

Leicester  
City Council

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

**DATE: THURSDAY, 18 AUGUST 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](mailto:aqil.sarang@leicester.gov.uk)

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

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- 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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- ✓ 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](mailto: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**

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#### **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 16 June 2022 have been circulated and the Commission is asked to confirm them as a correct record.

#### **4. PETITIONS**

The Monitoring Officer to report on any petitions received.

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

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

#### **6. HEALTHWATCH LEICESTER AND LEICESTERSHIRE ANNUAL REPORT**

**Appendix B  
(Pages 9 - 32)**

HealthWatch Leicester and Leicestershire submits the annual report.

Members of the Commission are recommended to note the report and pass any comments to the representatives from HealthWatch Leicester and Leicestershire.

#### **7. HEALTH AND CARE REFORMS**

**Appendix C  
(Pages 33 - 50)**

The Strategic Director for Social Care and Education submits a report on the Health and Care reforms.

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

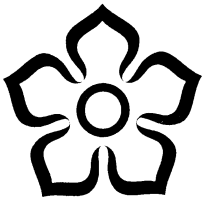
**8. WORK PROGRAMME**

**Appendix D**  
**(Pages 51 - 54)**

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.

**9. ANY OTHER URGENT BUSINESS**





Leicester  
City Council

# Appendix A

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 16 JUNE 2022 at 5:30 pm

P R E S E N T :

Councillor Joshi (Chair)  
Councillor Pandya (Vice Chair)

Councillor Batool  
Councillor Kaur Saini

Councillor March  
Councillor Patel

Councillor Singh Johal

In Attendance

Deputy City Mayor for Social Care and Anti-Poverty Councillor Russell

\* \* \* \* \*

**76. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**77. DECLARATIONS OF INTEREST**

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

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

Councillor Pandya declared she had no Other Disclosable Interest other than what had already been declared on her Register of Interest.

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

**78. MINUTES OF THE PREVIOUS MEETING**

The Chair noted that in relation to the Extra Care Development scheme, the Commission had agreed that a Member link would be involved with the service

and feedback on progress to the Commission. The former Commission Member who was no longer on the Commission membership had volunteered and was happy to remain as the member link. The Chair suggested that Members of the Commission forward their interest to the Scrutiny Policy Officer or himself.

AGREED:

The minutes of the meeting of the Adult Social Care Scrutiny Commission 03 March 2022 were confirmed as a correct record.

#### **79. TERMS OF REFERENCE**

AGREED:

That Members of the commission be requested to note the Terms of Reference.

#### **80. MEMBERSHIP OF THE SCRUTINY COMMISSION 2022/23**

The Chair welcomed the new Members to the Commission and thanked the previous Commission Members for their efforts.

AGREED:

That the Membership of the Adult Social Care Scrutiny Commission for 2022/23 be noted.

#### **81. DATES OF MEETINGS OF THE SCRUTINY COMMISSION 2022/23**

AGREED:

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

#### **82. PETITIONS**

The Monitoring Officer noted that none had been received.

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

The Monitoring Officer noted that none had been received.

#### **84. AN OVERVIEW PRESENTATION OF ADULT SOCIAL CARE SERVICES**

The strategic Director for Social Care and Education delivered a presentation providing the Commission with an overview of the Adult Social Care Service and informed the Commission that there were many changes taking place over the next municipal year and beyond, which would be of significant interest to the Commission to scrutinise.

As part of the discussions, it was noted that:

- The money spent on the safeguarding was the Councils contribution to the Safeguarding Board and Care management was all about



safeguarding

- Safeguarding for children would come as a contribution to the Safeguarding Board from the Children Services budget
- Comparisons with other similar authorities in the take up of services was in a very early stage and the three other authorities that were being compared with were Barnsley, Bradford and Coventry
- Initial analysis showed that the expenditure was increasing faster than that of the other three authorities
- The data that was being analysed was data from the ONS and GP records, the latest Census data was not yet available and that the Census data would provide a broader scope of the city as the city had changed in the last decade
- A report in the future could be provided to the Commission once the Census data was available
- In response to Members queries on the review of service users and their care packages, it was noted that, several hundred people were waiting for a review a year later, there was triaging in place for people waiting on the list to identify those with the most need and those being reviewed indicated that the rate of increase in care was slowing down
- The Service were confident that the people who were waiting for a review would not require additions in their packages and the service were comfortable within budget
- Alternatives ways of conducting the reviews was also being explored

During further discussions it was noted that:

- The recognition of the Care Sector and being able to recruit would help lower cost, the Principle Occupational Therapist role had been advertised 4 times without a single applicant
- The overall view of the sector was an area that needed improving collectively
- Staff were continuing to carry out the work and Members were reassured that current staff were not being overburdened and the waiting list and triage system supported this
- There were good development schemes in place for the existing staff to take on more qualified roles
- The service was on track to deliver the savings and come under budget this year

The Strategic Director for Social care and Education also noted that after a decade of no inspections, inspections were to commence shortly. On 1 July 2022 the CCG would cease to exist and would be replaced by the Integrated Care Board, with a lot of work going on in terms of integration resulting in a lot of time being absorbed. The Deprivation and Liberty Safeguards was also being replaced by the Liberty Protection Safeguards which would develop entirely new systems requiring several hundred staff members being retrained. with each project being a major change, the capacity within the department would need careful consideration.

The Chair echoed the concerns raised by the Commission Members and noted

that underfunding from national government has had a severe impact on the Social Care and took the opportunity.

AGREED:

- 1) That the report be noted.
- 2) That the strategic Director for Social Care and Education be requested to provide future updates on the upcoming changes to the Commission; and
- 3) That the Strategic Director for Social Care and Education be requested to provide more data on the care services taken up by the ethnic minority groups in the city.

## **85. CARERS STRATEGY CONSULTATION REPORT**

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

The Joint Integrated Commissioning Lead introduced the report, provided an overview of the strategy and talked about the engagement work carried out with carers. It was also noted that a further engagement session had been planned to take place at the King Power Stadium on 28 June 2022.

As part of the discussions, it was noted that:

- The Chair took the opportunity to note that no organisation in the city would be able to match the work carried out by family members who care for loved ones fulfilling a role in their family without the recognition as a carer
- It was suggested that 59 responses to the consultation when a vast number of people provide care was low and that this could be as a result of people not identifying as a carer, carers not liking to go online, language barriers and engagement fatigue, where a lot of consulting takes place but no change for carers
- Members of the Commission noted that the documented evidence was good, but the responses were too low to improve the strategy and that feedback from the upcoming event should provide additional information to the consultation
- Consideration to improving responses and the inclusion of the diverse workforce needs improving

In response to Members, it was noted that:

- This was a short piece of engagement work carried out and not a full consultation
- A lot of work was being undertaken to readdress things that have not already been covered
- There was a real challenge to get people to respond to consultations and this was not unique to the department
- The face-to-face event and online sessions are being carried out to further promote the consultation which is running until July
- The lack of diversity in the consultation was acknowledged and there was ongoing work with national charities on challenges with engaging with carers from the diverse backgrounds in the city

Members of the Commission went on to suggest that it was vital to understand the root and branch of the situation and what was the make up communities that were being considered and what were their individual motivations. Being unable to change the system we use to create dialogue with the people of Leicester for whom the council served was a problem and it was important to understand how to create dialogue and get the channels right to improve the overall situation.

The strategic Director for Social Care and Education praised the Member for their contributions further noted that, writing a strategy simply to have a strategy was a failing of the public service, the service were clear of the enormous contributions of informal carers. There was a stark realisation that people in the city did not consider public services to be on their side and there was a distance between the two.

Members of the Commission were not happy or comfortable with what was being said in regard to carers from the BAME Communities and suggested that there was a deeper conversation on this matter that warranted a deeper conversation outside of this topic. Members queried whether VCS had been involved in the engagement process and what ward level involvement had there been. The departments push for Strength Based Practice relied heavily on personal relationships with carers and that this on-going process needs to be revisited and improved.

The Strategic Director for Social Care and Education thanked the Members of the Commission for their contributions and suggested that this level of scrutiny was good for the department to make improvements.

Members further noted that only together, we can make a difference and we need this to improve as an authority. It was apparent that how the authority consults with the people of the city may need reconsidering. Members of the Commission suggested that the Chair be requested to take the opportunity to raise Commission Members concerns around public consultation at the Overview Select Committee.

**AGREED:**

- 1) That the Chair of the Commission be requested to raise the Members of the Commissions concerns around the consultation process at the Overview Select Committee
- 2) That the event in June be used to further promote the consultation
- 3) That the Strategic Director for Social Care and Education be requested to consider the comments and concerns raised by the Members of the Commission
- 4) And that the report be noted.

## 86. DRAFT DEMENTIA STRATEGY

The Strategic Director for Social Care and Education introduced the item on the Draft Dementia Strategy.

The lead Commissioner introduced the report and provided an overview of the report and noted that comments and concerns raised by Members on the previous item around the consultation process would be taken into consideration for the Dementia Strategy.

As apart of the discussions it was noted that:

- There were currently 7 Admiral Nurses with recruitment in place a further 2 nurses
- The grant funding that was available was being delivered in 2 schemes. Phase 1 was for applications of up to £5,000 with currently 21 bids being evaluated currently, this gave the opportunity for small community groups to bid for funding and phase 2 of the scheme would consider bids of up to £25,000
- The work in the past few years had identified gaps in services for people who were younger, people with an intellectual disability, services for black and ethnic minority groups who are under represented and these had been picked out as the big ticket items as referred to in the presentation
- Members suggested that the diagnosis of dementia starts with simple questions aimed at cognition that takes place at the GP Practice and there was a great deal of interest adopting the Bradford techniques locally
- It was suggested that the development of this area and getting people to understand Dementia was important

In further discussions it was noted that the Aristotle Dementia Dash Board recorded data for people that could pin point information down to practice and patient level and that primary care colleagues were being requested to carry out annual health checked, with £17,000 being used to further develop the dashboard.

Healthwatch Leicester and Leicestershire noted that they had appointed a project officer in Leicester for dementia.

The Chair thanked Members and Officers for their valuable inputs.

AGREED:

- 1) That the Strategic Director for Social Care and Education be requested to consider whether this item required a joint scrutiny session with the Health and Wellbeing Scrutiny Commission
- 2) That the Strategic Director for Social Care and Education be requested to consider the comments raised by the Commission Members
- 3) Ant; that the report be noted.

## **87. WORK PROGRAMME**

The Chair noted that the draft Work Programme for the Commission had been attached and Members of the Commission were welcome to providing any further suggestions for consideration to the Scrutiny Policy Officer.

It was also noted that the Commission would be exploring the possibility of joint Commission meetings with the Health and Wellbeing Scrutiny Commission for topics of common interest.

Councillor March provided a verbal update on the ongoing review into the Cost of Care and noted that the review would shortly be coming to its conclusions and thanked Officers for their time and support.

## **88. ANY OTHER URGENT BUSINESS**

There being no items of further discussion the meeting closed at 8:43pm.



# Championing what matters to you



Healthwatch Leicester and Healthwatch  
Leicestershire  
Annual Report 2021-22

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# Message from our chair

## **I am very pleased to present the Annual Report for Healthwatch Leicester and Healthwatch Leicestershire for the year 2021 – 2022.**

We have adapted our way of working due to the ongoing Covid-19 pandemic. The Healthwatch Advisory Board (HAB) continues to have online meetings. Members of the HAB continue to attend board meetings held by providers and commissioners across Leicester and Leicestershire to ensure that issues affecting patients and the public are taken into consideration.

Towards the end of the year, we were sad to see Shireen Bharuchi leave the board to continue her role as an Optometrist. We welcomed Alexandra Partner, who has worked clinically as a Diagnostic Radiographer in acute settings for five years and has worked as an academic in healthcare higher education for the past ten years. She has been published at international conferences and sits on several advisory boards and committees. She is passionate about improving health and social care.

The team has been working on reaching out to the public to inform the work. We developed a program of outreach activities going to local parks and open spaces, community facilities and public places.

We also enhanced our reach via social media including the use of local community radio, social media as well as continual updates to our website .

We realise that not everyone has access to or is comfortable with digital technology and therefore we have produced and distributed our guide, "Improving and Shaping Health and Social Care in Leicester and Leicestershire".

**A key issue for people this year has been accessing GP and Dental Services. Reports compiled have been presented to the Health Overview and Scrutiny Commission and city and county Health and Wellbeing Boards.**

We worked closely with Healthwatch Rutland to look at themes centred around New Models of Care and organised sessions at John Storer House, Wesley Hall, Shama Women's Centre and The African Caribbean Centre.

Additionally, our staff collaborated with Leicester City Football Club, Local Authorities and Everards Brewery in a unique project to raise suicide awareness and prevention among males who are three times more likely of dying by suicide.

They printed QR codes onto beer mats for distribution across pubs and restaurants. We also informed VitaMinds, Freedom Youth Club, The Centre Project and EAVA FM. This resulted in young people being involved in music production and recording with lyrics highlighting the issues. As we continue to adapt to the challenges of new variants of the pandemic and ever-changing national guidelines, we will continue to identify how best the public can be involved. The next year will see us grow our Community Network and Diversity Inclusion Health Network.



"May I take this opportunity to thank all who have engaged with us in the last twelve months, who shared their experiences and the providers who have made changes because of our feedback."

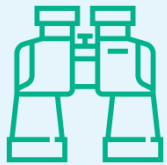
**Harsha Kotecha**  
Chair of Healthwatch Leicester and  
Healthwatch Leicestershire



# About us

## Your health and social care champion

Healthwatch Leicester and Healthwatch Leicestershire is your local health and social care champion. From Belgrave to Bosworth and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



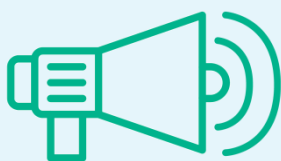
### Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

# Our year in review

Find out how we have engaged and supported people.

## Reaching out



**5300 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**20221 people**

came to us for clear advice and information about topics such as mental health and COVID-19.

## Making a difference to care



We published

**10 reports**

about the improvements people would like to see to health and social care services.

Our most popular report was

**Turning the tide: male suicide**

which aimed to raise awareness to reduce death by suicide.

## Health and care that works for you



We're lucky to have

**16**

outstanding volunteers, who gave up **155 days** to make care better for our community.

We're funded by our local authority. In 2021-22 we received:

**£299,260**

Which is **0.2% less** than the previous year.

We also currently employ

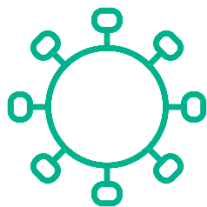
**9 staff**

who help us carry out this work.

## How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



'Let's talk' - We launched a series of monthly themed community focus groups to identify the impact of changes introduced across health and social care in response to the Covid-19 pandemic.



We challenged providers to invest money to address the findings of our CAMHS report on improving time to treatment waits.

Summer

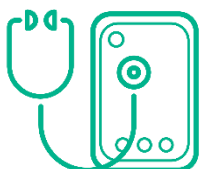


We attended 36 events and engaged directly with over 2420 people during our summer tour. 350 told us about challenges accessing their GP practice.



We reviewed the GP practice websites to see how informative and accessible they are for people. We reviewed 118 practice websites made 12 recommendations to the CCGs to improve the website for patients.

Autumn

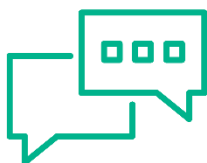


We resumed our Enter and View programme and using the text messaging service, 1138 patients shared their experiences of Latham House Medical Practice in Melton Mowbray.



We attended 14 carers groups and we heard from 123 carers and 14 staff and volunteers. On carers rights day we used our social media platforms to raise awareness of carers rights and invite people to share their experiences with us.

Winter



Our HAB has raised concern about the future governance arrangements of Mental Health services and the lack of the patient and carer voice being built into them, with the executive system lead for Mental Health.



Our chair shared our dentistry findings with BBC East Midlands. We received an increase in the number of calls about dentistry throughout January. We are working with providers to improve dental services.

# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.



## Turning the Tide: Male Suicide

Thanks to people sharing their experience of male suicide we have helped the NHS identify gaps in service provision, identified gaps in the prevention pathway, identified potential barriers that prevent men from coming forward to access services and explored ways to raise awareness of local services.

Through our contact with services, we found a real passion, commitment, motivation, and some excellent services delivered through the framework of the Suicide Prevention Strategy and coordinated through the Suicide Audit and Prevention group. There were however gaps identified in the pathways, particularly in data sharing, and knowledge of services to refer people to.

This was an issue for people providing services in the community in as much as potential opportunities to support people who were recently bereaved or people who had sought help via emergency services or their doctor with suicide ideation or self-harm.

Gaps were also identified in access to services for ethnic diverse communities and Lesbian, Gay, Bisexual and Transgender (LGBT) communities. Whether these barriers were real or perceived, uptake of services by these communities were generally low.

### What difference did this make

To coincide with **Time to Talk day** we shared our findings with key partners at the Everards Brewery launch event. Everard's Brewery developed beer, mats, drip mats and posters with a QR code linking to the 'Start a Conversation' website. The **'Get the Ball Rolling'** campaign was devised by local councils to tackle the high levels of male suicide across Leicester and Leicestershire.

We worked with Leicester City Football Club (LCFC) to link into the mental health portal being developed with United Leicester to establish a link into the **'Start a Conversation'** website linking to all prevention services available. Public Health leads have been working with the wellbeing lead at LCFC.



Working in collaboration with Equality Action to improve health & wellbeing through the arts we brought together an initiative involving a young diverse male group to develop a rap song that explores men's mental health issues.



"Our report on male suicide in Leicester and Leicestershire resulted in this campaign being created and is part of a response to our call for more to be done to reduce high levels of male suicide."

Mark Farmer, Healthwatch Leicester  
and Healthwatch Leicestershire Advisory Board Lead for Mental Health.

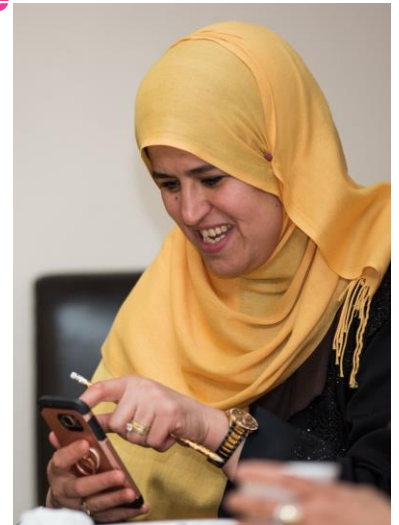


## Access to GPs: You are next in the queue

Thanks to people sharing their experiences of accessing their GP Practice during the Covid-19 pandemic we have helped the NHS identify issues within general practice and pushed for improvements.

One of the main issues we have heard was around the availability of appointments or the lack of available appointments. People reported a negative or mixed experience of getting an appointment at their GP Practice and comments were made about telephone lines being constantly engaged and calls unanswered.

The majority of people we spoke to had a positive experience in getting repeat prescriptions.



“Over the last year the way people access health and social care changed dramatically. We recognise that general practice has worked to maintain services throughout the pandemic. However, our snapshot shows that the services are not working for local people. We have raised the issues with the Clinical Commissioning Groups and are working with the GP network to help improve services for patients”.

Harsha Kotecha, Chair, Healthwatch Leicester and Healthwatch Leicestershire .

During lockdown we worked with our volunteers to review GP Practice websites to see how informative and accessible they are for people. People told us that it is difficult to get through to the GP Practice on the telephone, they are unsure of the online booking procedures and do not know who to contact to raise a concern or complaint.

- We reviewed 118 GP Practice websites across the city and county.
- Our volunteers reported a big difference in the quality and quantity of information available.
- Key information was easy to find and access on most of the websites.
- Volunteers felt that details of how to make a complaint was not always easy to find and felt hidden on the website.
- Volunteers felt there needs to be an explanation about triage and the process available on all websites.
- We found that the coronavirus information was not always current and up to date. Information on the vaccines was variable and there was limited information on vaccine hesitancy.

The findings were shared with the local Clinical Commissioning Groups (CCGs) and were consolidated with their research and action plan to make service improvements for patients.



## Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences are not often heard.



### Encouraging more young men to talk about their mental health.

We worked with a local charity to enable young men to produce a rap song that relates to male suicide and mental health. 'The Game' explores a man's journey navigating and escaping his mental health struggles through gaming. Local artist Lucky C provided vocals for the track, alongside local youth groups.

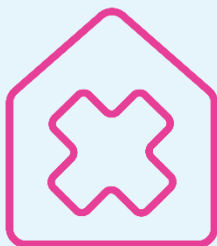
The hope is that the song encourages youth groups, especially from diverse communities, to come forward if they are suffering with their mental health. The aim is that the song sparks conversation eliminating the negative stigmas associated with men's mental health.



### Carers rights

It is recognised that over the last two years there has been unprecedented pressure on social care services due to increased demand and staff absence through sickness.

Carers who shared that they had experienced delays in being able to access social care services for the people that they care for. Over the years we have worked closely with carers agencies to highlight carers rights and to ensure that people are aware of the support available.



### Homelessness: Experiences of hospital discharge and post-discharge care

We wanted to explore what support is available to homeless people when they are discharged from hospital. Our aim was to understand the experience of hospital admissions and discharge of homeless people and accessing post discharge care in the community.

We have gathered feedback from homeless people and those who work directly to support them. There were however disparities that became apparent during our study, particularly between what staff providing the services told us and what homeless people told us about their experiences of hospital discharge and access to community health services.

# Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19 and dental services
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need

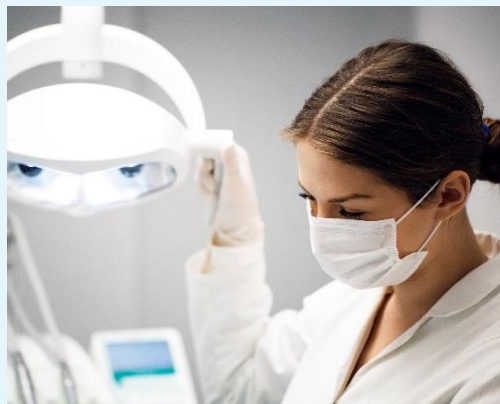


## Access to Dentistry

Over the last two years we have seen an increase in the number of calls from people trying to access NHS dental services. In December, we reviewed local dental practice websites and invited people to share their experiences with us. People told us that they were unable to find a dental practice that is taking on new patients.

People who could not get an NHS appointment, were being offered a private appointment that they could not afford.

People are often not aware that there are seven Emergency Dental Services in Leicester and Leicestershire. We have formed a strategic partnership with the NHS Local Dental Committee (LDC) and have continued to provide details of the concerns from patients. The LDC has worked with us to provide up to date information around dentistry for the interests of local people. We have produced advice for the public about what is available and where to go for additional support.



## People raised concerns about accessing their rural GP practice

As part of our summer tour, we heard from people in Melton Mowbray that there were concerns about accessing appointments at Latham House Medical Practice. The key difficulties for patients were being able to contact the practice over the telephone to make an appointment and obtaining a face-to-face appointment. We decided to conduct an Enter & View visit to the practice. We had previously visited in September 2018 and wanted to see what changes and/ or improvements had been made for patients. Due to Covid-19 restrictions, we decided to use the GP text messaging service to reach patients in the practice. We heard from 1138 patients.



We produced a series of recommendations to the service provider. The findings indicated that the telephone booking system is a huge frustration to patients. We recommended that the surgery reviews the telephone booking system and find a way to advertise more prominently the different ways patients can make an appointment.

The practice provided a full response to our recommendations and a new telephone system was implemented in April 2022.

# Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Carried out website and telephone reviews for local services on the information they provide and assessing their accessibility
- Visited GP Practices as part of our Enter & View programme
- Assisted as part of 'Readers' Panels' – checking local services' publications to make them more people focused and easier to read
- Helped support our day to day running





**Bhavin Gohil – Youthwatch**

I have found Healthwatch to be very helpful and useful for my needs, I really enjoy meeting new people and gaining new knowledge and experiences.



**Chris Bosley – Enter and View Authorised Representative**

During my eight years with the Enter & View team I have enjoyed visiting GP surgeries, residential homes, A&E and hospital wards. Through listening to patients, resident's and their relatives we have identified both good and poor practices. Usually, managers found our recommendations helpful and acted on them. It is also gratifying to know our reports add to the national picture so that Healthwatch England can speak up for patients' interests.



### Alex Partner – HAB Board Member

Joining the Healthwatch Leicester and Healthwatch Leicestershire advisory board has been a rewarding journey. Reflecting on my time as a volunteer has made me realise how much I have gained from this role. Working with the board has given me a better understanding of health and social care services across the county and more importantly a deeper appreciation of the needs of the people using these services. I am passionate about patient centred care that is high quality and constantly improving. Giving my time towards championing the voice of patients and service users is a privilege and I am pleased to see the progress being made.

The Healthwatch advisory board and team take special care to capture the needs of underrepresented or vulnerable groups and make sure provision is inclusive and responsive to the needs of a diverse population. This work is both interesting and satisfying. I look forward to the next 12 months and the challenges that lie ahead.



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

 [www.healthwatchll.com](http://www.healthwatchll.com)

 0116 251 8313

 Email: [enquiries@healthwatchll.com](mailto:enquiries@healthwatchll.com)

# Finance and future priorities

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

Income	
Funding received from local authority	£299,260
Additional funding	£67,875
Total income	£407,578

Income	
Staff costs	£233,236
Operational costs	£35,785
Support and administration	£66,253
Total expenditure	£335,273

## Top three priorities for 2022–23

- 1. Dementia Services** – exploring what local services currently exist for Dementia service users and to identify any gaps in provision as identified by people who arrange and use them. Investigate whether services have been maintained or reduced because of the Covid-19 pandemic and whether there are plans to expand or restore services over the next 3 years.
- 2. Access and Communication** – to explore if people’s needs of health and care services are being met in Leicester and Leicestershire. We have identified seven groups and with each group identified we will seek to listen and outline what the specific issues are for those communities. We are aiming to collect feedback from health and care services users of the following communities: Somali, Bangladeshi, Physical disability, Learning disability, Unpaid carers, including young carers, LGBTQIA+, new settlers including refugees and asylum seekers.
- 3. Maternity Services** – Working in partnership with Healthwatch Rutland to explore the current service provision and to find out from parents if the local service is meeting their needs.

# Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Each year, we develop and deliver special projects based upon and informed by local feedback as well as identification of issues, gaps or barriers. This work is in addition to our core programme of work and is supported by and agreed by our commissioners within Leicester City Council and Leicestershire County Council.

Our initial focus will take into consideration the following areas:

1. Access to Urgent Care Services
2. Access to Children and Adolescent Mental Health Services (CAMHS)
3. Impact of Covid-19





# Statutory statements

## About us

Engaging Communities Solutions (ECS) is the contract holder for Healthwatch Leicester and Healthwatch Leicestershire. The ECS corporate office is based at: Blakenall Village Centre, 79 Thames Road, Walsall, WS3 1LZ – [www.weareecs.co.uk](http://www.weareecs.co.uk)

The local office is based at: Clarence House, 46 Humberstone Gate, Leicester, LE1 3PJ. Healthwatch Leicester and Healthwatch Leicestershire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



## The way we work

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

Our Healthwatch board consists of five members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met six times and made decisions on where to carry out our enter and view visits, what our priorities should be and escalated issues about access to the CCG.

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



**In February 2022, We held three online listening events to give people the opportunity to share their views about what key themes they would like to see us focus on in the next 12 months.**

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

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services.

During 2021/22 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media. We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers.

This year we have done this by establishing our **Diversity Inclusion Health Network**.

Exclusion continues to impact on some communities leading to access issues, negative experience and more importantly, higher prevalence of health inequalities. Over the last 12 months, we have been gathering experiences from diverse communities and invited people from these communities to attend our 'Chai, Coffee and Chat' event and 50 people attended.

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

## Responses to recommendations and requests

- We had no providers who did not respond to requests for information or recommendations.
- We were able to conduct three Enter and View visits to GP Practices this year. We selected the GP Practices based on our findings from our GP Survey. We used the GP text messaging service to reach patients and produced a report with recommendations for improvements. We made 23 recommendations to GP providers and responses are included within these reports.
- There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and no resulting special reviews or investigations.



## Health and Wellbeing Board

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

During 2021/22 our representatives have liaised with local authority democratic service officers and other leads to discuss papers for presentation and discussion at board meetings.





# healthwatch

**Healthwatch Leicester and Healthwatch Leicestershire**

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# Health and Care Reforms

Lead Member Briefing / City Mayors Briefing / Adult  
Social Care Scrutiny Commission

Cllr Russell

Date of meeting: 18/07/22; 11/08/22;18/08/22

Lead Director: Martin Samuels

## Useful information

- Ward(s) affected: All
- Report author: Kate Galoppi
- Author contact details: kate.galoppi@leicester.gov.uk
- Report version number: 1

### 1. Summary

- 1.1 At a time when the health and care system is recovering from the global pandemic, the scale of health and care reform is unprecedented. This report outlines the Government Acts underpinning the reforms, highlighting key legislative changes that bring both challenge and opportunity for Adult Social Care.
- 1.2 The report notes the numerous policy publications that form part of this agenda but focuses on the Health and Care Act; the Adult Social Care Reform White paper; and the Health and Care integration White paper.
- 1.3 The Department has set out a plan to manage the implementation of these Reforms, and this is presented in our plan on a page at Appendix one.

### 2. Recommended actions/decision

- 2.1 To note the wide range of policy reforms aimed at transforming health, care and wellbeing, in particular improving health and care services through better health and care integration and tackling growing health inequalities.
- 2.2 To note the Departments programme of change to manage the implementation of the reforms and receive future updates and progress reports.

### 3. Scrutiny / stakeholder engagement

- 3.1 To present to Adult Social Care Scrutiny Commission for information and feedback.

### 4. Detailed report

- 4.1 The health and Social Care Landscape are presently subject to several transformational changes. The Health and Care Act 2022 received Royal Assent on 28<sup>th</sup> April 2022. The Act is the legislative part of a wide range of policy reforms aimed at transforming health, care and wellbeing, in particular improving health and care services through better health and care integration and tackling growing health inequalities. Other key publications include:
  - The health and Care integration White Paper, <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>



- The adult social care reform white paper, [People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/people-at-the-heart-of-care-adult-social-care-reform-white-paper)
- The White Paper, '[Levelling up the United Kingdom](#)'
- The Government's report, '[Build Back Better: Our Plan for Health and Social Care](#)'.

5.2 Further reforms and reports are expected in 2022, including a White Paper on health disparities, the [Messenger review](#) on health and social care leadership has now been published, the [Fuller stocktake](#) of primary care and delivering on the priorities laid out in the Secretary of State's [8 March speech](#) on health and care reforms.

5.3 The Health and Care Act sees a fundamental shift for the NHS from competition to collaboration by introducing statutory ICS (integrated care systems). Integrated care systems (ICSs) have two statutory components: Integrated care boards (ICBs) and integrated care partnerships (ICPs). ICBs will take on the commissioning functions of CCGs and are responsible for improving population health across the system. They can exercise their functions through place-based arrangements. The ICBs went live 1<sup>st</sup> July 2022.

5.4 ICPs are statutory joint committees established by ICBs and the local authority in the system. ICPs bring together partners from across the system to develop an integrated care strategy to address the health, social care, and public health needs of the population. The ICB and the local authority must have regard to the integrated care strategy when making decisions.

5.5 The Integration White Paper, joining up care for people, places and populations' builds on the collaboration and partnership working at place level and sets out place-based leadership and governance models which will be subject to further guidance.

5.6 The Governments White Paper *People at the Heart of Care* [People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/people-at-the-heart-of-care-adult-social-care-reform-white-paper) sets out a 10-year vision for adult social care, and switches on the charging reforms that were initially set out in The Care Act, bringing forward the largest reform agenda faced by Social Care since the inception of the Care Act (2014).

5.7 This includes a lifetime cap on the amount anyone in England will need to spend on their personal care, alongside a more generous means-test for local authority financial support. From October 2023, the government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime.

5.8 In addition, the upper capital limit (UCL), the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from the current £23,250. The UCL of £100,000 will apply universally, irrespective of the circumstances or setting in which an individual receives care, making it a much more generous offer than a previous proposal in 2015. The lower capital limit (LCL), the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.

5.9 The cap will not cover the daily living costs (DLCs) for people in care homes, and people will remain responsible for their daily living costs throughout their care journey, including after they reach the cap.

5.10 A key ambition of the Government White Paper is to end 'persistent' unfairness. The reforms will switch on section 18(3) of the Care Act which allows private funders to ask the local authority to arrange their care. However, there will be a delay of up to 18 months from October 2023 before those people already in receipt of residential care in October 2023 can ask the LA to arrange their care. At the same time, a 'Fair Cost of Care' is introduced to make local authority fee rates more sustainable and reduce the revenue losses experienced by providers from greater fee equalisation. The Local Authority is required to submit a fair cost of care analysis to DHSC by 14<sup>th</sup> October 2022, together with a draft market sustainability plan. The fair cost of care exercise requires councils to carry out assessments to determine how close they are to paying sustainable rates and engage with local providers to better understand the impact of reform.

5.11 The Market Sustainability plan allows for local authorities to assess and demonstrate how we will ensure local care markets are sustainable, as we move towards implementing reform. The plan will consider the results of the fair cost of care exercise and assess the impact current fee rates are having on the market and the potential future risks (particularly in the context of adult social care reform). This assessment will enable local authorities to inform the development of mitigating actions, including how much we will need to increase fee rates over the three-year Spending Review period. This will be a trigger point for additional government funding over 3 years (2022/23 to 2024/25) to support with any perceived gap in the sufficiency of existing fee rates. The plan will need to consider the impact of commencement of Section 18(3).

5.12 The Reforms introduce a duty in which the CQC becomes responsible for assessing local authorities' delivery of their adult social care duties. The New CQC duty to assess how LAs are meeting their social care duties under part 1 of the Care Act covers 2 areas:

- Scope 1- working with people (including unpaid carers): People receive services that prevent or delay; people can get I&A to make good decisions about Care and Support
- Scope 2 – Providing Support (markets, including commissioning, integration and partnership working) – People have a range of high quality, appropriate services to choose from

The CQC assessment regime comes into force 2023, assessments are due to commence from April 2023.

5.13 On 7 September 2021, the [Prime Minister announced £5.4 billion for adult social care reform over the next 3 years](#). At the [Autumn Spending Review 2021](#), it was confirmed that £1.7 billion of this funding would be for major improvements across the adult social care system. The white paper sets out how some of this money will be spent to begin to transform the adult social care system in England, such as new investments in:

- housing and home adaptations
- technology and digitisation
- workforce training and wellbeing support
- support for unpaid carers, and improved information and advice
- innovation and improvement

Together, these measures aim to put people at the heart of social care and move towards the 10-year reform vision set out in the plan.

5.14 Given the scale of change, the tension of recovery and reform, and the resource implications for the Council both in terms of workforce and financial impact, the Department has committed to a transformational change programme with governance and plans in place to support implementation and manage the risks. The programme is presented as our plan on a page, set out at Appendix one. The plan is dynamic and subject to change. In addition, ADASS has set out a timetable for the Reforms, this is included at Appendix 2. Both documents illustrate the breadth of change. The plan on a page sets out cross cutting workstreams which will support the delivery of the projects within the programme but pay heed to avoiding duplication and managing interdependencies of programme delivery.

5.15 Future reports will be brought forward that set out the implications of key workstreams of the programme, including more detailed plans as well as risks and issues to be managed.

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

### 6.1 Financial implications

6.1 The financial implications of these reforms are significant for the LA.

1. The more generous means test will mean a step reduction in the income received from charges paid by our current state funded clients. We are in the process of estimating what that impact will be.
2. The more generous means test means that a greater proportion of existing self-funders will become state funded than currently which will increase our costs.
3. The introduction of the cap means that as people reach the cap in around 3 years time, the LA's costs will begin to rise as fees and charges for these people end. All things being equal the rise in costs from the cap will stop once a steady state has been reached.
4. There will be additional operational costs of dealing with self funders and more administration costs of dealing with our existing clients.

6.2 The LA is currently in the process of assessing what the 'fair cost of care' should be for 65+ residential and 18+ home care. Existing providers are being surveyed to assess their current costs as part of this exercise. The basic premise is that LA rates are being subsidised by providers charging self-funders a higher rate (up to 40% supposedly). The implementation of a care cap means that all people should be able to access care at the same rate regardless of how the care is funded. If there is a significant subsidy in our market, it will result in the LA costs increasing significantly.

The exercise of assessing the fair cost of care is being made more difficult because of the uncertainty of future costs particularly in respect of energy (for care homes), fuel and other items in an environment where inflation is changing monthly. Moreover, there is still the legacy of pandemic in terms of occupancy levels in care homes and competition for staff within the wider labour market.

It is also not clear exactly how the fair cost of care, assuming it is different to our current rates, will be implemented with providers. Current government guidance seems to imply LAs transitioning towards the fair cost rate but there is a risk of challenge from providers if we do not move to higher rates immediately.

- 6.3 We are currently trying to assess the current number of self-funders in our LA area and we are approaching providers as a first step. There is a wide variation in the desk top estimates of self funder numbers – using national average figures provided by the DHSC’s own impact assessment suggest self funders are around 50% of current state funded clients, ie around 2,700. Conversely work done by consultancy firm Newton suggest a much lower figure for Leicester which includes a statistical assessment of the wealth by post code of people in Leicester. The final answer is likely to be somewhere between these two assessments and this will become clear following feedback from providers.
- 6.4 The extent of the number of self-funders is clearly key in terms of assessing the impact of the items mentioned in 6.1 (2-4) above. This is particularly important given that there are difficulties in recruiting these staff at the moment and this will get more difficult as all LAs look to increase their capacity ahead of the reforms going live. The greater use of available digital technology to carry out assessments will be looked at to improve the efficiency of our existing processes and to try and reduce the number of additional staff needed.
- 6.5 Government have set aside £5.4bn over 3 years from the national insurance levy for adult social care with £3.6bn aimed at the cap, means test and fair cost of care. From 2023/24, £2.2bn of this is intended to cover the additional costs of the cap and more generous means test (item 6.1 above) together with the additional staffing costs to manage more clients. The LA allocations for this have not been determined yet. From 2022/23 £1.4bn is intended to cover the increased costs from the fair cost of care. The LA will receive £1m this year from this grant and of this 25% can be spent on the fair cost of care evaluation costs and other setup costs. Leicester has also received a £97k grant this year to cover set up and implementation costs of the charging reforms and there will be further as yet unknown amounts in 2023/24.
- 6.6 The County Council’s Network have released a report saying that the funding set aside by DHSC of £15.6bn over a 10 year period for these reforms is inadequate by at least £10bn. We are not in a position to make an evidence based assessment for Leicester given the uncertainties outlined above.

*Martin Judson, Head of Finance*

## 6.2 Legal implications

At this stage there are no direct legal implications arising from this report as it seeks to provide a summary of the proposed legislative and policy changes being brought about by reforms to Adult social care and Health provisions. To support these changes the Council has devised a transformational change programme by which it will seek to measure the impact, risk and implementation of these changes moving forward. Legal advice should continue to be sought as and when required to support the work in this area.

Pretty Patel Head of Law, Social Care & Safeguarding Tel. 0116 454 1457

### 6.3 Equalities implications

Whilst there are no direct equality implications arising from this report as it provides an overview of the proposed legislative and policy changes being brought about by reforms to Adult Social Care and Health provisions. Equality considerations need to be embedded as part of the transformational change programme to implement the proposed legislative and policy changes and that Equality Impact Assessments be carried out as appropriate.

The council need to ensure that that we are meeting our statutory obligations under the Equality Act 2010. Whereby 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.

Equality advice should continue to be sought as these changes are implemented.

Sukhi Biring, Equalities Officer, 454 4175

### 6.4 Climate Emergency implications

Insofar as the changes outlined in the report principally relate to the way that social care is funded, it is not clear that there will be significant Climate Emergency implications arising from them. If there are implications from any specific aspects of the changes these will need to be identified and addressed as they become clear from future reports.

Duncan Bell, Climate Change Manager, Sustainability Team. Ext. 37 2249

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

**7. Background information and other papers:**

**8. Summary of appendices:**

Appendix one: plan on a page

Appendix two: ADASS reform timetable

**9. Is this a private report No**

**10. Is this a “key decision”? No**

# Appendix One: Plan on a Page

AST REFORM IMPLEMENTATION PROGRAMME BOARD  
GOVERNANCE STRUTURE

Directors Monthly Meetings  
Programme Sponsor – Martin Samuels  
Senior Project Manager

Programme Team















<p>Project 1 Market Shaping and Sustainability Sponsor: Kate Galoppi Tech Lead: MC/BW Project Manager: LB</p>	<p>Project 2 Adult Social Care Assurance Sponsor: Ruth Lake Tech Lead: TBC Project Manager: PP</p>	<p>Project 3 Charging Reforms (go live date Oct 23) (cap £86k, capital upper limit £100k/Lower limit £20k) Sponsor: Ruth Lake Tech lead: MJ/Ops HOS Project Manager: SB</p>	<p>Project 4 Prevention Sponsor: Kate Galoppi</p>	<p>Project 5 Integration Sponsor: Martin Samuels (White Paper Jan 22)</p>	<p>Project 6 Liberty Protection Safeguarding (LPS) Sponsor: Ruth Lake Tech lead: VD Project Manager: RH</p>
Fair Cost of Care exercise 14 October 22	Preparing for CQC	Care Accounts	Pilot to improve IAG	Commence ICS Establish ICP and ICB's 1 July 22	
Market Sustainability Plan 14 October 22 Final plan Feb 23	Quality Assurance	Care Cap impact assessment	Innovative models of Care	Revision of BCF Dec 22	
Spend Report (14 October 22)	Care Quality	Demand modelling on capacity (including Self Funders)	Technology	Agreed governance model for place April 23	
Implementation of section 18(3) duty to arrange Oct 23 Market Analysis for self funders	Working with People Part 1 CA	Admin fee feasibility	Empowering carers	Integration shared outcomes framework April 23	
Demand/Capacity Modelling	Providing support from a range of quality services	Impact on ops finance and process	Employment		
Home care toolkit available	Reviews commence April 23	Revise Charging policy	Housing		
Residential care toolkit tbc	ASCOF Framework	Implementation of section 18(3) Market Analysis for self funders	Focus on prevention and health promotion		

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)





### Draft Reform Timetable

-  Integration
-  Charging
-  LPS
-  New Models of Care
-  Health and Care Bill
-  Assurance
-  Information & Advice
-  Carers
-  Housing
-  Autism Strategy
-  Mental Health Act
-  Building the Right Support (BTRS)
-  Cross-cutting (unpaid carers, new models of care, information and advice)
-  Market shaping & LA commissioning

## Headline Dates

Activity	Date
Information & Advice Pre-Pilots Underway	February 2022
LPS – Commencement Date	TBC
INSERT DETAILS RE MENTAL HEALTH ACT REFORM	TBC
INSERT DETAILS RE BUILDING THE RIGHT SUPPORT (BtRS)	TBC
INSERT DETAILS AUTISM STRATEGY	TBC
INSERT DETAILS RE SOCIAL HOUSING WHITE PAPER 2021 IMPLEMENTATION	TBC
Housing Transformation Funding – to support the integration of housing, health and care in local places; and grow the availability of supported housing. More detailed information available to LAs on how they can access support and funding.	TBC
Innovative Models of Care / Unpaid Carers / Information and Advice – joined up to launch as single programme offering funding and support for LAs and partners	TBC
Review of LA Market Shaping Commissioning skills/Capability Offer	TBC
Relaunch of improvement support	TBC
Health & Care Bill expected to achieve Royal Assent (Subject to Parliamentary processes)	May 2022 (expected)
ICSs commencement – Establishment of ICP and ICBs as legal entities	1st July 2022
Fair Cost of Care - LAs to produce: An FCC Exercise, Provisional Market Sustainability Plan, spend report.	14 <sup>th</sup> October 2022
Integration – Agreed Governance Model & Accountability & Responsibility at Place level	April 2023
Charging - Cap goes live set at £86,000/Upper Capital Limit £100,000/Lower Capital Limit £20,000.	October 2023
Fair Cost of Care - Implementation of Section 18(3) of the Care Act 2014, the duty to arrange.	October 2023

DRAFT

## Reform Timetable

Activity	When
Integration white paper published	09 February 2022
Innovative Models of Care / Unpaid Carers / Information and Advice preparatory work underway	February 2022
Support and improvement activity: planning & contracting/ awards	January – September 2022
Charging Reform consultation published	4 <sup>th</sup> March 2022
Fair Cost of Care and Market Sustainability Guidance published	24 <sup>th</sup> March 2022
LA commissioning capability/skills offer – Gap Analysis launched	TBC
Publication of DFG funding and HTF funding guidance	April 2022
CQC assurance co-production, piloting and finalising methodology	2022- April 2023
Establish a suite of standards for adult social care, co-designed with the sector, to enable providers across the NHS and adult social care sector to share information. Begin by developing a process to consolidate existing social care terminology standards.	April – December 2022
INSERT DETAILS RE MENTAL HEALTH ACT REFORM	TBC (as above)
INSERT DETAILS RE BUILDING THE RIGHT SUPPORT (BtRS)	TBC (as above)
INSERT DETAILS AUTISM STRATEGY	TBC (as above)
INSERT DETAILS RE SOCIAL HOUSING WHITE PAPER 2021 IMPLEMENTATION	TBC (as above)
Housing Transformation Funding – to support the integration of housing, health and care in local places; and grow the availability of supported housing. More detailed information available to LAs on how they can access support and funding.	TBC (as above)

LPS – Commencement Date	TBC (as above)
Innovative Models of Care / Unpaid Carers / Information and Advice – joined up to launch as single programme offering funding and support for LAs and partners	TBC (as above)
Implementation funding released	TBC
Consultation on distribution	TBC
Trailblazers begin early assessments	TBC
Health & Care Bill expected to achieve Royal Assent (Subject to Parliamentary processes)	May 2022 (expected)
Health & Care Bill - Final secondary regulations and guidance published	May-July 2022
IWP – Frontrunner sites identified and engaged	June – September 2022
IWP – Digital investment plans finalised	June 2022
ICs commencement – Establishment of ICP and ICBs as legal entities	1 <sup>st</sup> July 2022
Establishment of statutory ICBs and ICPs	July 2022
Health and Well Being Board Guidance Refresh published	July (current planning assumption)
Assurance – ASC data framework published	TBC
Assurance – DHSC Publishes Intervention Policy	Summer/Autumn 2022
Updated ASCOF launched	September 2022
Provider Selection Regime implementation	Summer/Autumn 2022

Market sustainability plans part 1	October 2022
Fair cost of care returns due	October 2022
CQC LA assessment framework go live date	October – December 2022
Target date for first Integrated Care Partnership strategies	December 2022
IWP - Publish a final version of the Data Strategy for Health and Care will be published	Winter 2021/22
Review of existing pooling arrangements	End 2022
Revision of BCF Referenced in Integration White Paper – No further detail.	End 2022
Develop a standards roadmap for Adult Social Care	End 2022
Ensure 1 million people to be supported by digitally enabled care at home	End 2022
Trailblazers go live with Charging Reforms	January 2023
Final Market Sustainability Plan Submitted to DHSC (Fair cost of care)	February 2023
CQC LA assessment framework go live date	01 April 2023
First ICB forward plans produced	April 2023
Integration – Agreed Governance Model for place and go live	April 2023
Integration Shared Outcomes Framework - with a concise number of national priorities and approach for developing additional local shared outcomes. <b>Areas to start identifying local shared outcomes in April 2023.</b>	April 2023
CQC inspection regime begins	April 2023
Local authorities commence early assessments ahead of Care Cap going live	April 2023

All places within an Integrated Care System should adopt a model of accountability, with a clearly identified person responsible for delivering outcomes, working to ensure agreement between partners and providing clarity over decision making”	“By Spring 2023’
Guidance on the scope of pooled budgets (following review).	Spring 2023
Roll-out of National Leadership Programme	Spring 2023
LA market shaping and commissioning capability/skills offer – commences	April 2023
Support and improvement planning for 23/24 and 24/25	May to September 2023
Development of co-produced data standards to support health and care data/information flows –	Autumn 2023
Care Cap goes live set at £86,000/Upper Capital Limit £100,000/Lower Capital Limit £20,000.	October 2023
Implementation of Section 18(3) of the Care Act 2014, the duty to arrange.	October 2023
Charging reform goes live	October 2023
Shared Care Records for all citizens accessible by all professionals.	‘By 2024’
80% adoption of digital social care records among CQC registered adult social care providers (adoption currently estimated at 40%).	March 2024
Over 20% of care homes will have acoustic monitoring solutions & falls prevention technology.	‘By March 2024’
Each ICS will implement a population health platform with care coordination functionality that uses joined up data to support planning, proactive population health management and precision public health.	‘By 2025’
Place Based Arrangements - All local areas should work towards inclusion of services and spend	By 2026





## 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"> <li>• Councils Forward Plans</li> <li>• Councils Budgeting reports</li> <li>• Consultations</li> <li>• ASC Performance Monitoring reports</li> </ul>				
16 <sup>th</sup> June 2022	<ol style="list-style-type: none"> <li>1. <b>An overview presentation of Adult Social Care services</b>, including the ASC Plan and the Reforms within the sector</li> <li>2. <b>Carers Strategy Consultation</b></li> <li>3. <b>Draft Dementia Strategy</b></li> <li>4. <b>Draft Work Programme 2022/23</b></li> </ol>			
18 <sup>th</sup> August 2022	<ol style="list-style-type: none"> <li>1. <b>HealthWatch Leicester/shire Annual Report</b></li> <li>2. <b>Government proposals affecting health and adult social care</b></li> <li>3. <b>Cost of Care scrutiny review – Update on progress (Cllr March)</b></li> <li>4. <b>Work Programme 2022/23</b></li> </ol>			
13 <sup>th</sup> October 2022	<i>Possible items tbc</i> <ul style="list-style-type: none"> <li>• Local Plan - tbc</li> <li>• Cost of Care scrutiny review – update on progress (Cllr March)</li> <li>• Work Programme 2022/23</li> </ul>			

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Appendix D

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
8 <sup>th</sup> Dec 2022	<i>Possible items tbc</i> <ul style="list-style-type: none"> <li>• Winter Care Plan update on ASC aspects.</li> <li>• Learning Disabilities Plan update</li> <li>• Leicester Safeguarding Adult Board Annual Report</li> </ul>			
19 <sup>th</sup> January 2023	<i>possible items tbc</i> <ul style="list-style-type: none"> <li>• Council Annual Budget reports</li> <li>• Mental Health Strategy 2021-2025</li> </ul>			
9 <sup>th</sup> March 2023	<i>Possible items tbc</i> <ul style="list-style-type: none"> <li>• ASC Performance monitoring</li> <li>• Assistive Technology report</li> </ul>			

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
<p><b>FORWARD PLANNING, SUGGESTED ITEMS:</b></p> <ul style="list-style-type: none"> <li>• ASC scrutiny Task Group review into Cost of Care topic – ongoing / preparing report of findings (led by Cllr March)</li> <li>• 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).</li> <li>• Liberty Protection topic to remain on work programme (Agreed at March 2022 meeting)</li> <li>• Strength Based Practice in Adult Social Care (to allow commission to track progress)</li> <li>• Adult Social Care Operational Strategy (commission to receive regular updates)</li> <li>• HealthWatch Leicester (regular reporting and annual report)</li> <li>• Domiciliary Care (commission to receive regular updates)</li> <li>• Procurement Plan 2021/23 (Agreed for commission to receive a report on progress)</li> <li>• Refugees and Asylum Seekers in the city (broader considerations to be given in relation to ASC impacts in the city)</li> <li>• Carers Strategy (commission to receive updates on key developments in this service area)</li> </ul> <p><b>JOINT WORK WITH HEALTH &amp; WELLBEING SCRUTINY, ITEMS SUGGESTED:</b></p> <ul style="list-style-type: none"> <li>• Integrated Care Board (ICB) replacing the CCGs.</li> <li>• Liberty Protection Safeguarding (LPS)</li> <li>• Carers and Public Engagement</li> </ul> <p><i>Further items to be added to the Joint work</i></p>				

