

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 16 JUNE 2022

TIME: 5:30 pm

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

Members of the Committee

Councillor Joshi (Chair)

Councillor Pandya (Vice-Chair)

Councillors Batool, Kaur Saini, March, Patel and Singh Johal

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),

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

Information for members of the public

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 ongoing mitigations to prevent the transmission of COVID, public access in person is limited to ensure social distancing. If you wish to attend a meeting 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 on the [Decisions, meetings and minutes page](#) of the Council website.

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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.

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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 Officer on 0116 454 5591.

Alternatively, email aqil.sarang@leicester.gov.uk, or call in at City Hall.

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 - 8)

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 3 March 2022 have been circulated and the Commission is asked to confirm them as a correct record.

4. TERMS OF REFERENCE

Appendix B
(Pages 9 - 10)

Members of the Commission are asked to note the Terms of Reference

5. MEMBERSHIP OF THE SCRUTINY COMMISSION 2022/23

Members of the Commission are asked to note the Membership of the Adult Social Care Scrutiny Commission:

Councillor Joshi (Chair)
Councillor Pandya (Vice Chair)
Councillor Batool
Councillor Kaur Saini
Councillor March
Councillor Patel
Councillor Singh Johal

6. DATES OF MEETINGS OF THE SCRUTINY COMMISSION 2022/23

Members of the Commission are asked to note the Commission Meeting dates as follows:

- 16 June 2022
- 18 August 2022
- 13 October 2022
- 8 December 2022

- 19 January 2023
- 9 March 2023

7. PETITIONS

The Monitoring Officer to report on any petitions received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

9. AN OVERVIEW PRESENTATION OF ADULT SOCIAL CARE SERVICES **Appendix C** **(Pages 11 - 36)**

The Strategic Director for Social Care and Education will provide a presentation to the Commission providing an overview of the Adult Social Care services.

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

10. CARERS STRATEGY CONSULTATION REPORT **Appendix D** **(Pages 37 - 98)**

The Strategic Director for Social Care and Education submits a report on the Carers Strategy Consultation to inform the Adult Social Care Scrutiny Commission on the outcome of the engagement exercise carried out in relation to the Leicester, Leicestershire & Rutland Carers Strategy, and to advise of the consultation on the draft joint Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-2025.

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

11. DRAFT DEMENTIA STRATEGY **Appendix E** **(Pages 99 - 132)**

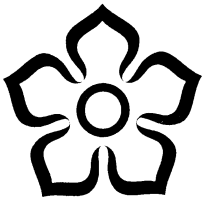
The Strategic Director for Social Care and Education submits a report on the Draft Dementia Strategy.

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

12. WORK PROGRAMME **Appendix F** **(Pages 133 - 134)**

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.

13. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 3 MARCH 2022 at 5:30 pm

P R E S E N T :

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Kaur Saini

Councillor Kitterick

In Attendance

* * * * *

62. APOLOGIES FOR ABSENCE

Apologies for absence were received from the Director of Adult Social Care and Commissioning.

63. DECLARATIONS OF INTEREST

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

64. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 13 January 2022 be confirmed as a correct record.

65. PETITIONS

The Monitoring Officer noted that none had been received.

66. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

67. HEALTHWATCH LEICESTER AND LEICESTERSHIRE

A representative from Healthwatch Leicester and Leicestershire delivered an overview of the report to the Commission.

As part of the discussions, it was noted that:

- The Chair commended the work carried out by Healthwatch Leicester and Leicester with male suicide. It was noted that a diverse workforce and collaborative work with partner agencies allowed for successful engagement with victims
- The Vice Chair noted that although a lot of the was encouraging, the work was linked to the health and Wellbeing Scrutiny and suggested that items that tie into the Adult Social Care Scrutiny Commission portfolio be brought to commission in the future
- Members of the Commission requested that Healthwatch have a continuous presence at future commission meeting's, and this was confirmed by the Healthwatch representative.

AGREED:

- 1) That the Adult Social Care Scrutiny Commission note the report;
- 2) That Healthwatch Leicester and Leicestershire be requested to commit to future meetings of the Adult Social Care; and
- 3) That the Adult Social Care Scrutiny Commission be kept informed on any future projects.

68. COVID19 UPDATE

The Strategic Director for Social Care and Education provided the Commission with a verbal update on the latest data. It was noted that:

- There was a contrast in the data that was collected in mid-January 2022 to the more recent data and that the numbers had fallen dramatically
- The rate of testing within care homes had also declined and was half of that in January 2022
- The number of positive cases had declined but the infection rates were drifting upwards
- There were no patients in UHL because of Covid
- The mortality rate was in line with the pre pandemic 5 year trend
- Although there had been considerable anxiety on the mandatory vaccinations for staff, these had since been revoked from 15 February 2022 and vaccinations would no longer be mandatory but were still advised
- Half of care home staff had received the booster vaccination which was in line with the national average and 85% of care home residents had received the booster vaccination, the third best in the region
- Work was now underway to begin for preparations for autumn 2022

It was further noted that, there was a level of uncertainty in the sector as a

result of the change in regulations around isolation and others. The DHSE were yet to produce guidance and that the expectation was now on the service providers influenced by insurers and that these trends would also apply to homecare services

It was suggested that although the fundamental issues remained, the demands on services had started easing and that waiting time for services following discharge from hospitals were shorter. It was noted that the underlying trend was that the Adult Social Care workforce was falling yet the demand was on the increase and the level of commitment from the staff was admirable.

The focus was now shifting away from Covid and moving towards the external assurance of Council Commissioning and non service delivery functions. This would take place over the next 18 months and was considered to be similar to an Ofsted style inspection, which the service had not received in over 10 years.

As part of the discussions, it was noted that:

- The DHSE had identified money that would be made available for the new work
- although it was suggested that this was not usually enough for the delivery of additional work as it did not consider the responsibilities of still having work to catch up on from previous years
- in response to the Chair, it was noted that, the service would essentially carry on how it had done during the pandemic without any huge changes and continue to deliver services effectively and safely.

AGREED:

- 1) That the Strategic Director for Social Care and Education be requested to keep the Commission informed on any future developments, and
- 2) That the staff within the care sector be commended for their hard work.

69. ADULT SOCIAL CARE PERFORMANCE MONITORING (QUATER 2) REPORT

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

Members of the Commission suggested going directly into the discussions and as part of the discussions it was noted that:

- The report was substantially better than what had been provided previously
- Members suggested that it would not be helpful to take data right now as things were yet to settle down following the pandemic
- For reassurance data from previous years (2016/19) should be able to provide a forecast
- The narrative for CQC inspections were available and would be useful
- Members queried whether 0 referrals from people leaving prison was normal and were interested in what the service's role was when prisoners were released from prison

In response to members Officers noted:

- That the quarter 3 data would be compared to 2019/20 which would be referencing an unusual period which would not be useful
- In terms of the language used in the report it was noted that the term leavers broadly referred to deaths, however people often move away closer to family members
- The service did work with people leaving prison, but it was noted this would not show as new referrals, in most instances there was an ongoing relationship with them and that the Adult Mental Health Team dealt with a substantial number of people. More detail of this could be made available if Members requested it
- Throughout the pandemic the CQC had adopted a risk-based assessment and the service did not have regular routine inspections. Inspections were carried out with providers that needed improvement

The Vice Chair queried how the picture now would differ from that in quarter 4 and in response Officers noted that it would potentially be continued increase in overall demand, an increase in service users waiting for a review and potential increase in safeguarding alerts.

It was noted that despite all the challenges, 86.3% of people either agreed or strongly agreed that the service is allowing them to live the life that they want. Officers wanted to see this continued level of satisfaction for service users for the rest of the year.

The Vice Chair also noted that the long-term sickness of staff had also been alarming and took the opportunity to thank staff for their ongoing work and acknowledged the toll it could have on individuals.

AGREED:

- 1) That the report be noted, and
- 2) That the Strategic Director for Social Care and Education be requested to consider the comments and concerns raised by Members of the Commission.

70. EXTRA CARE DEVELOPMENT

The deputy City Mayor for Social Care and Anti-Poverty introduced the report and encouraged Members of the Commission to visit the various sites across the city and noted that dates could be arranged on request.

As part of the discussions Members of the Commission were interested in how their input could shape progress early on.

The Chair requested that site visits to existing homes be arranged in the new municipal year.

AGREED:

- 1) That the item on the Extra Care Development be added to the work

- programme for 2022/23; and
2) That the report be noted.

71. LIBERTY PROTECTION, SAFEGUARDING AND DEPRIVATION OF LIBERTY SAFEGUARDS

The report on the Liberty Protection, Safeguarding and Deprivation of Liberty Safeguards (DoLS) had been submitted with the agenda documentation and therefore, Members suggested going directly into the discussion. As part of the discussion, in response to questions raised by Members it was noted that:

- The waiting list for the assessment process was not a unique issue but rather a national one with most care homes having extensive waiting list. Leicester City Council had one of the lowest number of people on their waiting list regionally and individual's risks were mitigated by the triage process which identifies those with the greatest needs and regular memos between the service and the care home responsible, this also helped address any concerns that are raised.
- Meeting on a quarterly basis with external partners and advocacy groups to help develop the information and identify individuals that may also need to be on the list
- There were 380 people that were subject to a standard level of authorisation on the waiting list and the time frame for which each person can be on the waiting list varied, with the majority granted standard authorisation within 12 months this enabled the service to monitor and review any DoLS and address and share any concerns that are raised.
- A shorter period of authorisation would usually be because of any concerns that may need to be addressed sooner
- Overall, annually approximately 550 people were assessed and adapting to technology had improved the number of assessments from previous years.
- Everybody assessed were not automatically eligible for the DoLS standard authorisation to be applied. In these instances, the service provided advice to the funding authority such as the health or local authority to best support the person and reduce the level of restriction in order to make sure it was in the best interest for the service user and some cases were referred to the courts for a resolution

In further discussions it was noted that:

- Although there was a one-year backlog, positive improvements had been made and the backlog had been reduced from where it was as a result of proactive effort to ratify the area
- The team size had reduced by half but continued to work. Recruitment had been carried out but unfortunately, retention of staff due to reallocation and maternity leave meant the team were short staffed.
- Overall, there was a struggle to interest people in training to be a Best Interest Assessor and difficult to attract qualified people in post with the uncertainty of the future of LPS
- The planning aspect for the future was a challenge for the service, a

robust action plan had been drafted with some elements that were already being addressed

- With the National LPS Steering Group meetings now being reconvened the draft code of practice would be announced at some point this year and all authoritative bodies would receive an implementation date.

AGREED:

- 1) That the item on the Liberty Protection, Safeguarding and Deprivation of Liberty Safeguards was an important area of the Commissions work and that the item be added on to the Work Programme,
- 2) That the Strategic Director for Social Care and Education be requested to update the Commission on any future progress, and
- 3) That the report be noted.

72. ASSISTIVE TECHNOLOGY REPORT

The Director for Adult Social Care and Safeguarding introduced the item on assistive technology.

The Technology and Response Team Leader presented the Commission with the different technology that was available.

As part of the discussions the Technology and Response Team Leader responded to queries raised by Members of the Commission in how the different technology worked and supported service users within their own homes. It was noted that individual had their own requirements, and the right support was provided to suit individual needs.

Representatives from Healthwatch Leicester and Leicestershire commended the Officer for their presentation and queried whether the technology could be translated into the various languages spoken by service users across the City. Officers noted that the use of team members and families to record messages in the required language allowed for devices to relay messages in languages best suited for the service user.

It was further noted that the response team that is alerted through the technology devices was a Leicester City Council department and responders aim to be with the service user within 2 hours and anyone that had fallen is responded to within 30 minutes.

AGREED:

- 1) That the Assistive Technology item remain on the work programme for the Adult Social Care Scrutiny Commission; and
- 2) That Officers be thanked for their informative display of the assistive technology available.

73. SCRUTINY REVIEW INTO 'UNDERSTANDING THE INCREASING COST OF CARE PACKAGES WITHIN ADULT SOCIAL CARE BUDGETARY PRESSURES'

The Chair of the Task Group, Councillor March noted that the report on the review carried out would be presented at the Adult Social Care in the new municipal year.

The Scrutiny Policy Officer was thanked for her support during the task group review.

74. WORK PROGRAMME

The Chair noted that the items on the forward plan would be included in the work programme for the new municipal year.

75. ANY OTHER URGENT BUSINESS

There being no items of urgent business, the meeting closed at 7:32pm.

SCRUTINY COMMITTEES: TERMS OF REFERENCE

Scrutiny Committees hold the executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview and Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its Terms of Reference.

Scrutiny Committees may:-

1. Review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
2. Develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
3. Question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.
4. Make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.
5. Review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
6. Question and gather evidence from any person (with their consent).

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

The Scrutiny Committees which have currently been established by the Council in accordance with Article 8 of the Constitution are:

- Overview Select Committee (OSC)
- Adult Social Care Scrutiny Commission
- Children, Young People and Education Scrutiny Commission
- Economic Development, Transportation and Climate Emergency Scrutiny Commission

- Health and Wellbeing Scrutiny Commission
- Heritage, Culture, Leisure and Tourism Scrutiny Commission
- Housing Scrutiny Commission
- Neighbourhood Services Scrutiny Commission

SCRUTINY COMMISSIONS

Scrutiny Commissions **will**:

- Be aligned with the appropriate Executive portfolio.
- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member, who will be a standing invitee.
- Have their own work programme and will make recommendations to the Executive where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.
- Consider the training requirements of Members who undertake Scrutiny and seek to secure such training as appropriate.

ADULT SOCIAL CARE

An Overview for Elected Members

16 June 2022

Who we are



Martin Samuels
Strategic Director,
Social Care and
Education



Ruth Lake,
Director, ASC and
Safeguarding



Kate Galoppi
Interim Director,
ASC and
Commissioning

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Social workers, Occupational Therapists, Care Management Officers, Approved Mental Health Professionals, Reablement and Enablement Officers, Best Interest Assessors, Support staff, Commissioners, Contract Managers and more

1000+ staff within the Department, a further 19,000+ in external providers

SCE Department - Strategic Purpose

We are committed to supporting children, young people, adults, and families to be safe, be independent, be ambitious for themselves and ↻ live the best life they can.



Some 21/22 numbers...

18,998 new contacts

11,587 new requests for support

63% aged 65 and over; 37% aged 18-64



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55% white; 34% Asian &/British; 6% Black &/British

81% community; 18% hospital discharge



63% supported by Information, Advice, Guidance and Signposting



57% female; 43% male



Some more numbers...



6,390 people received long term support in 21/22

75.2% had been receiving this for >12months

24.6% receive their support in residential / nursing care

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32% took a direct payment

1,277 new clients provided with short term support to maximise independence

- 296 needed long term support
- 10 people went into residential / nursing care



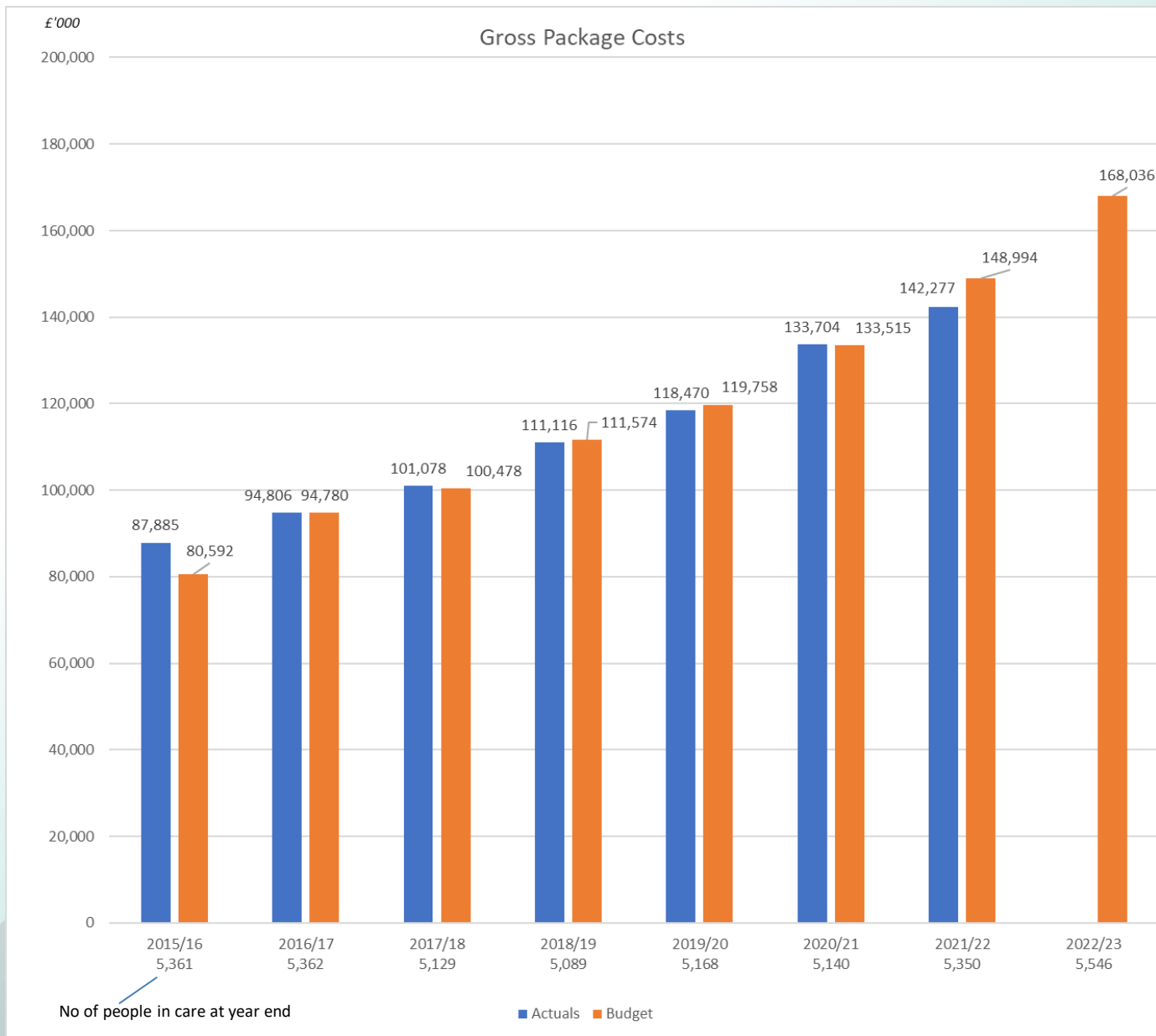
Resources



	<u>£m</u>
• Gross Package Costs	168.0
• Care Management	13.2
• Safeguarding	0.2
• Preventative Services	11.3
• Contracts & Commissioning	2.6
• Departmental	<u>3.1</u>
• Total expenditure	198.4
• Fees/Joint Funded Income	(27.5)
• Better Care Funding	<u>(33.0)</u>
• Total Net Budget 2022/23	137.9

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Rising costs



So, what does ASC do?

- Statutory function defined in law
- Care Act 2014
 - major overhaul
- Also other laws
 - notably Mental Health Act, Mental Capacity Act
- Health & Care Act 2022
 - further reforms



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Essentially

- to promote wellbeing and prevent need
- to assess people who appear to have a need for care and support
- to provide advice
- where eligible, to provide or arrange services to meet need

Strength based practice

Our overall aim is to work together with people requiring social care support to live the life they want

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Assess Need

Assessment is both a key process AND a critical intervention

An assessment should identify:

- Individual strengths and networks
- what outcomes the individual is looking to achieve, in order to maintain or improve their w
- how care and support might help in achieving those outcomes



Should be proportionate

- from telephone discussion
- to complex multi-agency meetings

Prevent and Reduce Need

Assessments must

- Consider whether the person would benefit from the available preventative services, facilities or resources to build their resilience and networks
- 22 ■ Consider whether the person can be supported to be more independent

Delivered through social work, enablement, reablement, equipment & adaptations, assistive technology



Determine Eligibility

Set out in Care Act 2014

- the person has needs due to a physical or mental impairment or illness
- those needs mean that they are unable to achieve two or more specified outcomes
- as a consequence there is, or is likely to be, a significant impact on their wellbeing

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Include:

- Nutrition
- Personal hygiene
- Being able to make use of the home safely
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of facilities or services in the local community
- Carrying out any caring responsibilities the adult has for a child

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Support Planning

The process of identifying services or support that will meet needs and outcomes:

- Informal support
- Local universal services
- Community assets / preventative services
- Commissioned care (eligible needs)
- Direct payment (eligible needs)

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Review

Periodic checks on the effectiveness of support plans:

∞ Have strengths increased?

Have needs changed?

Are the services in place still the best way to deliver outcomes?

Future and contingency planning



Carers

Carers can be eligible for support in their own right

The Care Act introduced a national carers' eligibility threshold:

- 27 • the carer's needs are due to providing necessary care for an adult
- those needs puts the carer's health at risk or means that they are unable to achieve specified outcomes
- as a consequence there is, or is likely to be, a significant impact on their wellbeing



Carer-specific outcomes

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including recreational facilities or services
- Engaging in recreational activities

Safeguarding

- Duty to make enquiries into concerns about harm or abuse of people with care and support needs
- 29 • Separate training programme for Members

Leicester
Safeguarding
Adults Board

WORKING IN PARTNERSHIP
TO KEEP ADULTS SAFE

Mental Health Responsibilities

- Approved Mental Health Professionals (AMHPs)
 - Assess and determine detention to hospital
- s117
 - Agree arrangements for people leaving hospital after a detention for treatment
- Deprivation of Liberty Safeguards
 - Assess and authorise care arrangements that restrict freedom and choice
 - Due to be replaced by Liberty Protection Safeguards (probably 2024)

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Commissioning & Contracts Management

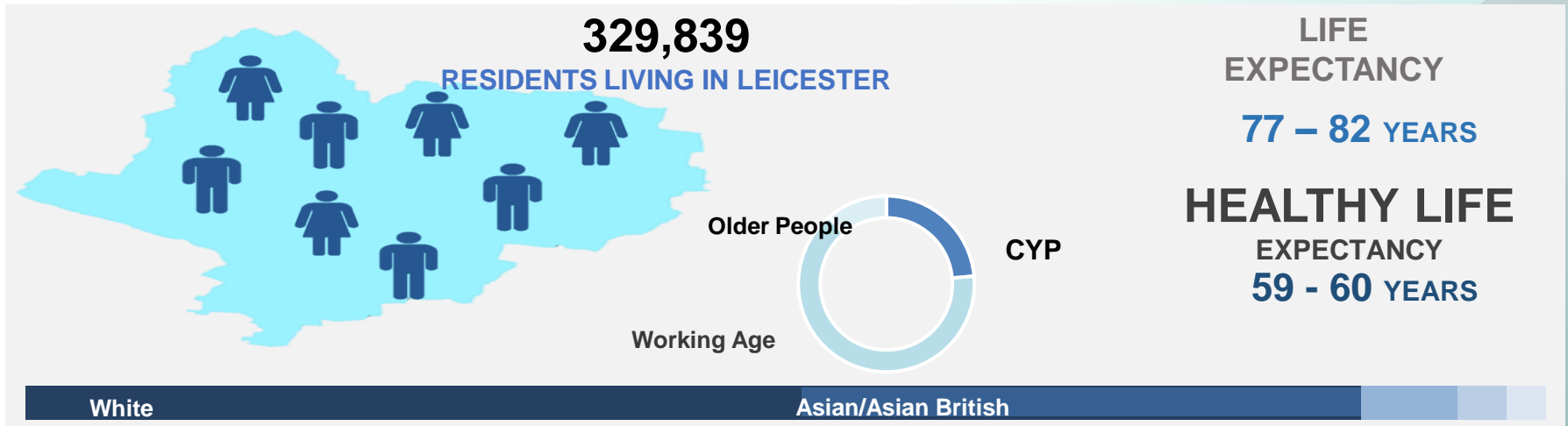
Care Act duty to ensure services are available and the market is sustainable

- Use a commissioning cycle to ensure services available and value for money
- Market Position Statement
- Over 280 contracts
- Mix of statutory and discretionary services
- Many CQC registered
- Robust Quality Assurance Framework
- Brokerage function to support social work staff

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Leicester City's provider market



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Care Homes

- 103 Care Homes across Leicester City providing 2711 beds
- Mix of OP (55 (17 of these homes provide nursing care) and Working Age (48)

Supported Living

- We currently support 475 people in 118 properties
- Provision has expanded by 46% over the last 8 years.

Domiciliary Care

- Commissioned jointly with health.
- 40 contracted providers supporting approx 2000 people in the city
- wider market consists of 126 providers supporting around 4100 people.

Advising Constituents

- ASC is complex – refer matters to us
- There are eligibility thresholds and charges for services
- Promote independence – encourage people looking for help to contact us directly
- Online advice and self assessment portal
<https://www.leicester.gov.uk/health-and-social-care/adult-social-care/>
- MyChoice services directory
<https://mychoice.leicester.gov.uk/>
- Telephone Duty – 0116 454 1004
- Concerns, Member Enquiries (via Member Enquiry System)

ASC Reform Programme

AST REFORM IMPLEMENTATION PROGRAMME BOARD
GOVERNANCE STRUTURE

Directors Monthly Meetings

Programme Sponsor – Martin Samuels

Senior Project Manager

Programme Team



Workforce (Training, Skilled, healthy, Supported and Sustainable workforce) Louise Pinnock

Communication (Provider, Self funders, Co-production, Internal) Brian Lisowy

Digital (Customer Portal, On line financial assessment, on line care needs assessment, Support plan, Controc)

Strategic Finance (Revenue impact, operational budgets, self funder analysis, Grant funding management)

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Any Questions?



ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

**Leicester, Leicestershire, and Rutland Carer
Strategy Refresh Update**

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

Martin Samuels – Strategic Director – Social Care &
Education

Date 16 June 2022

1. Purpose

- 1.1 To inform ASC Scrutiny Commission on the outcome of the engagement exercise carried out in relation to the Leicester, Leicestershire & Rutland Carers Strategy, and to advise of the consultation on the draft joint Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-2025
- 1.2 The LLR Carers Strategy 2022-2025 is a joint strategy which includes all local authorities and the Clinical Commissioning Group (CCG) across LLR and is a refresh on the LLR Joint Carers Strategy 2018-2021 Recognising, Valuing and Supporting Carers
- 1.3 It is proposed that there be a joint foreword from the lead members from the three local authorities, which is included in the draft of the Strategy attached as Appendix 2.

2. Summary

2.2 The LLR Joint Carers Strategy 2018 – 2021 ‘Recognising, Valuing and Supporting Carers’, sets out eight key strategic priorities relating to unpaid carers of all ages. The priorities were built upon the feedback of carers across the LLR area and are set out in the diagram below:



2.2 Each partner organisation was responsible for their individual supporting delivery/action plans. These plans were used to drive improvements across the various organisations.

2.3 There have been a number of collective achievements from the 2018-2021 Strategy including:

- Launch of the Carers Passport across the LLR area
- Quality markers introduced in GP Surgeries
- Staff training around carer awareness, across a range of organisations
- Information for carers reviewed and updated including web pages and information booklets
- Increase in the numbers of people registering as carers with their GP
- An LLR carers group working with Sortified Community Interest Company (a social enterprise and consultancy) promoting carers engagement to produce a report of recommendations for local authorities to consider when working with carers as a result of the learning from the COVID pandemic

2.4 At the end of 2020, Leicester West MP, Liz Kendall arranged a series of meetings with University Hospitals of Leicester, East Midlands Ambulance Service, Leicestershire Partnership NHS Trust, Leicester City Clinical Commissioning Group, the Carer's Centre, Leicester Carer Support Service and the City Council to better understand how the system identifies and supports family carers in Leicester. During Carers Week 2021, she released a 5-point action plan as follows:

- Services to train teams to identify unpaid carers earlier, to ensure they are aware that support exists and that they can access it as quickly as possible
- Information and advice to be widely accessible in simple straightforward terms, to make it easier for people to understand and access the support that exists
- Better co-ordination between health and social care services to make it simpler and less confusing for carers to navigate support and prevent them from having to repeat themselves time and again
- More support from the Government so that unpaid carers can access the support they need such as regular respite breaks
- Ministers to publish their long-awaited plans for social care reform which should put family's needs and concerns at the heart of a transformed system

2.5 It was originally intended to begin the refresh of the Strategy in the summer of 2020, but this was delayed due to the pandemic. Work on the refresh began in the summer of 2021 by starting to engage with carers and voluntary sector partners in a bid to understand how carers felt about the existing strategy and their caring situations. Progress against the existing strategy was shared along with ongoing developments.

2.6 The online engagement exercise undertaken towards the end of 2021 demonstrated that carers in Leicester continue to identify with the priorities contained within the 2018-2021 Carer Strategy. The top 2 priorities in the Strategy for carers in the City were:

- Priority 5 – Carers have a life alongside caring – Health, employment and financial wellbeing
- Priority 7 – Carers can access the right support at the right time – services and systems that work for carers
- This aligned with the top priorities of carers from the County who rated those two priorities as the most important.
- Carers do not identify particularly well with priority 6 as it is framed now. All organisations are keen to ensure that there remains a focus on the role that technology can play in supporting family carers to care confidently and therefore suggested the priority be re-worded to, 'Care with Confidence – technology and skills supporting you to care effectively'.
- Leicester City young carers were keen to have a priority specifically focused on young carers to ensure that the positive work in this area continues to be a focus. Leicestershire young carers requested removal of that priority as they would like to be recognised and included within the other 7 priorities, therefore it is proposed to keep priority 8 as it is currently drafted as well as including young carers within the others. It is hoped that by ensuring young carers get the visible representation across the whole strategy, they are able to see the recognition they are receiving as part of an inclusive group.
- We received feedback that the existing strategy document is overly and unnecessarily long and it has been part of the refresh to attempt to produce a document that is simpler and easier to read whilst still clearly relating to the original strategy document.

2.7 Further information regarding engagement findings can be found at Appendix 1.

2.8 Local authority officers meet with key carer networks every 6 weeks through the Leicester, Leicestershire & Rutland Carers Delivery Group which now feeds into the HomeFirst Collaborative. Carers has been a topic for discussion in the Collaborative on three occasions during 2022 so far, to ensure that carers work is embedded within the HomeFirst programme and engagement also took place at the Learning Disability Partnership Board and Mental Health Partnership Boards.

3. Recommendations

It is recommended that:

3.1 The outcome of the engagement report findings, attached as Appendix 1, be noted.

3.2 The content of the report be noted and to provide comment/feedback

4. Report

- 4.1 There remain ongoing challenges which will be addressed by the Strategy refresh notably, continuing to raise awareness of carer issues and promoting early identification of carers across the Integrated Care System, ensuring that information is provided and kept up to date and involving carers at a strategic level in service planning and design
- 4.2 The Government white paper, 'People at the Heart of Care: adult social care reform', published in December 2021, builds on the National Carers Action Plan 2018-2020 and is centred around three core strands:
- 1) Working with the sector to kick-start a change in the services provided to support unpaid carers
 - 2) Identifying, recognising and involving unpaid carers
 - 3) Supporting the economic and social participation of unpaid carers
- 4.3 Each partner organisation to the Strategy is engaging with the refresh through their respective organisations governance structure. The plans for Leicester include:

Date	Activity
25 May 2022	Draft Strategy document and associated paper to be presented for decision
June 2022	Launch formal consultation for six weeks, which will include a face-to-face consultation event on 28 th June
July 2022	Consultation closes.
September / October 2022	Findings of consultation and any amendments with proposed final strategy for sign off
25 th November 2022	Launch strategy on Carers Rights Day. Work to develop the City action plan will start shortly after.

- 4.4 A formal consultation exercise will assure the partnership that the draft Strategy fairly reflects priorities from a carer perspective and will support the development of more detailed action plans for Leicester City Council
- 4.5 It is intended that the consultation will be undertaken for six weeks
- 4.6 The consultation will seek the views of the general public, carers, people drawing on support of Adult Social Care, organisations that work with carers and Council staff through an online questionnaire, together with information on what has worked in the current strategy; and via targeted group consultation with carers, particularly those who are currently accessing support from the Council and also that are being discovered by Mobilise, an organisation funded by Public Health which uses geo-targeted advertising to identify hidden carers.
- 4.7 The consultation will inform the final version of the refreshed Carers Strategy for the coming three years, and the intention to develop an action plan in collaboration with carers for delivery and accountability of the Strategy.
- 4.8 The consultation findings will also further inform the Council's approach to future support for adult and young carers, and guide future commissioning

5. Scrutiny Overview

2.9 The Adult Social Care Scrutiny Commission receive bi-annual updates on the carer portfolio. A report has already been taken to Adult Social Care Scrutiny Commission providing an update on support for carers, and the carer strategy in January 2022

6. Financial

Not yet received

7. Legal

There are no direct legal comments to make based upon the contents of the report, however the length of the public consultation has been checked against the length of the Council's previous consultation period for the existing strategy due to it being for 6 weeks. Public consultation is usually undertaken over a 12-week period; however, this can be foreshortened based upon the matters being consulted upon and past practice. The existing strategy was consulted on for a period of 7 weeks in 2018 so the proposal for a 6-week consultation is reasonable. There has been significant engagement with carers and other stakeholders already which has informed the draft refreshed strategy, and therefore this could also serve as mitigation should be a challenge to the shorter period of consultation. There is of course, the option to extend the consultation period after 6 weeks should this be considered necessary.

Pretty Patel, Head of Law, ext. 371457

8. Equalities

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and to foster good relations between people who share a protected characteristic and those who don't. Due regard to the Public Sector Equality Duty should be paid before and at the time a decision is taken, in such a way that it can influence the final decision.

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 engagement findings and requests approval for a formal six-week joint consultation of the draft joint LLR Carers Strategy 2022-25. Partners involved in the development of the joint strategy are also subject to the Public Sector Equality Duty.

It is recommended that an equality impact assessment be undertaken on any element of the delivery plan which will affect carers and those that they care for. An understanding of the potential impacts, the maximisation of positive impacts and the identification of appropriate mitigations where there is a disproportionate negative impact can be achieved through ongoing engagement/ consultation with carers and stakeholders and analysis of monitoring data. The consultation process needs to be fair, accessible and proportionate for those participating in it.

In addition, as changes are implemented, it will be important to monitor for any unexpected disproportionate negative impacts or where we are unsure of the impact, in order that they can be addressed swiftly and effectively. This will be beneficial in ensuring that there are no barriers to accessing support arising from any particular protected characteristic/s.

Sukhi Biring, Equalities Officer, 454 4175

9. Climate Change and Carbon Reduction Implications

There are limited significant climate emergency implications directly associated with this report. Where delivery of the consultation process might contribute to emissions this could be mitigated through, for example, encouraging staff to use sustainable transport options where possible and appropriate.

Aidan Davis, Sustainability Officer, Ext 37 2284

10. Background Papers

The current carers strategy can be accessed on our website through the link below.

<https://www.leicester.gov.uk/media/185857/joint-carers-strategy-2018-2021-recognising-valuing-and-supporting-carers-in-leicester-leicestershire-and-rutland.pdf>

11. Appendices

Appendix 1: Engagement report

Appendix 2: Draft carers strategy

Appendix 1:

Summary report of Engagement – Have your say on the Leicester, Leicestershire & Rutland Joint Carers Strategy 2018-2021

1. Acknowledgements

We would like to take this opportunity to express our gratitude and sincere thanks to everyone who has taken the time to speak to us and provide their views and feedback as part of the engagement process on the Leicester, Leicestershire & Rutland (LLR) Carers Strategy 2018-2021.

2. Purpose of the report

This document provides a summary of the findings from engagement with family carers that live or care for someone in the City of Leicester between 21st September 2021 and 19th December 2021, on the LLR Carers Strategy 2018-2021. The Strategy sets out a shared vision and priorities for recognising, valuing and supporting carers by Leicester City Council, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCG's) for Leicester, Leicestershire & Rutland. The current strategy is in the process of being refreshed with a view to launching the refreshed version on Carers Rights Day in November 2022, following this period of engagement and further planned public consultation during Carers Week in June 2022. These timelines have been agreed to enable local organisations to maximise the opportunities for engagement that national awareness raising campaigns provide.

3. Approach

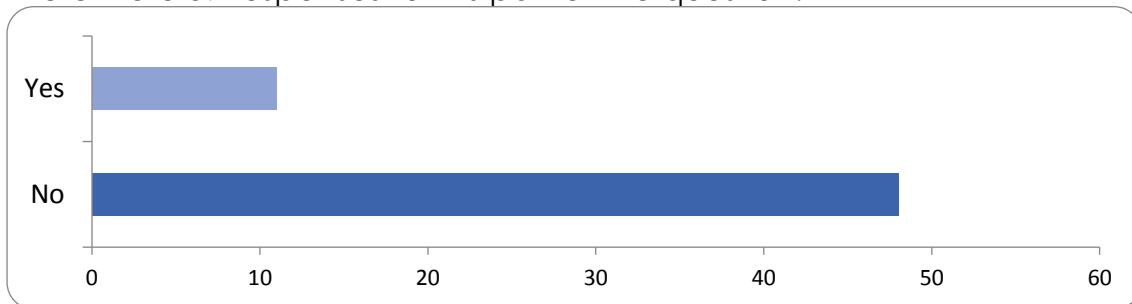
The purpose of this engagement period was to make sure the carer voice continues to be at the heart of any decisions we make concerning the planning and delivery of carers' services, therefore it is critical that the refreshed strategy is co-produced. As public bodies, Local Authorities and CCG's have a duty and commitment to listen and engage to ensure that we understand the views of people drawing upon the support of health and social care services.

As a result of the ongoing impact of the COVID-19 pandemic, the number of carer groups that actually meet in person has reduced in the City but nonetheless council officers were able to attend two face to face engagement sessions with carers, as well as two virtual groups, one of which was specifically for young carers. There was also an online survey which had 28 questions and 59 people responded to this.

This report outlines the findings from the above methods, combining findings from the survey and the groups using both quantitative and qualitative data. Participants of the online survey and those visited by officers were asked the following questions:

Were you aware that there was a strategy for carers across Leicester, Leicestershire and Rutland?

There were 59 responses to this part of the question.

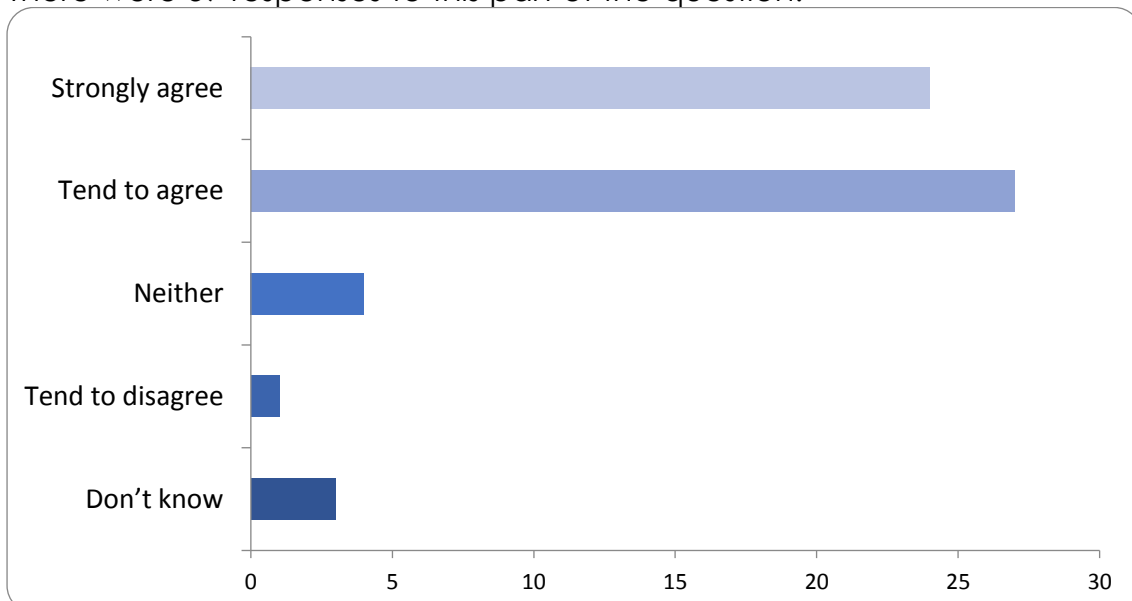


Option	Total	Percent
Yes	11	18.64%
No	48	81.36%
Not Answered	0	0.00%

The majority of carers that took the time to respond to the online survey did not know that there is a strategy across Leicester, Leicestershire and Rutland that sets out a plan for improving the experiences of unpaid carers. This could be linked to the major challenge that exists nationally in relation to the identification of unpaid carers and highlights the need for more awareness raising to be undertaken. The timeline for the refresh and relaunch of the strategy is planned around key national carer awareness raising campaigns which may go some way to addressing this matter along with a face-to-face consultation event towards the end of June 2022.

To what extent do you agree or disagree with the following statement? The word 'carer' is the best term to use to identify those who support another person who cannot manage without their help.

There were 59 responses to this part of the question.

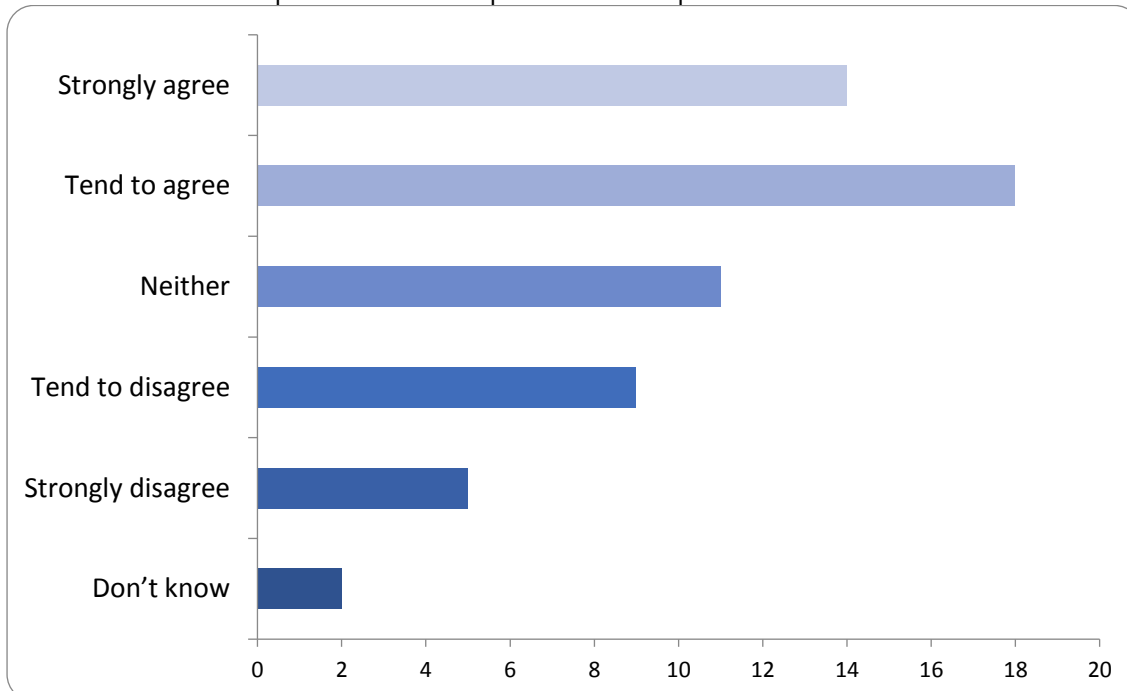


Option	Total	Percent
Strongly agree	24	40.68%
Tend to agree	27	45.76%
Neither	4	6.78%
Tend to disagree	1	1.69%
Strongly disagree	0	0.00%
Don't know	3	5.08%
Not Answered	0	0.00%

86.4% of survey respondents agreed that 'carer' was the best term to use to identify those who support another person who cannot manage without their help. Respondents were invited to provide more detail to enhance their response and to comment on whether there might be a more appropriate term to use. Feedback from these suggests confusion around the role of a paid worker and a family carer, as well as specific factors of the caring role not being associated with the word, carer. As such, further engagement with carer support services was undertaken to ensure the definition used within the Strategy acknowledges these points.

To what extent do you agree or disagree that people have become more aware of carers?

There were 59 responses to this part of the question.



Option	Total	Percent
Strongly agree	14	23.73%
Tend to agree	18	30.51%
Neither	11	18.64%
Tend to disagree	9	15.25%

Strongly disagree	5	8.47%
Don't know	2	3.39%
Not Answered	0	0.00%

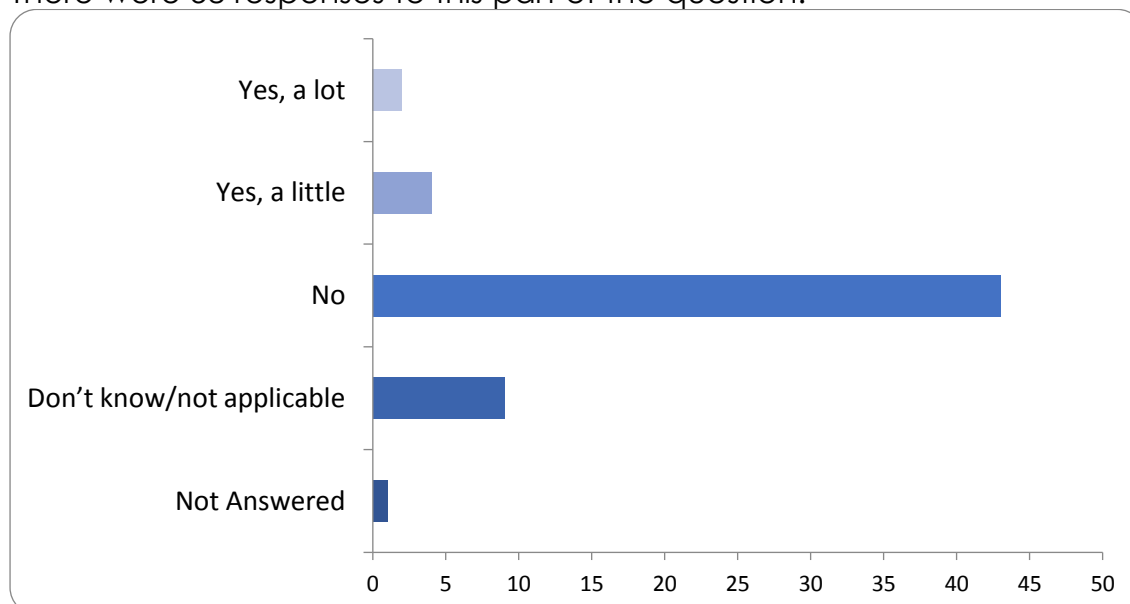
54% of people agreed that people are more generally aware of carers and when asked to provide further information to expand on that, there appeared to be a lot of reference to the Thursday evening claps that were a regular occurrence during the COVID pandemic. Some comments explicitly stated this has raised awareness of caring more widely, whilst others highlighted that society appears to be more aware of the nature of paid caring whilst unpaid carers still remain largely hidden. A small percentage of carers highlighted that health and social care services are beginning to place emphasis on carers rights and needs but still feel like there is a long way to go.

What do you think could help with getting carers recognised and identified earlier?

There were 37 responses to this part of the question. Those people felt that further awareness raising should be done particularly across health services and education services so that carers including young carers are identified earlier and signposted to sources of support by staff working in those places. There was also mention that working age carers often fall through the net and can't access appropriate support.

In the 12 months before the pandemic, had you noticed more information regarding carers in your GP surgery?

There were 58 responses to this part of the question.



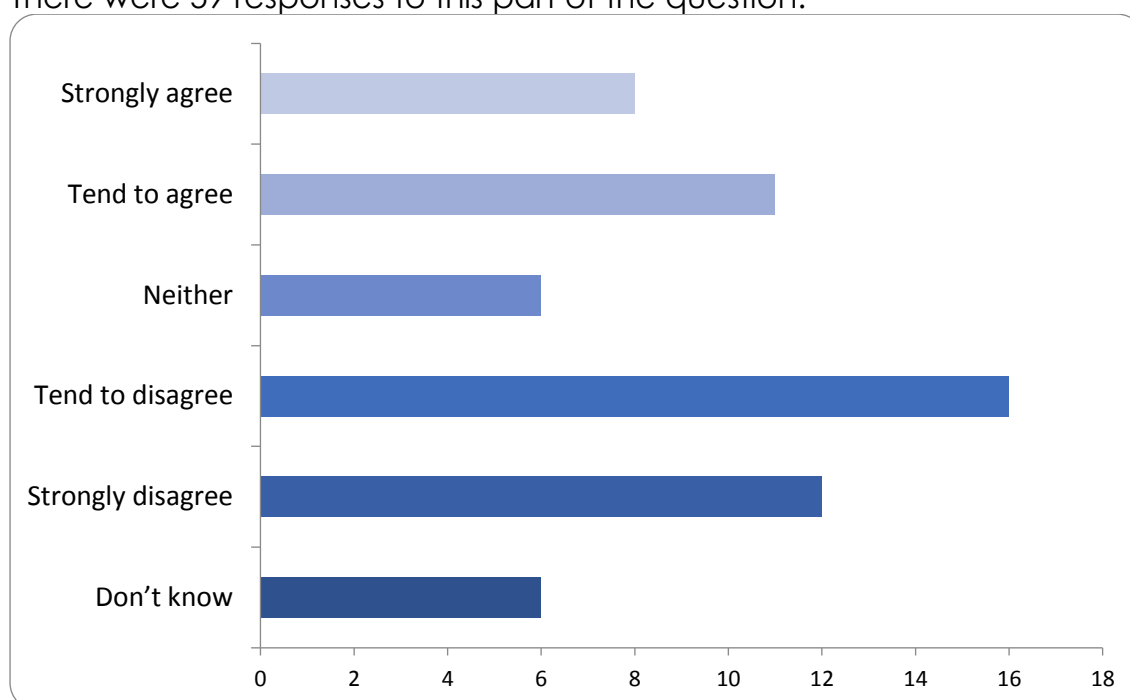
Option	Total	Percent
Yes, a lot	2	3.39%
Yes, a little	4	6.78%
No	43	72.88%
Don't know/not applicable	9	15.25%

Not Answered	1	1.69%
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78% of the respondents did not feel that there was more information for carers or about carers in their GP surgery prior to the pandemic. Whilst this is disappointing, it highlights the need for their to be continued focus on this area in the future strategy document.

When you have needed support from health and social care organisations to what extent do you agree or disagree that carers are kept informed about the person they are caring for?

There were 59 responses to this part of the question.



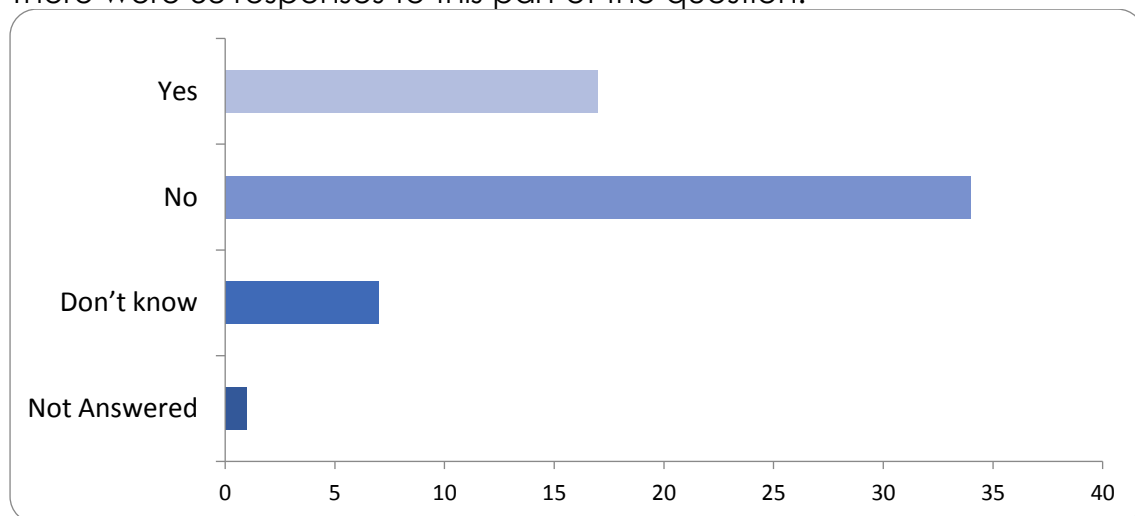
Option	Total	Percent
Strongly agree	8	13.56%
Tend to agree	11	18.64%
Neither	6	10.17%
Tend to disagree	16	27.12%
Strongly disagree	12	20.34%
Don't know	6	10.17%
Not Answered	0	0.00%

Almost half of respondents disagreed that health and social care organisations kept them up to date with information about the person they care for when they have needed support from them. When asked to tell us more about this, carers described feelings of struggling to find out information, although attendance at appointments often made it easier. Carers described feelings of being frustrated with organisations and some even suggested that organisations put barriers in the way which makes things

take longer to get sorted such as lengthy waits on telephones trying to get through to the right person. Those carers who agreed that health and social care organisations do keep you informed also spoke of the value of carer support services.

Did you know that there is information specifically for carers on the Leicester City Council website?

There were 58 responses to this part of the question.

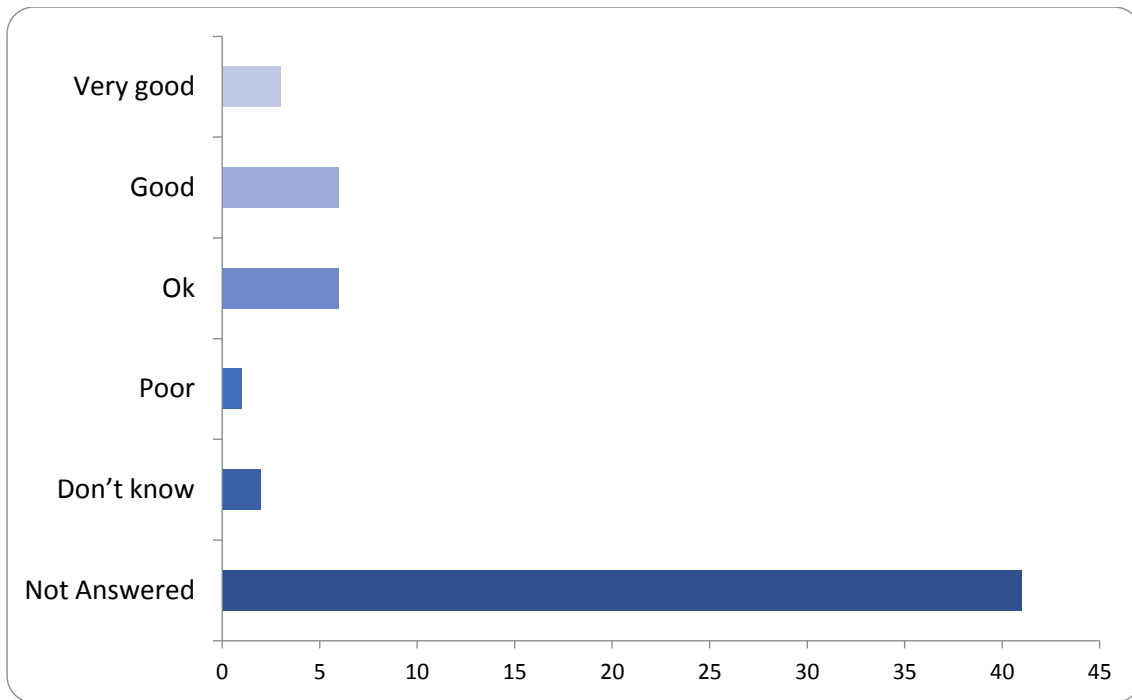


Option	Total	Percent
Yes	17	28.81%
No	34	57.63%
Don't know	7	11.86%
Not Answered	1	1.69%

The responses to this question highlight the need to do more promotional work in specifically in relation to the carer support pages that host a lot of information on the City Council's webpages.

How would you describe the information specifically for carers on the Leicester City Council website?

There were 18 responses to this part of the question.



Option	Total	Percent
Very good	3	5.08%
Good	6	10.17%
Ok	6	10.17%
Poor	1	1.69%
Very poor	0	0.00%
Don't know	2	3.39%
Not Answered	41	69.49%

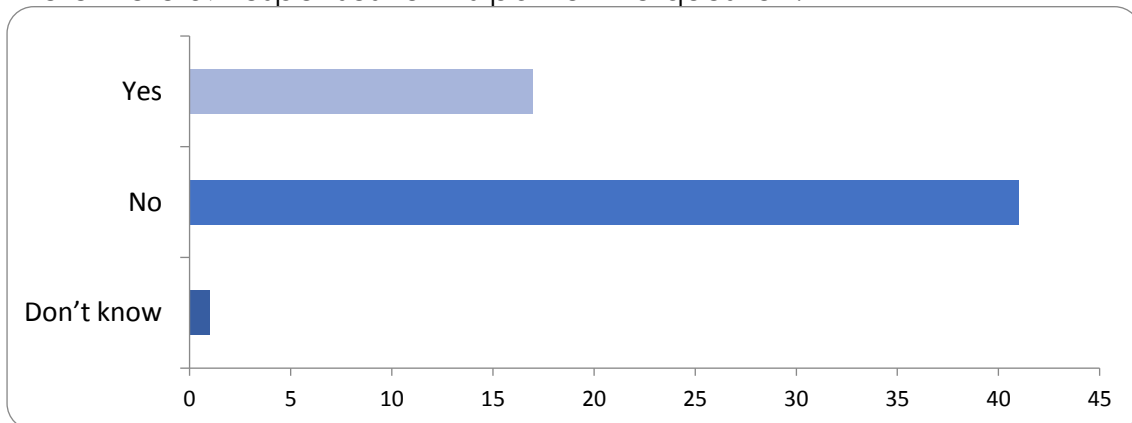
Of the 18 people that answered this question, 15 of them felt that the information on the City Council's website for carers is ok, good or very good. When asked to provide further information, carers seemed satisfied with how comprehensive the information is but some discussed that they needed practical support rather than information alone.

What do you think could help to ensure that carers get the information they need?

49 people provided comments in this section. Many referred to there being no centralized 'register' of carers. The benefits of having this were described as being able to communicate more effectively to ensure they receive the most relevant information for and about the person they care for or for themselves. A single point of access possibly in the form of a website was recognized as something that would also be useful for carers and this should be facilitated by GP surgeries, the local council and health services to ensure there is a joined-up approach. However, many of the responses highlighted that information should also be provided in a printed format so that carers who do not have access to the internet are not excluded. Comments also referred to the issue that some carers do not look for help as they think they ought to be able to manage.

Have you contacted Leicester City Council in the last 12 months regarding a carer matter?

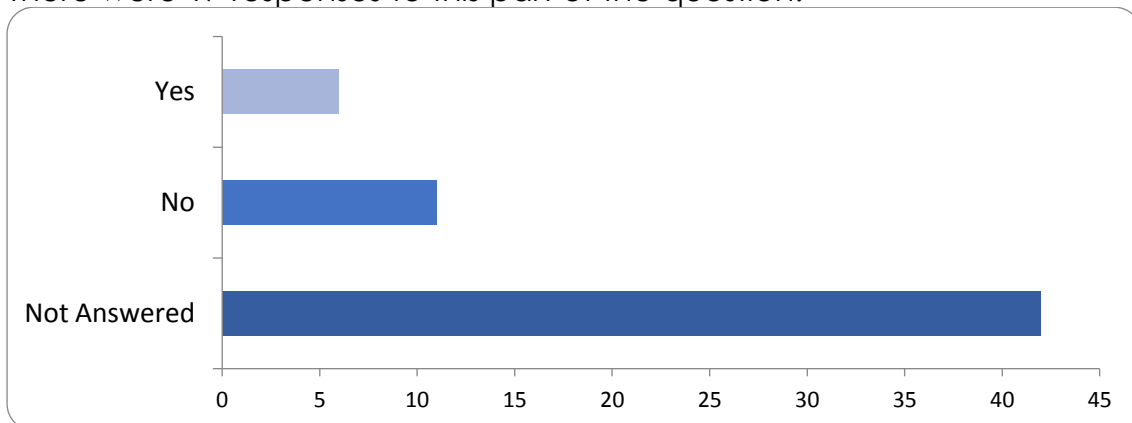
There were 59 responses to this part of the question.



Option	Total	Percent
Yes	17	28.81%
No	41	69.49%
Don't know	1	1.69%
Not Answered	0	0.00%

Were you provided with appropriate information, or advice and signposted to a carer support service?

There were 17 responses to this part of the question.



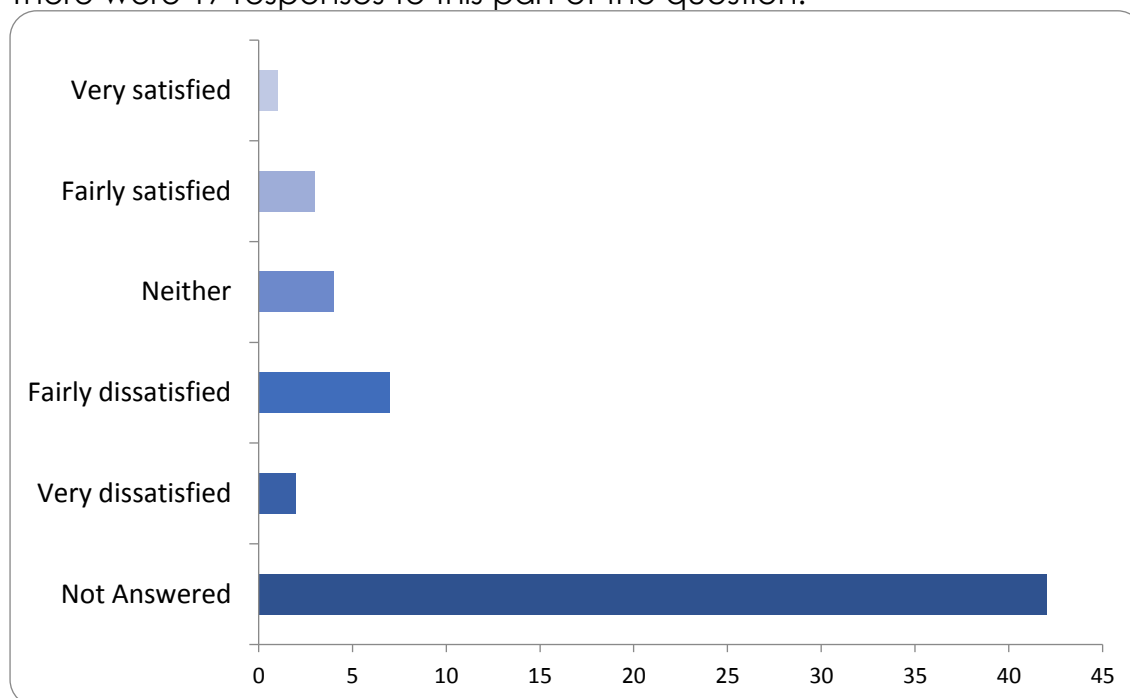
Option	Total	Percent
Yes	6	10.17%
No	11	18.64%
Don't know	0	0.00%
Not Answered	42	71.19%

Out of the 17 people that had cause to contact the Council in relation to a carer matter, a larger proportion shared that they did not receive appropriate information, advice or signposted to a carer support service. This is a concern, and highlights the need for more work to be done with staff

across the Council to identify carers and to signpost them to appropriate support.

Thinking about the most recent time that you had a need to contact Leicester City Council in relation to a carer matter, how satisfied or dissatisfied were you with the information, advice or signposting provided?

There were 17 responses to this part of the question.

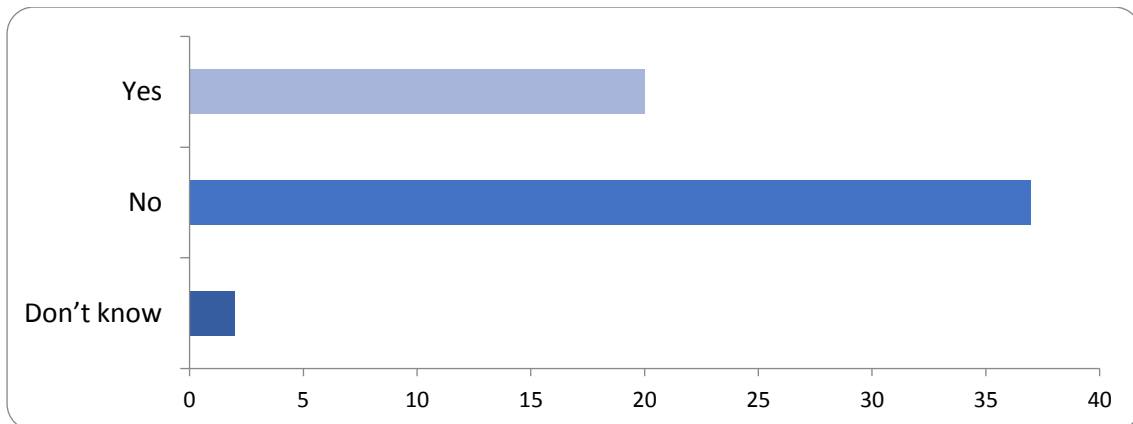


Option	Total	Percent
Very satisfied	1	1.69%
Fairly satisfied	3	5.08%
Neither	4	6.78%
Fairly dissatisfied	7	11.86%
Very dissatisfied	2	3.39%
Don't know	0	0.00%
Not Answered	42	71.19%

Carers were then asked to tell us a little bit more about their experiences and 12 carers provided us with comments. These largely referred to having to wait for long periods of time on the phone and not being able to access the right information at the right time.

Have you registered for the carer passport scheme across Leicester, Leicestershire, and Rutland?

There were 59 responses to this part of the question.

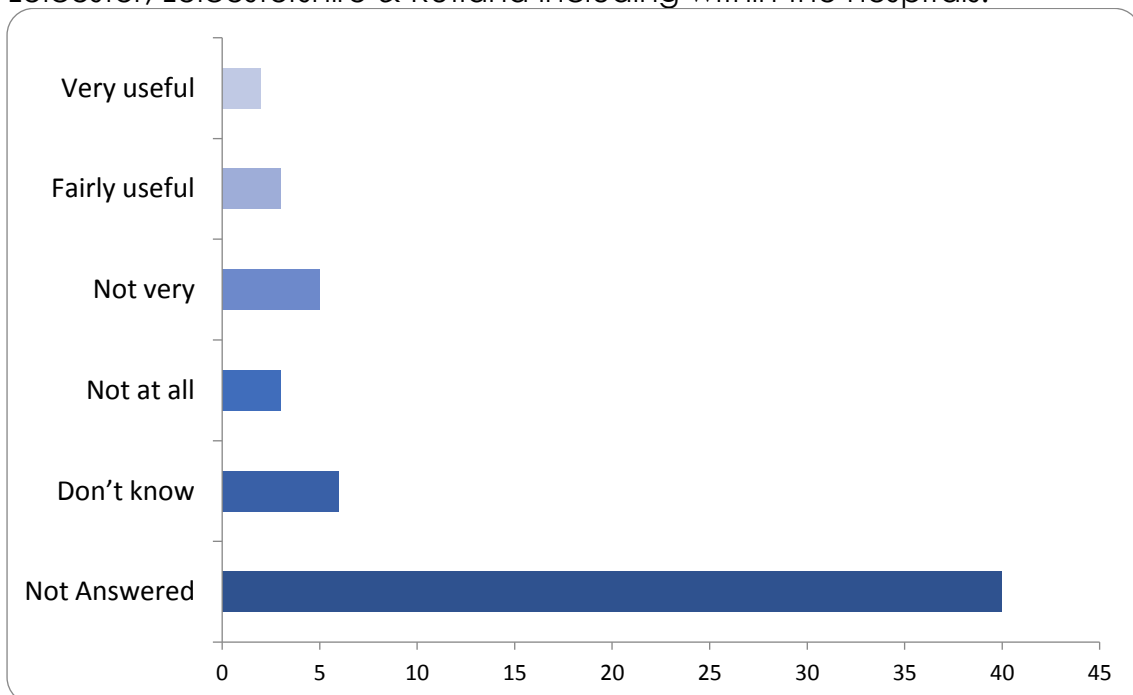


Option	Total	Percent
Yes	20	33.90%
No	37	62.71%
Don't know	2	3.39%
Not Answered	0	0.00%

The answer to this question demonstrates there is a need to promote the Carer Passport scheme more widely across Leicester, Leicestershire & Rutland.

Overall, how useful, if at all, have you found the scheme?

Of those carers that had the passport, a slightly larger proportion stated that it had not been very useful or not at all useful. There is still much work to do to ensure that the passport is recognized within the various communities across Leicester, Leicestershire & Rutland including within the hospitals.



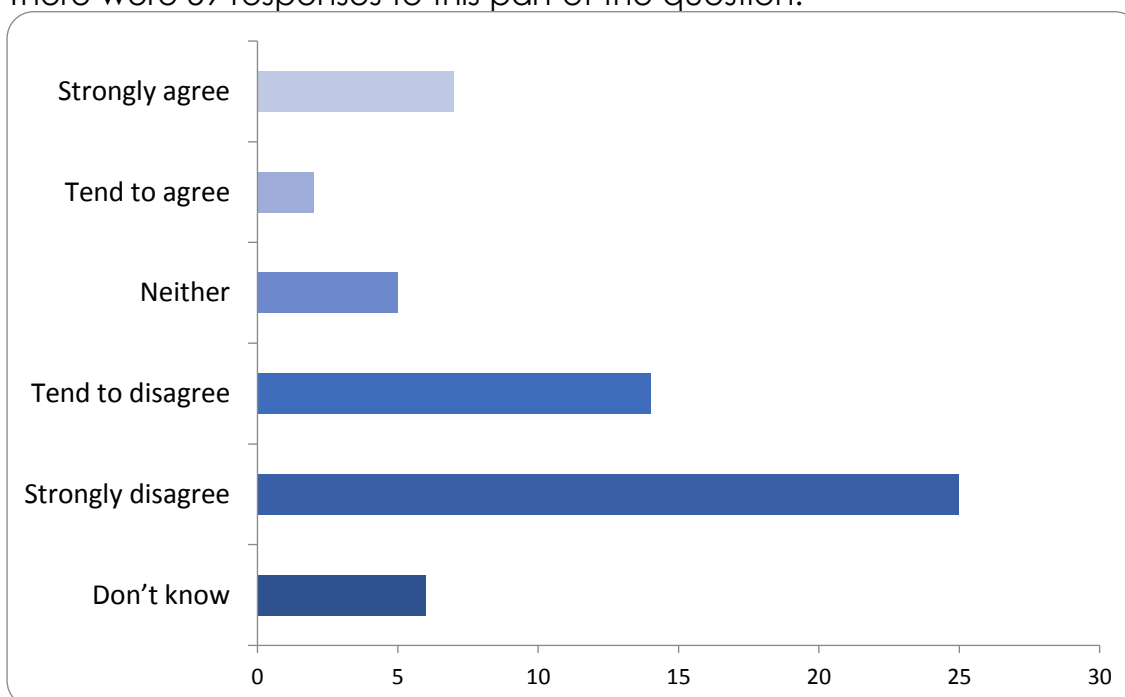
Option	Total	Percent
Very useful	2	3.39%
Fairly useful	3	5.08%

Not very	5	8.47%
Not at all	3	5.08%
Don't know	6	10.17%
Not Answered	40	67.80%

14 carers provided us with further information about their response. Many of the comments were positive and explained how the passport had offered up avenues of support for them as a carer that they weren't aware of before. Someone commented that they hadn't known about the passport before completing the survey and had signed up as a result. Others suggested that it hadn't done what they had hoped it would in terms of opening doors for practical support for their disabled child. One carer also mentioned that it would be positive if the passport could entitle the carer to a degree of benefits such as subsidised travel when travelling with the cared for person on public transport or discounted ticket rates when attending venues with the person they care for.

To what extent do you agree or disagree that carers are able to have enough time for themselves?

There were 59 responses to this part of the question.

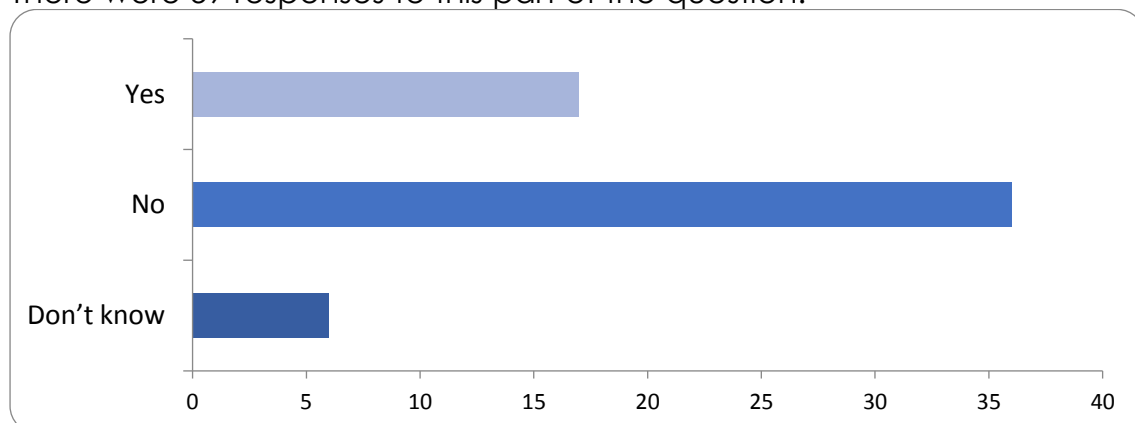


Option	Total	Percent
Strongly agree	7	11.86%
Tend to agree	2	3.39%
Neither	5	8.47%
Tend to disagree	14	23.73%
Strongly disagree	25	42.37%
Don't know	6	10.17%
Not Answered	0	0.00%

66.1% of the people that responded to this question, told us that carers are not able to have enough time for themselves. When asked to tell us more about this, 33 carers took the time to do this. They acknowledged that the caring role can be wide and varied. Some carers do get time for themselves, if their role is limited but for others, there is no time at all. Comments described how people that work to support carers need to understand that the support needs of carers will be different and therefore a blanket policy of one size fits all will not work for carer support. Carers describe having to give up work to care and the worries that places on their family in relation to their financial position. They also describe how difficult it is to organise activities for them to do themselves as the time spent caring can be unpredictable. One carer described how she gets 7 hours a week to do things for herself and the value she places on this but also acknowledged that she knows that isn't the same for everyone. Carers described a lack of respite provision being available in the local area. Carers described the impact of caring as bring emotionally, financially and physically draining at times as a result of not having time to relax and having to balance alongside other commitments such as work and raising children.

Are you aware of the support that is available for young carers under the age of 18?

There were 59 responses to this part of the question.



Option	Total	Percent
Yes	17	28.81%
No	36	61.02%
Don't know	6	10.17%
Not Answered	0	0.00%

As the Leicester, Leicestershire & Rutland Carers Strategy is an all-age strategy, it was important to ensure that young carers were reflected in the engagement survey. An additional face to face session was also held with young carers themselves to gauge their views. The high proportion of responses that indicated they were not aware of the support available for young carers might be because no one under the age of 26 completed the survey, however the young carers we spoke to did say that more needed to

be done to raise awareness of young carers particularly in schools, colleges and universities in our area.

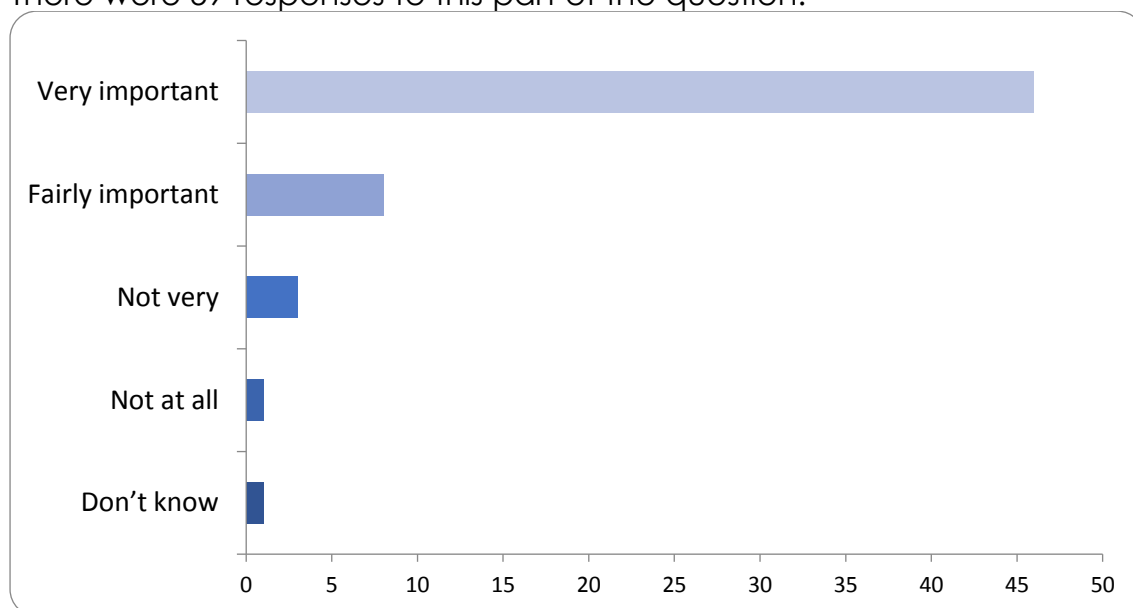
Where did you find out about the support that is available for young carers in the City of Leicester?

There were 12 responses to this part of the question, most people that provided additional comment described having found information from the City Council’s webpages as well as through contact with their social work teams. Young carers told us that there needed to be more publicity to promote the support available to young carers and very much felt that young carers need to be pulled out a separate group within the strategy document as there is still much work to be done.

Below is a list of the priorities that are within the current carers strategy. How important do you think these are? Please select one option for each row.

Priority 1: Carers are identified early and recognised

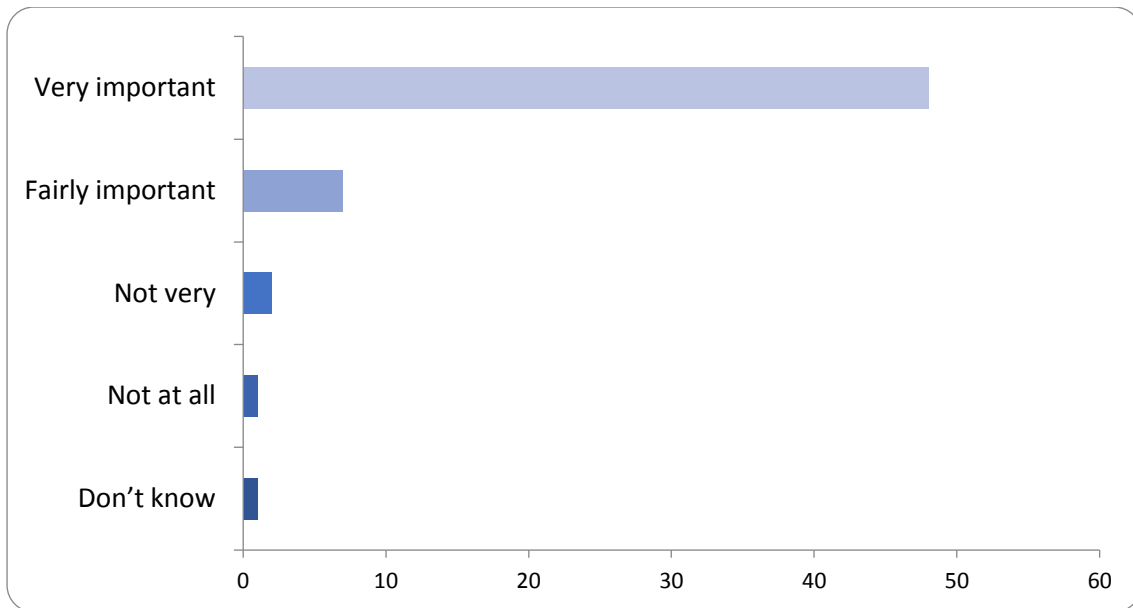
There were 59 responses to this part of the question.



Option	Total	Percent
Very important	46	77.97%
Fairly important	8	13.56%
Not very	3	5.08%
Not at all	1	1.69%
Don't know	1	1.69%
Not Answered	0	0.00%

Priority 2: Carers are valued and involved

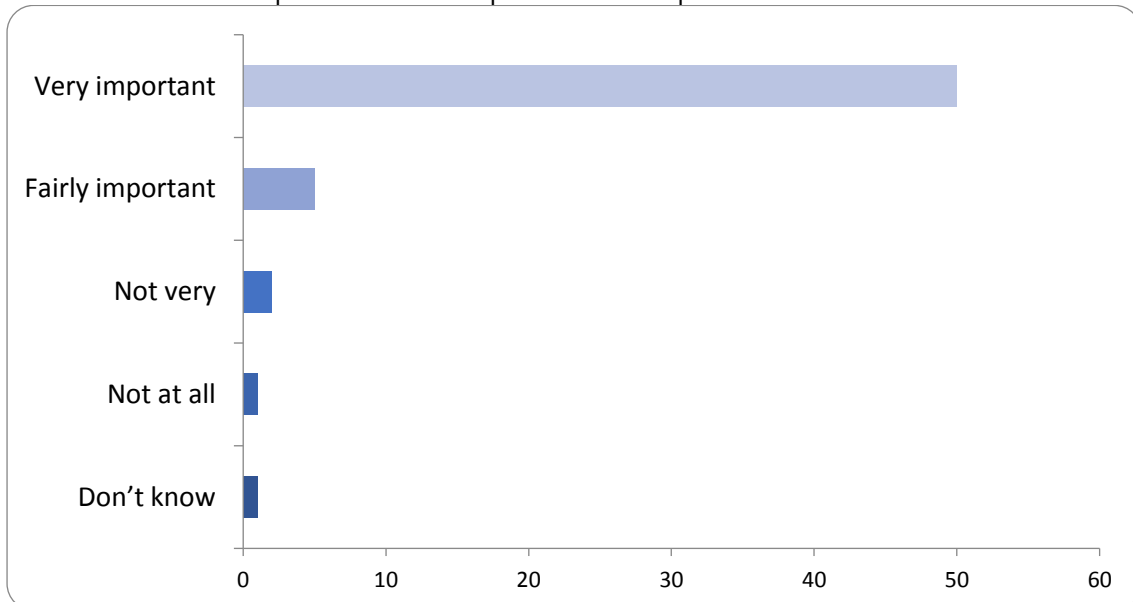
There were 59 responses to this part of the question.



Option	Total	Percent
Very important	48	81.36%
Fairly important	7	11.86%
Not very	2	3.39%
Not at all	1	1.69%
Don't know	1	1.69%
Not Answered	0	0.00%

Priority 3: Carers are informed

There were 59 responses to this part of the question.

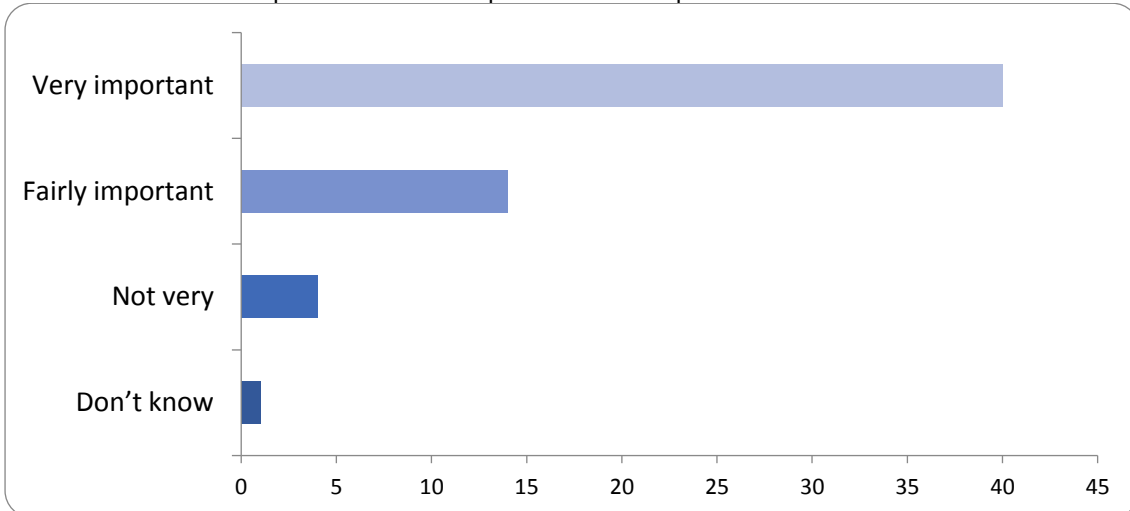


Option	Total	Percent
Very important	50	84.75%
Fairly important	5	8.47%
Not very	2	3.39%
Not at all	1	1.69%
Don't know	1	1.69%
Not Answered	0	0.00%

Not at all	1	1.69%
Don't know	1	1.69%
Not Answered	0	0.00%

Priority 4: Carer friendly communities

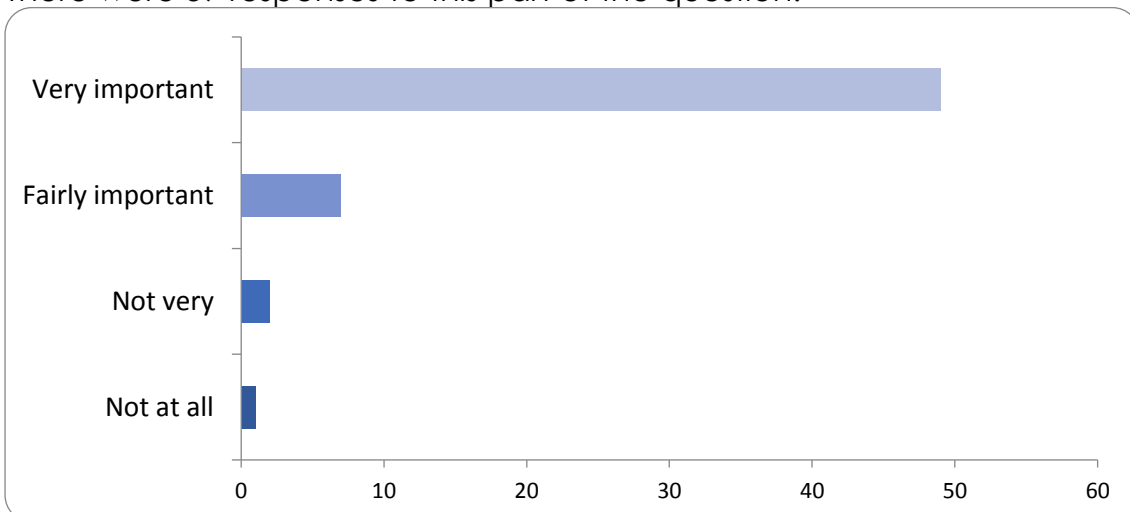
There were 59 responses to this part of the question.



Option	Total	Percent
Very important	40	67.80%
Fairly important	14	23.73%
Not very	4	6.78%
Not at all	0	0.00%
Don't know	1	1.69%
Not Answered	0	0.00%

Priority 5: Carers have a life alongside caring

There were 59 responses to this part of the question.

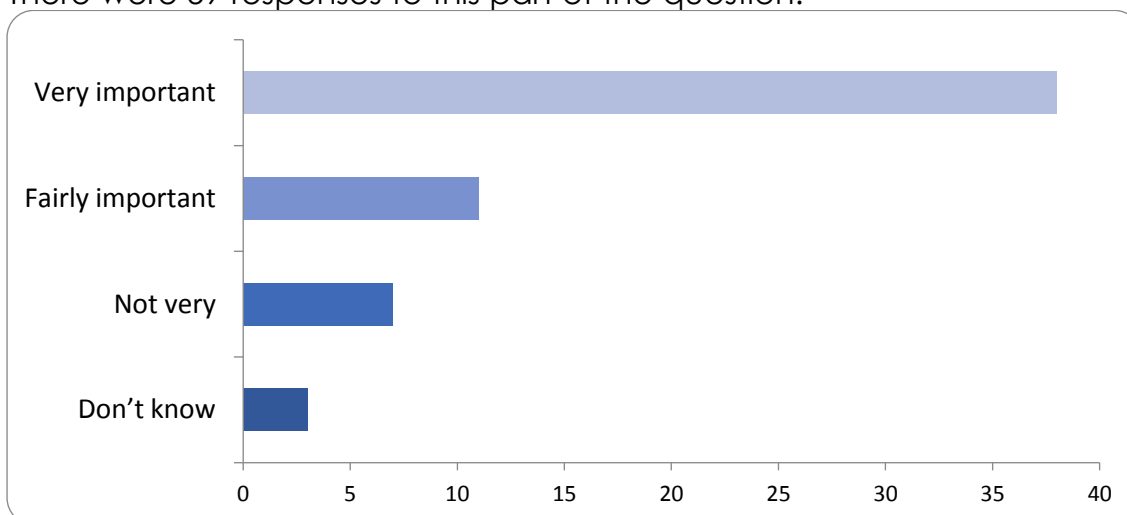


Option	Total	Percent
Very important	49	83.05%
Fairly important	7	11.86%

Not very	2	3.39%
Not at all	1	1.69%
Don't know	0	0.00%
Not Answered	0	0.00%

Priority 6: Carers and the impact of technology products and the living space

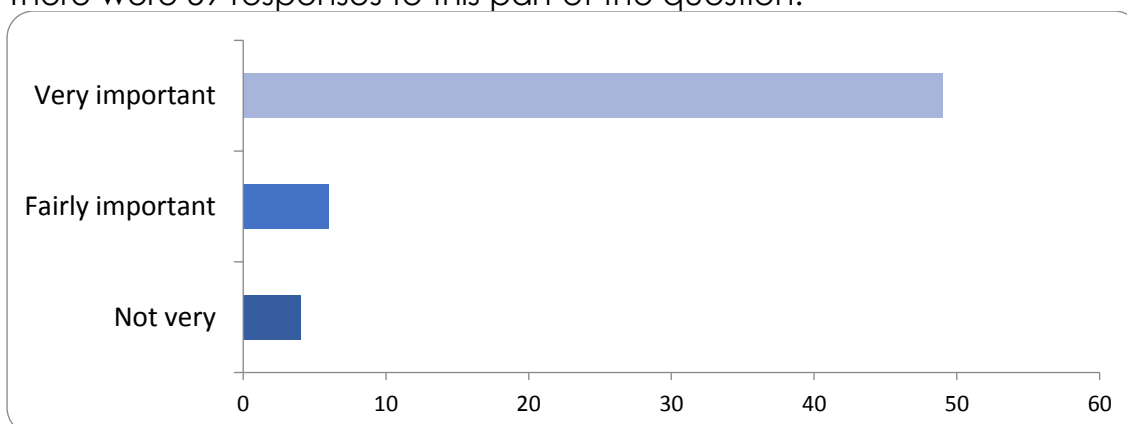
There were 59 responses to this part of the question.



Option	Total	Percent
Very important	38	64.41%
Fairly important	11	18.64%
Not very	7	11.86%
Not at all	0	0.00%
Don't know	3	5.08%
Not Answered	0	0.00%

Priority 7: Carers can access the right support at the right time

There were 59 responses to this part of the question.

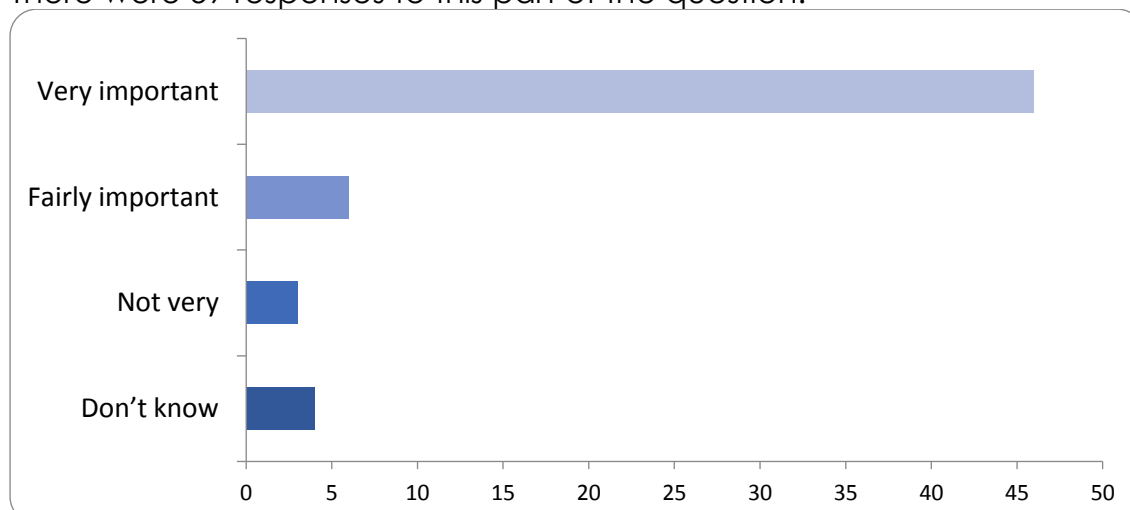


Option	Total	Percent
Very important	49	83.05%
Fairly important	6	10.17%

Not very	4	6.78%
Not at all	0	0.00%
Don't know	0	0.00%
Not Answered	0	0.00%

Priority 8: Supporting young carers

There were 59 responses to this part of the question.



Option	Total	Percent
Very important	46	77.97%
Fairly important	6	10.17%
Not very	3	5.08%
Not at all	0	0.00%
Don't know	4	6.78%
Not Answered	0	0.00%

The top priorities for carers in the City were found to be, Priority 5, Carers have a life alongside caring – health employment and financial wellbeing and Priority 7, Carers can access the right support at the right time – services and systems that work for carers. We also found that carers did not particularly relate to Priority 6, Carers and the impact of Technology Products and the living space. From the group discussions that took place as part of this engagement, carers and organisations that support them all felt that the impact of changes in technology needed to be represented in the strategy but that it could be called something slightly different to reflect what it actually means. The suggestion was Care with Confidence – technology and skills supporting you to care effectively.

Are there any other priorities which you think we should consider?

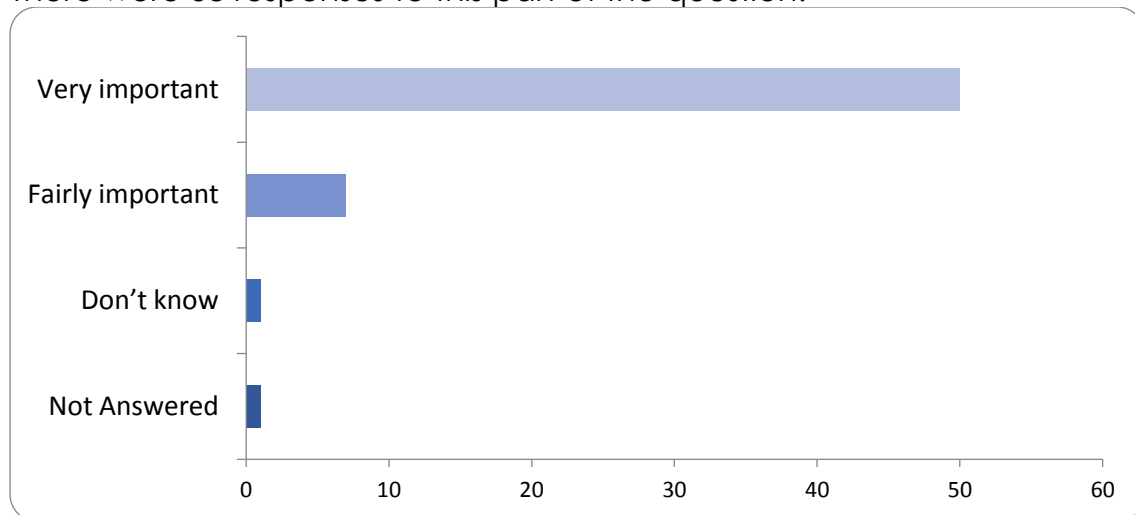
There were 31 responses to this part of the question and the key themes related to the financial element of the support that family carers provide being inadequate. Carers also suggested that there be a minimum standard of care that ought to be agreed across health and social care services.

Carers also mentioned that the diverse nature of the city need to be a key consideration when thinking about how to best support carers.

How important is it for us to specifically identify the following types of carers and the challenges they may face as a result within the refreshed strategy document? Please select one option for each row.

How important is it for us to specifically identify the following types of carers? - Older carers

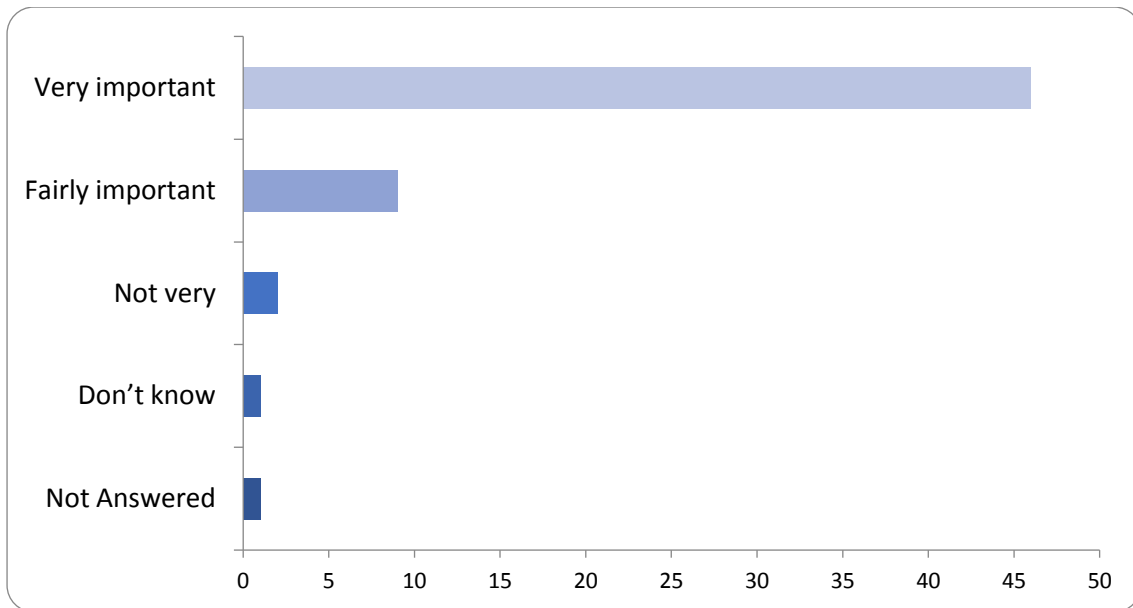
There were 58 responses to this part of the question.



Option	Total	Percent
Very important	50	84.75%
Fairly important	7	11.86%
Not very	0	0.00%
Not at all	0	0.00%
Don't know	1	1.69%
Not Answered	1	1.69%

How important is it for us to specifically identify the following types of carers? - Young adult carers aged 18-25 years

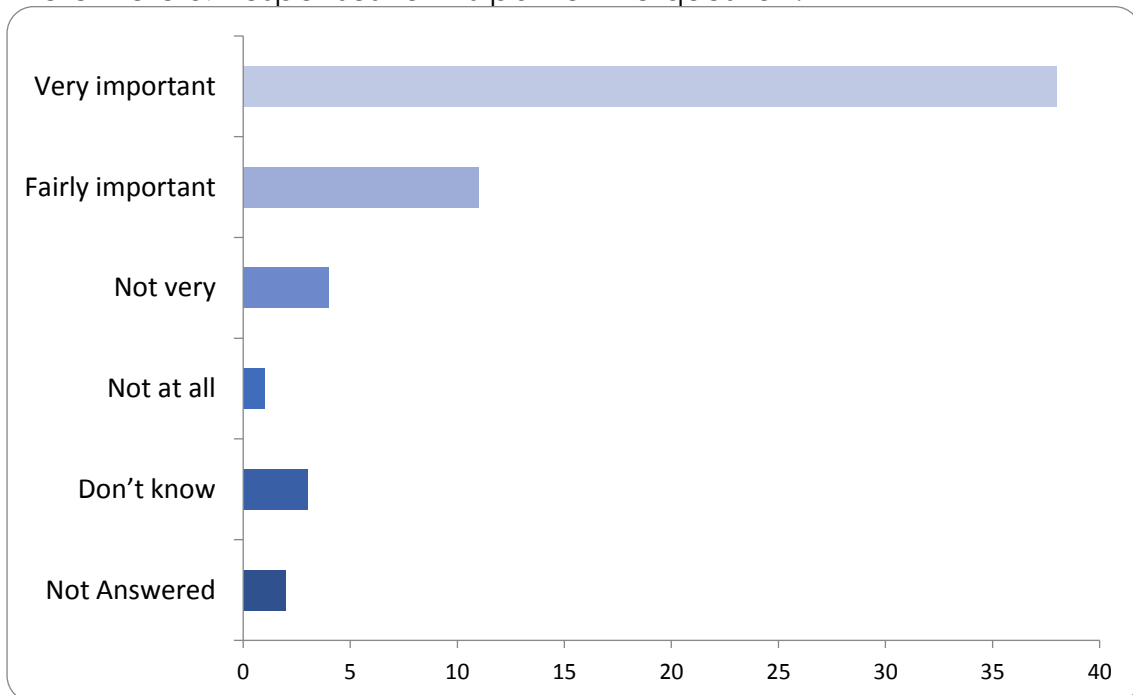
There were 58 responses to this part of the question.



Option	Total	Percent
Very important	46	77.97%
Fairly important	9	15.25%
Not very	2	3.39%
Not at all	0	0.00%
Don't know	1	1.69%
Not Answered	1	1.69%

How important is it for us to specifically identify the following types of carers? - Black and minority ethnic carers

There were 57 responses to this part of the question.

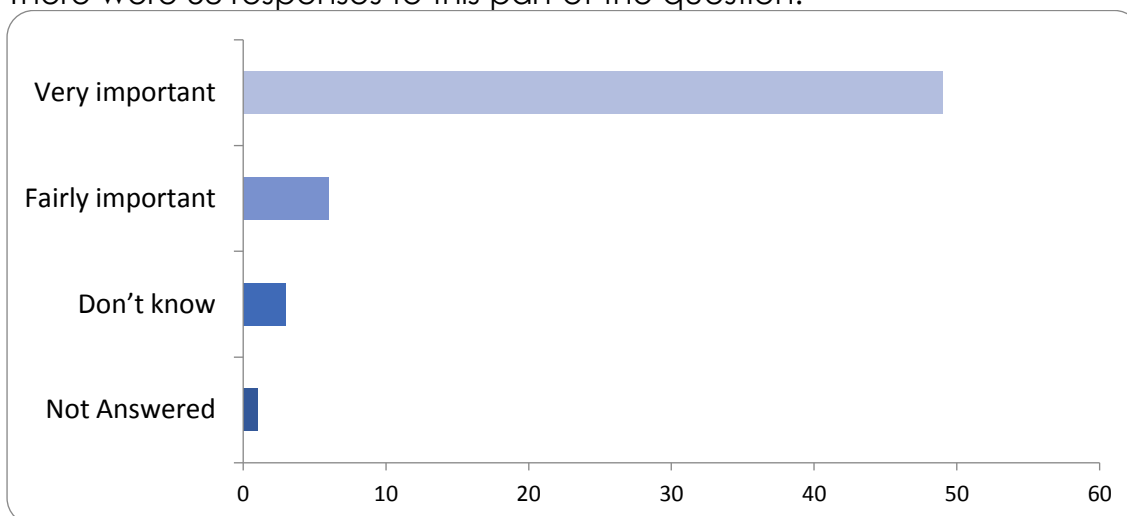


Option	Total	Percent
Very important	38	66.67%
Fairly important	11	19.29%
Not very	4	7.01%
Not at all	1	1.75%
Don't know	3	5.26%
Not Answered	2	3.51%

Very important	38	64.41%
Fairly important	11	18.64%
Not very	4	6.78%
Not at all	1	1.69%
Don't know	3	5.08%
Not Answered	2	3.39%

How important is it for us to specifically identify the following types of carers? - Parent carers of a child or adult with special educational needs or a disability

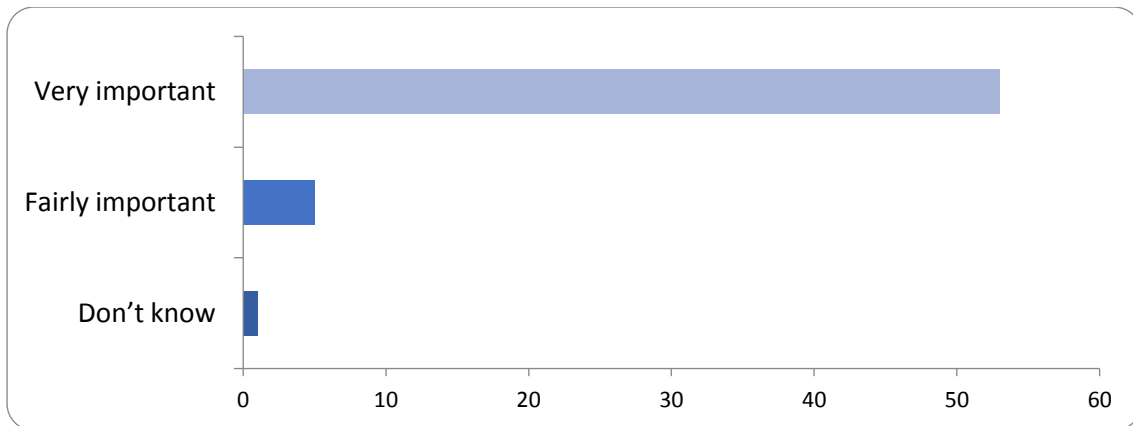
There were 58 responses to this part of the question.



Option	Total	Percent
Very important	49	83.05%
Fairly important	6	10.17%
Not very	0	0.00%
Not at all	0	0.00%
Don't know	3	5.08%
Not Answered	1	1.69%

How important is it for us to specifically identify the following types of carers? - Carers of people living with dementia

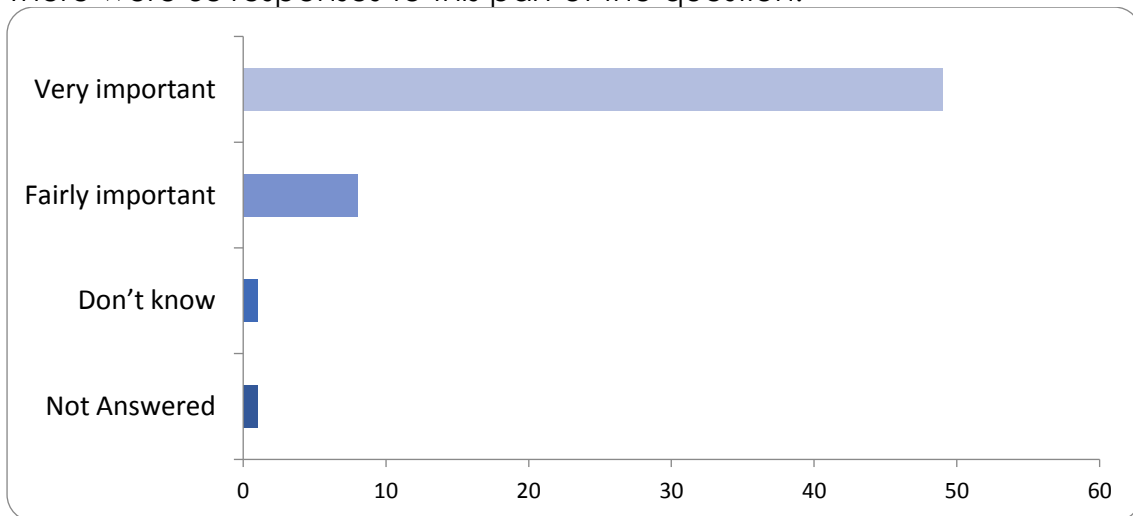
There were 59 responses to this part of the question.



Option	Total	Percent
Very important	53	89.83%
Fairly important	5	8.47%
Not very	0	0.00%
Not at all	0	0.00%
Don't know	1	1.69%
Not Answered	0	0.00%

How important is it for us to specifically identify the following types of carers? - Carers of people with learning disabilities

There were 58 responses to this part of the question.



Option	Total	Percent
Very important	49	83.05%
Fairly important	8	13.56%
Not very	0	0.00%
Not at all	0	0.00%
Don't know	1	1.69%
Not Answered	1	1.69%

As expected, the responses to these questions suggested that it is imperative

that we ensure the strategy is reflective of all carers across Leicester, Leicestershire & Rutland.

Are there other types of carers that have specific challenges that should be specifically mentioned within the refreshed strategy document?

There were 23 responses to this part of the question. Carers commented that the following should also be included within the strategy:

- Carers of people with mental health difficulties
- Carers of people with physical disabilities
- Carers of people who live alone
- Carers that are physically disabled themselves
- Carers of elderly people
- Carers who have hidden disabilities and that care for people with hidden disabilities
- Carers of people who do not have English as their first language
- Carers of people with Parkinson's disease

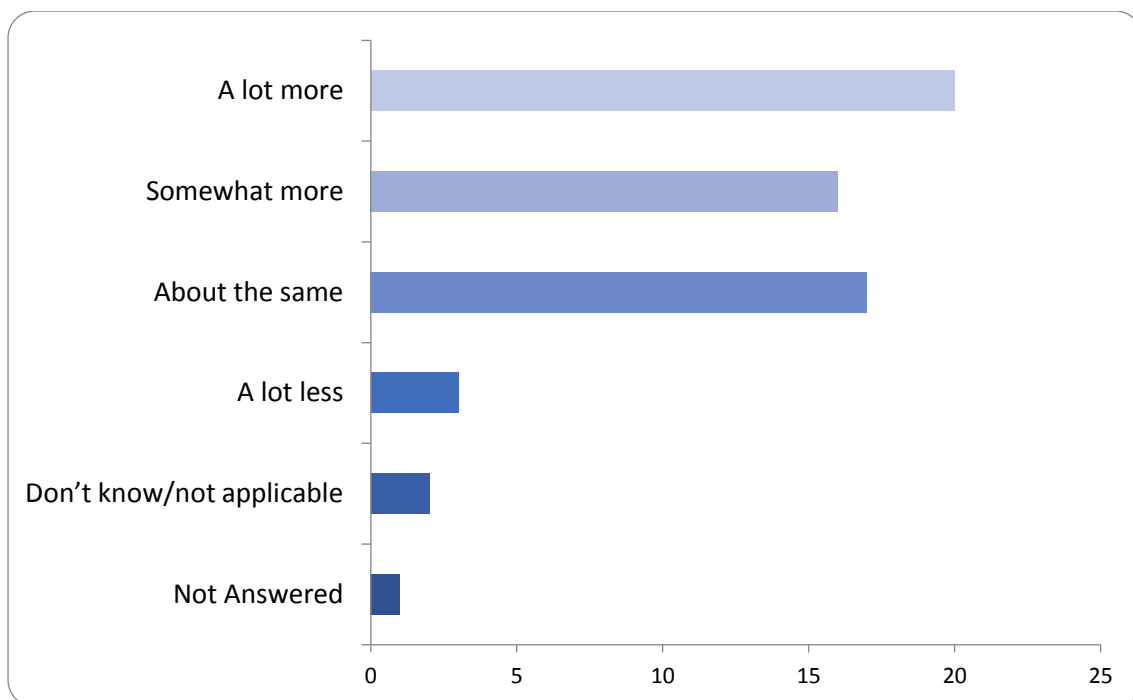
Please tell us about some of the biggest challenges you have faced as a carer during the COVID-19 pandemic.

There were 46 responses to this part of the question. Carers described the following as the biggest challenges:

- Shopping – some people couldn't access online slots, some got challenged in the supermarkets when they had to take the person they were caring for with them, difficulties in sourcing the food of the person they looked after leading to challenging behaviours by the person they looked after.
- Deterioration in the health and wellbeing of the person they cared for leading to increased episodes of confusion or behaviours that carers found difficult to manage. Negative impact on the mental wellbeing of the person being cared for and the carer
- Reduction in the support available as day services closed or reduced times they were available, domiciliary support agencies faced staff shortages, GP appointments hard to come by along with delays in hospital treatments put more pressure on family carers
- PPE was difficult to source in the very beginning of the pandemic for family carers
- Being unable to access community support
- Being unsure when and where they were able to visit the person/persons being cared for

Have you used technology more since the COVID-19 pandemic?

There were 58 responses to this part of the question.



Option	Total	Percent
A lot more	20	33.90%
Somewhat more	16	27.12%
About the same	17	28.81%
Somewhat less	0	0.00%
A lot less	3	5.08%
Don't know/not applicable	2	3.39%
Not Answered	1	1.69%

What technology have you used more and why? (such as using phones to keep in touch by video call)

There were 33 responses to this part of the question. Carers described a number of different ways that technology was used during the pandemic from simple Whatsapp messaging groups to facetime calls or zoom/teams meetings. Carers described attending virtual GP appointments and other support groups that were available online. They also described an increase in the use of traditional phone calls in cases where the carer did not live with the person they care for.

Thinking about the way that Leicester City Council supports carers, what do you think we do well?

There were 32 responses to this part of the question. Carers mentioned things like the support they receive from Leicester City Council as a working carer through the employee support groups and information available. The carer support service that is commissioned was commended a number of times along with the carer passport. There were a number of comments that talked about how well the City Council consult, engage and listen to carers as well

as carers discussing individual circumstances where they have relied on the City Council for support for the person they care for when they needed to be discharged from hospital.

Thinking about the way that Leicester City Council supports carers, what do you think we could do better?

There were 35 responses to this part of the question. Carers highlighted that Adult Social Care could improve on the way they undertake carers assessments including ensuring they are offered to the carer away from the person they care for. A lot of comments related to the need for more carer respite, and easier ways for carers to contact the council when they need to by sharing telephone numbers far easier on the website. Carers also said that the length of time it takes for calls to be answered is too long and that it would be helpful for staff to follow up with carers after their contact to ensure that things have gone as expected.

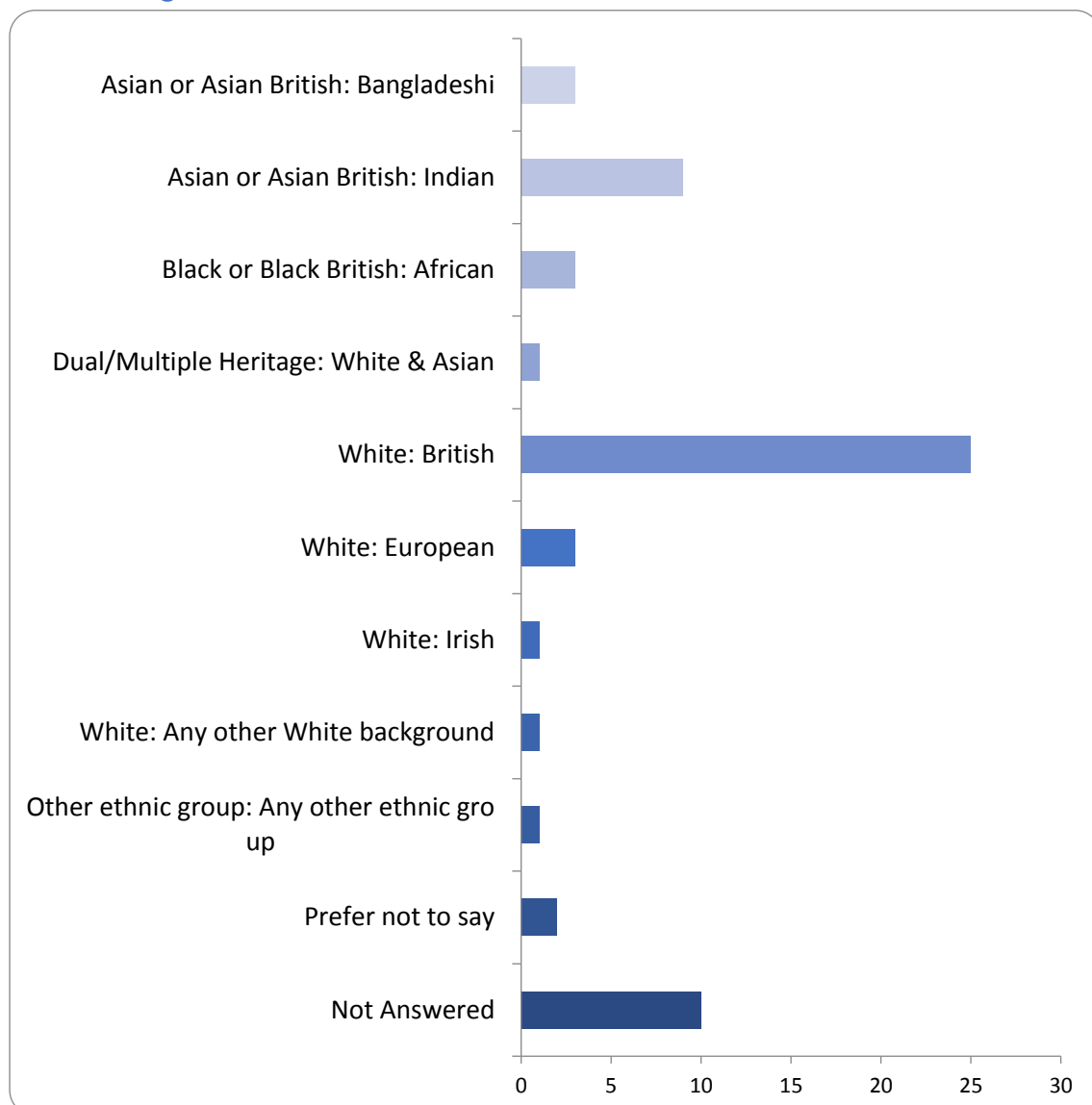
Do you have any other comments or suggestions that you would like to make?

The comments in this section largely related to the difficulties carers had travelling around the city using public transport and made suggestions that carers should receive discounted rates but there were also comments that reinforced the messages that carers should be informed, and valued in the role that they play in the health and social care system.

Equalities data summary.

The majority of respondents were white British with a further 20% of people from an Asian or Asian British background. There was a good range of ages but it is noticeable that no young carers under the age of 18 completed the online survey. Most people were within the 46-66+ age range. Carers reporting they have an illness or disability were not as well represented as those that didn't and the majority of respondents were female. When undertaking future public consultation, it is recommended ensuring that male carers and carers with illnesses or disabilities are appropriately represented. A full equality impact assessment will be undertaken on the proposed strategy to ensure plans for made for this.

Ethnic background:

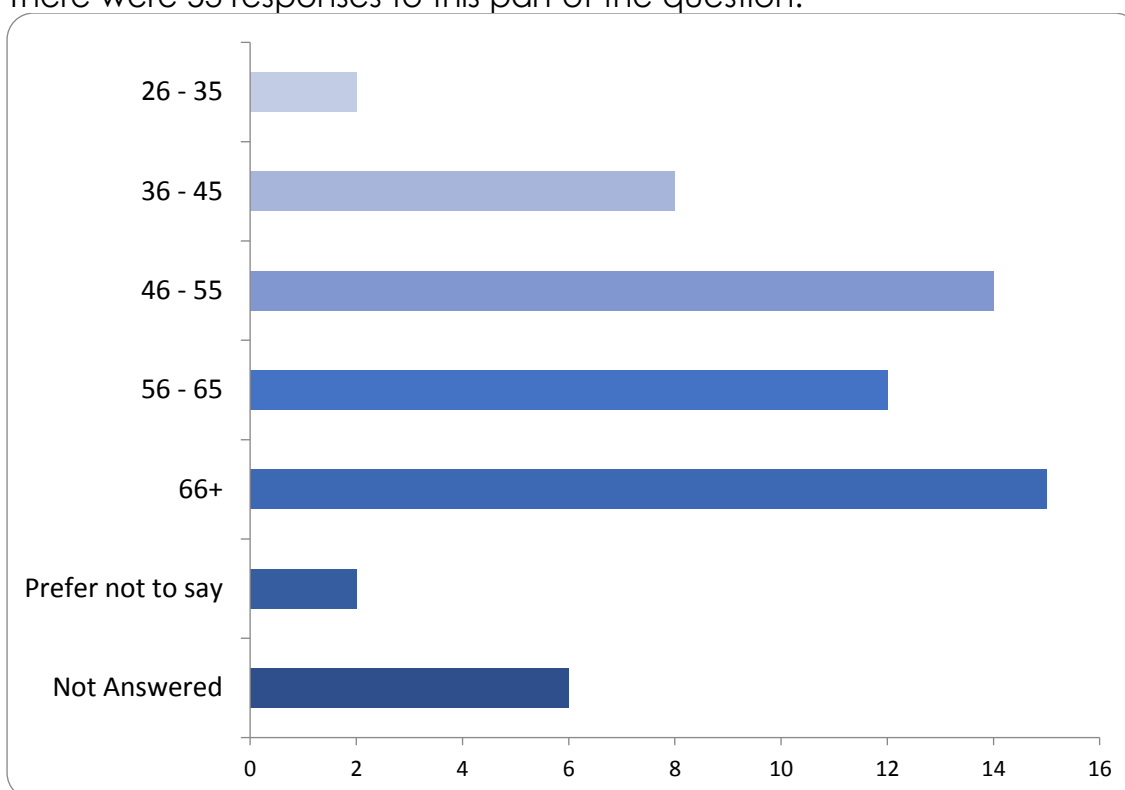


Option	Total	Percent
Asian or Asian British: Bangladeshi	3	5.08%
Asian or Asian British: Indian	9	15.25%
Asian or Asian British: Pakistani	0	0.00%
Asian or Asian British: Any other Asian background	0	0.00%
Black or Black British: African	3	5.08%
Black or Black British: Caribbean	0	0.00%
Black or Black British: Somali	0	0.00%
Black or Black British: Any other Black background	0	0.00%
Chinese	0	0.00%
Chinese: Any other Chinese background	0	0.00%
Dual/Multiple Heritage: White & Asian	1	1.69%
Dual/Multiple Heritage: White & Black African	0	0.00%

Dual/Multiple Heritage: White & Black Caribbean	0	0.00%
Dual/Multiple Heritage: Any other heritage background	0	0.00%
White: British	25	42.37%
White: European	3	5.08%
White: Irish	1	1.69%
White: Any other White background	1	1.69%
Other ethnic group: Gypsy/Romany/Irish Traveller	0	0.00%
Other ethnic group: Any other ethnic group	1	1.69%
Prefer not to say	2	3.39%
Not Answered	10	16.95%

Age:

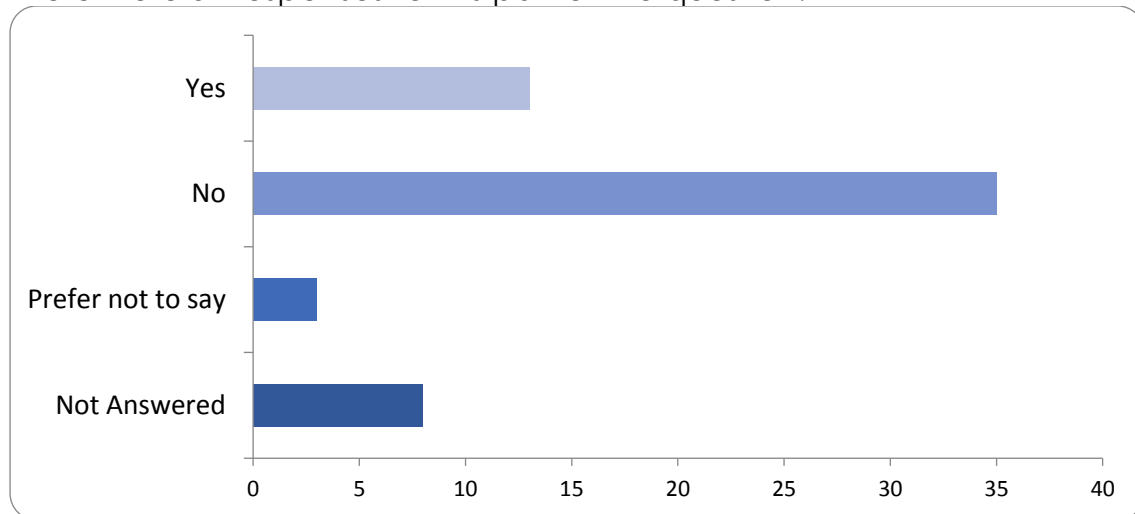
There were 53 responses to this part of the question.



Option	Total	Percent
under 18	0	0.00%
18 - 25	0	0.00%
26 - 35	2	3.39%
36 - 45	8	13.56%
46 - 55	14	23.73%
56 - 65	12	20.34%
66+	15	25.42%
Prefer not to say	2	3.39%
Not Answered	6	10.17%

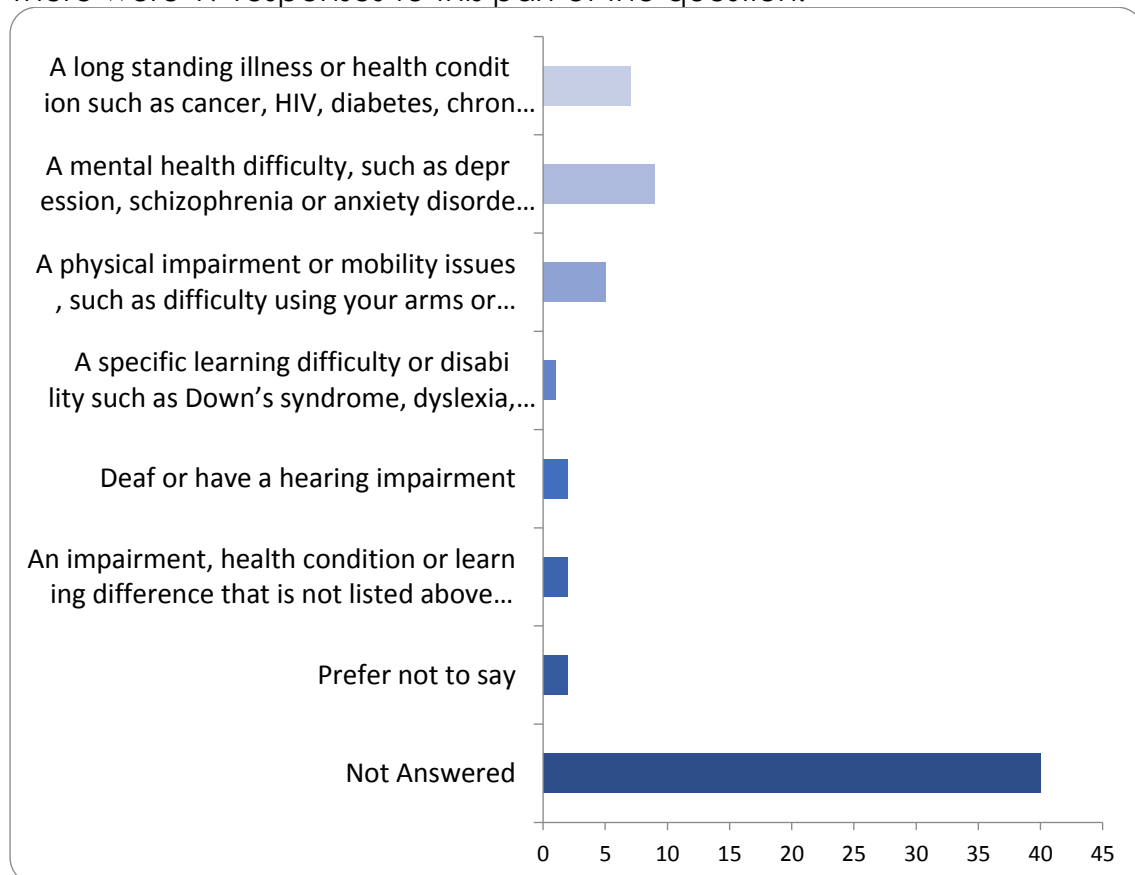
Disability

There were 51 responses to this part of the question.



Option	Total	Percent
Yes	13	22.03%
No	35	59.32%
Prefer not to say	3	5.08%
Not Answered	8	13.56%

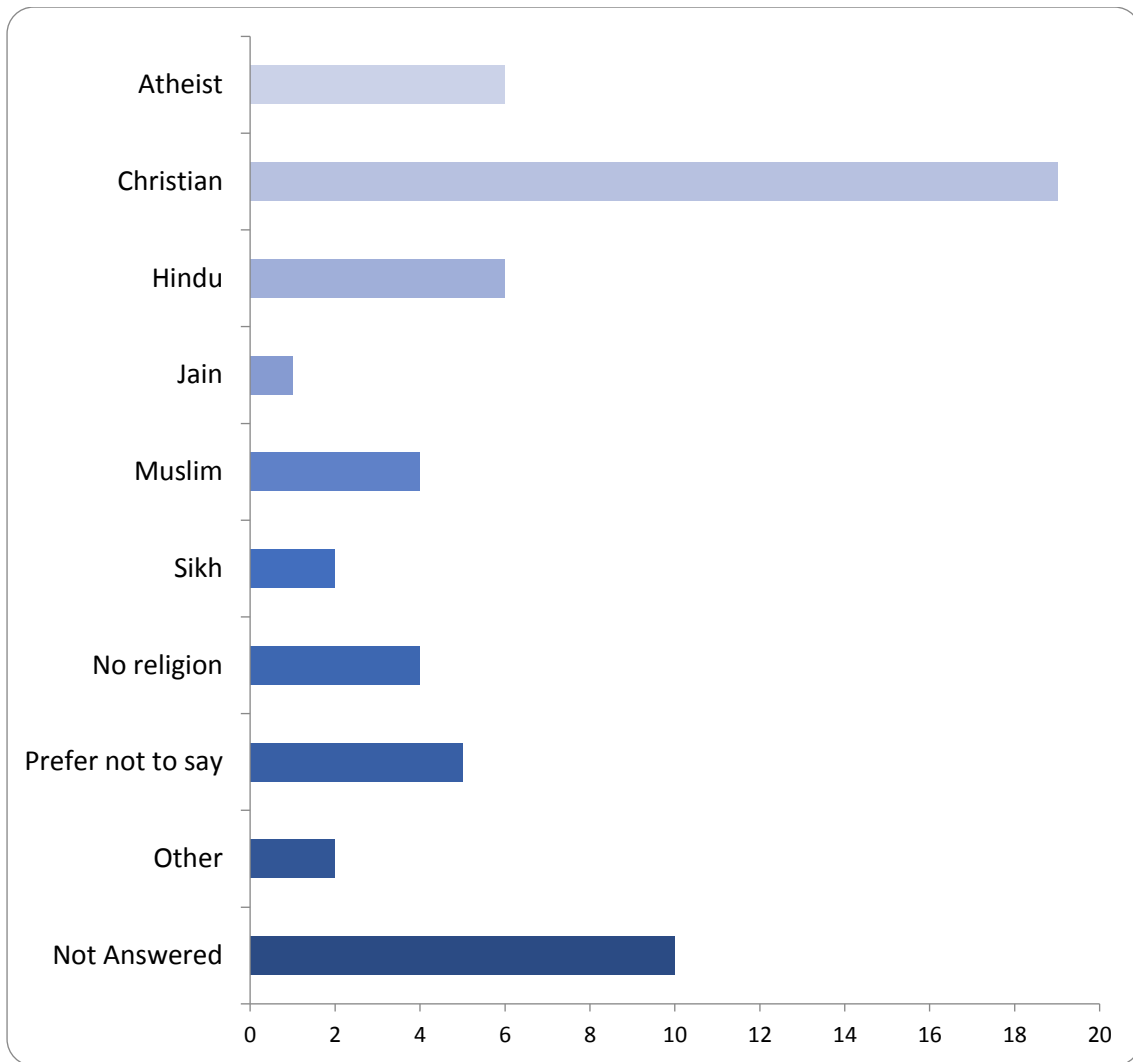
There were 19 responses to this part of the question.



Option	Total	Percent
A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	7	11.86%
A mental health difficulty, such as depression, schizophrenia or anxiety disorder	9	15.25%
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	5	8.47%
A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder	0	0.00%
A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D	1	1.69%
Blind or have a visual impairment uncorrected by glasses	0	0.00%
Deaf or have a hearing impairment	2	3.39%
An impairment, health condition or learning difference that is not listed above (specify if you wish)	2	3.39%
Prefer not to say	2	3.39%
Other	0	0.00%
Not Answered	40	67.80%

How would you define your religion or belief?

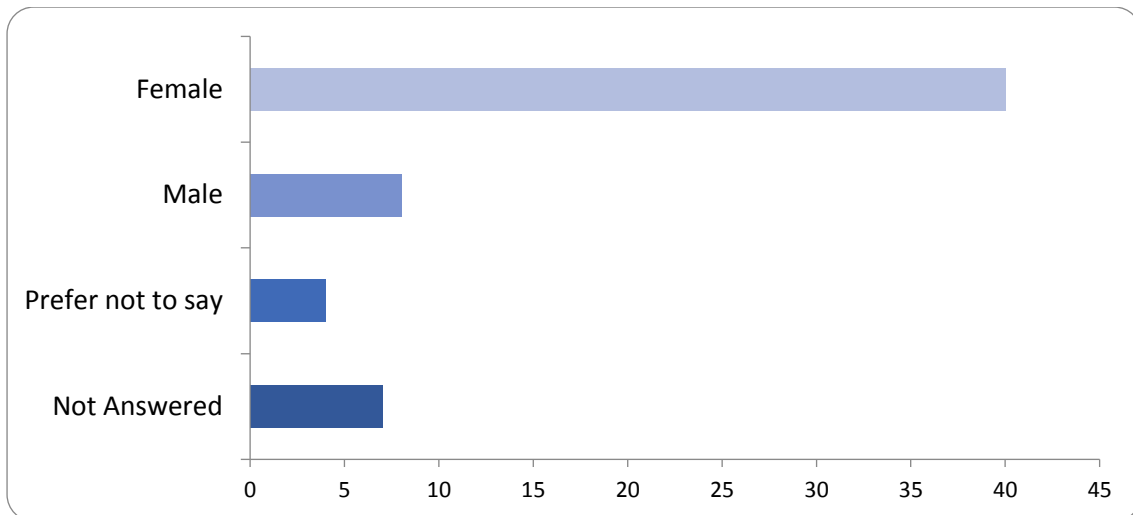
There were 49 responses to this part of the question.



Option	Total	Percent
Atheist	6	10.17%
Bahai	0	0.00%
Buddhist	0	0.00%
Christian	19	32.20%
Hindu	6	10.17%
Jain	1	1.69%
Jewish	0	0.00%
Muslim	4	6.78%
Sikh	2	3.39%
No religion	4	6.78%
Prefer not to say	5	8.47%
Other	2	3.39%
Not Answered	10	16.95%

What is your sex?

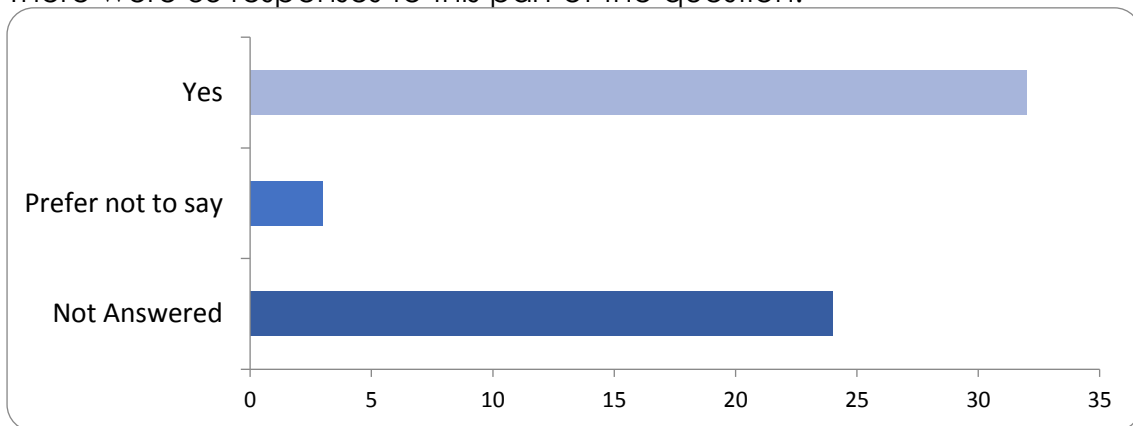
There were 52 responses to this part of the question.



Option	Total	Percent
Female	40	67.80%
Male	8	13.56%
Prefer not to say	4	6.78%
Not Answered	7	11.86%

Is your gender, the same as the gender at birth?

There were 35 responses to this part of the question.

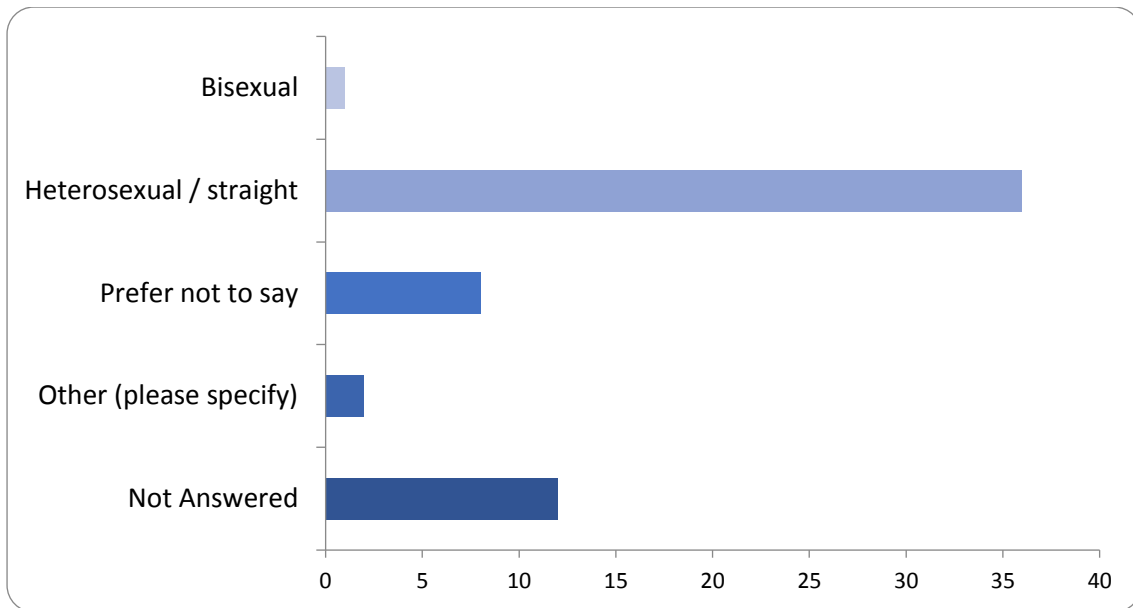


Option	Total	Percent
Yes	32	54.24%
No	0	0.00%
Prefer not to say	3	5.08%
Not Answered	24	40.68%

Sexual orientation. Do you consider yourself to be ...

sexuality

There were 47 responses to this part of the question.



Option	Total	Percent
Bisexual	1	1.69%
Gay / lesbian	0	0.00%
Heterosexual / straight	36	61.02%
Prefer not to say	8	13.56%
Other (please specify)	2	3.39%
Not Answered	12	20.34%

Appendix 2:

JOINT CARERS STRATEGY REFRESH 2022-2025

Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland



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1. Foreword

The COVID-19 pandemic has been a challenging time for everyone. While many people have played an important role enabling others to cope with those challenges, it is especially important to recognise all those people who look after someone who couldn't manage without their support. Carers play an essential role in our communities, often without recognition of the commitments they make and the substantial impact that their selfless commitment to others can have on their own wellbeing. We would like to express our thanks to carers across Leicester, Leicestershire & Rutland and publicly recognise the outstanding contribution they make to our communities.

We have heard carers tell us how they can feel isolated, that they may experience higher levels of strain on their own physical health and wellbeing, and that they often feel worried about what the future holds since the pandemic. We have been mindful of this when setting the priorities detailed in the refreshed strategy. Central to this is that carers have told us that they want to have opportunities to live their own life alongside their caring role. We have listened to what they have said to us. We want to make sure that carers across Leicester, Leicestershire & Rutland have access to services that support their physical and mental health, and promote their wellbeing. One important element of this is identifying carers early and ensuring that the right support is accessible in the right places and at the right time for all carers.

We recognise that in order to achieve this vision and the best possible outcomes for carers, NHS and local authority partners need to work collaboratively. We therefore publish our strategy jointly as a sign of how we intend to work together. With our minds now set firmly on 'recovery' and living with COVID, this refreshed strategy reflects our ongoing commitment to carers. We look forward to seeing the implementation of the plans within the strategy over the next five years and being part of a system that ensures carers are not only recognised but are valued and supported to live healthy and fulfilled lives.

2. Carers Foreword

Young Carers

'For us the strategy means that someone recognises what we do, how we feel and how we struggle.

It's a start in being supported as a young carer and being given time out to think about my emotional wellbeing as I suffer, as I'm isolated more than my friends.

It's important that everyone who is involved with young carers sees the strategy, especially schools. We spend so much time in school it would be great if this strategy brings change. We'd like to see every school having a named person who is the link person for the young carers, someone who understand us more, who understands the reasons we miss deadlines or are late to school. The strategy will hopefully affect the things that matter to us and allow us to talk about our worries and our good parts of life.'

Adult Carers

I'm delighted to have been asked to write this foreword. Cards on the table. I don't think carers were particularly well served in the past and I'm not sure they are now. I could go on about that but I won't. Why? Because I think it's changing, in fact I know it is, and I know the desire to improve is coming from providers as well as carers. A glimpse of this is a carer's voice being heard here right at the beginning.

What is a carer and why do they need a strategy? With one in four adults becoming a carer during the pandemic (and already we're ignoring the vast number of young carers) the idea that there will be a simple definition is wishful thinking. What connects me (a working carer) with a young carer, with a parent carer, with a young adult carer? Well, there is someone who couldn't cope with their everyday life without my help, without our help. Doesn't much matter who or how, there is someone who we have a commitment to support. We are part of the team (us, medical, domiciliary care, social work) that works together to help someone live their life.

And that's where this strategy could, and should, and will if we follow it, take us. A team. Working together. Agencies communicating with each other, carers in that loop. Carers being treated the same way as professionals, informed, included, supported. Good employment practice extended to include **all** the care team members, to include carers.

As well as treating carers as part of the team there's another job for you professionals. You need to tell us that what we're doing has a name. Carers rarely define themselves as 'a carer' we're sons, daughters, parents, friends, and that's how we see ourselves.

'Carer' is a label not an identity. The thing is, if I don't think to call what I do 'caring' then I'm unlikely to know there's an Act that grants me rights; that there's a dedicated support service for me; that there are people who will help me. 'Carers' don't know this.

We really don't. If you tip us the nod you can make our lives so much better and that's got to be worth your effort.

Sounds like a plan? We all want the same thing. The best possible life for the person we're supporting without burning ourselves out. Here's how we do it...

3. Who is the Strategy for?

'We would describe a carer as anyone who supports and cares, unpaid, for a family member or friend living with a disability, long-term illness, substance misuse or a mental health need, who would not manage without their help.'

One of the biggest challenges in developing a strategy for carers, is that there are many definitions that apply, including within various national policy and legislation documents. Comments provided to us by carers across Leicester, Leicestershire & Rutland have suggested that the following factors are important to acknowledge explicitly:

- That a carer does not always live with the person they care for
- That a caring role should not be defined by the number of hours they provide care
- That the carer could be caring for their son, daughter, husband, wife, mother, or father, but that this list is not exhaustive, and the relationship between the carer and the person may also extend beyond traditional family roles
- Sometimes a carer can be caring for more than one person, across differing generations
- Carers may also receive support from a carer themselves
- Receipt of a carers allowance does not mean that they are in a paid carer role
- The carer can be any age; Adult carer over the age of 18, parent carer who provides care to a child or an adult, young carers under the age of 18 and young adult carers who are aged between 18 and 25 years

It is recognised that some people do not relate to the term 'carer' however, for the purpose of this strategy this will be the term used to encapsulate the diverse nature of the caring role.

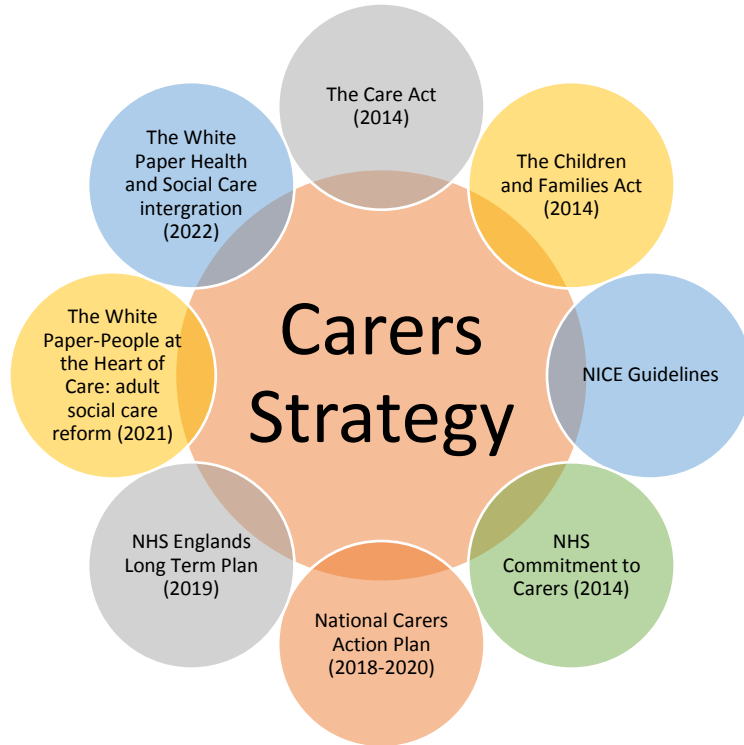
4. Profile of carers in Leicester, Leicestershire and Rutland

NEED CENSUS DATA – not due until Summer 2022

Census Data to be included

- Carers Gender
- Ethnicity
- Age
- Number of Hours spent Caring

5. National Policy and Legislation



This carers strategy works to support the aims of the Government as highlighted within these national policy and legislative documents.

6. Our local vision for Carers

‘Carers, of all ages across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will be offered appropriate support wherever possible to enable them to continue their caring role and maintain their own health and wellbeing’.

This strategy has been refreshed to reflect the accomplishments of the previous strategy such as:

- Launching a Leicester, Leicestershire and Rutland carers passport
- The incorporation of quality markers in GP surgeries
- Staff training around carer awareness within a number of health and social care organisations,
- A review of the information and advice available to carers with necessary updates
- Larger numbers of carers registering with their GP’s
- A new regional carer co-production group.

It builds on existing actions and represents the voice of local carers across Leicester, Leicestershire and Rutland, particularly following the COVID-19 pandemic. It also sits alongside other local plans, such as the Health and Wellbeing Strategies for Leicester, Leicestershire & Rutland 2022-2032 and Social Care Strategies for Adults and Children’s Services across Leicester City & Leicestershire and Rutland County Council’s. Ongoing challenges such as continuing to raise awareness of carer issues, promoting the early identification of carers, and continuing to keep information up to date remain embedded within the priorities of the refreshed strategy.

The organisations signed up to this strategy have committed to work together to deliver our local vision for carers. These include Leicester City Council, Leicestershire, and Rutland County Councils, (responsible for social care), Leicester, Leicestershire & Rutland Clinical Commissioning Groups who work alongside GP surgeries, Leicestershire Partnership NHS Trust, University Hospitals of Leicester, voluntary and community sector organisations (notably organisations delivering carer support services and speaking on behalf of carers), and Healthwatch Leicestershire. This means the strategy is a guiding document for both health and social care support.

7. The impact of the COVID-19 pandemic

No one could have anticipated that during the life of the 2018-2021 strategy, there would be a pandemic that would have such a monumental impact on carers' lives. As a nation we are moving to recovery and living safely with Covid but for carers there are lasting effects on many areas of their lives: their mental and physical health, employment and finances, their emotional wellbeing, with many taking on a new role as a carer.

Increase in carer numbers

Carers UK estimate that an additional 4.5 million people became carers overnight, in March 2020 which equates to 1 in 4 UK adults providing care to an older, disabled or ill relative or friend at the height of the pandemic. If we apply this across Leicester, Leicestershire and Rutland this suggests there would be around 220,000 adult carers.

We acknowledge this increase and prioritise carer identification

Loneliness

Carers had already told us they experience feelings of loneliness; and Carers UK research shows that the number of carers feeling isolated doubled from 2020-2021 from 9% to 18%. This was also echoed by carers locally. Those feelings increased because of physical distancing and shielding, the closure of community services, unemployment, and the loss of loved ones which subsequently affected the mental well-being and resilience of the caring community.

Prior to the pandemic, young carers were already an under-identified and under-recognised group. The closure of schools, universities and other educational settings during the pandemic meant that many young carers lost regular forms of contact, increasing the invisibility of young carers.

We acknowledge and prioritise the need for carers to have a life alongside caring

Providing more care

According to Carers Trust, 58% of young carers are caring for longer since Coronavirus and are spending on average ten hours a week more on their caring responsibilities. Among young adult carers the proportion is even higher at 63.6%.

A Carers UK report released in October 2020 states 81% of carers reported that they were providing more care since the start of the outbreak for one or more of the following reasons:

- The needs of the person they care for have increased.
 - That local services reduced their offer or closed altogether
 - Someone they rely on for breaks was no longer available
 - They were worried about paid health and social care staff having contact with the person they care for
- As a result of this, 72% of carers have not had any breaks throughout the pandemic.

We acknowledge the need for carers to have a break from caring and prioritise actions to support this

Financial Impact

Carer's UK State of Caring report 2021, stated that 36% of carers said their financial situation had got worse since the start of the pandemic, largely due to people being at home more, using more energy, being unable to work either due to being furloughed or as a result of the increase in care they were providing. Locally, carers have also highlighted these challenges, and this remains an area of concern as they also tackle the cost of living and fuel crises. Caring households are significantly more likely to have had difficulty paying for at least one type of living expense since the beginning of the pandemic compared to non-caring households.

We acknowledge and prioritise the need for carers to have appropriate advice around their financial circumstances

Sortified The East Midlands' Unpaid Key Workers: Supporting Unpaid Carers by adapting services and responding to need during the COVID-19 crisis

The East Midlands Association of Directors of Social Services (EM ADASS) recognised the impact of the pandemic on carers and commissioned a community interest company called Sortified to work with local carers to establish a simple list of recommendations for councils, based on their experiences of the pandemic. The subsequent report outlined areas where carers required support both on an immediate and long-term basis. As we are now learning to live with COVID-19 some of the immediate concerns presented in the report are now resolved, however those that remain, have been built into our priorities within this strategy. The full report can be found at: [East Midlands Carers — Sortified](#)

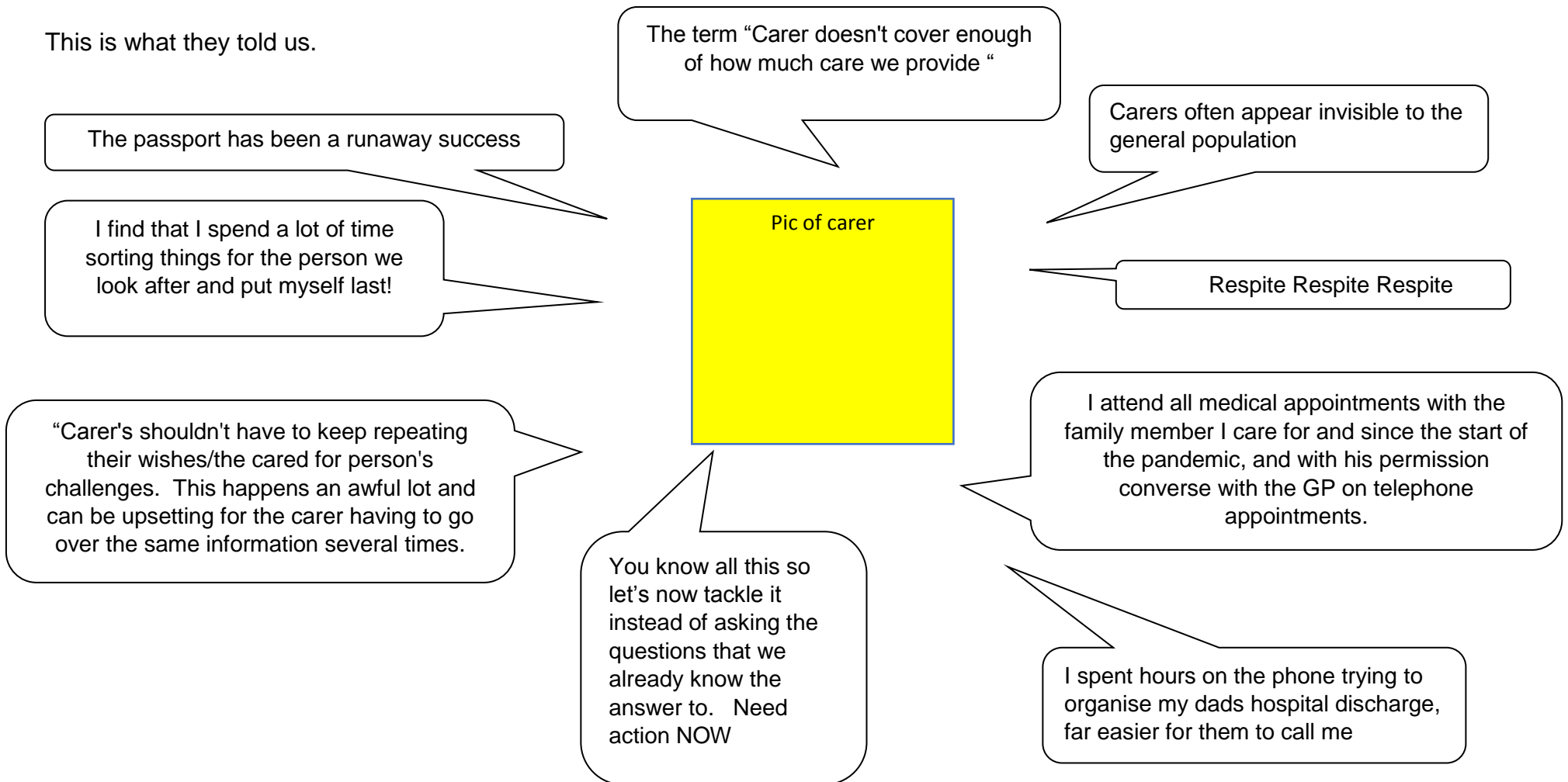
8. What Leicester, Leicestershire and Rutland Carers say –

During the summer of 2021 we tried to speak to as many local carers as we could about the 2018-2021 Carers Strategy and their caring situations.

The carers were from a range of backgrounds: including parent carers, carers of different ethnic origins, young carers, older carers and working carers.

This is what they told us.

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9. Guiding Principles



The strategy continues to be underpinned by the guiding principles that reflect both the national and local requirements of carers.

The above principles have been translated into key priority and actions (as detailed in section 9) and each partner organisation will be expected to build upon them in the development of their individual delivery plans.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. Therefore, the available resources for each organisation will be reflected in the individual plans that will be developed by the partners, which will underpin this strategy and the guiding principles

10. Key priorities and associated actions

1. Carers are identified early and recognised - Building awareness of caring and its diversity		
<p>What the engagement told us</p> <p>Identification is still an issue for carers linked to lack of understanding of what caring is.</p> <p>Engagement recognised the need for GP surgeries to improve identification of carers.</p> <p>Lack of recognition was cited as a barrier to being kept informed; this was mentioned as a particular issue in hospital settings.</p> <p>Carers not receiving Carers Allowance feel they aren't recognised like those who receive it.</p>	<p>What will we carry forward?</p> <p>Ongoing staff training development to aid awareness and identification</p> <p>Ongoing review of information and use of pages to aid carers to identify themselves</p> <p>Continued promotion of Digital Resource for Carers & Employers for Carers resources</p>	<p>What are our new actions?</p> <p>Continued promotion and growth of the carers passport scheme.</p> <p>Improving access to primary care and health checks for carers as a means of supporting carers to maintain their own physical and mental health and wellbeing.</p> <p>A social seeding programme to provide ongoing relationships and alliances through the ICS and ensure it is reaching out to carers across cultures.</p> <p>Ensure better Carer identification and consideration of their needs on admission to and discharge from hospital.</p> <p>Use of social media, to raise carer awareness, particularly around Young Carers.</p>
<p>How will we know this has worked?</p>		

- Increase in identified carers – GP registers, council systems, carers recorded to be accessing commissioned services
- An increase in the number of carers registered for a carers passport

2. Carers are valued and involved - Caring today and in the future

What the engagement told us	What will we carry forward?	What are our new actions?
<p>Carers told us they would like simple acknowledgement of the role they play in supporting the person they care for.</p> <p>Carers still do not feel valued, they report feeling forgotten about during the pandemic and isolated.</p> <p>Those carers that are identified, report not being recognised as experts by experience in the health and wellbeing of the cared for.</p> <p>Carers reported lack of feeling valued, and comment this is often linked to not being recognised as a carer.</p>	<p>Further staff training – to ensure carers are recognised as experts by experience.</p> <p>Move towards a more co-productive approach to the planning and delivery of services.</p> <p>Ongoing work with hospital teams regarding discharge</p>	<p>Create an agreed approach for communicating with carers across Leicester Leicestershire and Rutland.</p> <p>The Carers Delivery Group will seek to influence the information provided to carers around the differing care pathways across the system.</p> <p>Development of ‘You Said We Did’ approach – showing that carer voice influences and shapes the design and delivery of our services.</p> <p>Utilise an ‘integration index’ to be co-produced to measure the extent to which the local health service and its partners are genuinely providing joined up, personalised and anticipatory care.</p> <p>Ensure that adult services are aware of and include young carers that may be involved in supporting the person receiving care.</p>

How will we know this has worked?

- Increased satisfaction level from carers within the next national carers survey
- Positive outcomes feedback from commissioned services

3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting

What the engagement told us

Knowing where to look for required information was noted as a barrier for carers.

Carers told us that when they were identified as the main contact for the person they care for they were kept informed in some instances.

Carers like to use their GP for information and support

Lack of recognition was cited as a barrier to being kept informed, carers feel they aren't offered the information as the person dealing with them doesn't view them as a carer.

What will we carry forward?

Further sessions planned for key staff to ensure all teams have access to knowledgeable staff member for support around working with carers.

Consider best communication pathways particularly in light of the COVID-19 pandemic.

What are our new actions ?

Ensuring carers can access the information they need, in the formats they require.

Refresh of the internet pages to ensure information is clear, pages are easy to navigate and language used isn't "too corporate". Including information for Young Carers.

Including information on advocacy and getting carers voices heard

Development of relationships with schools and colleges to improve young carers awareness.

How will we know this has worked?

- Increase in the proportion of carers who say they find it easy to find information about services
- Increase in carers identified
- Increase in numbers of carers accessing carer support

4. Carer Friendly Communities

What the engagement told us	What will we carry forward?	What are our new actions?
<p>Carers told us they would like to see the use of volunteers to support carers.</p> <p>Carers told us that by raising awareness of caring in communities, community venues, and local businesses may become more accommodating.</p>	<p>Continue to take the views of carers into account in future commissioning exercises, including consideration of updated geographic and demographic data from the updated census 2021.</p> <p>Continue to work with communities to support carers through awareness raising within existing community groups.</p>	<p>We will ensure that the priorities within the carers strategy are aligned with The Integrated Care Board People and Communities Strategy 2022/2023</p> <p>Continued promotion and growth of the carers passport scheme. Specifically targeting community schemes and groups within neighbourhoods.</p> <p>Development of relationships with schools and colleges to improve young carers awareness.</p>
<p>How will we know this has worked?</p>		
<ul style="list-style-type: none"> • Carers report greater satisfaction in the accessibility of services • Increase in the proportion of carers who say they find it easy to find information 		

5. Carers have a life alongside caring – Health, employment and financial wellbeing

What the engagement told us?	What will we carry forward?	What are our new actions?
<p>Loneliness, isolation and not having time for themselves were key themes fed back by carers, all having the potential to affect their mental wellbeing negatively.</p> <p>The financial impact of caring for someone was of real concern to carers.</p> <p>Carers are neglecting their own physical health and wellbeing, putting off routine appointments and in some cases elective surgeries because they are unable to find appropriate support for the person they care for.</p> <p>Carers do not get enough time for themselves.</p> <p>Although we received limited feedback from working carers, we know that flexibility is a key factor in the ability to continue working.</p>	<p>Ongoing review of information and use of web pages - to ensure carers know where they can go for financial advice or support</p> <p>CareFree promotion ensuring all workers are aware and are utilising the offer.</p> <p>Carers breaks provision still under review</p> <p>CCG's will continue to encourage carers to take up screening invitations, NHS Health checks and vaccinations, where relevant.</p>	<p>Ensuring carers have the information they need to keep themselves well.</p> <p>Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers needs are recognised.</p> <p>Work to improve transition planning with young carers, to consider their future aspirations in terms of college, university, leaving home.</p> <p>Continue work with Leicestershire Partnership Trust to develop a Lived Experience Framework. This alongside trust-wide systems and processes will allow for the creation of paid opportunities for those with lived experience whilst developing skills and experience.</p>
<p>How will we know this has worked?</p>		
<ul style="list-style-type: none"> • Increase in number of carers accessing carefree breaks • Increased satisfaction level from carers within the next national carers survey • Increase in the numbers of carers receiving information and advice regarding finance and benefits • Increase in number of young carers receiving transition assessments 		

6. “Care with Confidence – Technology and skills supporting you to care effectively”

What the engagement told us

Local carers didn't identify with the previous title of priority 6 - *Carers and the impact of Technology Products and the living space*. However, what did come through was that carers have been reliant on technology or gadgets during the pandemic.

There was acknowledgement that housing needs still exist, where properties aren't always suitable particularly for carers supporting someone who has severe needs.

What will we carry forward?

We will continue to work with professionals from housing, equipment and adaptations to improve the carers' pathway and embed carer awareness.

What are our new actions?

Ensure carers are informed of technology solutions that can support them.

Work to enable carers to be confident using technology/gadgets.

Introduce mechanisms to better support patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions

How will we know this has worked?

- Increase in the proportion of carers who say they find it easy to find information

7. Carers can access the right support at the right time - Services and Systems that work for carers

What the engagement told us?

Carers tell us they want to receive support that recognises their individual circumstances, and they sometimes needed support to navigate through the health and social care system.

Carers want to be able to help themselves too and are looking for access to carer courses, to support them in their caring role.

Carers want support with health and wellbeing particularly mental health support for carers, both for their own health and with support managing caring for somebody with a mental health condition.

Carers require support with hospital discharge, starting right at the point of admission ensuring they are kept informed and involved.

What will we carry forward?

Ongoing use of Carers Delivery Group (CDG) to ensure that all organisations work together to improve support for carers. People will be signposted to sources of support post-caring.

What are our new actions?

Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers needs are recognised.

The Carers Delivery Group will seek to influence the information provided to carers around the differing care pathways across the system.

Targeted work to raise the profile of the carers passports within Hospital and GP services.

To ensure that carers are supported to plan for emergencies.

Work alongside LOROS and the Carers Matters Stakeholder group to understand what matters to carers supporting a loved one at the end of life.

Roll out of Young Carers passport across Leicester, Leicestershire, and Rutland.

How will we know this has worked?

- Improvements in carer reported quality of life and satisfaction with social services.

8. Supporting Young Carers

What the engagement told us	What will we carry forward?	What are our new actions?
<p>A number of Leicestershire young carers wanted to remove priority 8 and have actions for supporting young carers embedded within the actions for the other priorities.</p> <p>Young carers identified the need to be 'young people' and want time for themselves.</p> <p>Young carers want to be able to find the information they need.</p> <p>Young carers need support to identify as young carers, which is mindful of the needs of the whole family, particularly within schools, and colleges.</p> <p>Young carers say they often miss education due to their caring responsibilities which can impact their life choices.</p>	<p>Embed the whole family approach</p> <p>Working with educational establishments</p>	<p>Develop young carer support that acknowledges young carers miss out on childhood & other key activities as well as providing appropriate mental health support where required</p> <p>Work with young carers to improve the way that the health system including GP's supports young carers</p> <p>Local authorities will work with young carers to ensure that their aspirations of going to college, university, leaving home, are considered as part of their work with young carer services</p> <p>Under 11 years support for young carers</p>
<p>How will we know this has worked?</p>		
<ul style="list-style-type: none"> • Increased number of young carers known to services will be reported • Young carers report feeling listened to and respected • Organisations can evidence a more robust approach to working with young carers and their families • The impact of caring on young carers is taken into account in assessments and transition planning across social care. • Young carers report improved outcomes at home, school or in employment. 		

11. Monitoring progress

The Carers Delivery Group have led on the development of this strategy and recognise the impact that positive carer support can have across all workstreams. The group will oversee delivery of the strategies priorities, and report progress to the respective partner organisations governance arrangements and Health and wellbeing Boards.

ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

**Leicester, Leicestershire, and Rutland Living Well
with Dementia Strategy Update**

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

Martin Samuels – Strategic Director – Social Care &
Education

Date 16 June 2022

Wards Affected: All

Report Author: Bev White/Diana Dorozkinaite

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diana.dorokinaite@leicester.gov.uk

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on key aspects of the current Leicester Leicestershire and Rutland (LLR) Living Well with Dementia Strategy, whose aim is to identify and better support latest local needs.

2. Summary

- 2.1 The original Living Well with Dementia Strategy 2019-2022 was agreed through joint working and is underpinned by guiding principles from the NHS Well Pathway for Dementia, which has been adopted locally.
- 2.2 Due to unprecedented circumstances caused by the pandemic it was decided by the joint LLR Dementia Programme Board (DPB) to extend the strategy by an additional year, to allow for more time to plan the review and reflect on priorities that should be addressed.
- 2.3 The refreshed strategy is to be implemented from October 2023.
- 2.4 The Strategy refresh will be project managed by a subgroup of the Dementia Programme Board. This is comprised of members and commissioners from the three local authorities and the CCG, plus members of the Board not from statutory authorities. The Board has overall responsibility to produce the strategy.
- 2.5 At this stage, The Board has agreed 7 'Big Ticket Items' (appendix 1) which will be at the forefront of the review and the focus of its work for the next 12 months. The items have been agreed through a consideration of emerging priorities and existing gaps in the system. Additional funding from NHS underspend has been made to the board to support its work.
- 2.6 Each Big-Ticket item will have its own work stream, which will report back to the DPB. Actions required will depend on each workstream, however the method of using pre-existing data and insights through professional stakeholder engagement will be optimised. Furthermore, considerations for consulting with individuals accessing services are to be made.
- 2.7 The 'Big Ticket Items' are anticipated to be at the forefront of our work for the next 12 months, some will be carried forward depending on progress made. New priorities will also be identified for inclusion as we progress with the strategy review.

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 The strategy refresh process will include revisiting previous actions, looking at new policy nationally and locally, engaging with people affected by dementia and consulting upon proposed recommendations.

4.2 The Dementia Strategy Refresh Task and Finish group are planning to adhere to the below timeframe to progress with the review:

Action	Timeframe
Progress actions as required by each 'Big Ticket Item' work package.	Apr 2022-Jan 2023 In progress
Review the priorities currently described in the strategy and identify which priorities should be carried forward and what achievements have been made.	Apr 2022-Sept 2022 In progress
Engage with professional stakeholders, people affected directly by dementia, carers etc, analyse/collate feedback.	Sept 2022-Jan 2023
Draft strategy	Jan 2023-Mar 2023
Conduct equalities and other impact assessments and consider approaches to equalities management by varied organisations, regarding new recommendations made by the strategy	Mar 2023-May 2023
Final draft of strategy out for consultation	May 2023-Jun 2023
Gain approval from partner organisations (City and County Councils, CCG, ICS Boards etc)	Jun 2023-Aug 2023
Launch new Strategy 2023 – 2026	Aug 2023-Oct 2023 (some room for project float considered)

4.3 The current dementia strategy can be accessed on our website through the link below.

[living-well-with-dementia-strategy-2019-2022-accessible-version.pdf \(leicester.gov.uk\)](https://www.leicester.gov.uk/living-well-with-dementia-strategy-2019-2022-accessible-version.pdf)

4.4 The monitoring of the current strategy is achieved through:

- Dementia Programme Board highlight reports submitted by member organisations and reviewed by the board during each meeting
- Partner organisation reporting through own governance structures
- The work of the Dementia Programme Board, including strategy implementation, is reported through the Integrated Care System Mental Health Design Group.

4.5 As the strategy review progresses, further reports will be brought as necessary through Adult Social Care and Public Health governance processes, including lead member briefings and Scrutiny Commissions. . Once in final draft format, the strategy document will be subject to consultation and sign off through relevant Leicester City Council governance procedures.

4.6 The finalised version of the Dementia Strategy will also be signed off by Leicestershire County Council and Rutland County Council through their governance processes. NHS sign off will be through the ICS governance process which will require review of the following boards:

- Mental Health and Dementia Design Group
- Clinical Executive
- System Executive
- ICB

4.7 At this early stage of the review, achievements including the following can be noted. Others will be noted in the new strategy.

- The increase in diagnosis rates which occurred pre pandemic; unfortunately this was negatively impacted after 2020, however LLR still remains above the national ambition of two thirds of people with dementia having a diagnosis (City rates are over 70%). This will remain a priority going forward.
- Enhanced partnership working which has seen the memory pathway from memory concerns through to end of life achieve greater harmonisation. More emphasis on joining with End of Life work will be made going forward.
- Increased Public Health involvement in the work of the Dementia Programme Board – updated JSNAs for dementia are in progress
- Work within primary care to roll out dementia friendly GP practices
- A consistent support service model commissioned across LLR
- Key lifestyle messages are promoted
- Opportunities to get involved in research are promoted
- Dementia diagnosis toolkit has been piloted with care homes
- Awareness raising of dementia across numerous settings
- UHL dementia friendly wards and ED
- Dementia friendly care homes
- A range of other services, including for carers
- Care Navigators, Social Prescribers
- The Dementia Guide information offer
- Dementia Friendly Communities
- Admiral Nurses
- Advanced care planning

4.8. The implementation plan for the reviewed strategy will consist of priorities and actions as is the case with the 2019-2022 strategy. This will be embedded in the reviewed strategy and is key to its development.

4.9 £416,000 of non-recurrent NHS additional funding has been made to support improvements in dementia support across the system. This breaks down as follows:

- £100,000 to LPT to address waiting lists for memory assessment (additional recruitment)
- £17,000 to develop a predictive modelling tool to identify at risk patients
- £59,000 to enhance the commissioned dementia support services across LLR
- £240,000 for a small grants scheme to support local organisations to deliver support to people and carers living with dementia

4.10 Phase 1 of the grants process (less than £5,000) has just closed with 21 bids received. These will be evaluated, and awards made by the end of June.

4.11 Phase 2 (up to £25,000) will begin in July and bids evaluated in September.

5. Scrutiny Overview

The Adult Social Care Scrutiny Commission receive bi-annual updates on the dementia portfolio.

6 Financial

The outline of this strategy in itself does not generate any immediate financial implications. Some of the Big-Ticket items referenced in Appendix 1 to this report will relate to the grant funding available to support the outcomes sought through the Dementia Strategy. In this regard there is additional funding that has been made available through CCG partnership working to support the delivery of these outcomes.

Matt Cooper – Business Manager – 37 2145

7 Legal

It is understood there will be consultation on the proposed changes to the strategy. Consultation advice should be sought as required and before a decision is made

The Authority has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good

relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. These matters must form an integral part of the decision making processes in relation to the Dementia Strategy. The Authority will engage with service users and representative groups, and use the information and views gathered to assess the equality impact of any proposals made by the Authority relation to service provision.

Mannah Begum, Principal Solicitor (Commercial & Contracts Legal) Ext 1423

8 Equalities

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, 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 protected characteristics mostly associated with dementia will of course be age (older adults) and disability, however people with dementia will be from across all protected characteristics. The way that people experience dementia will depend on a variety of factors therefore the progression of the condition will be different.

Living with dementia, and supporting loved ones with dementia, can be challenging. Initiatives that aim to improve services, and access to them should lead to positive impacts.

The report mentions that equality impact assessments will be undertaken as the Strategy Refresh review progresses, this should enable the consideration of equality so as to ensure there is no unintended disproportionate negative impact for anyone with any specific protected characteristics

The EIAs should also be used as a tool to explore opportunities for positive impacts which have not already been identified. Equality impact assessments are an iterative process that should be revisited throughout the decision-making process and updated to reflect any feedback/changes due to consultation/engagement as appropriate. Engagement with people living with dementia and their carers across the area to understand their experiences of the health and social care system to inform future work should be accessible and inclusive.

Equalities Officer, Surinder Singh, Ext 37 4148

9 Climate Change and Carbon Reduction Implications

There are limited climate emergency implications directly associated with this report. However, as service delivery generally contributes to the council's carbon emissions, impacts can be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as applicable to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

10. Background Papers

The current dementia strategy can be accessed on our website through the link below.

[living-well-with-dementia-strategy-2019-2022-accessible-version.pdf \(leicester.gov.uk\)](https://www.leicester.gov.uk/living-well-with-dementia-strategy-2019-2022-accessible-version.pdf)

11. Appendices

Appendix 1

LLR JOINT DEMENTIA STRATEGY BIG TICKET ITEMS 2022- PROGRESS UPDATE – MAY 2022

Big Ticket Item 1	Progress	Outcome
Learning from the Pandemic	<ul style="list-style-type: none"> focused session at the DPB meeting of 17 May 	<ul style="list-style-type: none"> a 'lessons learnt' document and key actions to inform future emergency planning and subsequently recovery planning to be produced
Big Ticket Item 2	Progress	Outcome
Supporting people waiting for a diagnosis of dementia	<ul style="list-style-type: none"> Recruitment to posts within the Memory Assessment Service continues. Grant programme designed and launched April 22 	<ul style="list-style-type: none"> Impact of interventions to be evaluated

Big Ticket Item 3	Progress	Outcome
<p>Improving the quality of personal care delivered in residential or home-based settings.</p>	<ul style="list-style-type: none"> • Scoping of proposed Admiral Nurse (AN) project working within residential care settings across LLR being undertaken as part of BTI#4 	<ul style="list-style-type: none"> • An AN service to support care homes to be commissioned
Big Ticket Item 4	Progress	Outcome
<p>Exploring the potential for more Admiral Nurse services to support greater integration and joint working of services for people with dementia and their carers.</p>	<ul style="list-style-type: none"> • Review of LLR provision undertaken • Analysis of PCN populations being undertaken with MLCSU to inform evidence of need • Business case/specification being prepared for organisations to use to seek approval/funding 	<ul style="list-style-type: none"> • A consistent AN service to be commissioned across LLR
Big Ticket Item 5	Progress	Outcome
<p>Bringing a consistent approach to training and development.</p>	<ul style="list-style-type: none"> • Not started yet due to lack of capacity 	<ul style="list-style-type: none"> • A standard training and development offer to be agreed and promoted
Big Ticket Item 6	Progress	Outcome
<p>Increasing dementia diagnosis rates</p>	<ul style="list-style-type: none"> • MLCSU supporting commissioners to interrogate dementia dashboard to be able to undertake analyses of data to case find or target low referring practices • Analysis of GP Frailty registers to be undertaken to identify 	<ul style="list-style-type: none"> • More people to receive a diagnosis and subsequent support

people who may at risk
of dementia

LLR JOINT DEMENTIA STRATEGY – ADDITIONAL WORK

Big Ticket Item 7

Understanding the needs of people with young onset dementia

Progress

- T&F group looking at data around numbers of people with young onset dementia known to services to inform gap analysis and strategic intentions

Outcome

- People with young onset dementia will receive parity of service

Appendix 2 – Presentation to Adults Social Care Scrutiny Commission 16th June 2022



Dementia
Presentation to ASC

Introducing the Dementia Programme Board

Successes and Challenges

June 2022

Adult Social Care Scrutiny Commission

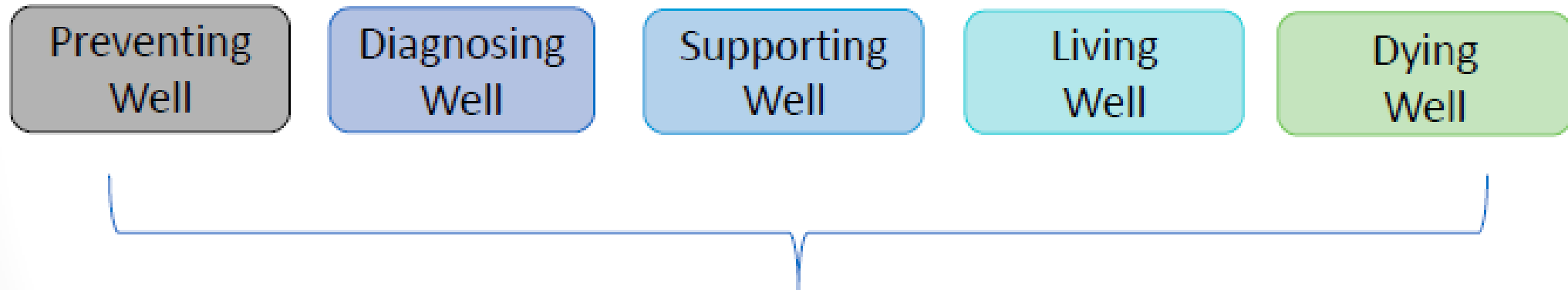
The Board.....

- National Dementia Strategy 2010
- Prime Minister's Challenge on Dementia 2012 and 2020
- LLR group meeting since then
- Dementia Programme Board in current format meeting since 2017
- Chairs Dr Girish Purohit and Bev White, Lead Commissioner, Leicester City Council
- Multi agency group – LPT Memory Assessment Services, Primary Care, Leicester Hospitals, Social Care, Public Health, Voluntary Sector, Healthwatch, Leicestershire Police, Dementia Friendly Communities movement
- LLR Joint Dementia Strategy 2019- 2022

Leicester, Leicestershire & Rutland's Living Well with Dementia Strategy 2019-2022



Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:



We aim to create a health and social care system that works together so that every person with dementia, their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

So what have we achieved?

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:

Preventing
Well

Diagnosing
Well

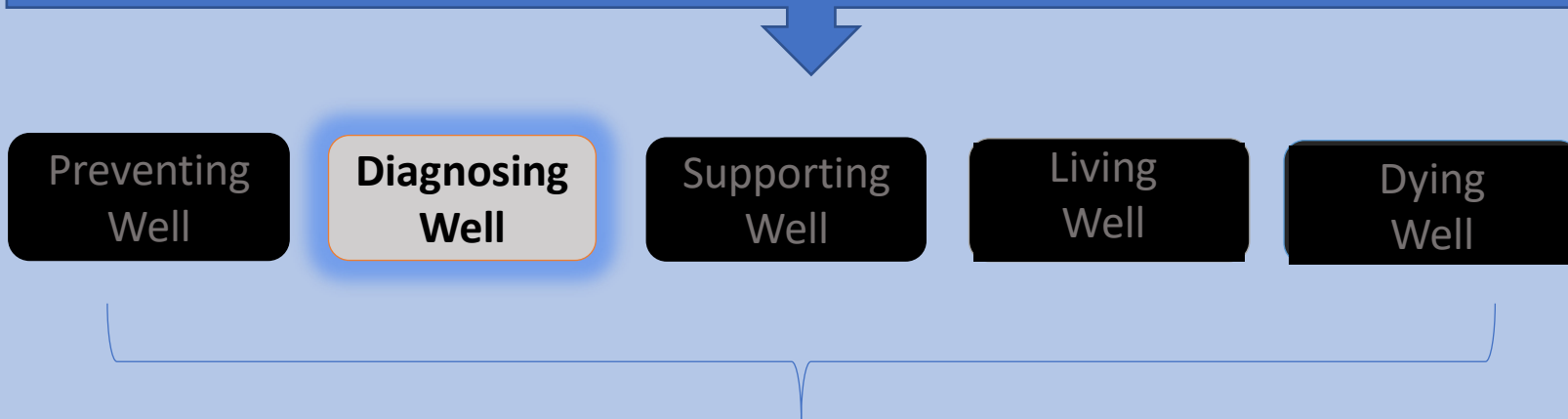
Supporting
Well

Living
Well

Dying
Well

Key lifestyle messages are promoted
Public Health support our work
Opportunities to get involved in research are promoted

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:



Dementia diagnosis toolkit has been piloted with care homes
Awareness raising of dementia across numerous settings
Pre-pandemic diagnosis rates exceeded the national target

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:



Preventing Well

Diagnosing Well

Supporting Well

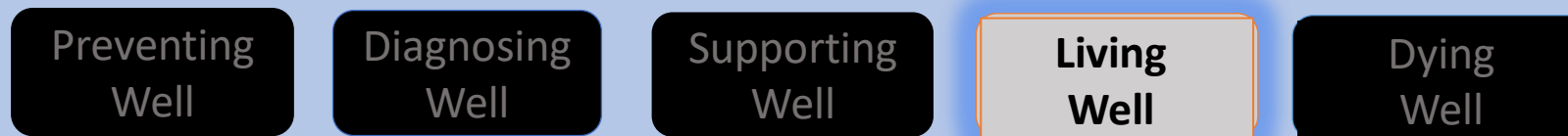
Living Well

Dying Well



Dementia friendly GP practice toolkits used in several practices
UHL dementia friendly wards and ED
Dementia friendly care homes

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:



Jointly commissioned support services across LLR
A range of other services, including for carers
Care Navigators, Social Prescribers
The Dementia Guide information offer
Dementia Friendly Communities

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:



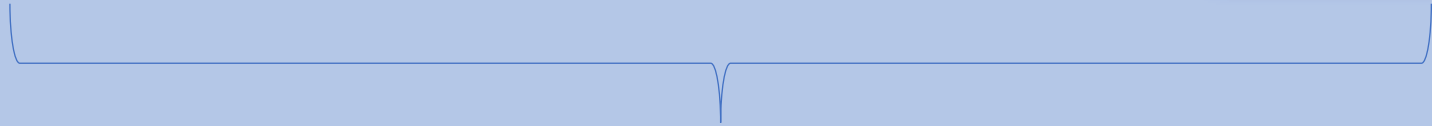
Preventing Well

Diagnosing Well

Supporting Well

Living Well

Dying Well



Admiral Nurses
Advanced care planning
Links with EoL pathways

The local picture

Nationally, 61.1% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia

Locally the rate is 74.3%

c2500 people on the register

Covid has had an impact on diagnosis rates

- Not having a diagnosis has a significant impact on those living with dementia, their families and carers
 - The number of people living in communities across LLR with dementia without a diagnosis will be increasing
 - People without a dementia diagnosis will find it more difficult to access the right help within the health and social care system
 - People without a diagnosis will not be able to access post diagnosis support programmes within the community and in an acute setting

- The reasons:
- Families, carers and patients initially not presenting to primary care services generally due to the risks of COVID-19 with dementia patients and families shielding
- Reduction in care home visiting
- Primary care activity reduction due to the pivoting of services to urgent needs, which in turn has led to a reduction in referrals
- Memory assessment services (MAS) had been paused for all but urgent activity
- CT scanning capacity paused & directed to urgent activity

Our Challenges

- Consolidating system working
- Raising the profile of dementia
- Reducing wait time in Memory Assessment services
- Increasing the dementia diagnosis rates
- Encouraging people to seek support
- Ensuring people with dementia are referred into the Dementia Support Services which opens doors
- Shaping the market to ensure there is a good supply of sustainable and appropriate services
- Growing Dementia Friendly Communities
- Recruitment and retention of health and care staff
- Upskilling staff and family carers
- Working within a very challenging financial climate

Dementia
Diagnosis
rates – gap to
ambition

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- Pathway Enhancements
- Information, Advice and Guidance (IA&G)–
System collaboration–Primary care support
»Confident diagnosing »Supporting
management
- GP systems updated in light of COVID19 –
Support remote diagnosis
- Direct referrals to commissioned support
service are now electronic and easier
- Additional capacity – MAS and support
services

Additional Funding 2021/22

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£100,000 to LPT's memory service to address waiting lists

- 1 locum x 9 months
- 1 B6 nurse x 12 months

£17,000 to MLCSU for predictive modelling re dementia risks to support early identification of dementia patients

£240,000 to Leicester City Council (via LLR Dementia Board) for VCS grants to support people (and their carers) waiting for assessment

£46,000 annually for three years to the jointly commissioned LL dementia support service for them to support pre and peri diagnosis.

£13,000 annually for three years to be given to Rutland County Council to enhance their commissioned service.

A temporary Project Officer to support the dementia work programme and kickstart some of the outstanding strategic work.

And What's Next?

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Strategy
extended until
2023

6 Big Ticket
Items

£416,000 non
recurrent
additional funds

The Big Ticket Items

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Big Ticket Item 1

Learning from the Pandemic

Description

We will gather information about the experiences of patients, people who draw on our support, informal carers, providers of services and other stakeholders to understand how the pandemic affected people and how services responded to their needs.

We will learn from what went well and what did not go so well and conduct a 'lessons learned' exercise to document this.

Impact

- Improve our collective performance in future crisis situations
- Organisations will be able to move more swiftly to positions where they can implement emergency planning and subsequently recovery planning
- Patients, people drawing upon support and informal carers will experience better outcomes

The Big Ticket Items

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Big Ticket Item 2	Description	Impact
Supporting people waiting for a diagnosis of dementia	<p>We want to ensure that those people who are waiting to be assessed by the Memory Assessment Service receive support whilst they do so by enhancing commissioned support services.</p> <p>We will improve capacity within the Memory Assessment Service.</p> <p>We will run a grant programme aimed at community organisations to enable them to join our team effort of supporting people waiting for a diagnosis of dementia.</p>	<ul style="list-style-type: none">• People will be better informed• People will know where to go to if they need additional support thus reducing the likelihood of crises and carer breakdown• Improved experience of people waiting for assessment• Increased number of people attending community organisations for support• Increased sustainability of community organisations

The Big Ticket Items

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Big Ticket Item 3	Description	Impact
Improving the quality of personal care delivered in residential or home-based settings.	We will seek funding to pilot an Admiral Nurse project whose aim will be to provide practical and emotional support to staff, residents, and relatives through direct work within residential care settings across LLR as well as providing phone and email advice.	<ul style="list-style-type: none">• Reduction in inappropriate hospital admissions• Reduction in ambulance call outs• Improved outcomes for people with dementia• Improved staff skills• This work will complement LSAB priorities (which are Recovery, Hidden Harm and Care Homes)

The Big Ticket Items

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Big Ticket Item 4	Description	Impact
Exploring the potential for more Admiral Nurse services to support greater integration and joint working of services for people with dementia and their carers	We will undertake a review of provision, identify gaps, and provide options to meet need across LLR, including specialist needs, to complement the present service which exists in pockets across the sub region.	<ul style="list-style-type: none">• Options will be drawn up which will support funding bids for Admiral Nurses, ensuring close working with existing services, avoiding duplication, and adding value to the memory pathway.• This work will connect to the ICS implementation and coordination of services programme.

The Big Ticket Items

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Big Ticket Item 5	Description	Impact
Bringing a consistent approach to training and development.	We will review the training on offer within LLR health and social care settings and devise a coordinated strategy which sets out key deliverables.	<ul style="list-style-type: none">• There will be a consistent joined up approach to training and development• Staff skills will be increased• Increased staff satisfaction• The quality of care will improve

The Big Ticket Items

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Big Ticket Item 6	Description	Impact
Increasing dementia diagnosis rates	<p>We will focus on improving awareness and recognition, access to memory assessment and diagnosis, access to the right information at the right time and improving the experience for people seeking help with memory problems</p> <p>We will commission MLCSU to undertake an analysis of GP Frailty registers to identify people who may at risk of dementia</p>	<ul style="list-style-type: none">• Better dementia diagnosis will improve the lives of people with the condition and give them, their carers, and professionals the confidence that they are getting the care and treatment they need• The local dementia diagnosis rates will improve• People who are at risk of developing a dementia can be identified earlier and measures put in place to support them

And in addition

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Supporting our work:

Description

SJSNA completed for Leicestershire County Council area and beginning for Leicester City Council area

Work has started on looking at service responses for people with Young Onset Dementia

Work is planned on looking at service responses for people with Intellectual Disabilities

Discussions have started to ensure that memory assessment processes are culturally sensitive

Closer connections between Dementia and End of Life workstreams

Impact

- Will inform the refreshed strategy and commissioning intentions
- The number of people is small but their needs are quite different to older people with dementia
- Dementia in this group is usually overlooked and a diagnosis will help secure better services
- Testing is currently very Eurocentric and must be adapted
- As a terminal illness, people living with dementia must have access to quality EOL services and be included in EOL strategy

The Ask.....

- Adult Social Care Scrutiny Commission is asked to:
 - Note the work being undertaken
 - 'Think Dementia' and consider how your work should include dementia
- Bev White
- beverley.white@leicester.gov.uk

Adult Social Care Scrutiny Commission

Draft Work Programme 2022-2023

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 				
16th June 2022	<ol style="list-style-type: none"> 1. An overview presentation of Adult Social Care services, including the ASC Plan and the Reforms within the sector 2. Carers Strategy Consultation 3. Draft Dementia Strategy 4. Draft Work Programme 2022/23 			
18th August 2022	<i>Possible items tbc</i> <ul style="list-style-type: none"> • Draft Work Programme 2022/23 			
13th October 2022	<i>Possible items tbc</i> <ul style="list-style-type: none"> • Draft Work Programme 2022/23 			
8th Dec 2022	<i>Possible items tbc</i> <ul style="list-style-type: none"> • Winter Care Plan update on ASC aspects. • Learning Disabilities Plan update • Leicester Safeguarding Adult Board Annual Report 			

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
19 th January 2023	<p><i>possible items tbc</i></p> <ul style="list-style-type: none"> • Council Annual Budget reports • Mental Health Strategy 2021-2025 			
9 th March 2023	<p><i>Possible items tbc</i></p> <ul style="list-style-type: none"> • ASC Performance monitoring • Assistive Technology report 			
<p>FORWARD PLANNING, SUGGESTED ITEMS:</p> <ul style="list-style-type: none"> • ASC scrutiny Task Group review into Cost of Care topic – ongoing / preparing report of findings (led by Cllr March) • Extra Care Development Project to remain on work programme (Action: Scrutiny member Cllr Kitterick to be involved in this project (Agreed at March 2022 meeting). • Liberty Protection topic to remain on work programme (Agreed at March 2022 meeting) • Strength Based Practice in Adult Social Care (to allow commission to track progress) • Adult Social Care Operational Strategy (commission to receive regular updates) • HealthWatch Leicester (regular reporting and annual report) • Domiciliary Care (commission to receive regular updates) • Procurement Plan 2021/23 (Agreed for commission to receive a report on progress) • Refugees and Asylum Seekers in the city (broader considerations to be given in relation to ASC impacts in the city) • Carers Strategy (commission to receive updates on key developments in this service area) <p>JOINT WORK WITH HEALTH & WELLBEING SCRUTINY COMMISSION, ITEMS SUGGESTED:</p> <ul style="list-style-type: none"> • Integrated Care Board (ICB) replacing the CCGs. <p><i>Further items to be added to the Joint work</i></p>				