

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 26 AUGUST 2021

TIME: 5:30 pm

PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Joshi (Chair)

Councillor March (Vice-Chair)

Councillors Broadwell, Govind, Kaur Saini, Kitterick and Dr Moore

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:

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

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

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

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, and Scrutiny Commissions and see copies of agendas and minutes.

However, on occasion, meetings may, for reasons set out in law, need to consider some items in private.

Due to COVID restrictions, public access in person is limited to ensure social distancing. We would encourage you to view the meeting online but if you wish to attend in person, you are required to contact the Democratic Support Officer in advance of the meeting regarding arrangements for public attendance. A guide to attending public meetings can be found here: <https://www.leicester.gov.uk/your-council/decisions-meetings-and-minutes/public-attendance-at-council-meetings-during-covid-19/>

Members of the public can follow a live stream of the meeting on the Council's website at this link: <http://www.leicester.public-i.tv/core/portal/webcasts>

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, or by contacting us using the details below.

To hold this meeting in as Covid-safe a way as possible, all attendees are asked to follow current Government guidance and:

- maintain distancing while entering and leaving the room/building;
- remain seated and maintain distancing between seats during the meeting;
- wear face coverings throughout the meeting unless speaking or exempt;
- make use of the hand sanitiser available;
- when moving about the building to follow signs about traffic flows, lift capacities etc;
- comply with Test and Trace requirements by scanning the QR code at the entrance to the building and/or giving their name and contact details at reception prior to the meeting;
- if you are displaying Coronavirus symptoms: a high temperature; a new, continuous cough; or a loss or change to your sense of smell or taste, you should NOT attend the meeting, please stay at home, and get a PCR test.

NOTE: Due to COVID restrictions, public access in person is limited to ensure social distancing. We would encourage you to view the meeting online but if you wish to attend in person, you are required to contact the Democratic Support Officer in advance of the meeting regarding arrangements for public attendance.

Separate guidance on attending the meeting is available for officers. Officers attending the meeting are asked to contact the Democratic Support Officer in advance to confirm their arrangements for attendance.

This meeting will be webcast live at the following link:-

<http://www.leicester.public-i.tv>

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

<http://www.leicester.public-i.tv/core/portal/webcasts>

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc..

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Aqil Sarang, Democratic Support on **(0116) 454 5591** or email aqil.sarang@leicester.gov.uk.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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

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 - 6)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 29 June 2021 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. COVID 19 UPDATE

The Strategic Director for Social Care and Education will provide a verbal update to the Adult Social Care Scrutiny Commission.

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

7. HEALTHWATCH LEICESTER AND LEICESTERSHIRE - ANNUAL REPORT

**Appendix B
(Pages 7 - 30)**

The Strategic Director for Social Care and Education presents the Annual Report for 2020/21 produced by HealthWatch Leicester and Leicestershire.

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

8. DOMICILIARY CARE

**Appendix C
(Pages 31 - 46)**

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an update on key aspects of domiciliary support delivered in Leicester.

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

9. PROCUREMENT PLAN - UPDATE

**Appendix D
(Pages 47 - 48)**

The Strategic Director for Social Care and Education will update the Commission on the Procurement Plan.

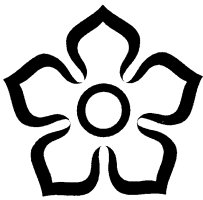
Members of the Commission are recommended to note the update and pass any comments to the Strategic Director for Social Care and Education.

10. WORK PROGRAMME

**Appendix E
(Pages 49 - 50)**

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.

11. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 29 JUNE 2021 at 5:30 pm

P R E S E N T :

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Broadwell
Councillor Govind

Councillor Kaur Saini
Councillor Dr Moore

In Attendance

Deputy City Mayor, Councillor Russell

* * * * *

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Kitterick.

2. DECLARATIONS OF INTEREST

Members of the commission were asked to declare any interests they may have in the business on the agenda.

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

Councillor March declared an Other Disclosable Interest in that she had caring responsibilities for an older family member.

In accordance with the Council's Code of Conduct neither interest was considered so significant that it was likely to prejudice the Councillors' judgement of the public interest and therefore neither Councillor was required to withdraw from the meeting during consideration of any items on the agenda.

3. CHAIR'S ANNOUNCEMENTS

4. MINUTES OF THE PREVIOUS MEETING

It was noted that Members of the Commission had requested to see data on

how money was being spent on Domiciliary Care Contracts and a request was made to the Strategic Director of Social Care and Education to bring the available data to a future meeting.

It was suggested that it would be beneficial to bring the data to the Scrutiny Commission and then to the Task Group Review.

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission 22 April 2021 be agreed as a correct record.

5. MEMBERSHIP OF THE COMMISSION

The Chair welcomed the new Members to the Commission and thanked the previous Commission Members for their efforts during a difficult year.

AGREED:

That the Membership of the Adult Social Care Scrutiny Commission for 2021/22 be noted.

6. DATES OF THE COMMISSION

AGREED:

That Members of the Adult Social Care Scrutiny Commission be requested to note the dates for the municipal year.

7. PETITIONS

The Monitoring Officer noted that none had been received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

9. COVID-19 UPDATE

The Strategic Director for Social Care and Education updated the Commission on the latest data for the week commencing 19 June 2021.

It was noted that

- the number of people testing positive had been on the going up although the numbers were not as high as the beginning of the year.
- The Infection Control Fund had been renewed until the end of September.
- The total amount of funding available was less than what was made available previously.

It was noted that the vaccination of care home residents was 84%, these had all received their second dose of vaccination and care home staff who had received both doses of the vaccination was at 65%. 25 care homes across the

city had 90% of all residents who had received both doses of the vaccination.

It was suggested that Mandatory Vaccinations for all care home staff would be in effect towards the end of the year however no guidance to achieving this had yet been received and communications had begun with care homes in regards with contingency plans.

As part of the discussion it was noted that staff have had the opportunity to receive both doses of the vaccination and the hesitancy did not vary to what was considered the same across the board and the Service were aware of who had received their vaccinations and who had not yet been vaccinated.

Regional departments were working together with HR colleagues the best approach once the vaccinations were made mandatory.

AGREED:

- 1) That the update be noted; and
- 2) That the Commission thanked the department for their ongoing hard work and delivery of service.

10. ADULT SOCIAL CARE OPERATIONAL STRATEGY 2021-24

The Deputy City Mayor for Social Care and Anti-Poverty introduced the strategy.

The Director for Adult Social Care and Safeguarding presented an overview of the report.

As part of the discussions, it was noted that:

- Members of the Commission supported the new strategy as it was a good way of engaging with service users and monitoring areas of underperformance.
- It was suggested that promoting independent living was a major factor of the 3 year plan.
- Members of the Commission suggested regular updates to the Commission to report back on the objectives, this would be beneficial as this was a wide area and regular scrutiny would allow for best performance.
- Each division would produce strategies to reach their objectives and these would be brought to the Commission on request.
- The Chair suggested that this item be added to the Work Programme to allow the Commission to monitor progress on objectives.
- It was essential to provide support to those who are carers but carry out their caring responsibilities unknowingly.
- The Working Carers Group was aimed at those who were of working age but also had caring responsibilities.

AGREED:

- 1) That the Strategic Director be requested to provide future updates;
- 2) That Officers be encouraged to flag areas of improvement; and

3) That the report be noted.

11. STRENGTHS BASED PRACTICE IN ADULT SOCIAL CARE

The Deputy City Mayor for Social Care and Anti-Poverty introduced the item and noted that the Service were now working with individuals and families to design person centred care packages.

The Strategic Director for Social Care and Education presented an overview of the report and noted that this approach was fundamentally important in the way social care was perceived. Using strength-based practice would allow for a cultural shift in the way the service operates.

As part of the discussions Members of the Commission noted that:

- This was a step in the right direction and Members of the Commission welcomed the report.
- Although finances were an area of concern, the service should not be driven by a financial agenda and should continue to support people to find solutions that suit the individual and monitor whether money was being saved.
- It was suggested that although this shift was a continuous process, 12 to 18 months would be a tangible time to embed and sustain the plan.
- Liquid logic forms would allow for regular updates on individuals rather than a whole new application.
- Members suggested that this was a noble, impressive enterprise and would require encouragement to allow for cultural change.

AGREED:

- 1) That the Members of the Adult Social Care Scrutiny Commission support the proposed improvements;
- 2) That the Strategic Director for Social Care and Education along with Officers be thanked for the ongoing work; and
- 3) That the item be added to the work programme to allow for the Commission to track progress.

12. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - VERBAL UPDATE

The Strategic Director for Social Care and Education provided an update on Leicestershire County Care Limited (LCCL).

Following the recent media coverage of outstanding balances owed to the Council, the Strategic Director for Social Care and Education noted that the full outstanding balance had now been cleared by LCCL.

The relationship had now improved and LCCL were committed to delivering a quality care service.

AGREED:

- 1) That the Strategic Director for Social Care and Education be

- requested to keep the Commission informed and future arrangements; and
- 2) That the Officers and the previous Commission Members be thanked for their efforts in resolving this matter.

13. WORK PROGRAMME

The Vice Chair presented the scoping document for the proposed Adult Social Care review.

Members of the Commission were requested to support the Vice Chair in forming a working group over the municipal year.

The Chair noted that Members of the Commission should forward any proposed item for the work programme to the Scrutiny Policy officer or to the Chair for consideration.

14. ANY OTHER URGENT BUSINESS

There being no other items of urgent business, the meeting closed at 7:05pm.

Adult Social Care Scrutiny Commission

HealthWatch Annual Report

Lead Member: Cllr Sarah Russell
Lead Strategic Director: Martin Samuels

Useful information

- Ward(s) affected: All
- Report author: Andy Humpherson; Group Manager – Health & Partnerships
- Author contact details: andy.humpherson@leicester.gov.uk / 0116 454 2353
- Report version number: 1



City Mayor

1. Summary

- 1.1** The purpose of the report is to present the annual report for 2020/2021 produced by HealthWatch Leicester and Leicestershire (HWLL) to the Adult Social Care Scrutiny Commission.
- 1.2** The report will be presented by Harsha Kotecha, Chair of HealthWatch Leicester & Leicestershire, and Mukesh Barot, Chief Officer.

2. Recommendations

The Commission is recommended to note the content of the annual report and to provide comment/feedback.

3. Supporting information including options considered:

- 3.1** The current Healthwatch service is provided by Engaging Communities Staffordshire and is a joint contract between Leicester City Council and Leicestershire County Council.
- 3.2** The Health & Social Care Act requires all local Healthwatch organisations to produce an annual report. The annual report covers the 2020/21 financial year and is attached as appendix 1.
- 3.3** The report follows a standard format dictated by HealthWatch England, and includes highlights from the year, a then and now review of their work on child & adolescent mental health (CAMHS) and discharge from hospital. their impact and operational issues such as finance and volunteer information.
- 3.4** The annual report reflects the priorities set at the beginning of 2020/21 which have been significantly impacted by the Covid-19 pandemic. HealthWatch LL have examined the use of health & social care services during Covid-19, and the impact on marginalised communities as part of their BME Connect programme.
- 3.5** The report also describes HealthWatch LL's priorities for 2021/2022 including Access to Dentists, Personal Health Budgets, and Social Isolation & Loneliness.

4. Details of Scrutiny

No other scrutiny conducted.

5. Financial, legal and other implications

5.1 Financial implications

No Financial implications.

Yogesh Patel – Accountant ext 4011

5.2 Legal implications

There are no legal implications as the report is for noting.

Emma Jackman, Head of Law (Commercial, Property & Planning) 454 1426

5.3 Climate Change and Carbon Reduction implications

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

Aidan Davis, Sustainability Officer, 454 2284

5.4 Equalities Implications

There are no direct equalities implications arising from this report.

Sukhi Biring, Equalities Officer, 454 4175

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

No other implications

6. Background information and other papers:

None

7. Summary of appendices:

Appendix 1 – HealthWatch LL Annual Report 20/21

healthwatch
Leicester

healthwatch
Leicestershire



On equal terms

Then and now

Healthwatch Leicester and Healthwatch Leicestershire

Annual Report 2020-21

Contents

Message from our Chair	4
About us	5
Highlights from our year	6
Theme one: Then and now	7
Theme two: Then and now	9
Responding to Covid-19	11
Volunteers	14
Finances	16
Next steps & thank you	17

Message from our Chair



I am very pleased to present the Annual Report for Healthwatch Leicester and Healthwatch Leicestershire for the year 2020-2021. With the impact of ongoing pandemic restrictions, the Healthwatch Advisory Board (HAB) and our staff remained active by moving to online meetings.

We recognised however that not everyone can access digital technology and therefore looked into areas of digital exclusion. I want to thank all our Board members for their continued passion and dedication to Healthwatch.

Our Board Members bring a broad range of skills, experience and skills to inform our priorities and decision making whilst also participating with various committees and organisations.

We are your voice to influence and make a difference to health and social care both across Leicester and Leicestershire.

"We have adapted our way of working in the past 12 months due to the pandemic and have had to pause our Enter and View programme. The Healthwatch team and volunteers have supported our communities with food parcels, prescription collection and marshalling at the vaccination centres. We have hosted several online engagement events to hear about patient experiences, offer support and stay connected with our communities."

We worked collaboratively with the local Clinical Commissioning Groups (CCGs) and colleagues at Healthwatch Rutland examining the impact of Covid-19 and patient experiences in accessing primary and secondary care. We had over 1300 responses to the survey. The full report and findings can be found on our website.

Working with colleagues from Leicester Hospitals we carried out a desktop review of the Discharge Lounge at Leicester Royal Infirmary. While there was some improvement following our previous visit the year before, we do still have recommendations.

May I take this opportunity to thank all who have engaged with us at Healthwatch Leicester and Healthwatch Leicestershire in the last twelve months, those who shared their experiences, and all the providers who have made changes to improve services as a result of the feedback.

Harsha Kotecha, Chair of Healthwatch Leicester and Healthwatch Leicestershire

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Leicester and Leicestershire. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares can experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



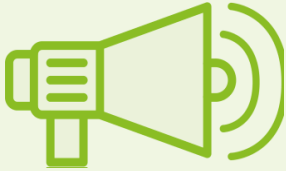
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

6272 people

this year about their experiences of health and social care.

We provided advice and information to

196 people

this year.

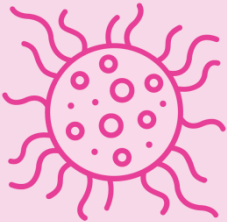
11153 people

Engaged through our website.

3583

Engaged with us through social media.

Responding to the pandemic



We engaged with and supported

16150

People during the COVID-19 pandemic this year.

Making a difference to care



We published

8 reports

about the improvements people would like to see to health and social care services. From this, we made **39** recommendations for improvement.

Health and care that works for you



14 volunteers

helped us to carry out our work. In total, they contributed 1,046 hours.

We employ 6 staff

100% of whom are full time equivalent, which is the same as the previous year.

We received

£299,989.92 in funding

from our local authority in 2020-21 which is 1.12% more than the previous year.



Theme one: Then and now Hospital Discharge



Then: Discharge from Hospital

In July 2019, we visited the discharge lounges at Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital.

We wanted to understand the experiences of patients being discharged from hospital, how involved patients were in planning their discharge, if they were happy with the process of being discharge, and how comfortable they were with what was decided for their discharge in terms of where they were discharged to.

We found that most patient admissions were unplanned or emergency admissions. This would mean that their discharge planning would take place whilst they were in hospital and that no planning could take place prior to their admission as could happen with a planned admission.

Waiting for medication was a major cause for delays, with patients left in the discharge lounge for long periods of time with little or no information.

We were shortlisted under the 'The impact our team makes' category in the Healthwatch Awards 2020 for the hospital discharge project which has helped an NHS hospital understand how they could improve their patient discharge process.



Now: Improvements to the discharge process

In October 2020, we revisited the lounges to find out if there had been any changes or improvements. Due to Covid-19 restrictions, the interviews were conducted by the Matron and her team at Leicester Royal Infirmary only.

We found that University Hospitals of Leicester (UHL) have introduced new Covid-19 pathways for all processes including discharge. The discharge lounges have been decorated since our first visit and they appear to be more comfortable and brighter for patients.

We have raised with UHL the need for better communications on the wards when organising the discharge for patients and the ongoing issues for patients having to wait for both medication and transport.

Nationally, the work is being used by NHS England and the Department for Health and Social Care to support the review of the discharge guidance and has highlighted the need for greater support for those with low level or short term needs leaving hospital. This is due to be outlined in the refreshed guidance.

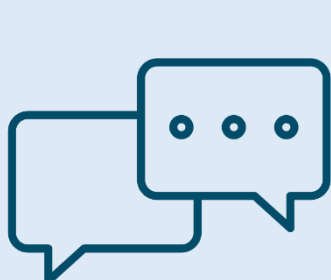


The discharge lounge at LRI



"Listening and responding to patient feedback is integral to our transformational approach to service redesign. We will be using this feedback within our safe and timely discharge quality improvement work stream to shape our discharge services going forward".

Gill Staton, Head of Nursing, Patient Flow and Discharge, UHL



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



www.healthwatchll.com



0116 251 8313



enquiries@healthwatchll.com



Theme two: Accessing and using Children and Mental Health Services (CAMHS)



Then: What does CAMHS look like?

We wanted to understand the experiences of young people using the Children's and Adolescent Mental Health Services (CAMHS) in Leicester and Leicestershire.

We have received feedback from parents over several years about delays in accessing treatment for CAMHS.

In 2016, Healthwatch Leicestershire visited the CAMHS Unit and young people told Healthwatch that there was a positive relationship between them and the staff. We saw evidence of a well-developed programme of activities (therapeutic and social) for young people. Staff told us that Carers' Assessments are not routinely offered.

CAMHS was a national focus for Healthwatch England in 2017-18 and is an area of concern highlighted in several Healthwatch areas across the Midlands.

Work has been carried out by Leicestershire Partnership NHS Trust (LPT) to address the delays within CAMHS. We received feedback to suggest this may have moved delays from waiting to be assessed, to waiting for treatment. Further investigation was therefore needed to see if this is the case.



Now: Improved CAMHS services

We wanted to find out how people feel about different aspects of the CAMHS service. We attended clinics at Westcotes and Valentines Road to speak to people who were waiting for appointments.

90 people completed our survey. We shared our findings with LPT who reviewed and considered the findings and our recommendations.

Some of the changes implemented:

The introduction of the Triage and Navigation service in May 2020 has enabled referrals for emotional and mental wellbeing to be appropriately directed to the right agency. This has resulted in a reduction of inappropriate referrals to Specialist CAMHS.

As part of the national response to the Covid 19 pandemic, LPT has operationalised an all age Urgent Care Hub for people in mental health crisis. This service offers urgent mental health assessment, initial treatment and signposting. This service is well utilised and will continue on a permanent basis going forward.

November 2020, saw the launch of 'The Beacon' – new mental health facility for children and young people in Leicester and Leicestershire. We asked for and received commitment to Young People being involved on the recruitment panel for the selection of staff who will be working at The Beacon.

Posters and information leaflets are now on display in all waiting areas advising Children and Young People (CYP) and their families on how to raise concerns or make a complaint.

The CAMHS website has been updated to include information on support services including Health for Teens and Chat Health as well as a clear link to accessing urgent mental health support through the Central Access Point which is available 24 hours a day, 7 days a week.

With regard to access to services, LPT have established a working group looking at improving access to CAMHS for CYP from black and minority ethnic communities.



"Our vision at Leicestershire Partnership NHS Trust (LPT) is to 'create high quality, compassionate care and wellbeing for all' – and our patients and families are at the heart of this. We are proud of our close relationship with Healthwatch and value their independent voice and supporting our priorities around patient involvement and experience. In particular, our Patient Experience and Involvement Team have worked more closely with Healthwatch Leicester and Healthwatch Leicestershire over the past 18 months and they have been integral at supporting and championing the Trusts patient experience and involvement agenda."

Kamy Basra, Associate Director of Communications, LPT



Responding to Covid-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped 16150 people by:

- Providing up to date advice on the Covid-19 response locally
- Linking people to reliable up-to-date information
- Telephone befriending service
- Supporting the community volunteer response - we have given **42** hours of volunteer support and delivered **458** hot meals to families and individuals
- We reached **100,000s** of listeners with appearances on BBC Radio Leicester and Radio Seerah
- Participating in the Covid-19 Mutual Aid UK Leicester video which has had over **77K** views on Twitter

Top four areas that people have contacted us about:



GP services



Dentistry



Support services



Vaccines

Adapting to Covid-19



We adapted to new ways of working using online meeting platforms and new technologies, whilst also recognising those members of the public that increasingly became digitally excluded. Initial responses to getting information out to communities focused on traditional marketing and communications.

We were instrumental in voicing the communication needs of disabled and marginalised communities and suggested use of alternative methods such as the use of videos with presenters that reflect the communities being targeted. This has been very effective in reaching and influencing behaviours and awareness of Covid-19.



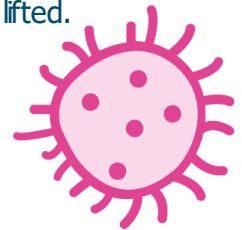
“I have been on Healthwatch for a few months and was only able to join in Zoom meetings which I am pleased to discuss Deaf People’s problem with communications due to wearing masks. As I am the Chair for ‘Over 50’s Deaf Club’, I am aware that some do not have access to websites, computer or WhatsApp. With the lockdown I was able to contact them through Facetime or texting.” - Anne Lawrence

Using Health and Care service during Covid-19 lockdown

We wanted to understand how the national pandemic lockdown was impacting on how residents were accessing health and care services as well as how services were changing to meet the challenges of such restricted patient mobility.

In partnership with the local NHS Clinical Commissioning Groups (CCG) we reached out to local people to share their views. We ran a survey between 29 April and 7 June 2021. In total 1383 responses were received with 835 responses from people across Leicester and Leicestershire who told us that:

- There was a good access to information available. However more consistent communications would have improved patient experience. There was almost too much information, so understanding what guidance to follow became much more challenging.
- Having a greater focus on online or phone triage within Primary Care services was seen a mostly positive for residents.
- A significant portion of residents have not sought help and support for health and care issues during lockdown. This is likely to impact on services once restrictions are lifted.
- It is widely felt that the pandemic has had an impact on people's mental health.



BME Connect

The response to our survey from minority ethnic (BME) people was low and this limited our ability to analyse how the Covid-19 lockdown impacted on these communities. Therefore, to understand further the impact of Covid-19 lockdown on minority ethnic communities, we established 'BME Connect' – a platform for communities to come together to talk about the issues that matter the most to them.

This unique project began looking into mainstream methods of marketing and communication and its impact, influence and connectivity to BME community settings.

We have been working with NHS engagement leads, voluntary and community groups, De Montfort University (Stephen Lawrence Centre) "De-Centred" community podcasts and Leicester Community Radio to look at how minority ethnic communities are communicated with and involved by NHS and Council services.

We continue to work with different community representatives across the City and County to improve sustained engagement, access and communications.



Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



www.healthwatchll.com



0116 251 8313



enquiries@23healthwatchll.com



Volunteers

At Healthwatch Leicester and Healthwatch Leicestershire we are supported by 14 volunteers to help us find out what people think is working, and what improvements people would like to make to services.

This year our volunteers:

- Supported our online 'Healthwatch Hour' sessions, activities and events
- Carried out website reviews for local services on the information they provide
- Helped support our day-to-day running
- Discussed additional support needs e.g. Training
- Volunteers participated in an end of year festive get together and quiz



Moraig Yates

"I am a long-time member of Healthwatch and over the past year I have been involved in Zoom meetings with the Forum and Enter and View teams. I have also enjoyed accessing GP websites for a survey we have been doing, finding out which ones have easy access to information, and which are more difficult."



Mark Farmer, Healthwatch Advisory Board Member

"As someone with mental ill health, I have used my Healthwatch role to champion the voice of service users and carers in the provision of mental health services. I have been working hard behind the scenes to ensure that something is done about the high rate of male suicides, the long waiting times for secondary mental health services and that services focus on keeping well and happy. I am pleased to report that all these areas are going to be prioritised."

Due to the ongoing pandemic restrictions, The Healthwatch Advisory Board (HAB) moved to host online meetings. Towards the end of the year, we were sad to see Rita Patel leave to continue her role in research.

We have appointed a new member, Kash Bhayani who brings a wealth of board experience, and his early career was in social care working with various client groups who have difficulties including mental health, substance use, offending and domestic abuse.



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch.



www.healthwatchll.com

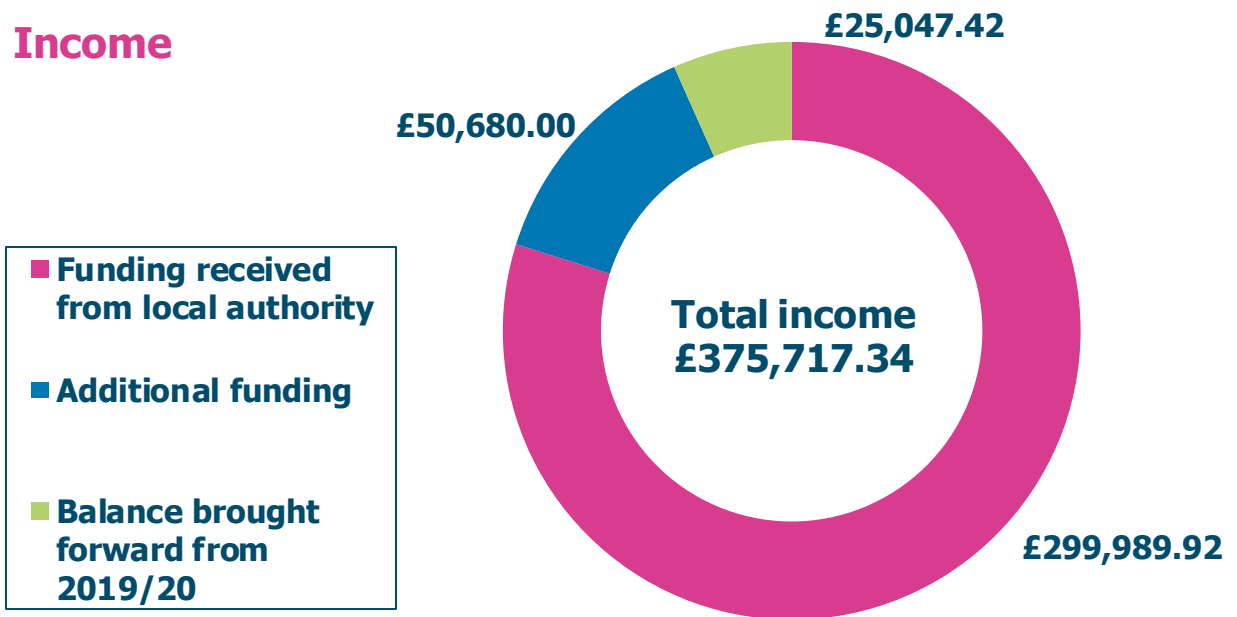
0116 251 8313

enquiries@healthwatchll.com

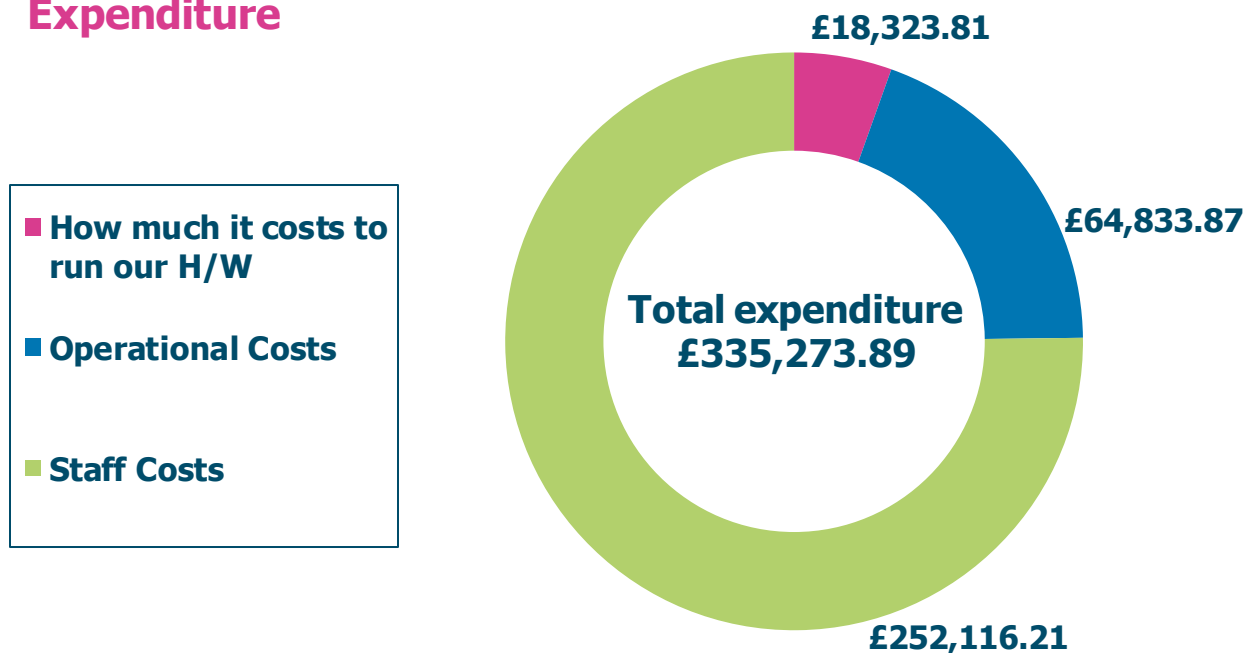
Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income



Expenditure



Next steps & thank you

Top three priorities for 2021-22

1. Reviewing the new models of care (changes in response to the pandemic)
2. Male Suicide, particularly in ethnic minorities and LGBTQ+ communities
3. Homelessness – Access to primary care

Next steps

Each year, Healthwatch Leicester and Healthwatch Leicestershire develop and deliver special projects based upon and informed by local feedback as well as identification of issues, gaps or barriers.

This work is in addition to our core programme of work and is supported by and agreed by our commissioners within Leicester City Council and Leicestershire County Council. Our initial focus will take into consideration the following areas.

1. Access to dentists
2. Personal health budgets
3. Social isolation and loneliness

Healthwatch Leicester and Healthwatch Leicestershire continue to play an effective role championing the patient voice, especially influencing health service engagement priorities in areas such as inclusive and accessible marketing and effective communications. Throughout the various phases of lockdown, we have continued to champion local people's views and concerns including hospitals and maternity reconfiguration and consultation activities.

The new management team and staff have worked hard to overcome initial challenges of staff turnover and the impact of the pandemic including completion of outstanding projects and work priorities. We have forged closer relationships and partnerships across health and social care and continue to work closely with our colleagues at Healthwatch Rutland.

Our new programme of activities for 2021-22 will see increased patient and community empowerment and engagement, work with Children and Young people, work with Homeless and Rough Sleepers, Male suicides as well as continuation of work on Covid-19 and Safeguarding. We will also be working more closely with Health and Wellbeing Boards and other committees to represent and increase the patient and public voice.



Statutory statements

About us

Engaging Communities Solutions (ECS) is the contract holder for Healthwatch Leicester and Healthwatch Leicestershire. The ECS corporate office is based at: Unit 42, Staffordshire University Business Village, Dyson Way, Staffordshire Technology Park, Stafford, Staffordshire, ST18 0TW - www.weareecs.co.uk
The local office is based at: Clarence House, 46 Humberstone Gate, Leicester, LE1 3PJ.

Healthwatch Leicester and Healthwatch Leicestershire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the license agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Advisory Board consists of five members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met on a monthly basis with every other meeting being a public meeting. We implemented a new decision making policy and made decisions to approve areas of work to address health inequalities and other areas of focus informed from community feedback and enquiries. In particular we were instrumental in influencing the use of short Covid-19 advice videos with presenters reflecting diverse staff and people instead of the traditional use translations by service providers.

We ensure wider public involvement in deciding our work priorities by carrying out independent research and evaluations of health and social care. We rely on your feedback and experience of health and social care services to influence how services can be improved and how best practice can be shared. This is done via;

- Online consultations, feedback from social media, our feedback centre, direct conversations, forums, networking, collaborative meetings and community ~~200~~ group interviews.
- Issues identified from phone messages and within reports or committee meetings.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, email, provided a webform on our website, provided a feedback centre, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by identifying individuals and diverse organisations previously not known to the health and social care system.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website at www.healthwatchll.com and share it with relevant committees.

Responses to recommendations and requests

We had 0 providers who did not respond to requests for information or recommendations.

This year, due to the Covid-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Leicester and Healthwatch Leicestershire is represented on the Leicester Health and Wellbeing Board and Leicestershire Health and Wellbeing Board by Harsha Kotecha, Chair and Mukesh Barot, Chief Officer.

During 2020/21 our representatives have liaised with local authority democratic service officers and other leads to discuss papers for presentation and discussion at board meetings.





Healthwatch Leicester and Healthwatch Leicestershire
Clarence House
46 Humberstone Gate
Leicester
LE1 3PJ

www.healthwatchll.com

t: 0116 251 8313

e: enquiries@healthwatchll.com

 @HealthwatchLeic

 HealthwatchLL

 HealthwatchLL

If you need this in an alternative format, please contact us.

ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

Update on Domiciliary Support

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

Martin Samuels – Strategic Director – Social Care &
Education

Date 26 August 2021

Wards Affected: All

Report Author: Bev White/Andy Humpherson

Contact details: beverley.white@leicester.gov.uk

andy.humpherson@leicester.gov.uk

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on key aspects of domiciliary support delivered in Leicester.

2. Summary

- 2.1 Adult Social Care commissions domiciliary support for the City Council and on behalf of Leicester City CCG through a framework contract of 39 providers. Prior to award of this contract, an extensive commissioning review took place to finalise the service design including robust engagement with people who use services and other stakeholders including the Adult Social Care Scrutiny Commission.
- 2.2 This contract was awarded in 2017 for a period of five years with the option to extend the contract for up to 2 years.
- 2.3 At present, around 2064 people receive commissioned care at any one time, with around 300 individuals starting packages each month, though the demand is seasonal. The total number of hours of care delivered is about 1.3m (about 25k per week).
- 2.4 The total net expenditure in 2020/21 was approximately £20m. This represents a significant increase compared to previous years, with expenditure in 2019/20 having been only £15m.

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

Summary of activity

- 4.1 Adult Social Care commissions domiciliary support for the City Council and on behalf of Leicester City CCG through a framework contract of 39 providers. Prior to award of the current contract, an extensive commissioning review took place to finalise the service design including robust engagement with people accessing

services, care management staff and other professionals, especially health colleagues, Unison, benchmarking and research with other councils and best practice, national and local policy, and learning from what worked well and not so well in previous models. The members of the Adult Social Care Scrutiny Commission were engaged in the discussions, and this is further detailed in paragraph 5 of this report.

- 4.2 This contract was awarded in Summer 2017 for a period of five years from October 2017, with the option to extend the contract for up to 2 years. During the life of the contract, the framework has been reopened twice to admit new providers. Built into the contract model is the ability to pilot work where a need arises. This has been used to pilot a hospital bridging service which seeks to support people to be discharged from hospital in a timely way.
- 4.3 At present, around 2064 people receive commissioned care at any one time, with around 300 individuals starting packages each month, though the demand is seasonal. The total number of hours of care delivered is about 1.3m (about 25k per week).
- 4.4 In the last reporting quarter, 2064 people were in receipt of a commissioned package of care. A total of 3279 hours of support were commissioned.
- 4.5 The table below shows the total number of persons accessing domiciliary care services, split by those accessing via directly commissioned care and those accessing through a direct payment for the 4 quarters of 2020/21. Additionally, those receiving directly commissioned care, have been split out into LCC funded, NHS funded and Non-Weight Bearing (NWB) pathway cases. The Non-Weight Bearing Pathway is a funding stream provided by the NHS for individuals who have no other medical needs, but who cannot stand/bear weight on their limbs. As a result of the Covid-19 pandemic, “Off Framework Domiciliary Care” has been added to denote packages of care commissioned with providers supporting with extra capacity during the Covid-19 pandemic.

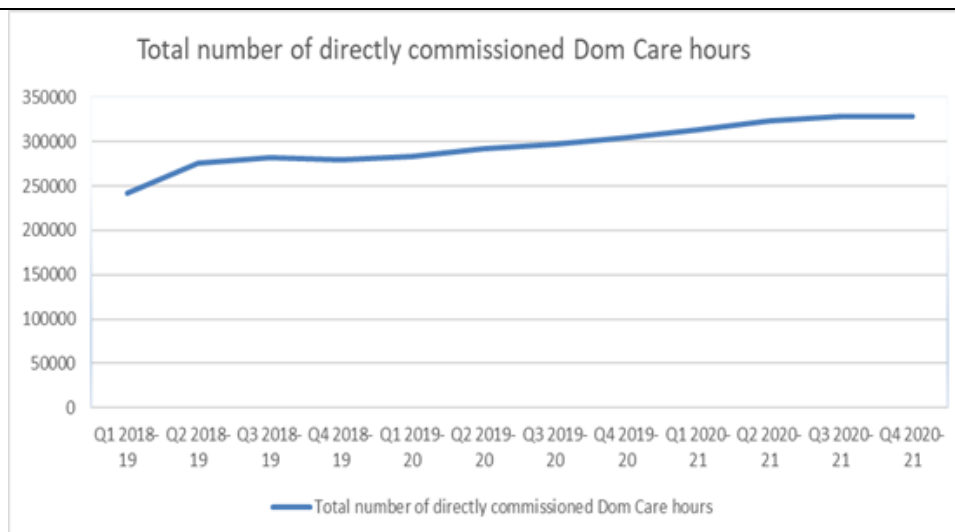
What is being measured ?	Key Performance Indicator	2017-18 average	2018-19 average	2019-20 average	Q1 2020 -21	Q2 2020 -21	Q3 2020 -21	Q4 2020 -21
Levels of service activity - Domiciliary Care	Total number of individuals in receipt of a directly commissioned Domiciliary Care package	1818	1840	1875	1792	1699	1950	2087
	<i>LCC funded</i>		1754	1792	1685	1577	1776	1889

	<i>NHS funded</i>	This was not split prior to 2018-19	75	73	80	67	73	82
	<i>NWB pathway</i>		11	10	4	0	0	3
	<i>Off Framework Domiciliary Care</i>	New Service Level from 2020-22	n/a	n/a	23	55	101	113

4.6 The table below shows the total number of hours of directly commissioned domiciliary care services per quarter for 2020/21, again split by funding arrangements. There has been an increase from the figures reported in Q4 2020-21, to illustrate, we have seen a 0.4% increase in commissioned hours in Q4 (compared to Q3) and 11.9% more compared to the average number for 2019-20 yearly average.

What is being measured?	Key Performance Indicator	2017 – 18 quarterly average	2018 – 19 quarterly average	2019 – 20 quarterly average	Q1 2020 - 21	Q2 2020 - 21	Q3 2020 – 21	Q4 2020 - 21
Levels of service activity - Domiciliary Care	Total number of hours of directly commissioned Domiciliary Care delivered within the period	225,708	269,817	294,302	313,736,	323,797,	327,935,	329,179
	LCC funded	This was not split prior to 2018-19	231,185	254,374	244,937	224,159	255,668	280,681
	NHS funded		38,632	39,928	42,512	40,206	37,094	39,784
	NWB pathway		0	0	0	0	0	0
	Covid-19 pathway		New pathway from 2020-22	n/a	n/a	26,287	59,432	35,173

4.7 The figure below further highlights the wider trend in terms of commissioned hours which are increasing over time. Recent increases in demand reflect the pressures being experienced from hospital discharges and community referrals. Many hospital discharge packages are significantly higher than usually experienced but may get reassessed after a short period of time once a thorough assessment of the person's needs is undertaken. Paragraph 4.30 has more detail.



Monitoring Service Activity Through Electronic Care monitoring

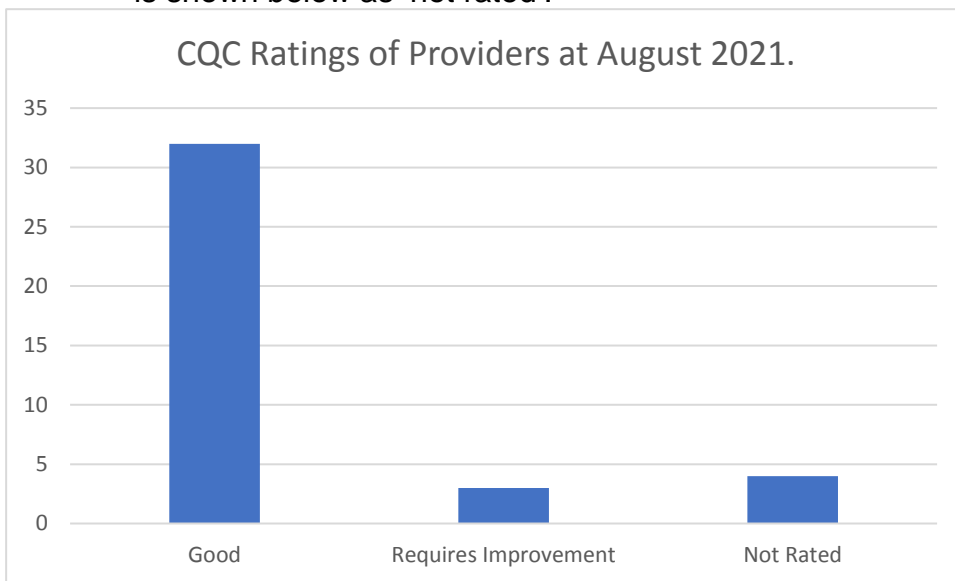
- 4.8 Within the Adult Social Care & Commissioning Division, Contracts & Assurance (CaAS) monitor service activity through electronic care monitoring (ECM), which comprises IT systems and processes for carers to log their entry and exit from a care call, and in some cases complete care records using mobile devices.
- 4.9 The contract requires providers to submit call data every 28 days to the Authority, for both quality monitoring and payment purposes. Providers are also required to monitor their ECM systems on a real time basis to ensure the risks of missed calls to people who use domiciliary care are reduced.
- 4.10 For the first two years of the contract, the Authority had to provide significant support to providers to ensure they were compliant with the requirements in the contract. Action plans were issued to a number of providers and by the end of 2019, all providers were compliant with ECM requirements.
- 4.11 For quality purposes, data is used to monitor the key performance indicators in the contract, including early / late attendance at calls, and continuity of care.
- 4.12 For finance purposes, data is checked by CaAS prior to submission to Finance colleagues for accuracy. Checks over the course of 2020 – 2021 have identified savings of approximately £50,000 where providers have incorrectly charged or made errors with submissions.
- 4.13 ECM data is then uploaded to Council systems and validated prior to payment.
- 4.14 An audit was conducted by Internal Audit in 2020 of the systems and processes used in Domiciliary Care to pay providers and this found substantial assurance that systems and processes were robust and made one recommendation for the service to consider

automatic reporting of call data to care management colleagues for review purposes.

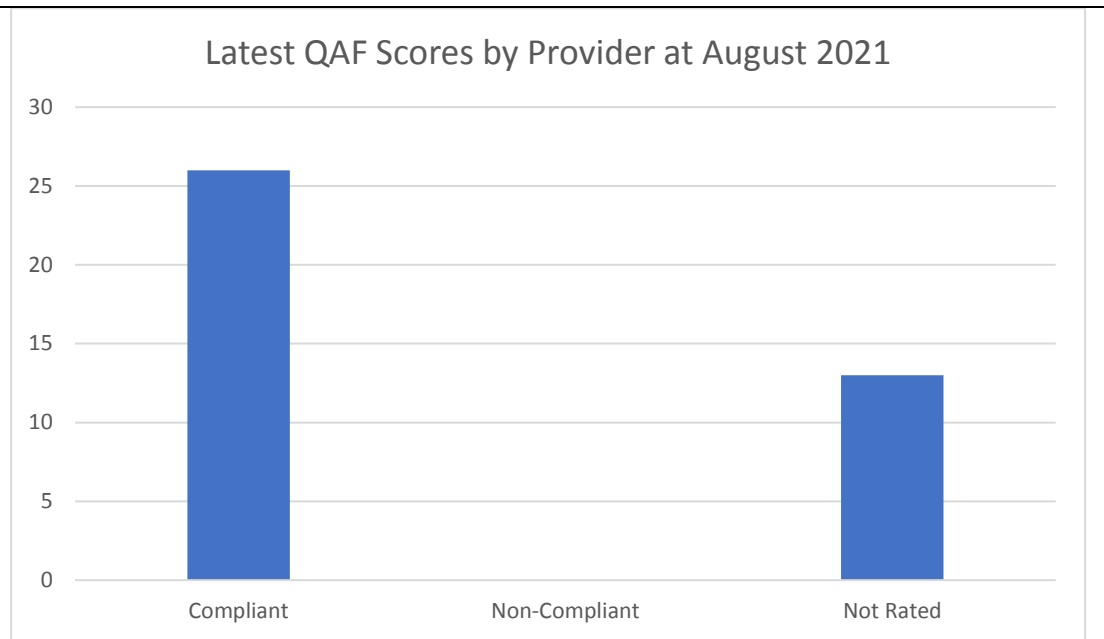
The Quality Assurance Process

4.15 The Quality Assurance of Domiciliary Care Providers consists of several processes including investigation and analysis of safeguarding concerns and complaints, monitoring of key performance indicators using electronic care monitoring, assessment through the quality assurance framework, and regulatory inspection.

4.16 Latest CQC rankings for contracted Providers (including new to the framework). Providers are not always rated by CQC until a visit is arranged according to a risk assessment undertaken by them. That is shown below as 'not rated'.



4.17 The Council's Quality Assurance Framework assesses providers across a range of contractual requirements and includes assessing evidence and seeking the views of people who use the service and staff.



4.18 All the current providers on the domiciliary support framework are compliant with the Quality Audit Framework (QAF). Only providers who recently joined the Framework in April 2021 are not rated, however, these providers have undertaken pre-contract checks prior to contracts being signed to ensure these providers are ready and capable of delivering the service.

4.19 The service has resumed quality visits to providers in line with lockdown easements following the Covid-19 pandemic.

Number of People Supported over the period of the contract

4.20 Detailed in Appendix 1 is a table showing the number of people supported by Domiciliary Care agencies over the course of the current framework agreement.

4.21 To note: 2017/18 and 2021/22 have returned a lower total due to the contract not starting until October 2017 and 2021/22 being the figures up to the end of June.

4.22 Appendix 1 details a provider-by-provider breakdown of the above figures and shows currently contracted as well as Providers that are no longer contracted.

4.23 The reasons for a provider ending its contractual arrangements with the authority vary, and could include:

4.23.1 Termination due to performance, quality, and safeguarding issues

4.23.2 Termination due to closure of the business

4.23.3 Termination due to the natural end of the contract (in the case of the Covid-19 emergency contracts)

4.23.4 Termination due to the novation (transfer) of a contract between two different providers due to merger, acquisition, or purchase of a company legal entity.

Contract costs

4.24 The annual spend in 2020/21 was £20m which exceeds the usual annual spend by about £5m. This is in the main due to the increase in support commissioned because of Covid and other pressures as described in paragraph 4.7

4.25 Appendix 2 details the total funding for supported packages paid to providers since the beginning of the contract.

4.26 It should be noted that the table in Appendix 2 does not include some payments for sleep-in / live-in care and manual payments made to providers, hence the disparity between the £20m total in 4.24 above.

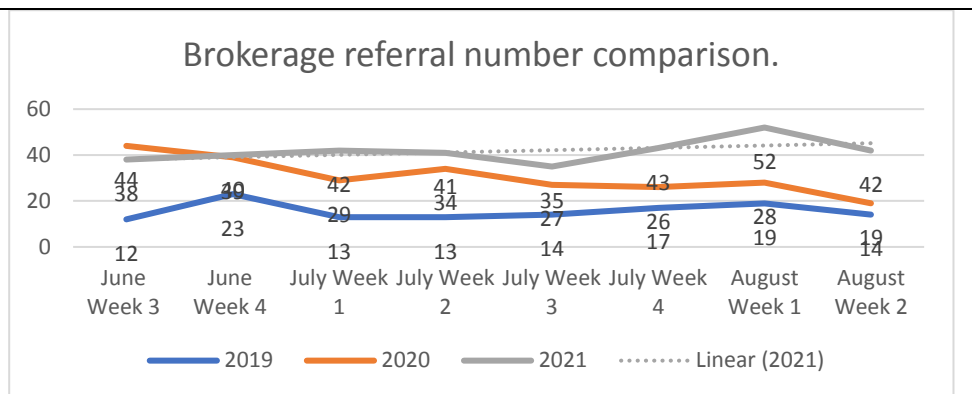
Market Considerations

4.27 The COVID pandemic has had a significant impact on the way that domiciliary care and support has been provided, and the market has adapted well to the new context. Most quality concerns raised centred around a lack of compliance with COVID-19 PPE and infection control procedures by individual members of care staff, and management of PPE by providers. This was attributed to the everchanging landscape of national guidance and access to PPE stock at the start of the pandemic. Each provider was proactive in rectifying issues with support from the Authority with stocks of PPE and audit tools. We also saw a more collaborative approach between providers to ensure that the wider market remained safe. This collaborative approach was also extended to providers buddying up to deliver training to small groups of care staff in larger venues and outdoor space using open side marquees. Some of our larger providers were also happy to support the smaller providers by offering their staff places on their sessions, and with smaller providers offering their premises to facilitate training.

4.28 Spot contracts were awarded to support with COVID demand, which gave the authority the opportunity to identify gaps that existed in the market which spot providers appeared to fill. These included responding to cases where male carers were preferred, cases in the East of the city and some of the outlying areas, and Somalian speaking care staff. There were also issues with struggling to place calls where two carers were required. The spot contracts were recently allowed to end and most of those providers applied to be on the contracted framework when it was reopened recently which gives additional capacity to commissioners and allows us to monitor the quality of provision and address shortfalls where necessary.

4.29 Although the domiciliary care market in the City was stable during the pandemic, and the addition of the new providers means that the market should continue to be in a good position as we move towards the winter where demand is higher and for any unanticipated COVID demands, we are currently facing unprecedented demand from community and hospital referrals.

4.30 The graph below shows a significant increase in referrals to the brokerage service for the same 7-week period in 2019, 2020, and 2021:



4.31 That demand together with recruitment issues currently faced by the market, staff holidays, sickness and the recent ‘pingdemic’ has seen the market under some pressure. We are actively working with providers to support them and explore solutions to their problems.

5. Scrutiny Overview

The Adult Social Care Scrutiny Commission were involved in the commissioning review and their comments taken into consideration in the service design. Reports were presented to ASC Scrutiny Commission in:

- August 2016
- September 2016
- June 2017
- September 2017
- January 2018
- March 2018
- September 2018

6 Financial

- a. There are no direct financial implications arising from this report.
- b. For note, in 2020/21 £20m was spent which compares to the spend of £15m in 2019/20. The increase in spend of £5m is due to additional demand for domiciliary care due for early discharge from hospitals and higher package costs due to the pandemic.

Rohit Rughani, Principal Accountant, Ext. 37 4003

7 Legal

The report is for briefing and no direct legal implications arising at this stage.

Mannah Begum, Principal Solicitor, Commercial, Ext 1423

8 Equalities

. In carrying out its duties 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, sexual orientation. The act continues the duty of service providers and employers to make "reasonable adjustments" to ensure that people with disabilities are not disadvantaged.

There are no direct equality implications arising from the report as it provides an update on key aspects of domiciliary support delivered in Leicester. Underpinned by the Care Act, adult social care supports many different people, including older people, disabled people and those with long-term conditions, those in need of support to maintain good mental health, and those who are mentally unwell, along with their carers. Domiciliary care allows service users to maintain their independence and quality of life. People from across all protected characteristics at any stage of life could require domiciliary care including those with learning disabilities, mental health problems, sensory impairment or physical disabilities.

COVID 19 will have disproportionately impacted on particular protected characteristic groups, either directly or indirectly. The report does not include equality monitoring information, however, where this is collected, it may be useful in establishing where and for whom COVID 19 has had disproportionate impacts and may provide a useful indication for further work, for the Council and partners.

Surinder Singh, Equalities Officer Tel 37 4148

9 Climate Change

There are no climate change implications associated with this report.

10. Appendices

Appendix 1 – Data - People supported by provider by contract year.

Appendix 2 – Funding by provider

11. Background Papers

None

Appendix 1 – Data – People supported by provider by contract year.

Provider	2017-18	2018-19	2019-20	2020-21	2021-22	Contract Type
Adaptus Cares Limited	36	91	140	166	116	Framework Provider
Alliance SC Limited	-	-	-	7	-	Covid-19 Temporary Emergency Contract
Alpha Imperial Care	-	-	-	3	-	Covid-19 Temporary Emergency Contract
Amicare Domiciliary Care Ltd	14	1	29	81	52	Framework Provider
Aspire UK	484	545	521	473	399	Framework Provider
Blue Arch Homecare	-	-	-	16	-	Covid-19 Temporary Emergency Contract
Bluewood Healthcare	93	199	204	207	155	Framework Provider
Bonney Care Agency Ltd	18	30	34	16	16	Framework Provider
Care 4U (Leicestershire) limited	8	24	27	20	20	Framework Provider
Carers Direct Homecare Ltd	20	72	193	214	168	Framework Provider
Choices Care Ltd	84	88	74	48	39	Framework Provider
CM Community Care Services Ltd	-	-	16	44	22	Framework Provider
Creative Care Limited	-	-	-	10	-	Covid-19 Temporary Emergency Contract
Domiciliary Care Services (D.C.S.)	94	113	105	97	77	Framework Provider
Evolving Care LTD	22	31	53	34	40	Framework Provider
Family Care Agency Ltd	20	74	68	40	34	Framework Provider
Fosse Healthcare Ltd	17	16	27	20	12	Framework Provider
Green Square Accord	58	63	61	67	48	Framework Provider
Hales Group LTD	-	-	1	7	3	Framework Provider
Help At Home	205	299	286	301	218	Framework Provider
HH Care Limited	-	1	-	-	-	Framework Provider
HK Care Consulting Ltd	-	-	-	2	-	Covid-19 Temporary Emergency Contract

ICall Care	-	-	-	7	-	Covid-19 Temporary Emergency Contract
Melton Care Services Ltd	-	-	11	15	12	Framework Provider
Meridian Health and Social Care	125	163	139	86	78	Framework Provider
Mi Life Care Services Limited	28	62	71	89	74	Framework Provider
Nationwide Care Services Ltd	14	59	-	-	-	Framework Provider - Now Ended
Panashe Care Services Ltd	-	-	-	1	-	Covid-19 Temporary Emergency Contract
Precious Hope Health & Home Care Ltd	-	-	9	30	31	Framework Provider
Private Home Care UK LTD	62	68	76	81	62	Framework Provider
Raageh Care Ltd	-	-	-	27	28	Framework Provider
Richmore Care Services	-	-	-	2	12	Framework Provider
SELECT CARE SERVICES LTD	-	-	-	24	22	Framework Provider
Sensitive Care Solutions Ltd	-	-	-	2	20	Framework Provider
Spirit Homecare	-	-	41	62	45	Framework Provider
UK Care Team Ltd	14	55	87	108	76	Framework Provider
UK Top Care Limited	-	-	-	8	0	Covid-19 Temporary Emergency Contract
Westminster Homecare (Leicester)	222	355	317	238	176	Framework Provider
Sensitive Care Solutions	-	-	-	20	1	Covid-19 Temporary Emergency Contract
Ark Home Healthcare	189	11	-	-	-	Framework Provider - Now Ended
Carewatch Care Services Limited	99	2	-	-	-	Framework Provider - Now Ended
English Rose Care Ltd	21	43	2	-	-	Framework Provider - Now Ended
Synergy Homecare	-	-	-	12	-	Covid-19 Temporary Emergency Contract
Universal Care Services (UK) LTD	56	40	1	-	-	Framework Provider - Now Ended
Wellbeing and Support Ltd	-	-	-	12	8	Covid-19 Temporary Emergency Contract
UK Top Care Ltd	1	1	-	-	-	Framework Provider - Now Ended
Total	2004	2506	2593	2697	2064	

Appendix 2 – Funding by Provider

Provider	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	Grand Total
Abundant Life	£2,277.89					£2,277.89
Adaptus	£93,638.23	£457,122.69	£826,923.57	£1,123,456.70	£283,180.30	£2,784,321.49
Alliance Speciality Care				£14,631.18		£14,631.18
Alpha Imperial Care				£33,430.94		£33,430.94
Amicare			£37,969.85	£202,889.90	£94,687.99	£335,547.74
Ark Home Healthcare	£875,576.81	£17,369.73				£892,946.54
Aspire	£2,647,089.14	£2,931,059.97	£3,234,858.71	£3,423,429.26	£1,007,450.40	£13,243,887.48
Blue Arch Homecare				£151,168.23		£151,168.23
Bluewood	£372,450.06	£1,212,582.05	£1,279,157.34	£1,771,104.33	£537,877.43	£5,173,171.21
Bonney Care	£46,172.37	£141,162.69	£148,143.08	£142,316.60	£25,221.43	£503,016.17
Care 4U	£51,875.10	£118,343.42	£268,307.36	£238,288.87	£40,672.57	£717,487.32
Carers Direct	£237,412.64	£682,216.98	£1,251,690.86	£1,914,751.27	£620,358.43	£4,706,430.18
CareWatch Care Services	£11,386.67					£11,386.67
Choices Care	£427,215.61	£464,038.63	£547,386.46	£504,911.69	£125,255.61	£2,068,808.00
CM Community Care			£21,844.99	£173,265.51	£57,043.15	£252,153.65
Creative Care Limited				£90,783.30		£90,783.30
DCS	£1,112,378.13	£1,192,574.47	£1,191,686.43	£1,252,863.48	£335,033.20	£5,084,535.71
English Rose	£41,485.74	£315,909.12	£2,026.66			£359,421.52
Evolving	£23,016.59	£132,046.34	£155,127.18	£183,453.64	£59,938.79	£553,582.54
Family Care	£68,165.43	£307,925.90	£503,906.36	£430,219.98	£123,997.21	£1,434,214.88
Fosse Healthcare	£21,450.61	£205,710.07	£118,926.70	£76,965.39	£18,677.37	£441,730.14
Green Square Accord	£373,288.22	£308,603.94	£325,990.73	£383,133.85	£103,205.34	£1,494,222.08
Hales			£2,856.20	£5,755.87	£2,868.82	£11,480.89
Help at Home	£1,473,878.46	£1,887,988.70	£1,707,243.45	£1,743,236.83	£475,189.72	£7,287,537.16
HK Care Consulting Ltd				£35,898.70		£35,898.70

iCall Care Ltd				£128,231.49		£128,231.49
Melton			£25,930.05	£46,670.75	£12,973.10	£85,573.90
Meridian	£592,597.16	£719,243.22	£710,626.67	£544,873.86	£162,096.37	£2,729,437.28
MiLife	£62,212.06	£280,770.15	£343,980.07	£466,799.01	£178,707.43	£1,332,468.72
Panashe Care Services Ltd				£5,914.56		£5,914.56
Precious Hope			£29,944.10	£147,363.78	£56,742.52	£234,050.40
Private Home Care	£445,936.75	£634,882.40	£747,839.90	£766,017.78	£185,293.73	£2,779,970.56
Raageh Care Ltd				£171,401.53	£85,850.95	£257,252.48
Richmore Care Services				£11,592.66	£29,109.81	£40,702.47
Select Care Services				£104,195.62	£33,614.20	£137,809.82
Sensitive Care Solutions				£136,236.11	£64,461.27	£200,697.38
Spirit Home Care			£55,230.03	£208,976.31	£72,764.83	£336,971.17
Synergy Home Care				£54,733.91		£54,733.91
UK Care Team	£21,221.52	£239,266.77	£444,900.82	£895,638.73	£242,578.99	£1,843,606.83
UK Top Care Limited	£15,299.06	£7,788.01		£46,079.94		£69,167.01
Wellbeing and Support Ltd				£57,423.53		£57,423.53
Westminster Home Care	£1,230,107.39	£1,917,909.89	£1,696,158.00	£1,457,752.08	£369,689.55	£6,671,616.91
Grand Total	£10,246,131.64	£14,174,515.14	£15,678,655.57	£19,145,857.17	£5,404,540.51	£64,649,700.03

Name of Contract	Service Description	Risk Rating	Lead Officer	Full Contract Value	Anticipated Contract Start Date	Duration of New Contract	Proc. Team	Procurement Status Progress Update	Lead Member (for PCR Level Procurements)
Social Care Case Management System (Support, Maintenance and Development)	Electronic Social Care Case Management System	High	June Morley	£2,300,000	01/04/22	Up to 10 Years	ICT	In progress. Terms to be agreed between both legal teams for the contract to commence..	Cllr Russell
Assessment and Equipment Service for People who are Deaf, Deafened or Hard of Hearing	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	Pre-procurement. Commissioning review to commence. Procurement anticipated to be undertaken in 2022.	Cllr Russell
Carers Breaks/Respite Service	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. Existing contracts to be extended to 31/03/2023. Commissioning review underway. Procurement anticipated to be undertaken in Mar 2022.	Cllr Russell
Communication Support Service	Service for people who access services who require support to communicate.	Medium	Caroline Ryan	To be confirmed	01/04/22	3+2 Years	ASC	Pre-procurement. Awaiting commissioning proposals.	Cllr Russell
Community Opportunities (Day Care)	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. Existing contracts to be extended to 31/03/2023. Commissioning review underway. Procurement anticipated to be undertaken in Mar 2022.	Cllr Russell
Direct Payments Support Services	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. Commissioning review underway. Procurement anticipated to commence in Jan 2022.	Cllr Russell
Extra Care Developments	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. Commissioning review underway. Procurement anticipated to commence in Autumn 2021.	Cllr Russell
Healthwatch Leicester and Leicestershire	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	01/04/23	3+2 Years	ASC	Pre-procurement. Existing contract extended to 31/03/2023. Commissioning review to commence. Procurement anticipated to be undertaken in 2022.	Cllr Russell
Independent Living Support - Supported Housing	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. Existing contracts to be extended to 31/03/2023. Commissioning review underway. Alternative service proposals to be progressed.	Cllr Russell
Integrated Community Equipment Loans Service	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	Procurement concluded. New contract awarded which is to commence on 01/04/2022.	Cllr Russell
Liberty Protection Safeguards	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	Pre-procurement. Awaiting government guidance before commissioning proposals can be confirmed.	Cllr Russell
Mental Health Wellbeing and Recovery Services	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	01/10/22	3+2 Years	ASC	Existing contracts extended to 30/09/2022. Commissioning review commenced. Procurement anticipated to be undertaken in early 2022.	Cllr Russell
Provision of Supported Living Accommodation	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	Pre-procurement. Awaiting commissioning proposals.	Cllr Russell
Short-Term Residential Care Beds	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	03/01/22	3+2 Years	ASC	Pre-procurement. Existing contracts extended to 02/01/2022. Contracts likely to be extended further to 30/06/2023. Commissioning review underway. Services may be commissioned with Discharge 2 Assess Services.	Cllr Russell

Advocacy Services (Independent Care Act Advocacy (ICAA); Independent Mental Health Advocacy (IMHA); Independent Mental Capacity Advocacy (IMCA); Independent Complaints Advocacy Service (ICAS))	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	Pre-procurement Existing contracts to be extended to 31/03/2023. Can be further extended to 31/03/2024.	Cllr Russell
Best Interest Assessors	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	Pre-procurement Existing contracts to be extended to 31/03/2023.	Cllr Russell
Carers Services for Adult Social Care	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	Pre-procurement. Existing contract to be extended to 30/06/2024.	Cllr Russell
Delivery of Adult Social Care Care Act Functions in HMP Leicester	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. Existing contract to be extended to 30/03/2024.	Cllr Russell
Domiciliary Support Service	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	Pre-procurement Existing contracts to be extended to 09/06/2024. Commissioning review to commence.	Cllr Russell
Adult Social Care Telecare	Provision of Telecare services.	High	Jagjit Singh Bains	£1,300,000	To be confirmed	4+3 Years	ICT	Not started. Commissioning review underway.	Cllr Russell
Support to Young Carers	Completion of statutory young carers assessments, provision of respite and support for families where young carers are identified.	Medium	Sarah Whittle/ Nicola Odom	£400,000	01/04/21	3+2 Years	Goods/Services	County leading on the contract	Cllr Russell
Community Family Services	Provision of community setting support, training, respite and befriending service	Low	Brian Bodsworth	£240,000	01/04/21	1+2 Years	Goods/Services	Not started Planned to procure support with workforce development rather than direct delivery.	Cllr Russell
16+ Accommodation and Support	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	Clare Nagel	£3,500,000	01/11/21	5 Years	Goods/Services	In progress	Cllr Russell
Paid Persons Representatives (PPR) (Deprivation of Liberty Safeguards)	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	Pre-procurement. Existing contracts to be extended to 03/04/2023.	Cllr Russell
Service User Participation Service	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. Awaiting commissioning proposals.	Cllr Russell
Visual Impairment Support and Enablement Service	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 Existing contract to be extended to 30/06/2024.	Cllr Russell
Domiciliary Support Service for People who Hoard	Provision of domiciliary support service for people who hoard.	High	Beverley White	To be confirmed	01/04/22	3+2 Years	ASC	Not started Awaiting commissioning proposals.	Cllr Russell
Arrangements for emergency respite and temporary care placements during COVID-19 for Adults (Learning Disabilities and Autism)	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 Commissioning review underway. Awaiting commissioning proposals.	Cllr Russell
Education System (ONE)	Procurement for the electronic Education System (ONE)	High	June Morley	To be confirmed	To be confirmed	To be confirmed	ICT	Pre-procurement. Procurement anticipated to be undertaken in 2022.	Cllr Cutkelvin / Cllr Russell
Adult Mental Capacity Professionals	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 Awaiting government guidance on Liberty Protection Safeguards before commissioning proposals can be confirmed..	Cllr Russell
Care Technology	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. Commissioning review underway. Awaiting commissioning proposals.	Cllr Russell
Discharge 2 Assess Services	Provide time, support and the right environment for people to recover who may not be quite ready for reablement immediately after leaving hospital	High	Michelle Larke	To be confirmed	01/07/23	To be confirmed	ASC	Commissioning review underway.	Cllr Russell
Vulnerable Passenger Transport Services	The Council procures journeys for children, young people and adult service users, as well as for Council staff using taxi providers. These journeys are commonly planned e.g. trips to and from school or unplanned e.g. one-off journeys.	High	Clare Nagel	To be confirmed	To be confirmed	To be confirmed	Goods/Services	Commissioning review underway. Procurement anticipated to commence in Autumn 2021.	Cllr Cutkelvin / Cllr Russell

Column C Risk Rating	
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

Draft Work Programme 2021-2022

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
	To keep a watching brief on: <ul style="list-style-type: none"> • Councils Forward Plans • Councils Budgeting reports • Consultations • ASC Performance Monitoring reports 			
29 June 2021	<i>(Overview of ASC services for benefit of new membership – separate session to be held)</i> Covid-19 Recovery Plans – update ASC Operational Strategy 2021-24 Strengths Based Practice in Adult Social Care Leicestershire County Care Ltd (LCCL) -update Work Programme 2021/22			
26 August 2021				
7 October 2021				

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
2 Dec 2021				
13 January 2022				
10 March 2022				
Forward planning – possible items: <ul style="list-style-type: none"> • <i>Autism Strategy</i> • <i>Dementia Strategy update</i> • <i>ASC Workforce Planning for the future</i> • <i>Carers Strategy</i> • <i>Tackling isolation</i> • <i>Unisons Ethnical Care Charter</i> • <i>Better Care Fund (BCF) Annual Report</i> • <i>Contracts and Assurance Annual Quality Report</i> • <i>Age UK Leicester, Leicestershire & Rutland</i> • <i>Learning Disabilities Strategy</i> • <i>Transitions</i> • <i>Leicestershire Care Company Ltd updates</i> 				