategy which will be supported by a suite of key documents and information which are intended to communicate our preferences and aspirations for supported living and extra care in the city.

### **The accompanying Appendices document and links below set out:**

- Existing supply in the city (Appendix A)
- The characteristics of need (Appendix B); and
- Managing new offers of accommodation (Appendix C).
- **Leicester and Leicestershire Housing and Economic Development Needs Assessment 2017**
  - The adult social care market position statement for Leicester
  - Find out about supported living on **Leicester City Council's website**.
  - Information about Leicester City Council's **affordable housing**.
  - **The Housing Learning and Improvement Network (LIN)** is a network which brings together housing, health and social care professionals in England, Wales, and Scotland to exemplify innovative housing solutions for an ageing population.

### **Other key national guidance and legislation that supports this work includes:**

- Supporting people to live as independently as possible, for as long as possible, is a guiding principle of the **Care Act**.
- The **Transforming Care Programme** is a national initiative established to ensure that people with learning disabilities and/or autism currently in hospital settings, can be supported to live in their own home, with the support they need to lead healthy, safe and rewarding lives.
- **Mental Health Five Year Forward View** is an independent report of the Mental Health Taskforce which sets out a strategic approach to improving mental health outcomes across the health and care system. It prioritises prevention, access, integration, quality and a positive experience of care.
- Section 20 of the **Children Act 1989** is used to accommodate children who cannot live with their families. Local authorities will make use of a range of accommodation options in order to fulfil this duty.

## Contacts

If you are thinking about creating or developing supported living accommodation for those in receipt of social care in Leicester city, we recommend you read Appendix C first. This is intended to help us manage new offers of accommodation.

### Accommodation-based services

This refers to the supported living and extra care services in Leicester that social care funds. Tenants in accommodation-based services receive more support than would be available through general needs accommodation, with the support being aimed at helping individuals maintain and/or increase their independence.

### Affordable housing

The government's latest definition of affordable housing is housing for sale or rent, for those whose needs are not met by the market (including housing that provides a subsidised route to home ownership and/or is for essential local workers). And which complies with one or more of the definitions as contained within Annex 2 of the **National Planning Policy Framework** published February 2019 by the Ministry of Housing, Communities and Local Government.

### Affordable housing obligations

The percentage of affordable housing sought by the local planning authority on mixed tenure sites, which reflects both the site size threshold and other considerations around viability. In Leicester, the type and mix of affordable housing sought will reflect the findings of the Strategic Housing Market Assessment (see CS Policy 7 of the **Leicester City Core Strategy**).

### Care Act 2014

The Care Act 2014, which came into effect in 2015, places a series of duties and responsibilities on local authorities about the care and support they provide for adults. It was designed to put the individual and their carers in control of the help they receive, making care and support, and the way it is paid for, clearer, easier to access and more consistent across the whole of England.

### Care and support services

These are the supported living services provided to people based on their social care and education (SCE) support plan. This sets out the type of support needed in different areas of a person's life to achieve their personal goals. There are specific services for different groups of people; this means that the support workers are appropriately trained and can understand and respond to the needs of the people they support. In Leicester the new arrangements which launch in late 2020 will be delivered in line with a set of underpinning principles. These are described below:

- **Enablement services** will support people to participate and (re)engage in everyday activities. It maximises independence, enables re-skilling, ensuring individuals can participate and integrate in all aspects of their lives as appropriate to their level of need. It is also a recovery model, helping people

to recover from a crisis or a relapse. This pathway will support individuals to increase their independence and ensure they remain able to live within their communities.

- **Living well services** will support our older people and/or those individuals living with conditions which may not improve, and which could mean their health will deteriorate over time. The living well pathway will aim to ensure individuals are supported to lead healthy and fulfilling lives, promoting and maximising their potential for independence.
- **Recovery services** will provide time limited interventions for people with mental health needs supporting their progress and recovery and maximising their independence. Individuals discharged from our acute and rehab inpatient mental health units will be prioritised for these services.

#### Clinical Commissioning Groups

NHS organisation set up by the Health and Social Care Act 2012, to organise the delivery of NHS services in England.

#### Community living networks

This is when a group of people with support needs live near each other, in their own homes, and get support from a worker to help them live independently in their community.

#### Core and cluster accommodation

Individuals live in single or shared flats (no more than two individuals), with their own bathrooms and cooking facilities – within a building with a shared communal area and support allocated according to need, often care can be shared if suitable, giving people the opportunity to be supported indirectly and increase independence, often this will use assistive technology to enable people to request assistance as needed.

#### Extra care housing

Extra care housing is housing with care aimed primarily for older people (though not exclusively). Occupants have security of tenure to occupy their self-contained units and there may be an onsite care provider providing care and support services. The Housing Learning and Improvement Network (LIN) suggests there are a set of core ingredients that define extra care, they are:

- Purpose-built, accessible building design that promotes independent living and supports people to age in place
- Fully self-contained properties where occupants have their own front doors, and tenancies or leases which give them security of tenure and the right to control who enters their home

- Office for use by staff serving the scheme and sometimes the wider community
- Some communal spaces and facilities
- Access to care and support services 24-hours a day
- Community alarms and other assistive technologies
- Safety and security often built into the design with fob or person-controlled entry.

### Homes England

Homes England is the new housing agency for England, launched in January 2018, the successor of the Homes and Communities Agency, with the purpose of boosting housing delivery.

### Housing needs assessment

Studies carried out by local authorities to assess future local housing need, including market housing as well as affordable housing need. Also including the type, tenure, size for market as well as affordable housing.

### Housing related support

Housing related support has its roots in the Supporting People Programme. Although not a statutory service, housing related support is support that helps vulnerable people improve their quality of life and wellbeing by enabling them to live as independently as possible. Housing related support is preventative in nature and is designed to prevent people requiring more intensive forms of care and support. In 2009 the ring fence over this funding was removed which means that local authorities now have discretion over how to use the funding to best meet local need.

### Individual Service Fund

An Individual Service Fund is where the person chooses a provider, rather than the council or themselves, to manage their personal budget. The provider will use the Individual Service Fund to arrange services and support for the person, with their agreement.

### Leicester HomeChoice

Leicester HomeChoice is a choice-based lettings scheme, where council and housing association partners advertise their available properties to rent. It allows applicants who are looking for affordable housing to see what vacant properties are available. Applicants can then choose a number of properties they wish to be considered for.



### Local planning authority

The National Planning Policy Framework (NPPF) defines a local planning authority as, 'the public authority whose duty it is to carry out specific planning functions for a particular area'.

### Local Plan

The Local Plan is part of the development plan document along with any other plans or supplementary planning documents that guide the future development of the local area. Local Plans are drawn up by the local planning authority guiding decisions on whether or not planning permissions can be granted.

### Personalisation agenda

Personalisation means thinking about care and support services in an entirely different way. Intrinsic to the delivery of the supported living care and support services in Leicester will be personalisation. This recognises that services need to take a holistic and person-centred approach; no two people are the same so services will look different depending on the person being supported.

### Pipeline schemes

Where viable, social care in Leicester is given first refusal on affordable housing allocations. This sees us express interest in sites that we feel would work well for supported living and/or extra care. This is an ongoing arrangement with our housing development department. Where this results in the development of schemes, commissioners track this as part of a planned pipeline to meet demand.

### Registered providers of social housing

The terms 'social housing' and 'registered provider' are defined in the Housing and Regeneration Act 2008 (HRA 2008). Social housing includes low-cost rental (such as affordable rent properties) and low-cost home ownership. Registered providers include local authority landlords and private registered providers (such as not-for-profit housing associations and for-profit organisations).

### Relet rate

When a relet occurs the accommodation unit will usually become available for a new tenant. To understand future demand for supported living and extra care accommodation any relets that take place during any given period need to be considered. Work has been done to calculate the number of relets for both supported living and separately, for our extra care schemes in Leicester. The subsequent relet rates were then factored into the demand to give the net totals shown in the forecasted demand tables in this strategy.

### Residential and nursing care

Both types of homes provide accommodation, supervision from staff 24 hours a day, meals and help with personal care needs, but nursing homes also have registered nurses on duty at all times.

### Strength based approach

Following a direction of travel established in social care practice in Leicester, services will be delivered using a strength-based approach. This looks at what individuals are able to do for themselves and the resources they can draw upon, including, but not limited to family, friends or local services. This will require providers to make a shift in their practice by focussing on the strengths of people and the assets of their communities rather than solely on their needs.

### Right to Buy receipts

Under current Right to Buy legislation, council tenants – and housing association tenants who transferred with their homes from council landlords have the right to buy their home at a discount, with the amount of discount dependent upon the length of time as a social tenant. Local authorities are able to use the money raised from Right to Buy sales to build more homes.

Local authorities are required to spend retained Right to Buy receipts within three years. Local authorities are able to use a specified proportion of monies raised from Right to Buy sales towards the new supply of affordable housing. Where a local authority is unable to spend receipts within three years they have to be returned to the Ministry of Housing, Communities and Local Government, together with interest of 4% above base rate.

### Transitions

The transitions team in Leicester works with young people who are leaving school, usually between 16 and 18, and have a physical and/or learning disability. These young people will begin to get ready for leaving children's services<sup>6</sup> and become an adult. Professionals agree that it is important to support young people with additional needs as they 'transition' into adulthood.

Though there will be overlaps between these groups and work will need to be mindful of this, the three cohorts are:

- Young people who are looked after by the council
- Young people with special educational needs and/or disabilities (SEND)
- Young people entering adult services.

### Sheltered housing

Sheltered housing (also known as retirement housing) commonly refers to grouped housing in a block or scheme of flats or bungalows, where all the other residents are either older, disabled or otherwise vulnerable. Leicester City Council manages 14 sheltered housing schemes across the city. These schemes offer a mix of one bed flats and studio apartments and are let to people over the age of 50, but preference is normally given to people aged 60 and over.

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<sup>6</sup> Some services continue until the age of 25

### Social care and education

Leicester City Council's new social care and education department was created in 2018. The department brings together a range of services for children and adults.

### Voids

Voids in housing terms is when a property is unoccupied for a period of time.

**Leicester City Council**  
**Social care and education**  
**[caas.carehomes@leicester.gov.uk](mailto:caas.carehomes@leicester.gov.uk)**





# Appendices

## Supported Living and Extra Care Housing Strategy 2021-2031

Appendix A1



Leicester  
City Council

Appendix A: Existing Supported Living and Extra Care provision

**Extra Care:**

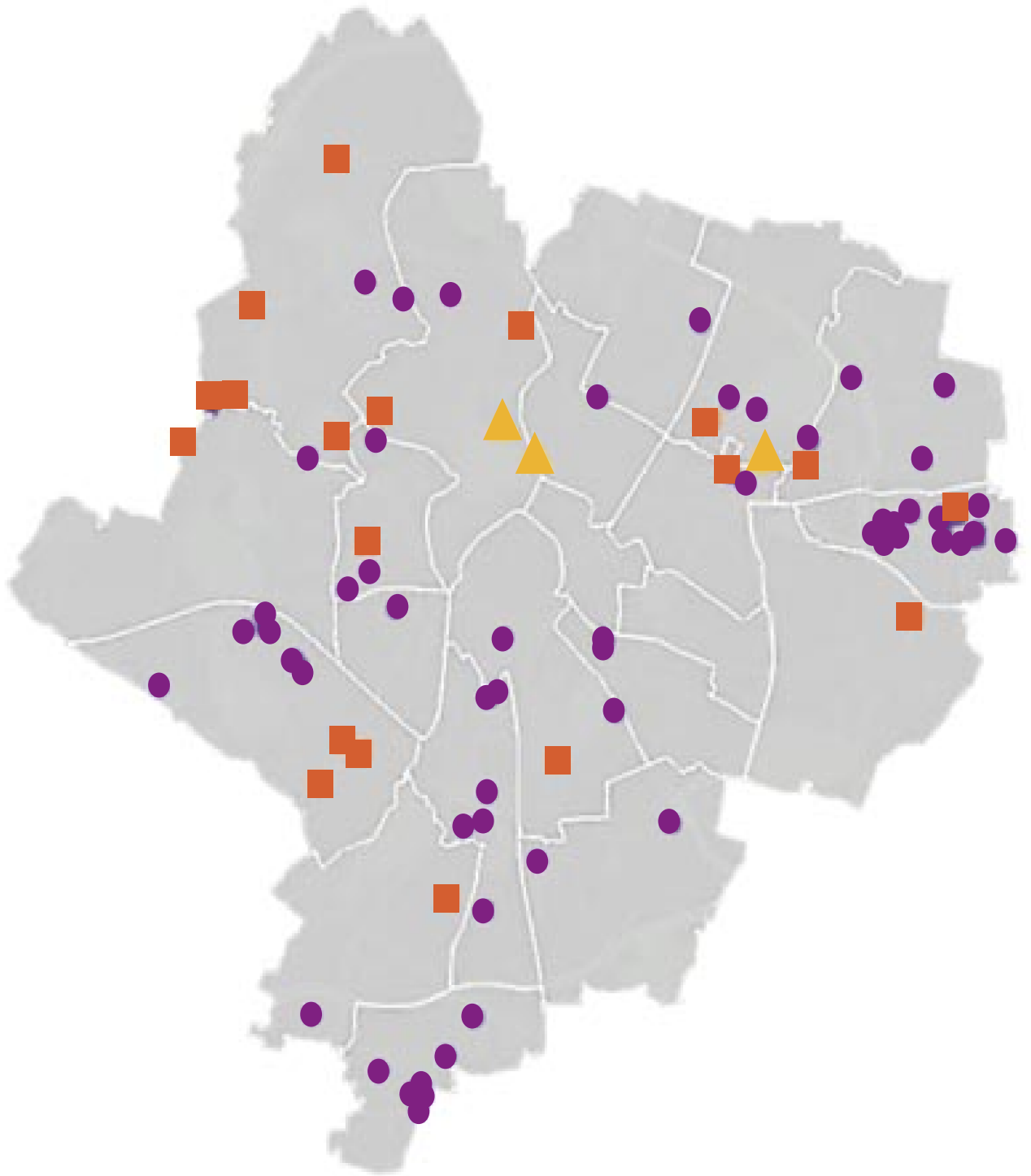
**3 schemes (170 units)** ▲

**Shared House:**

**36 houses (140 units)** ■

**Supported Living:**

**73 schemes (322 units)** ●





## Appendix B: Characteristics of those in need

### Young people provision

#### Looked after children (16-17)

Nationally, the number of looked after children is rising. A focus on the edge of care and permanence activity continues in order to manage and reduce the rate of increase.

Most of our looked after children will be placed in foster care or residential care. However, for some, semi-independent accommodation may be more suitable. The recommendation of this strategy, in line with the requirements expressed in the Leicester Placement Sufficiency Strategy 2020-2023, is to continue to work in partnership to look at any options for supporting a move on offer for young people aged 16+.

#### Care leavers (18-24)

Care leavers are young people aged over 18 who have been in local authority care as looked after children, for some or all of their childhood, others for only a few months, and have subsequently left care. Due to recent changes to legislation the numbers receiving a service is expected to significantly increase over the next 10 years as care leavers are now supported until they are 25 years old.

Most of our care leavers will be supported to move into their own independent accommodation at 18, continuing to receive support from their personal advisor. However, for some, additional housing-related support is required.

Based on placement trend data over the last three years, and considering the existing provision, the recommendation is to support the projected demand. This would be by providing individual units for up to 11 care leavers in our new extra care schemes at Hamelin and Tilling Road when developed. This would be done initially on a pilot basis to test the efficacy of this approach for care leavers who might benefit from an alternative option.

#### Transitions (18+)

Leicester's complex transition cases tend to be young people who are eligible for social care support, because they have complex needs and challenging behaviours.

Due to the complexity of their needs, finding the right accommodation and support is often difficult. Work has been done with the transitions

team and our supported living placement team, to ascertain some of the key aspects of design and service configuration that could work for this cohort of young people. Their views form the basis of the proposed solution. The proposal is to develop a transition service with two schemes offering transitional accommodation designed to support young people to move to greater independence and eventually, their own tenancy. The minimum stay would be for one year, on review a further year could be agreed. The maximum stay would be two years.

**Scheme A:** a small bespoke scheme aimed at young people with more complex needs. The recommendation is for a scheme with four self-contained units in a hub and bespoke configuration. It is recognised that this scheme would require specific design and build features best achieved through a purpose-built development.

**Scheme B:** would be designed to accommodate cases where there are less care and support needs. This could be a reconfiguration of an existing scheme or property and commissioners are considering options available in the current portfolio or properties currently owned by the council.

Adults provision

#### Complex Adult Mental Health (AMH): developing a recovery pathway

A lack of appropriate accommodation for people being discharged from hospital can lead to delayed discharges, people being placed in inappropriate settings such as residential care, and an increased risk of readmission to hospital. The Mental Health Forward View, 2016<sup>7</sup> recognises the significance of good quality accommodation and its connection to good mental health, stating that 'housing is critical to the prevention of mental health problems and the promotion of recovery'.

In line with this and based on the demand we are seeing in the city<sup>8</sup>, work has been done to determine how we better meet the needs of people with complex mental health, particularly those being discharged from the Bradgate Unit and the two rehabilitation units (Stewart House and The Willows). In response to the numbers of people being discharged from our inpatient facilities with some form of identified housing need, a supported living service has been developed that better supports the concept of recovery.

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<sup>7</sup> The Mental Health Taskforce (2016) The Five Year Forward View for Mental Health, p.17, available at <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-HealthTaskforce-FYFV-final.pdf>

<sup>8</sup> The annual demand suggests that we will see 56 patients discharged with ASC and housing needs from the Bradgate Unit alone. We have forecasted this in once across the seven years.

The new supported living recovery pathway will provide a specialised 'step down' service that prioritises patients coming out of hospital with care, support and accommodation needs that cannot be met by less intensive supported living services in the city. It will also support those people in the community who due to a deterioration in their social situation are at risk of hospital admission. With an optimum capacity of 27 units, with expectations of move on between 12-15 months, this new service will meet the level of need anticipated.

An existing council scheme will be used in the interim. This interim approach would be pending the development of a scheme at an identified site which would better serve those at the start of a recovery journey, as part of the newly developed recovery pathway in the city.

**Table 1: Predicted annual need for accommodation on discharge for 2018.**

**Source: HET and discharge teams at the two rehab units**

Type of accommodation	Annual need - Discharge from Bradgate Unit		Annual need - Inpatient rehabilitation units	Overall totals
	City	County & Rutland	LLR wide	
Housing with 24/7 support available on site	4	2	8	14
Housing with regular weekly support on site (but not 24/7)	28	6	6	40
Independent accommodation with floating support services	24	6	28	58
Independent accommodation: no ASC support	86	46	0	132

### Transforming Care: people with learning disabilities and/or autism

There is a well-established programme of work supporting the transforming care agenda in Leicester, Leicestershire and Rutland. The recommendations made within this strategy draw heavily on the work of the accommodation workstream and the city cases that are currently on the inpatient list. At the time of writing there are eight individuals on this list that require a supported living placement.

Leicester has a good range of schemes aimed at the learning disability cohort, with 56 of the 112 schemes available to social care providing accommodation for this client group. However, the strategy acknowledges the difficulty of sourcing accommodation for more complex and challenging individuals, with needs that are over and beyond current services. Designed specifically for people with autism and/or behaviours that challenge, a bespoke development would achieve important outcomes for the individuals being discharged as part of this programme of work.

For those cases where there is Ministry of Justice involvement, the complexity and high risk these individuals can pose, can mean planning for appropriate accommodation within the existing portfolio is difficult. These patients require high levels of support, intervention and monitoring services from more than one agency or discipline.

They are likely to require a stepping stone from short-term supported accommodation to independent living in the community. A specialist scheme which meets specific locational requirements, is well designed, purpose built and staffed appropriately could provide this stepping stone to more independent living. In line with CQC requirements (Registering the Right Support, 2017) and referencing the guidance: Building the Right Home (LGA, ADASS, NHSE, 2016), the recommendation is to provide a specialist build comprising of between four to six units to meet some of the demand from this cohort.

In addition, Leicester City Council recognises that other accommodation for this client group will be required. Where the specific accommodation requirements cannot be met by the existing portfolio, open market purchases may be pursued. These opportunities will be explored in partnership with housing providers, the council's housing department, as well as people with a learning disability and/or autism and their families.

### Respite for people with complex disabilities

Respite provision provides important planned short-term and time-limited breaks for families. This break from caring responsibilities can help unpaid carers continue in their caring role, helping to prevent carer breakdown.

Respite care should also provide a positive experience for the person receiving the service.

At present all our respite provision is spot purchased. Consultation with care management colleagues confirmed that respite provision for those with a learning disability, particularly those with profound multiple learning disabilities and within the transition service is not readily available and as such appropriate respite provision can be difficult to source. This is having a detrimental impact on families who rely on the availability of respite care to support them in their caring role.

This strategy presents an opportunity to develop a specialist registered scheme that could provide eight beds for respite care. This would provide a more specialist respite option and would mirror the sort of provision other local authorities are providing to manage the increasing requests for respite.

#### Re-provisioning of existing accommodation

The demand analysis offered an opportunity to review the quality and cost effectiveness of the current portfolio of properties social care currently has access to. Shared houses tend to be less cost effective – vacancies are hard to let due to the existing established households which puts off prospective tenants. This often leaves the council paying an ongoing void cost. The recommendation made in the underpinning delivery plan is to develop a separate workstream to review our shared housing. This review will also extend to two council owned ex-sheltered schemes.

#### New/alternative provision for statutory cases: placements to avoid residential care for older people and people of working age

The right combination of accommodation and support can mean individuals remain independent for longer, reducing the need for more institutional forms of care. Over the next ten years, by increasing the range of housing options on offer, we could divert a range of people that might otherwise have been placed in residential care. This demand will be met by either placement into our existing portfolio of supported living or through the new extra care provision being progressed through the developments planned.

#### New provision for statutory cases: conversion from community care for older people and people of working age

This considers the current supported living referral list which is a list of people waiting for supported living placements held by the supported

living placement team – at present this has around 80<sup>9</sup> people on it. The forecasted figure is based on the rate of moves that this team has made in the past. It also includes a cohort of people living with dementia who could benefit from alternative accommodation. A programme of work is identifying people of working age (18-64) currently placed in residential care who could benefit from a move to supported living.

#### People on the housing register awaiting sheltered accommodation and those in sheltered housing known to social care

Work has been completed to ascertain how many people currently waiting for sheltered accommodation and those currently residing in sheltered housing with social care needs, who could be considered for an Extra Care style of provision. This would be a way of preventing, reducing or delaying their future care needs by providing an alternative housing option with onsite care.

#### People requiring fully adapted properties

There is an opportunity to work alongside housing colleagues to try and meet the demand for fully adapted accommodation through the design and delivery of the extra care currently planned. It will not be possible to meet all the current demand, but work will be done to maximise the availability of fully adapted units through the planned new extra care sites

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#### Extra care

In line with our social care strategic priorities the strategy aims to look for opportunities to improve our offer to older people and those with a physical and sensory disability as a way of helping to maintain independence. An Extra Care style development could support people to continue to live independently if that is right for them.

The key factor differentiating extra care from sheltered or retirement housing is the 24-hour presence of care and support staff. Extra care is mostly for older people, but not exclusively. In Leicester we have successfully developed 18+ independent living schemes using the same principles. Our schemes tend to offer a 'home for life' for residents; the building design and construction is flexible to adapt to changing needs with 'extra care' which allows people to maintain an independent lifestyle.

We recognise the needs of those who are older, those people living with dementia and those people living with a physical and/or sensory

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<sup>9</sup> As at December 2019

disability and the recommendation would be to progress an extra care development able to support their needs as a way of enabling independence and preventing or delaying care and support needs.

## Appendix C:

### Managing new offers of accommodation

We would like to ensure there is a consistent approach and response where new accommodation is being created or proposed within the city as supported living. The development of accommodation or accessing property for the people we support is the responsibility of the strategic commissioning team. The reasons we would like to better explain the process is that we have examples in the city where:

- | Accommodation may not be sustainable in the long term e.g. shared housing where there is less demand; we can end up carrying voids in these properties which are harder to fill and for which we can incur void charges. | Inconsistent standards in the quality of the accommodation.
- | Inappropriate rent setting from the outset that potentially leaves the individual who use services liable for costs that are not affordable.
- | High cost packages of support linked to the new supply of accommodation.

The preferred process for new supported living accommodation is that initial contact is made with strategic commissioning via **caas.carehomes@leicester.gov.uk** with the subject header: Supported Accommodation.

Part of the work we do is ensuring that any new supply of accommodation is fit for purpose, cost effective and meets current and future need.

There are a number of factors which need to be considered, including:

- procurement rules and the existing processes (Supported Living Framework) for new business;
- does it meet social care and education's strategic priorities and is it a sustainable offer;
- the expected level of rent and will it be met by revenues and benefits;
- arrangements that include the support needs/costs, how these will be met and whether they are cost effective; and
- the impact on the identified tenant of universal credit and whether accommodation is affordable.

It is the role of the supported living placement team to identify the right property for the people we support. This team works closely with



strategic commissioning to identify what is the current and future demand for accommodation within the city.

**Leicester City Council**  
**Social care and education**  
**[caas.carehomes@leicester.gov.uk](mailto:caas.carehomes@leicester.gov.uk)**



## Appendix B: Forecasted demand and the type of accommodation that would meet it

The following information details the vulnerable client groups, the number of units of accommodation and the rationale/evidence, which determines the number of units needed and the type of accommodation that would best suit these groups. Appendix A1 provides more information about the characteristics of those in need, and the evidence base which underpins the forecasted demand for the next seven years.

		Net	Rationale	Accommodation type that would best meet need
<b>Adult provision</b>				
1	Mental health inpatient discharges from the Bradgate Unit	27	Based on current rates of discharge as per Health's advice	Step down Supported Living (27 units).
2	Transforming Care and Ministry of Justice	8	Based on inpatient client list for the City where individuals have been identified by NHSE as needing Supported Living	Specialist Supported Living scheme (4-6 units).
		<b>35</b>		
<b>New provision for statutory cases</b>				
3	Diversion from residential to Supported Living / Extra Care (people of working age and older people)	80	Placements into residential care that could be avoided through new provision	Extra Care/Supported Living.
4	People on the waiting list for Supported Living (older people, those of working age with LD, AMH, PD)	18	Includes a potential cohort of people with dementia that could benefit from alternative provision	Extra Care/Supported Living
		<b>98</b>		
<b>New provision to delay entry into statutory care</b>				

5	People on the housing register awaiting sheltered accommodation (over 60 years of age)	15	Based on eligibility	Extra Care
6	Council tenants in existing sheltered housing who are known to Social Care	57	Based on current population of sheltered (14 council run) who are known to Social Care	Extra Care
		<b>72</b>		
<b>Respite provision</b>				
8	Respite unit for people with complex disabilities	8	Based on data from transitions, those accessing respite through care homes/short breaks and health short breaks information	Specialist scheme 8 units
		<b>8</b>		
<b>Replacement of sub-standard existing provision for statutory care and sheltered housing</b>				
9	Shared housing for people with learning difficulties and two council ex sheltered Supported Living schemes	160	Number of units available in the shared houses (117) plus the 43 units in the two ex-sheltered schemes	Extra Care/step down scheme
		<b>160</b>		
<b>Total Adults</b>		<b>373</b>		
<b>Young people provision</b>				
10	Young people (SEND) eligible for adult social care support	8	Based on current intake rates	Specialist Supported Living scheme (4 units) and shared house (4 bed)
11	Looked after children 16 - 17 years	4	TBC - alternative provision for those stepping down from	TBC – work will be done in partnership with children's

			residential	colleagues to identify move on options.
<b>12</b>	Care leavers 18-25 years (not requiring adult social care)	11	Pilot alternative provision through Extra Cares when built	Extra Care
<b>Total Young People</b>		<b>23</b>		
<b>Total Adults and Young People</b>		<b>396</b>		

# Supported Living and Extra Care Housing Strategy

Ten-Year Plan (2021-2031)

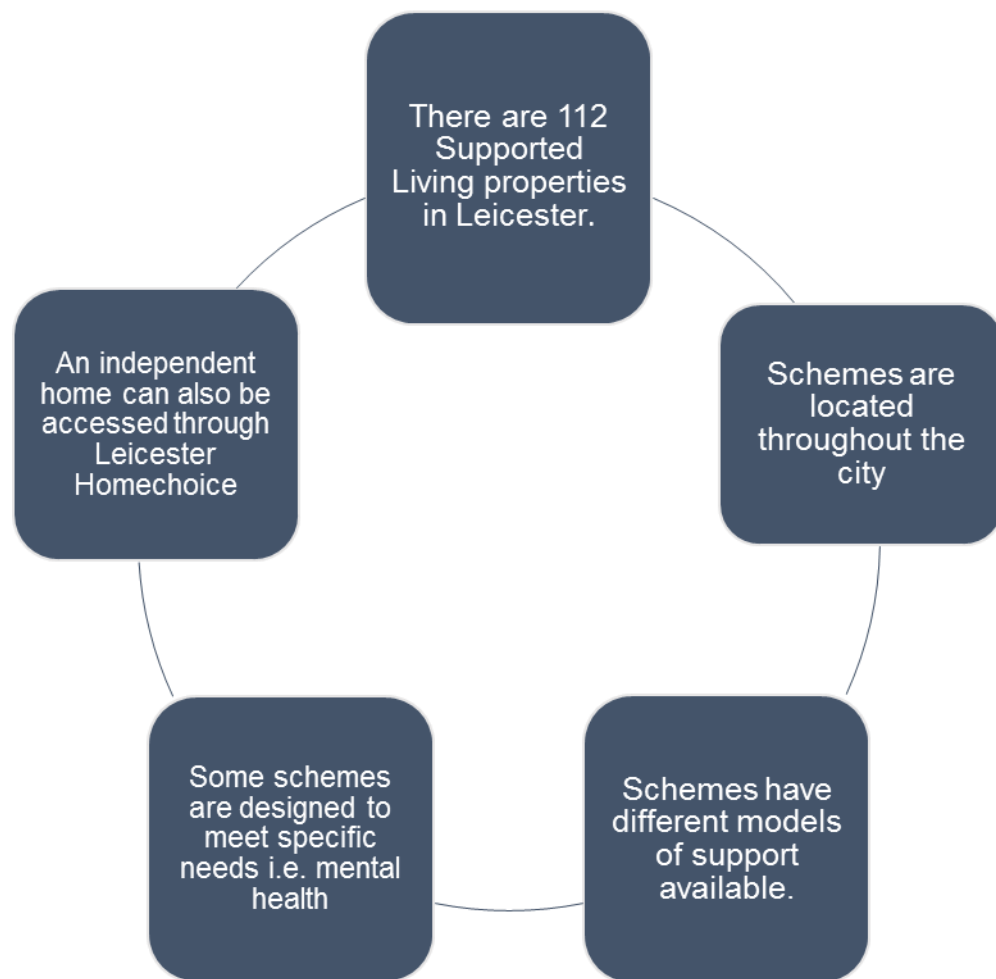
## Our Vision and Values

- This strategy provides a vision and high-level programme of work which is designed to:
  - support Leicester City Council's social care and education department's strategic priorities;
  - meet the needs of vulnerable people with an identified housing need, offering security of tenure and greater independence; and
  - identify opportunities to make best use of our current and future property portfolio.



# Supported Living in Leicester City

- Leicester City has a range of Supported Living options, including:
- **Self-contained properties in schemes** with onsite support and a communal hub.
- **Self-contained properties with floating support.**
- **Shared houses** with floating or onsite support.

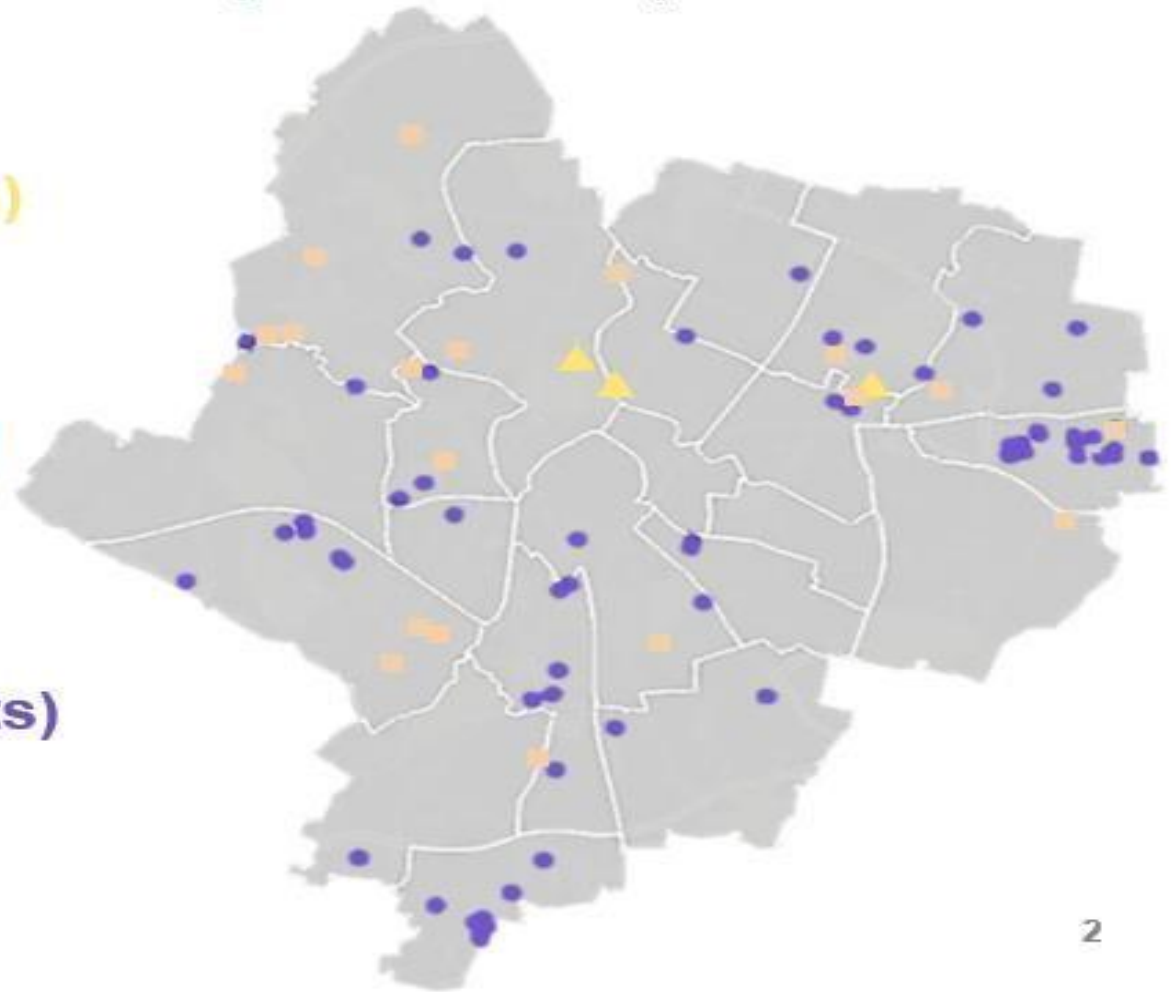


# Overview of Current Provision

**Extra Care ▲:**  
**3 schemes (170 units)**

**Shared House ■:**  
**36 houses (140 units)**

**Supported Living ●:**  
**73 schemes (322 units)**



## Who We Currently Support

- A total of 559 people accessed a Supported Living service during 2018/19. Of these people 26% were in receipt of a direct payment.
- The majority (89%) of the people we currently support are of working age.
- The average age is 43.
- A significant number (90%) have a learning or mental health related disability.

## Forecasted Demand

- Over the next 10 years 396 units of Accommodation is needed in the City as follows:
  - 373 adult accommodation Units
  - 23 units Young People Provision
- A number of schemes are already in development phase
- The expected shortfall is in the region of 208 units of accommodation.

# Developing the right Accommodation

- The strategy outlines the plan for developing additional supported living and extra care accommodation for Leicester city over the next 10 years, which:
  - Offers greater independence and reduce the use of residential care
  - Meets the demand for accommodation
  - Offers security of tenure
  - Replaces poor quality accommodation currently available to social care

Any  
questions?

## Adult Social Care Scrutiny Commission

### Draft Work Programme Planning 2021

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
	To keep a watching brief on: <ul style="list-style-type: none"> <li>• Councils Forward Plans</li> <li>• Councils Budgeting reports</li> <li>• Consultations</li> <li>• ASC Performance Monitoring reports</li> </ul>			
<b>19 January 2021</b> <i>(Agenda meeting 4<sup>th</sup> Jan)</i>	Covid-19 Recovery Plans – update  Leicestershire County Care Ltd (LCCL) - update  Response to the ASC Scrutiny Commission Task Group review into the Social Care external workforce.  Draft General Fund Revenue Budget 2021/22 members to scrutinise / comments on ASC service impacts  Annual Safeguarding Report			

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Appendix F

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
<b>9 March 2021</b> <i>(Agenda mtg 22 Feb)</i>	Procurement plan for 2021/22 Community Opportunities / Day care Review ASC Annual Complaints Report Supported Living and Extra Care Housing Covid19 update	KG TR TR KG MS		
<b>4 May 2021</b> <i>(Agenda mtg 19 April)</i>	Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health Dementia Strategy update Update on the development of an integrated Autism Strategy Executive response (fuller report) re: 'ASC Workforce Scrutiny Review report' – and to invite LSDG to talk about their supporting work and future plans	MS KG KG TR / KG		



Meeting Date	Topic	Lead Officer	Actions Arising	Progress
<b>Forward planning beyond May 2021 – possible items:</b> <ul style="list-style-type: none"><li>• <i>Carers Strategy</i></li><li>• <i>Tackling isolation</i></li><li>• <i>Unisons Ethnical Care Charter</i></li><li>• <i>Better Care Fund (BCF) Annual Report</i></li><li>• <i>Contracts and Assurance Annual Quality Report</i></li><li>• <i>Age UK Leicester, Leicestershire &amp; Rutland</i></li><li>• <i>Learning Disabilities Strategy</i></li><li>• <i>Transitions</i></li><li>• <i>Leicestershire Care Company Ltd updates</i></li></ul>				

