

Leicester
City Council

**MEETING OF THE JOINT MEETING OF THE PUBLIC HEALTH & HEALTH
INTEGRATION SCRUTINY COMMISSION AND THE ADULT SOCIAL CARE
SCRUTINY COMMISSION**

DATE: THURSDAY, 30 NOVEMBER 2023

TIME: 5:30 pm

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

Councillor March (Chair)

Councillor Whittle (Chair)

Members of the Adult Social Care Committee

Councillors Cole, Dave, Joannou, Kaur Saini, Orton, Singh Sangha and Surti.

Members of the Public Health and Health Integration Scrutiny Commission

Councillors Bonham, Gopal, Modhwadia, Sahu, Singh Sangha and Zaman.

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

For Monitoring Officer

Officer contacts:

Georgia Humby (Senior Governance Officer)

Jessica Skidmore (Governance Support Officer),

Tel: 0116 454 6350, e-mail: committees@leicester.gov.uk

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

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USEFUL ACRONYMS RELATING TO PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Acronym	Meaning
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DES	Directly Enhanced Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWB	Health & Wellbeing Board
HWLL	Healthwatch Leicester and Leicestershire
ICB	Integrated Care Board
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment

LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NEPTS	Non-Emergency Patient Transport Service
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PPG	Patient Participation Group
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
UHL	University Hospitals of Leicester

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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1. INTRODUCTIONS AND APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members will be asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF THE PREVIOUS MEETING

Appendix A

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 5th October 2023 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS ,QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

5. EXTERNAL ADULT SOCIAL CARE AND NHS WORKFORCE 2022/23

Appendix B

The Director for Adult Social Care and Commissioning submits a report providing a summary of the external adult social care and NHS workforce in Leicester.

The LLR Integrated Care Board further submits a report providing a summary of the NHS workforce in Leicester, Leicestershire and Rutland.

6. LEICESTER ADULTS SAFEGUARDING ANNUAL REPORT

Appendix C

The Leicester Safeguarding Adults Board submits an annual report providing an overview of the strategic and developmental priorities of the Board.

7. ADULT MENTAL HEALTH

Appendix D

A joint report is submitted by the Director for Adult Social Care and Commissioning and Leicestershire Partnership NHS Trust (LPT) providing an

update of key challenges, waiting times and joint efforts to address mental health in Leicester City.

8. DRUG AND ALCOHOL SERVICES **Appendix E**

The Director of Public Health submits a report providing an update on drug and alcohol services in Leicester.

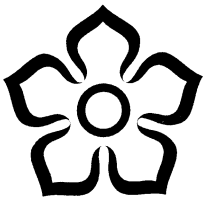
9. DEMENTIA STRATEGY **Appendix F**

The Director for Adult Social Care and Commissioning submits a report providing an update on the LLR Living Well with Dementia 2024-2028 strategy.

10. WORK PROGRAMME **Appendix G**

The Work Programme for the Joint Commission is attached for information.

11. ANY OTHER URGENT BUSINESS



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Appendix A

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 5 OCTOBER 2023 at 5:30 pm

P R E S E N T :

Councillor March (Chair)
Cllr Surti (Vice Chair)

Councillor Dave
Councillor Joannou

Councillor Orton
Councillor Singh Sangha

In Attendance

Cllr Sarah Russell, Executive Lead for Social Care, Health & Community Safety

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23. APOLOGIES FOR ABSENCE

Apologies for absence were received by Cllr Kaur Saini.

24. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests for which there were none.

25. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that further information had been provided by officers in relation to the breakdown of the in-house reablement hourly cost and would be shared with members.

It was also noted that the Commission recommended that only providers with at least a Good CQC rating should be allowed onto the new framework and the Chair requested this be amended in the minutes.

AGREED:

- Subject to the above change, it was agreed that the minutes for the meeting on 24 August 2023 were a correct record.

26. PETITIONS

The Monitoring Officer noted that none had been received.

27. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

28. HASTINGS ROAD DAY CENTRE UPDATE

The Chair agreed to bring forward the agenda item in which the Business Change Portfolio Manager presented the report to update the Commission on progress following the decision to close the Hastings Road Day Centre. It was noted that 19 individuals currently access the service, including six that receive joint funding with health. Weekly meetings with social workers are underway to ensure a smooth transition and visits have commenced with the division providing transport to enable people to attend taster sessions at alternative providers.

In response to questions and comments from Members, it was noted that:

- The consultation process has commenced and weekly meetings with the unit manager has provided assurance that support is being provided to staff through HR. Of the 44 staff members in scope, two have secured alternative roles and five are generic posts not within the Adult Social Care division.
- Clarification was provided that the service is a Day Centre as opposed to a Home.

The Chair requested the Commission continue to be updated to ensure those currently attending the Day Centre move to appropriate services and that progress can be compared and monitored through the anonymised summary report.

AGREED:

- The Commission notes the report.
- The Commission continue to be updated on progress.

29. ADULT SOCIAL CARE IMPROVEMENT JOURNEY

The Executive Lead Member for Social Care, Health and Community Safety introduced the item highlighting that it has been over ten years since Adult Social Care has had an inspection framework. The Authority has however continued to supply national data, undertake peer reviews and benchmark against other Authorities. Ahead of the new process due to be implemented by

the CQC, along with others in the region, feedback was sought by an independent person to examine the Division to understand its strengths and weaknesses. Although the details of the CQC's approach are currently unknown, it was noted that it is unlikely to be similar to the Children's Ofsted approach which has useful elements, such as Keeping in Touch Meetings to understand initial findings.

The Strategic Director for Social Care and Education presented the report, and it was noted that:

- The CQC have undertaken five pilot assessments. Each approach has been very different and not like that taken by Ofsted. Whilst the CQC is used to inspecting operational functions such as Care Homes, the Local Authority Adult Social Care division is very different.
- Of the five authorities that have been assessed, none were provided feedback during the assessment but three have now received draft letters. It is not believed that the authorities will have an opportunity to comment before publication, but this may change.
- It is envisaged that the CQC will start to contact local authorities and assessments to commence from January 2024.
- Authorities within the East Midlands Region agreed to prepare for the assessments through an intense annual conversation. This entailed a former Director of Adult Social Services visiting each local authority for 48 hours to review materials, undertake interviews, prepare a response, and present to senior management.
- The annual conversation was a limited timeframe, and it was recognised that it wouldn't be true reflection for everything as there was insufficient time to review or triangulate.
- It was a useful process to identify strengths and flag development areas to prepare for the assessment which are contained within Table 1 of the report.

In response to questions and comments from Members, it was noted that:

- The lack of clarity about the assessment process is frustrating and the reminder to take a positive approach is a helpful comment. This will be the case when liaising with officers and providers but it is equally important to be honest and recognise where our strengths and challenges are to reflect the reality of providing a service that is right for Leicester residents with resources available.
- Officers at all levels of the division have been included in preparing for the assessment to understand what is being done and why. Use of methodology storyboards have been utilised to link roles with the organisation's strategy to showcase and celebrate strengths and reflect on areas for improvement.
- Undertaking two approaches to prepare through the self-

assessment and an intense annual conversation has been helpful to be self-aware of strengths and both identifying similar areas for improvement and associated plans.

- The Strategic Director for Social Care and Education and Executive Lead Member for Social Care, Health and Community Safety have raised the importance of clarity about the approach and incorporating keeping in touch meetings nationally and through the Local Government Association, but the CQC do not appear to have confirmed the process themselves yet to provide information.

The Chair thanked officers for the openness of the report and raised concerns about the ongoing issues with direct payments and waiting times for reviews that have been raised at the Commission previously.

AGREED:

- The Commission notes the report.
- That the Commission requests a report on the assessment at the appropriate time.

30. ADULT SOCIAL CARE PERFORMANCE REPORT

The Director of Social Care and Safeguarding presented the report to update on performance monitoring for Q1 of 2023/24. It was noted that:

- The department continues to be very busy and there are lots of pressures as highlighted to the commission previously in terms of backlog of reviews but there is also much good practice.
- Areas of strength include advice and guidance provided to individuals to be able to address their own needs and do not make further contact with the service within twelve months; providing short-term support to individuals who are then able to manage independently without ongoing long-term support; and numbers of individuals who remain at home 91 days after reablement.
- The department has an ambition to support people at home where possible and have a higher benchmark to national and East Midlands of people being supported at home and smaller number in residential and nursing care.
- Data in relation to integration of health and social care is relatively new. Attention is being focused on reducing individuals on Pathway 2 – short term bed on discharge from hospital - and increasing Pathway 1 – getting individuals home. The recovery, reablement and rehabilitation model is being rolled out and having a positive impact on the numbers of people going home and the timeliness of discharge within 24 hours when informed they are ready to leave hospital.
- The number of complaints received is small in totality. The department has approximately eighteen thousand contacts and

supports five thousand individuals. If the service is not adequate and there is cause to complain, then it is right for residents to do so and will be dealt with appropriately.

- It is important to ensure people are supported to live the life they want and therefore the department regularly ask individuals at assessment and review for comments. A substantial proportion agree or strongly agree that the service offer does enable them to live the life they want. This positive impact was also reflected in the annual conversation.

In response to questions and comments from Members, it was noted that:

- There are various data sets available in relation to the workforce at a regional and sub-regional level across health and social care that will be illustrated in a report for discussion at the next meeting. The organisation also undertakes exit interviews to understand why officers leave roles. Generally, across social care and education officers talk positively about working in Leicester and feel supported.
- A reflective workforce is very important to support residents. The organisation has data for employed male carers within the reablement service but the vast proportion of support to people is provided by the independent sector. Skills for Care collate data externally which will be reviewed for further understanding.
- There are two provisions for short term care; enablement who work with individuals with learning difficulties and mental health issues for up to twelve weeks, and reablement who work with individuals that have physical needs, for example following a hospital admission or a fall within the home, for up to six weeks. Multidisciplinary meetings occur three times a week to monitor the needs of individuals to understand whether the objectives have been met or ongoing care is required and by who.
- The national delayed transfers of care metric has been discontinued. People who remain in hospital with no clinical reason to reside is now reported and the department continues to monitor people awaiting social care support to leave hospital. The recovery, reablement and rehabilitation model is having a positive impact and Leicester is recognised nationally as a strong performer with usually no more than 25 people waiting at any given time and often for less than one or two days. Further information and a metric will be provided to the commission in relation to the average number of people waiting to be discharged from hospital and on length waiting to be discharged.
- Safeguarding concerns should be reported to the department but it should also be proportionate. Reports are often made by providers to ensure they are being transparent about incidents, but they do not meet safeguarding thresholds for investigation and are better managed via contract and quality support.
- We benchmark well with approximately 45% of support in the

community is provided as direct or part direct payment. This tends to be balanced and comparable across working age and older people. Utilisation of direct payments within BAME communities slightly higher, a recent project with IMPACT supported by the University of Birmingham looked at experience of direct payments within the BAME community and interesting findings shared nationally is that people find them more flexible.

AGREED:

- The Commission notes the report.
- The Commission recommends a metric be provided on performance monitoring in relation to discharges from hospital to social care.
- The information requested in relation to the workforce be noted and included in the report proposed for the meeting on 30 November 2023.

31. WORK PROGRAMME

The Chair noted that the next meeting of 30 November 2023 is to be a joint meeting with the Public Health and Health Integration Scrutiny Commission to discuss items including workforce, mental work, addiction services and the Leicester Adults Safeguarding Board Annual Report.

The Chair also requested that further to ongoing concerns raised about direct payments and the waiting time for reviews that these items be added to the work programme for the New Year.

Members were requested to email additional items for consideration to the Chair.

32. ANY OTHER URGENT BUSINESS

The Strategic Director for Social Care and Education gave a verbal update in response to a request from the Chair regarding the potential financial impact if the organisation were to reduce the element of profit margins in home care calculations. It was highlighted that a reduction by one percentage point could save around £350,000 in cash terms but this would be a small contribution in the department's overall savings target of £18million. It was further highlighted that any reduction in the profits allowed could pose a risk that providers only do business with neighbouring authorities given the higher urban rate.

AGREED:

- The Commission noted the update.
- The response be shared with members of the commission in writing.

The Executive Lead Member for Social Care, Health and Community Safety highlighted that a consultation on the charging policy is due to go live during the week commencing 9 October 2023 for a period of 12 weeks. As part of reviewing spend to meet savings targets, consideration is also being given to increasing income associated to the Adult Social Care budget. It was noted that the consultation is planned prior to the new financial year to minimise disruption to those involved and all individuals who could be affected will be informed in writing. There will be a range of events and a helpline to answer residents queries or concerns and Members were requested to promote the consultation.

AGREED:

- The Commission noted the update.
- The item be added to the Work Programme for the Commission to receive an update prior to any potential decision.

The Chair noted that the Strategic Director for Social Care and Education would soon be leaving the role. The Commission thanked him for the work that he, along with his team in Adult Social Care, have done in serving the commission at formal meetings and scrutiny reviews over recent years and wished him well for his future.

There being no further business, the meeting closed at 18.39.

Appendix B

ADULT SOCIAL CARE SCRUTINY COMMISSION

A Summary of the External Adult Social Care Workforce in Leicester 2022/23

Cllr Sarah Russell – Deputy Mayor, Social Care, Health
and Community Safety

Kate Galoppi – Director of Care Services and
Commissioning – Social Care & Education

Date 30th November 2023

Wards Affected: All

Report Author: Bev White

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

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with a summary of the external adult social care workforce in Leicester.

2. Summary

- 2.1 The information within this summary has been produced by Skills for Care using the Adult Social Care Workforce Data Set (ASC-WDS). They use the data collected by the ASC-WDS to create workforce models that, in turn, allow for estimates of the whole adult social care workforce and its characteristics to be produced.
- 2.2 Skills for Care is the strategic workforce development and planning body for adult social care in England. They work with employers, Government, and partners to ensure social care has the right people, skills, and support required to deliver the highest quality care and support, now and in the future.
- 2.3 Locally, 48.2% of our known external contracted and non-contracted providers complete the ASC-WDS which is considered a good return and enables us to consider the results robust. The requirement to complete the ADC-WDS is now embedded in contracts and this latest figure of 48.2% reflects improved compliance by contracted providers. We have minimal influence over non-contracted providers who account for a significant part of the market (e.g. of 157 CQC registered homecare providers in the city, we only contract with 30, i.e. 19%).
- 2.4 We will use this information to help us plan our support to providers and it is being used to draft a workforce strategy whose aim is to develop a more resilient care sector that enables more effective recruitment and retention in adult social care.
- 2.5 The figures in this report refer to the 12,000 filled posts in the independent sector and local authority in Leicester only. Filled posts in other sectors are not included. The independent sector information in this report was collected between April 2022 and March 2023, and local authority information dates from September 2022.
- 2.6 Of the 12,000 posts mentioned above, 11,500 are within the independent sector.

3. Recommendations

- 3.1 The Commission is recommended to note the content of the report.

4. Report

Size and Structure of the Workforce

- 4.1 In 2022/23 the adult social care sector in England had an estimated 18,000 organisations with 39,000 care-providing locations and a workforce of around 1.79 million posts. The total number of posts in Leicester was around 15,000 in 2022/23. This was comprised of 14,000 filled posts and 1,000 vacancies. Since the previous year, the total number of posts has decreased by 1,200 (- 7%), the number of filled posts has decreased by 400 (-3%) and the number of vacancies has decreased by 750 (-42%).
- 4.2 There were an estimated 12,000 filled posts in adult social care, split between local authorities (6%), independent sector providers (81%), posts working for direct payment recipients (8%) and other sectors (6%). As at March 2023, Leicester had 268 CQC regulated services; of these, 98 were residential and 170 were non-residential services.

Recruitment and Retention

- 4.3 Skills for Care estimates that the staff turnover rate in Leicester was 18.6%, which was lower than the region average of 29.7% and lower than England at 28.3%. Not all turnover results in workers leaving the sector, around half (51%) of starters were recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.
- 4.4 It is estimated that the vacancy rate in Leicester was 7.50%, which was below the regional average of 9.9% and England at 9.9%.
- 4.5 Across England, the vacancy rate has decreased compared to last year and the number of filled posts has increased. During this period international recruitment increased substantially which has impacted these trends. Workers in Leicester had on average 8.1 years of experience in the sector and 68% of the workforce had been working in the sector for at least three years.
- 4.6 We know that recruitment and retention is one of the largest issues faced by employers. We encourage employers to use the many resources and tools available to help, for example the [‘Values-](#)

[based recruitment and retention toolkit'](#) and [Seeing potential: widen your talent pool](#) freely available from Skills for Care.

- 4.7 We commission the local organisation [Inspired To Care](#) to support local employers with bespoke advice, webinars, topic conferences and lots of other web based information. Inspired to Care has also produced a free to use 90 day induction toolkit as research shows that the first 90 days of an employee's work is vital to them settling in and staying.
- 4.8 We also commission the [Leicestershire Social Care Development Group](#) to provide training to providers and their staff and use the LLR Academy.
- 4.9 More examples of other training on offer to staff includes practical training such as Moving and Handling, Safeguarding, Leadership for Registered Managers, webinars around Infection Protection and Control, a range of training offered by LOROS, Pathway to Care training from the Florence Academy and the Oliver McGowan mandatory training on Learning Disability and Autism. This is not an inclusive list but aims to illustrate the broad range of training on offer to external providers. We review staff training matrices through our Quality Assessment Framework processes of contracted providers.
- 4.10 Strategically Social Care is an active partner in the People Board, and the work that this supports, including the training opportunities through the LLR Academy, and initiatives to work as a system to support the workforce across health and care.

Workforce projections

- 4.11 If the adult social care workforce grows proportionally to the number of people aged 65 and over in Leicester's population, then the number of posts needs to increase by 23% or an additional 3,220 posts. That would take the total number of posts to 17,220.

Employment Information

- 4.12 We estimate Leicester had 12,000 adult social care filled posts in the local authority and independent sectors. These included 950 managerial roles, 300 regulated professionals, 9,500 direct care (including 8,200 care workers), and 1,300 other-non-care providing roles.
- 4.13 The average number of sickness days taken in the last year in Leicester was 5.2, (7 in East Midlands and 5.9 across England). With an estimated directly employed workforce of 11,000, this means employers in Leicester lost approximately 58,000 days to sickness in 2022/23.

4.14 Under half (42%) of the workforce in Leicester were on zero-hours contracts. Around half (45%) of the workforce usually worked full-time hours and 55% were part-time.

4.15 Reducing the number of zero hours contracts is a priority for us with contractual tools in place to require employers to offer minimum hours contracts, full-time and part time work as well as zero hours contracts. Providers and their staff tell us that for some, zero hours contracts are a choice to enable flexibility and the ability to refuse work. If staff choose to take zero hours contracts, we ask providers to record this in the staff member's personal file and we may seek to audit this from time to time.

Workforce Demographics

4.16 The majority (79%) of the workforce in Leicester were female, and the average age was 42 years old. Workers aged under 25 made up 11% of the workforce and workers aged 55 and above represented 21%. Given this age profile approximately 2,500 posts will be reaching retirement age in the next 10 years.

4.17 Nationality varied by region, across England 81% of the workforce identified as British, while in the East Midlands region this was 82%. An estimated 68% of the workforce in Leicester identified as British, 9% identified as of an EU nationality and 24% a non-EU nationality, therefore there was a higher reliance on non-EU than EU workers.

4.18 A further breakdown of Leicester's workforce shows 39% of workers identify as White, 39% as Asian/Asian British, 19% Black/African/ Caribbean/Black British, 2% Mixed/multiple ethnic groups and 1% other.

4.19 This compares with the latest general demographic profile of Leicester which is 43% Asian/Asian British, 40.9% White, 7.8% Black/African/ Caribbean/Black British, 4.1% Other, 3.8% Mixed/multiple ethnic groups.

Pay

4.20 Table 1 shows the full-time equivalent annual or hourly pay rate of selected job roles in Leicester, East Midlands (region) and England. All figures represent the independent sector as of March 2023, except social workers which represent the local authority sector as of September 2022. At the time of the analysis, the National Living Wage was £9.50.

Table 1. Average pay rate of selected job roles by area

	England	Region	Leicester
	Full Time Equivalent Annual Pay		
Social Worker *	£39,100	£36,200	£41,500

Registered Nurse	£37,000	£36,700	£35,900	
Hourly Pay				
National Living Wage	£9.50	£9.50	£9.50	
Senior Care Worker	£11.09	£10.83	£10.51	
Care Worker	£10.34	£10.22	£10.07	
Support & Outreach roles	£10.31	£10.01	£9.76	

*Local Authority social workers only

4.21 For all contracts we have in place for the delivery of adult social care services with the independent sector, we ensure the rates we pay for these services include appropriate funding to at least comply with minimum pay legislation and allow providers to pay their staff the National Living Wage as a minimum. Additionally, our rates include provision for other employment related on-costs such as sick pay, holiday pay, training and development cover, and where appropriate, staff travel costs.

4.22 These considerations help us to meet our Care Act requirements that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. Like other local authorities in England, in 2022 we undertook a detailed review of care costs for our 18+ homecare and 65+ residential and nursing care provision as part of the government's Fair Cost of Care exercise. This provided us with further detailed information around the cost of care in our local markets and which we are using to support continued oversight of our fee rates in order to allow these markets to operate sustainably.

Qualifications, Training and Skills

4.23 We believe that everyone working in adult social care should be able to take part in learning and development so that they can carry out their roles effectively. Learning and development helps everyone to develop the right skills and knowledge to enable them to provide high-quality care and support. Within our contracts, we set out the minimum standards of training to be met and we monitor adherence through our quality assurance processes.

4.24 Skills for Care estimates show that 40% of the direct care providing workforce in Leicester hold a relevant adult social care qualification (43% in East Midlands and 46% in England).

4.25 Raw data from the ASC-WDS showed, of those workers without a relevant adult social care qualification recorded, 48% had five or more years of experience in the adult social care sector, 68% had engaged with the Care Certificate and 71% had completed training.

Factors Affecting Turnover

4.26 Skills for Care data tells us that across England, factors that are likely to make a worker leave their role are:

- Workers who travelled further were more likely to leave.
- Those under 25, and over 60 years old, were more likely to leave their posts.
- Turnover decreased with higher levels of experience working in the sector.
- Likelihood of leaving decreased as pay levels increased.
- Likelihood of leaving decreased with higher levels of experience in role.
- Likelihood of leaving decreased if workers had more training.
- Turnover decreased if workers had a higher number of contracted hours.
- Likelihood of leaving decreased if workers had fewer sickness days.
- Workers on zero-hours contracts were more likely to leave their posts.
- Likelihood of high turnover rates increased if the establishment had high turnover historically.

4.27 A local response to the variables above will feature in our workforce strategy which is currently being drafted.

What Next?

4.28 We are writing a strategy for the external adult social care workforce that will describe the challenges in greater detail and set out how we – with partners – will work together to counter the difficulties in recruitment and retention, supporting our workforce to become even more competent and confident.

4.29 Subject to engagement, the priorities for us will be actions around recruitment, retention, a positive image for adult social care and the future workforce. We aim to have a workforce that is valued, sufficient, confident and competent.

4.30 Senior Adult Social Care officers are involved in the LLR partnership work to progress the ambition for 'one workforce'.

5. Scrutiny Overview

6 Financial Implications

There are no direct financial implications associated with this report.

7 Legal Implications

This report is to provide the Adult Social Care Scrutiny Commission with a summary of the external adult social care workforce in Leicester and as such there are no direct legal implications.

Alex Powers, Solicitor (Commercial) 37 2489

8 Equalities Implications

Under the Equality Act 2010, public authorities have a continuing Public Sector Equality Duty (PSED) which means that, in making decisions and carrying out their activities 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 report provides a summary of the external adult social care workforce in Leicester. There are no direct equality implications arising from the report. However, it is important that moving forward the city's demographic profile is taken into account, both the workforce and those being cared for will be from across a range of protected characteristics, and these need to be taken into account when developing the workforce and providing caring responsibilities. Any communication needs to be meaningful and accessible for a wide number of people/communities.

Equalities Officer, Surinder Singh, Ext 454 4148

9 Climate Change and Carbon Reduction Implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

ADULT SOCIAL CARE SCRUTINY COMMISSION REPORT

**A Summary of the NHS Workforce in Leicester,
Leicestershire and Rutland 2023**

Alice McGee – Chief People Officer, LLR Integrated Care
Board

Wards Affected: All wards in Leicester, Leicestershire and Rutland

Report Author: Alice McGee

Contact details: Alice.Mcgee@nhs.net

1. Purpose

- 1.1 To provide the Joint Health and Social Care Scrutiny Commission with a summary of the NHS workforce in Leicester, Leicestershire and Rutland, and the approach to joint working for the People agenda across health and social care.

2. Summary

- 2.1 Two national publications have created the strategic framework for health and social care to consider transformation of our workforce collectively; 'Next Steps to put People at the heart of care' (DH&SC April 2023), and NHS Long term Workforce Plan (NHSE June 2023).
- 2.2 In Leicester, Leicestershire, and Rutland (LLR) we have a Board specifically set up to consider the integration of the People agenda across health and social care. The LLR people and Culture Board recognises that in LLR, focussing the approach to integrated health and social care workforce will ensure that the ICS has a holistic approach to a sustainable workforce that meets the needs of our population and supports the delivery of the national policy documentation.
- 2.3 The information in this report should be considered alongside the report created providing an oversight of the Adult Social Care that has been produced by Skills for Care using the Adult Social Care Workforce Data Set (ASC-WDS).
- 2.4 The information contained within this report has been produced using the standard NHS reporting tools and collated for the LLR People and Culture Board. The data is used for planning and assurance purposes across the NHS and is used to priority set the programmes of work.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to note and comment of the content of the report.

4. Report

Size and Structure of the Workforce

4.1 In 2023, the LLR Integrated Care System (ICS) has approximately 70,000 staff and workers delivering health and social care. Table 1 below summarises the headcount across all sectors and providers within LLR ICS

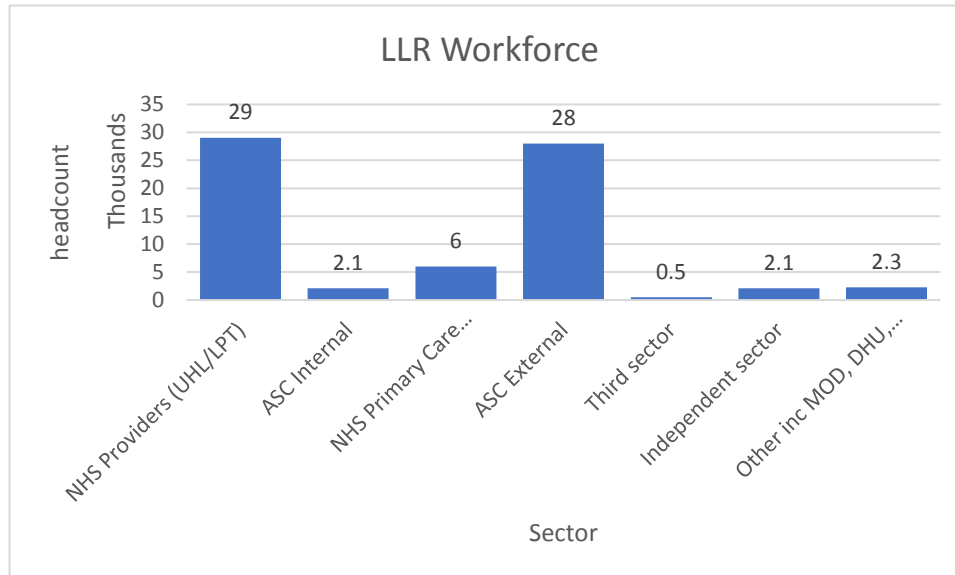


Table 1

4.2 Since 2019 the NHS has seen a growth across the majority of providers with the headline growth being 7.7% growth in employed health (NHS) staff which includes 26% growth in overall General Practice staff across 15 professional groups since 2019.

4.3 The data for the NHS is predominately viewed at LLR level however some data is segmented by Place, this is particularly important for Primary Care where in 2023 the growth rates are 1.7% in Leicester City and 0.3% in Leicestershire and Rutland. However, the growth rate in 2022 saw the County and Rutland outgrow City.

4.4 Sickness absence rates are reported at Organisational level and used to address staff availability. The average sickness rate in August 2023 was 6.04%

4.5 Whilst the overall staff numbers have grown, the NHS still holds a significant number of vacancies, in August 2023 this vacancy number was 2,855 (11.7%), with the largest vacancy professional groups in Nursing and Healthcare support workers.

4.6 NHS leaver rates are a key metric for understanding the NHS retention challenge and since 2019 the national leaver rate has reduced from 8.2% to 7.2% in the NHS. The NHS Leaver rate is not the same as turnover by organisation. The NHS leaver rate is those who leave an NHS organisation and do not take up NHS employment elsewhere.

4.7 Across the two main NHS providers in LLR the Turnover rate has been a declining trend since January across all professional groups. As a system the turnover rate has declined from 10.9% turnover rate in January 2023 to 9.8% in September 2023.

Strategic Intent

4.8 Within the ICS, the approach to an integrated and sustainable workforce is not a new concept. The People Board has been working across health and social care to attract, retain and train our workforce in the best way for several years. The publication of the NHS Workforce Plan offers an opportunity to the LLR People and Culture Board and its constituent organisations to continue to build on the successes of working together to deliver a sustainable workforce.

4.9 On 9th October 2023 a 'think tank' workshop for leaders across LLR took place with the aim of bringing together leaders and staff from across partner organisations to explore the themes in the recently published NHS Workforce Plan (Recruit, Retain and Transform) and create a localised plan across health and social care.

4.10 The event asked participants to consider the strategic context of the national documents and how this relates to LLR across health and social care. The aim of the workshop was creating space to collectively consider and discuss how we might integrate, develop and support our staff and develop the common ambition for LLR to be a great place to work.

4.11 The outcome of the Think Tank event will be a strategic document setting out the ambitions of what health and social care will do together to create a sustainable workforce, considering the national strategic documents and our local organisation aims.

4.12 At present, the ICS has a number of priorities that it is working on together, whilst the strategic approach is designed and agreed. These priorities and programmes of work are listed in the table below.

Programme	Summary	Impact area
Oliver McGowan Training	System wide approach to Learning Disability and Autism	Staff Development
System Induction principles	A single approach to setting the approach to working in LLR – Values Proposition	Retention and integration of workforce
Active Bystander	Training, Development, and sustainable approach to an inclusive workforce and addressing deep	Retention and inclusion

	rooted incivilities in the workplace	
Reverse Mentoring	An ongoing learning through experience and mentoring focussing on the experiences of Global Majority and those staff with a disability	Retention and Inclusion
Talking Therapies staff access pathway	A bespoke referral pathway for staff into Talking Therapies, removing stigma and ensuring access for all staff	Retention and Health and Well Being
Menopause pathway and support	A bespoke referral pathway for staff into Menopause support and system wide training for managers and staff to support and understand Menopause	Retention and Health and Well Being
One Workforce Principles	An approach to support career development, movement between organisations and parity of esteem across sectors	Recruitment, retention and well being
Health and Well Being for all	A range of products, pod casts, support and events across health and well being for mental and physical well being	Retention and well being
Culture and Leadership Programme	Understanding of individual culture, leadership and inclusion agendas to put collective interventions and support in once to staff and cultures thrive	Retention
WorkWell Programme (DWP)	Joint bid for WorkWell programme funding to support people to get into work, stay in work and thrive in work across health and social care	Recruitment, Retention and Anchor Institutions

4.13 Alongside the outputs from the Think Tank event, the People and Culture Board will consider how the impact of its work achieves the expectations from the NHS Long Term Workforce Plan to work at system to improve or implement work across 11 areas of work:

- Apprentices' expansion
- Anchor Institution responsibilities
- Volunteer Workforce expansion
- Attraction into health and social care campaigns
- Equality, Diversity, and Inclusion for all
- Implementing Leadership Competencies
- Setting an Employee Values Proposition
- Improving and supporting health and wellbeing for all staff
- Improved and consistent access to Occupational Health
- Recruitment reforms for the NHS
- Development and transformation of career pathways for health and social care

LEICESTER SAFEGUARDING
ADULTS BOARD

Appendix C

ANNUAL REPORT

2022/23



Leicester
Safeguarding
Adults Board

WORKING IN PARTNERSHIP
TO KEEP ADULTS SAFE

Leicester

Safeguarding Adults Board

Annual Report

2022/23

Report prepared and published in accordance with paragraph 4 of Schedule 2 of the Care Act 2014

Report Date: April 2023

An easy read version of this document is in development and will be published on the Safeguarding Adults Board page of the Leicester City Council website.

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A Message from the Independent Chair



I was delighted in December 2022 to be offered the role of chairing the Leicester Safeguarding Adults Board (LSAB) and the Leicestershire and Rutland Safeguarding Adults Board (LRSAB). Partners have already impressed me with the commitment to people who use our services, and working together to make sure that we understand the profile of those adults at risk, and ensuring they receive the care, support and services they require when necessary.

Since taking up the role I have stated to make sure that I get out and about in the area to gain an understanding of the local issues. I am passionate about supporting the Board to constantly ensure that residents are at the centre of all that we do, and that our processes and procedures support this focus.

The subgroups that support the work of the Safeguarding Adults Boards have delivered a great amount this year which is all detailed in the Report; however, partners are aware we still have a lot of work to do. Currently we are looking at the information and data collected by partners across the Boards to see what this is telling us about the nature of safeguarding activity, so that we can consider how we prevent adults being in vulnerable situations which lead to them being at risk of abuse. It is also important where there are risks that we all work together to swiftly address any concerns highlighted. All partners want to ensure that we work, and make decisions that are evidence based, and take account of the people who use our services views and aspirations.

It is hard for people at the current time, with emergence from COVID 19 where isolation and loneliness is still a significant issue for many, and the pressures on households may continue in the foreseeable future with the fluctuations of economic pressures, which partners are all aware can add to stress within families, this at times can be very challenging.

I would like to thank all partners for their hard work and dedication and professionalism in working to support adults at risk and being open to continually looking to improve the services/support provided, and I look forward to continuing the work with them in the future.

I hope you will find that this Annual Report reflects well on the work of the Safeguarding Adults Board for 2022/23 as already highlighted and the challenges some of which remain for our communities.

The Safeguarding Adults Boards are currently reviewing their 5-year strategy and refreshing some elements of this, so that we focus on the issues that really matter in Leicester, Leicestershire, and Rutland, and we work to increase our ability to gain feedback from as many people as possible to inform future objectives.

We are also working with other partnership Boards, and the Health and Well Being Board to continue to coordinate across the area with regard to protecting and supporting any adult at risk, is safe from harm.

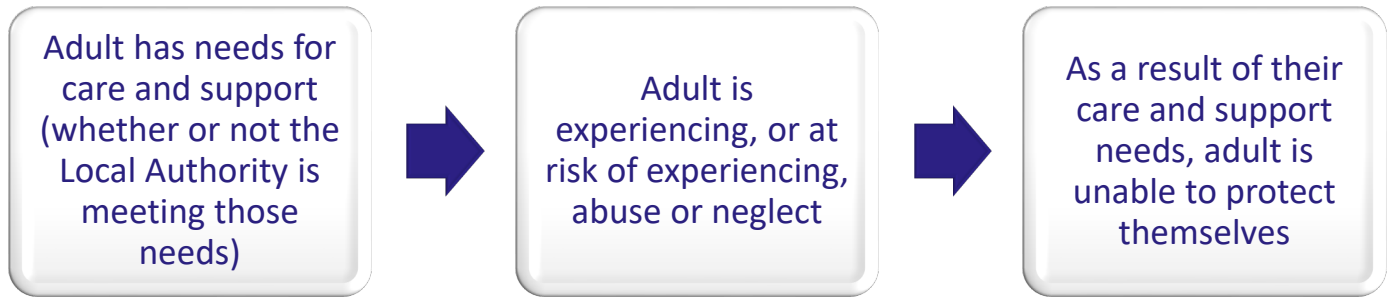
There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the Safeguarding Adults Boards in the next year to continue this journey.

Seona Douglas






















LSAB Independent Chair

The Board

The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the following criteria:



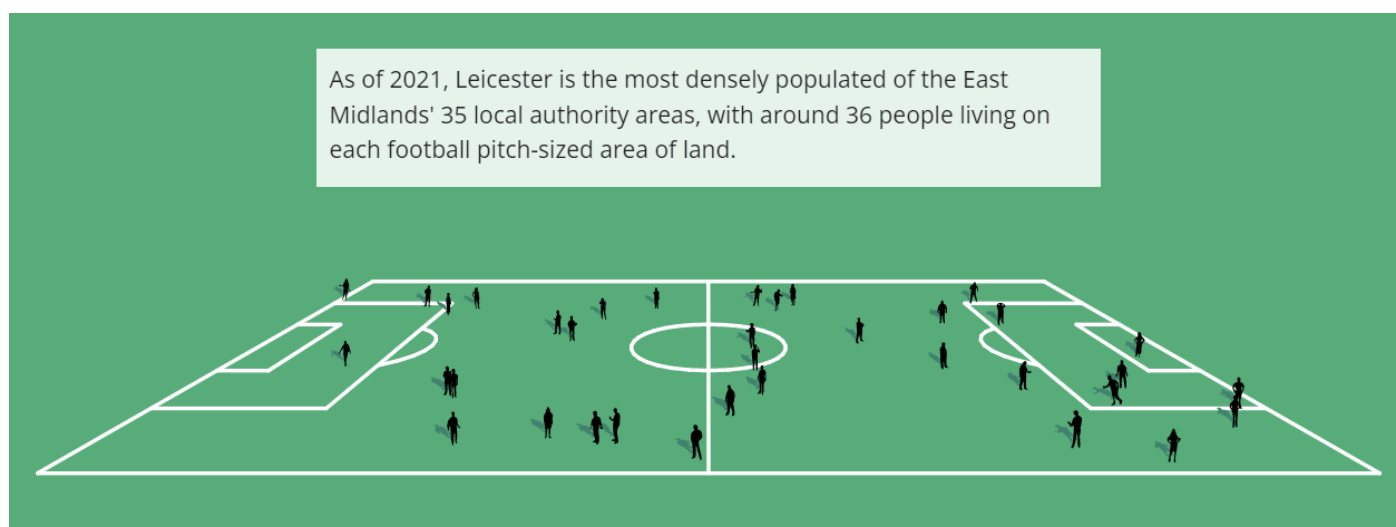
Leicester’s Safeguarding Adults Board (SAB) must seek to achieve this objective by coordinating and ensuring the effectiveness of each of its members in relation to adult safeguarding. We have a strategic role that is greater than the sum of the operational duties of our partners; we oversee and lead adult safeguarding across Leicester and are interested in a range of matters that contribute to the prevention of abuse and neglect.

LEICESTER SAB MEMBERSHIP		
Criminal Justice	Leicestershire Police	
	HMP Leicester	
	National Probation Service (NPS)	
Emergency Services	East Midlands Ambulance Service (EMAS)	
	Leicestershire Fire and Rescue Service (LFRS)	
Health	Leicester, Leicestershire and Rutland Integrated Care Board (ICB)	 
	Leicestershire Partnership NHS Trust (LPT)	
	University Hospitals Leicester NHS Trust (UHL)	
	NHS England	
Local Authority	Adult Social Care	  
	Children’s Social Care and Education	
	Housing	
	Community Safety	
	Trading Standards	
	Lead Member	
Inspectorates	Care Quality Commission (CQC)	
Consumer Champions	Healthwatch	
Care Home Associations	East Midlands Care Association (EMCARE)	

Statutory partners of an SAB are the Local Authority (Leicester City Council), the Police (Leicestershire Police), and Health (Leicester, Leicestershire and Rutland Integrated Care Board). As a partnership, Leicester SAB appoints an Independent Chair to oversee the work of the Board, provide leadership, offer constructive challenge, and ensure independence. To support consistency, alignment where appropriate, and a shared understanding of effectiveness across the two partnerships, our Independent Chair is shared with Leicestershire and Rutland SAB, as are most of our subgroups (see appendix for 2023/24 structure chart). The day-to-day work of Leicester's SAB is undertaken by the subgroups. The board office supports the operational running of these arrangements on behalf of the multi-agency partnership.

Safeguarding Adults in Leicester

During 2021 Leicester's population reached nearly 370,000 and Leicester was noted as the most densely populated local authority area across the East Midlands (Office of National Statistics, 2022)¹. It is home to around 36 people per football pitch-sized piece of land.



According to the Office of National Statistics 'In the latest census, around 213,600 Leicester residents said they were born in England. This represented 57.9% of the local population'². The 5 most common countries of birth for the population of Leicester in 2021 were England, India, South and Eastern Africa (other than Kenya, Somalia, South Africa and Zimbabwe), Poland, and Kenya.

In 2021, 43.4% of usual residents in Leicester identified their ethnic group as "Asian, Asian British or Asian Welsh" followed by 40.9% who identified themselves as "White", 7.8% as "Black, Black British, Black Welsh, Caribbean or African", 4.1% as "Other ethnic groups" and 3.8% as "Mixed or Multiple Ethnic Groups" (Office of National Statistics, 2022)³.

Along with every local authority area across the East Midlands, the 2021 Census for Leicester saw a decrease in the proportion of residents who identified as being "disabled and limited a lot". This fall was from 11.5% of residents in 2011 to 8.8% of residents in 2021.

Just over half of the population of Leicester during 2021 were recorded as female (186,466) with just under half recorded male (182,115)⁴. 1649 people recorded their gender identity as different from sex registered at birth with no specific identity given, 437 people identified as trans women, 496 people identified as trans men, and 328 people were recorded as "all other gender identities".⁵

¹ Office of National Statistics (2022) How the population changed in Leicester: Census 2021 <https://www.ons.gov.uk/visualisations/censusareachanges/E06000016/>

² Ibid

³ Ibid

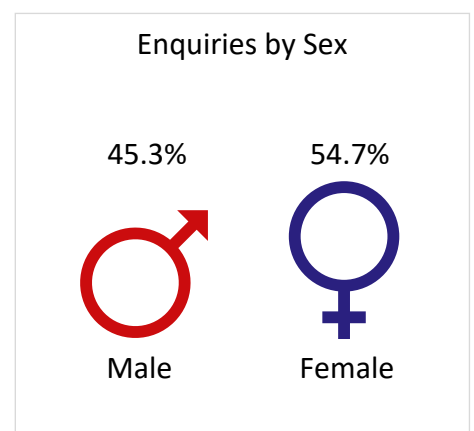
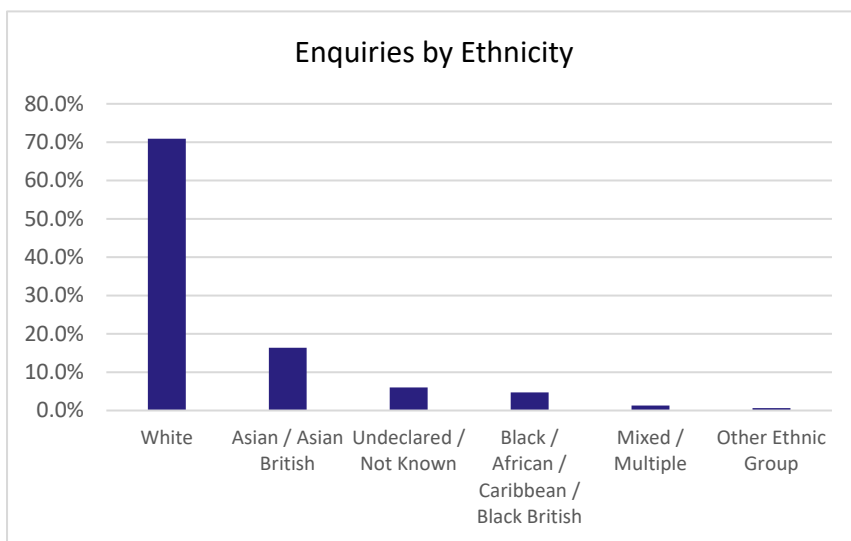
⁴ [Census 2021 - Population by single year of age and sex — Leicester Open Data](#)

⁵ [Gender identity - Office for National Statistics \(ons.gov.uk\)](#)

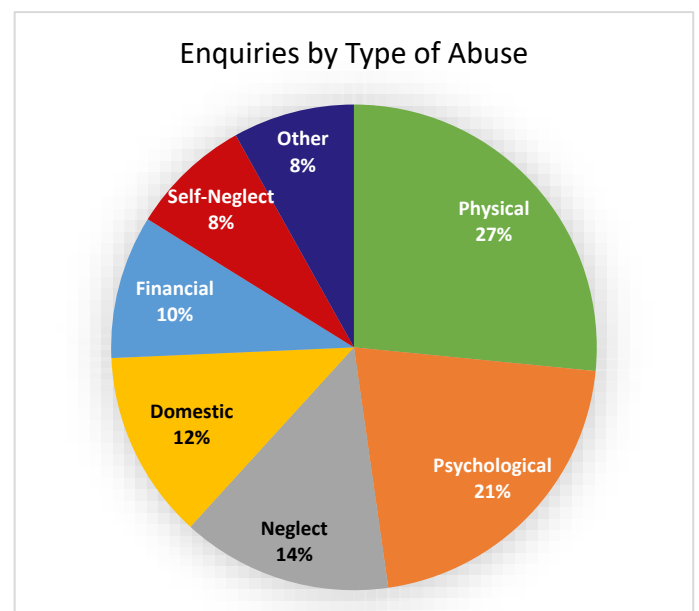
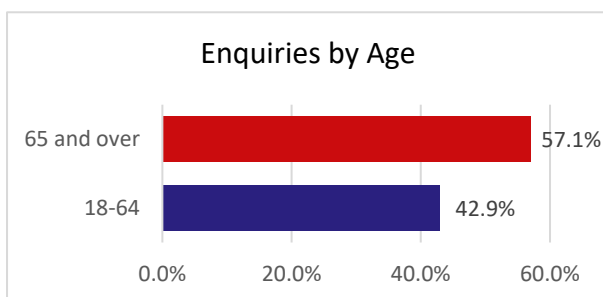
Safeguarding Adults Data for Leicester 2022/23

An alert is made to raise concerns that an adult is experiencing, or at risk of abuse or neglect. An alert may arise as a result of a disclosure, an incident, or other signs or indicators. An alert can be raised by anyone including the person at risk, family, friends, professionals, and other members of the public. During 2022/23 in Leicester a total of **1,831** alerts were made relating to a total of **1,094** people. Where concerns are identified that require further investigation under s42 of the Care Act 2014, a safeguarding adults enquiry is initiated. This enables concerns to be addressed promptly, minimising risk. During 2022/23 in Leicester a total of **498** enquiries were made relating to a total of **464** people. In 27% of incidents risk was removed, risk was reduced in 61% of incidents, and in 12% of incidents risk remained. Where risk remained action plans were put in place. Making Safeguarding Personal outcomes were achieved 91% of the time.

Safeguarding enquiries data 2022/23:



In **66.9%** of enquiries the abuse or neglect is reported to have taken place in the adult's own home.



Ongoing work continues to explore, understand and address disproportionality relating to ethnicity for S42 Safeguarding Enquiries in Leicester.

Meeting our Strategic Priorities

As a partnership, Leicester Safeguarding Adults Board outlined its strategic priorities in its five-year strategic plan which was [published](#) in 2020. Core priorities are ensuring statutory compliance and enhancing everyday business. Developmental priorities are strengthening citizen and carer engagement, raising awareness within our diverse communities, understanding how well we work together, and prevention (helping people to stay safe, connected, and resilient to reduce the likelihood of harm, abuse or neglect).

Our annual business plan priorities for 2022/23 were Hidden Harm and Care Homes.

Core Priority 1: Ensuring statutory compliance

Safeguarding Adults Boards have a statutory duty under S.44 of the Care Act 2014 to undertake safeguarding adults reviews (SARs) in circumstances which meet the criteria. The purpose of a review is to identify lessons to be learnt and to apply those lessons for the future.

During 2022/23 Leicester's SAB received two new referrals but commissioned no new reviews. The LSAB's Review Subgroup was satisfied that all the referrals received were appropriate referrals. This provides a level of assurance that partners are aware of our statutory duty in relation to SARs and are making referrals in line with that duty. For the purposes of transparency, a table of 2022/23 SAR referrals, decisions, and outcomes is provided:

SAR REFERRALS AND DECISIONS 2022/23			
Referral Date	Date Referral Considered by the LSAB Review Subgroup	Decision Made	Outcome
September 2022	October 2022	The criteria for a mandatory SAR were not met. Whilst the individual had died, and there were some concerns about how members of the SAB worked together, it was not known or suspected that the death resulted from abuse or neglect. Causation was not evidenced. A LeDeR (Learning Disability Mortality Review) had taken place which identified learning.	No SAR
March 2023	April 2023	There was not reasonable cause for concern about how organisations worked together and therefore the criteria for a mandatory SAR are not met. There are ongoing investigations taking place and there is the option for the referral to be resubmitted should further issues arise.	No SAR

During 2022/23 Leicester's SAB concluded one SAR whilst 5 remain outstanding. A decision has not yet been made about publication in relation to the one review concluded during 2022/23.

The [Vulnerable Adult Risk Management \(VARM\) guidance](#) is currently being revised in line with recommendations from the one review that has concluded. Throughout 2023/24 and until conclusion, Leicester SAB's Review Subgroup will monitor progress of this work alongside other actions being taken in relation to all recommendations made in the review.

4.2.2 Leicester, Leicestershire and Rutland Vulnerable Adult Risk Management (VARM)

In addition to learning from our own local SARs, Leicester SAB's Review Subgroup also considers learning from other SABs across the country and considers local impact and action required. During 2022/23 reviews considered by the group included:

- Croydon SAR 'Madeleine' [report](#) and [7-minute briefing](#);
- Swindon SAR 'Alison' [executive summary, full report](#) and [learning briefing](#)
- Calderdale thematic SAR 'Burnt Bridges?' [overview report](#), [7-minute briefing](#), [7-minute briefing video](#), and [learning event recording](#).
- Warwickshire SAR
- Merton SAR 'Mrs SK' [full report](#) and [executive summary](#)
- Lewisham SAR 'Eileen Dean' [overview report](#) and [7-minute briefing](#)

Action taken locally having considered these reviews from other SABs included:

- Sharing across the wider partnership, details of the Oliver McGowan Mandatory Training on Learning Disability and Autism
- Exploration of local partnership forums where homelessness risks and complex issues would be considered
- Assurance that questions had been explored previously locally through similar reviews
- Learning shared across the wider partnership, with care homes quality meetings, within the Integrated Care Board (ICB), and with the mental health collaborative

This business year, Leicester also added its published reviews to the [National Safeguarding Adults Review \(SAR\) Library](#) developed by the National Network for Chairs of Adult Safeguarding Boards.

The impact of this work is difficult to measure, and Leicester Safeguarding Adults Board is focusing on measuring impact during 2023/24.

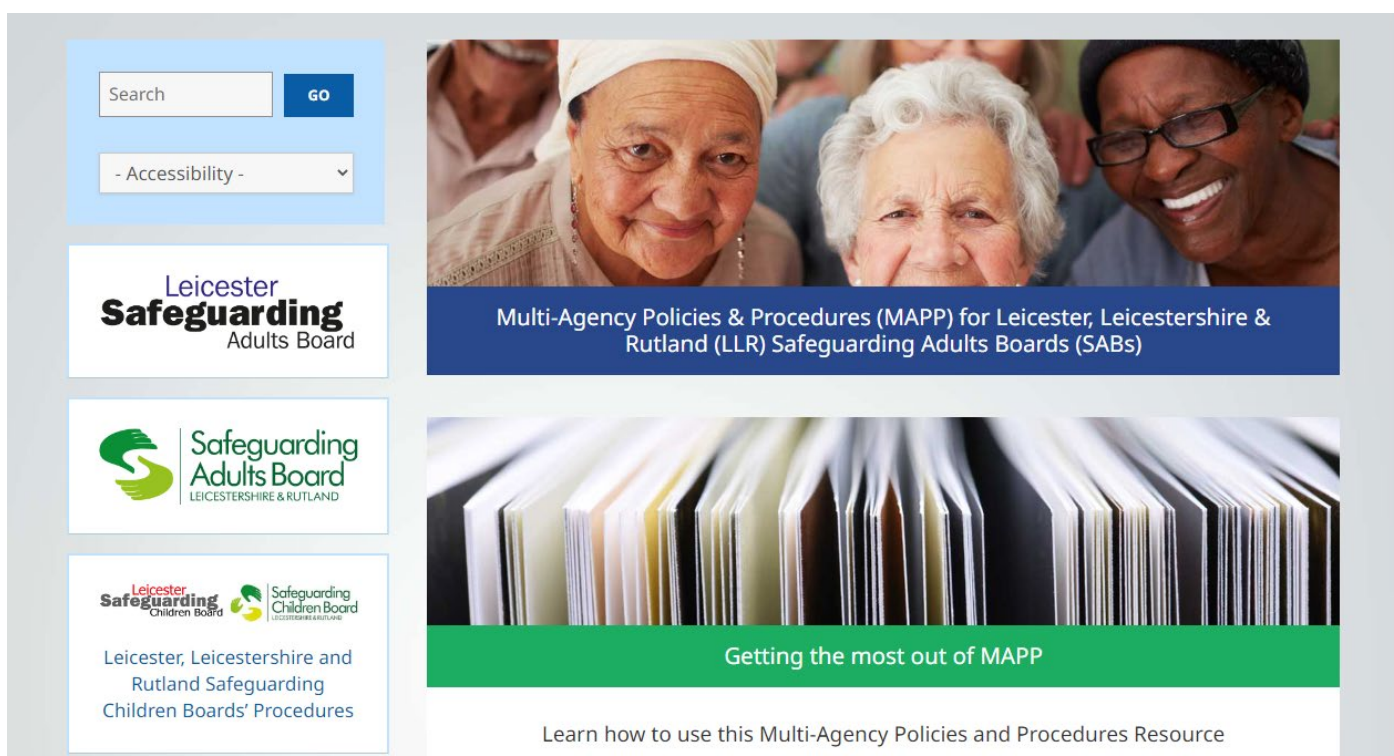
Core Priority 2: Enhancing Everyday Business

Policies and Procedures: Leicester Safeguarding Adults Board works with Leicestershire and Rutland Safeguarding Adults Board to maintain up to date inter-agency adult safeguarding policies and procedures across Leicester, Leicestershire and Rutland. These policies and procedures are hosted on our dedicated policy and procedures website called the [MA PP](#) (Multi Agency Policies and Procedures). Throughout 2022/23 these policies and procedures continued to be reviewed and updated in line with learning from reviews, audits, and best practice.

Updated chapters include:

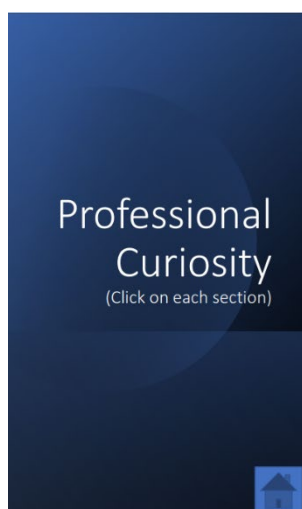
- A new chapter added on No Recourse to Public Funds
- Resolving Professional Disagreements updated
- Modern Slavery chapter updated
- Mental Capacity chapter updated
- Making Safeguarding Personal chapter updated
- Disclosure and Barring chapter updated
- The Care Act 2014 chapter updated
- A new chapter added on Whole Family Approach
- Safeguarding Adults Data Returns chapter updated
- Best Interests chapter updated
- Criminal Offences and Adult Safeguarding chapter updated

A full list of new chapters and amendments made can be found on the [‘amendments’ page of the MAPP](#).



The screenshot displays the MAPP website interface. On the left, there is a search bar with a 'GO' button and an accessibility dropdown menu. Below this are three logos: Leicester Safeguarding Adults Board, Safeguarding Adults Board Leicestershire & Rutland, and Leicester Safeguarding Children Board and Leicestershire & Rutland Safeguarding Children Board. The main content area features a photograph of three elderly people smiling, with a blue banner below it reading 'Multi-Agency Policies & Procedures (MAPP) for Leicester, Leicestershire & Rutland (LLR) Safeguarding Adults Boards (SABs)'. Below the photo is a green banner with the text 'Getting the most out of MAPP'. At the bottom, a white banner reads 'Learn how to use this Multi-Agency Policies and Procedures Resource'.

Training: A 'building confidence in practice' resource on professional curiosity was developed by the



- What is it?
- Why is it important?
- Exercise in reflection....
- Top Tips
- Understanding what it looks like in practice
- How to Refer, Procedures & Resources

Training Subgroup in partnership with Leicester, Leicestershire and Rutland Safeguarding Children Partnerships and was [published](#) in March 2022. The resource pack aims to address Professional Curiosity so that practitioners can fully understand what it is and how to develop their skills when they are working with people whether they are children or adults. The expectation is that practitioners and

managers will use it in team meetings, as part of a group/individual supervision, and for their own development. It has not been possible to determine how many times this resource has been accessed, and therefore the impact, but this is something that the SAB is working on with the use of a learning management system. Now this local resource is in place, training for managers around supporting professional curiosity in staff is in the process of being developed. This training will be in the form of videos that will then be promoted to managers across the partnership.

A regular trainers' network has been facilitated, weekly briefings and regular Safeguarding Matters [newsletters](#) have been published, and the [SAB's YouTube channel](#) has continued to develop.

This year, Safeguarding Matters Live was launched: a live online briefing for all staff across the children and adults multi-agency partnerships. The live briefings run online share learning from reviews and audits, procedure and guidance updates, and resources to support practice. The June 2022 briefing was attended by 289 delegates with the December 2022 briefing attendance increasing to over 500 delegates. The December 2022 session is [available to watch](#) on the Safeguarding Children Partnerships' YouTube Channel.

Performance: The Performance Subgroup set up a new dataset for the Safeguarding Adults Boards (SABs). Returns are now being considered on a quarterly basis and exceptions reported into the SABs. A Safeguarding Adults Assurance Framework (SAAF) has been undertaken across the partnerships, with returns to be analysed at the start of the 2023/24 business year. The group also refreshed the Quality Assurance Framework (QAF).

Table of Contents:

- P1 NHS Integrated Care Boards (ICBs)
- P2 The Dynamic Support Pathway (DSP) is an all-age early intervention pathway for people with Learning Disabilities, Autism or both
- P3 Disclosure and Barring Service (DBS) Procedure and Guidance updates
- P4 LLR Safeguarding Children
- P4 LLR Safeguarding Adults
- P4 Training Standards - Scan News Item
- P5 Assessing Whether a Child is Thinking
- P6-9 Thematic Briefings
- P10 Domestic Homicide Review
- P11-18 Safeguarding Adult Reviews

Welcome to the latest edition of Safeguarding Matters.

The focus of this edition is to share the learning from a number of case reviews that have been undertaken across the Leicester, Leicestershire and Rutland Safeguarding Partnerships, linking to national themes and safeguarding priority areas.

The cases under review cover a wide spectrum and it is recommended that you don't just consider those with direct relevance but development your 'Whole family/community' awareness.

The learning is presented to enable reflection on practice and service development. There is an action plan that you can use to plan how you might take the learning forward as an individual, within a team, department or organisation.

Thematic Briefings:

- Child Neglect
- Safeguarding the Unborn Baby
- Porpoising Presentations – Fabricated and Induced Illness

Domestic Homicide Review:

- Frank DHR Co-existing Care and Support, Domestic Abuse, Mental Health

Safeguarding Adult Reviews:

- Dora and Keith – Isolated couple and non-engagement with services
- Person D – Co-existing Substance Use & Mental Health (SUMH)
- Martin – Self-neglect in the context of harmful alcohol misuse
- Mrs Mayo – Co-existing Care and Support, Domestic Abuse, Mental Health

In other News

NHS Integrated Care Boards (ICBs)

NHS Integrated Care Boards (ICBs) are statutory bodies established from 1 July 2022, replacing Clinical Commissioning Groups (CCGs). In Leicester, Leicestershire and Rutland this means that the functions of Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG will become the NHS Leicester, Leicestershire and Rutland Integrated Care Board.

The ICB is part of the integrated care system (ICS) with partners in LLR and will deliver a health and care system in Leicester, Leicestershire and Rutland that tackles inequalities in health, delivers improvements to the health and wellbeing and experiences of local people as well as providing value for money.

Follow this link to the website [NHS Integrated Care Boards \(ICBs\)](#)

Developmental Priorities 1 & 2: Strengthening User and Carer Engagement & Raising awareness within our diverse communities

During this business year, the Leicester Engagement Subgroup updated its terms of reference to become the Leicester, Leicestershire and Rutland Engagement and Communication Subgroup. ‘What is Adult Safeguarding?’ briefings continued to be facilitated to Leicester’s local community members and groups.



Free online information session on what adult safeguarding is

The session covers:

- What is adult safeguarding?
- What is abuse and neglect?
- Signs of abuse and neglect in adults
- What to do if you're worried about an adult

Leicester Safeguarding Adults Board
WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

“Adult safeguarding is complicated – this session has helped me to understand it better and know what help is out there, thank you” –

Delegate at an in-person information session on ‘what is adult safeguarding?’ (Paraphrased, not an exact quote)

Our “See Something Say Something” awareness campaign and [video](#) continued to be promoted with the video having reached 1,041 views by quarter one and over 1,500 views by the end of the business year. In November 2023 the Engagement and Communication Subgroup split this longer video into three shorter videos to make them more accessible on social media:

See Something, Say Something: [Exploitation – Frank’s Story](#)

See Something, Say Something: [Domestic Abuse – Joe’s Story](#)

See Something, Say Something: [Neglect – Jenny’s Story](#)

The Engagement Subgroup oversaw the SAB’s promotion of adult safeguarding during National Safeguarding Adults Week 2022 (15-21 November). This included an awareness campaign and promotion of the above safeguarding animations.

In response to the potential for exploitation, the [local ‘Tricky Friends’ animation](#) (adapted from Norfolk SAB’s animation) was translated into [Ukrainian](#) and promoted across the partnership.



Developmental Priority 3: Understanding how well we work together

The local [information sharing agreement](#), shared between Leicester, Leicestershire and Rutland Safeguarding Children Partnerships and Safeguarding Adults Boards was updated throughout 2022/23 and re-published in April 2023.

Also see annual business plan priorities

Developmental Priority 4: Helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect

See annual business plan priorities

Annual Business Plan Priority: Care Homes

In relation to the SAB's business plan objective involving Care Homes, a resource pack has been developed by the Training Subgroup for care providers. It highlights procedures, guidance, information and resources available to care homes, including:

- A brief overview of the role of Safeguarding Adults Boards
- Local Multi-Agency Policies and Procedures
- Escalation guidance
- Thresholds guidance
- Causing enquiries to be made
- Information about Leicestershire Social Care Delivery Group (LSCDG)
- Safeguarding adults trainer's network
- Safeguarding matters newsletter
- Our YouTube channel and resources
- Social Care Institute for Excellence (SCIE)
- Research in Practice for Adults (RiPFA)
- Where to find our local, published safeguarding adults reviews
- Free Mental Capacity Act Training
- Our local basic safeguarding awareness resource for safeguarding children and adults

The resource has been added to the [safeguarding section of the provider.net website](#). Oversight of the document remains with the LLR SABs Training Subgroup where it will be reviewed on an annual basis.

In addition, contracts and commissioning teams across Leicester, Leicestershire and Rutland Local Authorities and the Integrated Care Board (ICB) have reviewed the NICE safeguarding in care home guidance published in 2021.

Local escalation procedures have also been reviewed in line with NICE safeguarding in care home guidance.

A multi-agency audit on care homes was completed by the SAB's Audit Subgroup. The audit focused on situations where there were 3 repeat safeguarding referrals/alerts for adults living in a care home within a 6-month period (from 1st June 2021 to 1st December 2021).

Action required as a result of the audit included:

- Training Subgroup taking forward Trauma Informed Practice as a training need relating to Safeguarding Adults.

- Policy and Procedures Subgroup to develop a template letter to notify LPT to aid trauma informed practice and care planning around those who have made allegations.
- Policy and Procedures Subgroup to review the 'incident reporting' procedure.
- Policy and Procedures Subgroup to re-launch the 'Causing Enquiries to be Made' guidance, with additional information regarding the importance of timely information sharing.
- Policy and Procedures Subgroup to consider guidance regarding information sharing with GPs.
- Policy and Procedures Subgroup to consider the best way to reiterate with all professionals involved in Adult Safeguarding that contact with the Police regarding open cases should be via the Police Adult Safeguarding Hub, not 101.

All the above actions have either been successfully completed or remain in progress.

During 2022/23 the SABs received assurance on dementia care home oversight across Leicester, Leicestershire and Rutland with all three local authorities and the Integrated Care Board providing reports.

The Performance Subgroup collated data and assurance on safeguarding in care homes and provided its report to the March 2023 SAB meeting.

Annual Business Plan Priority: Hidden Harm

Domestic Abuse Act

An update was provided to the June 2022 SAB about the Domestic Abuse Act local impact.

Domestic Abuse and Safeguarding Research Project

Initial findings from research project between LLR Safeguarding Adults Boards and Durham University were received at the start of the year, with a fuller update provided during March 2023. The research focuses on (i) perpetrators of domestic abuse and (ii) safeguarding older adults from domestic abuse. Leicester Safeguarding Adults Board is privileged to have been involved in this research, with learning identified that is likely to be important nationally. Full analysis and outcomes will be shared once the research has been published and, in the meantime, our 2023/24 business plan will focus on actioning areas of improvement and promoting best practice identified so far.

Multi-Agency Audit – Cuckooing

A multi-agency audit focusing on "cuckooing" was facilitated by the Audit Subgroup. A local Safeguarding Adults Review (Leicestershire and Rutland SAB, Person D, Published June 2022) identified that there was a gap in understanding the level of recording of cuckooing incidents locally.

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. It takes the name from cuckoos who take over the nests of other birds. Locally we have produced [Guidance for Working with Adults at Risk of Exploitation: Cuckooing](#).

The audit results identified that whilst cuckooing guidance had been produced and promoted locally, and there was good awareness locally of what cuckooing is, there was not much awareness of the existence of the local guidance. Despite this, there was good evidence of multi-agency working even though the cuckooing guidance was not being used. Eight learning points and actions were identified from the audit and these will be progressed during 2023/24.

Performance

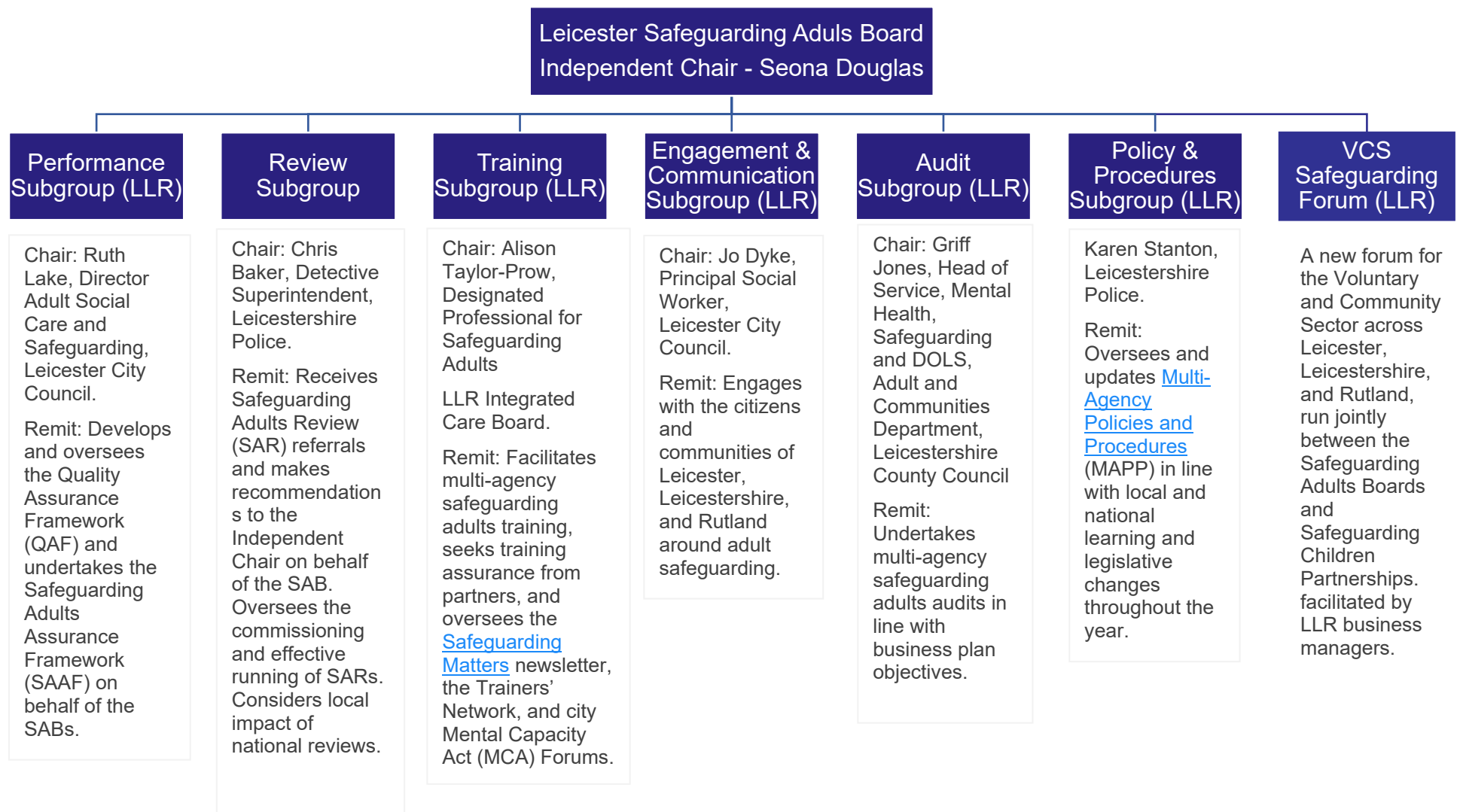
The Engagement Subgroup has fed information on hidden harm from Leicester residents into the Performance Subgroup. The Performance Subgroup collated data and assurance on safeguarding and hidden harm and provided its report to the March 2023 SAB meeting.

Looking to 2023/24

Looking to 2023/24 we are developing our annual business plan jointly with Leicestershire and Rutland Safeguarding Adults Board. It will be [published](#) alongside our strategic plan, on the 'plans, reports, and strategies' page of our web pages.

If you have problems accessing or viewing the annual report, please email LSAB@leicester.gov.uk.

Appendix I: 2023/24 Leicester SAB Structure Chart



Adult Mental Health (LPT and Leicester City Council update)

Health and Social Care Scrutiny Commission

Date of meeting: 30th November 2023

Useful information

- Ward(s) affected: City-wide
- Report authors: Natasha Bednall (City Council), Tanya Hibbert, David Williams & Glyn Edwards (LPT), Justin Hammond (ICB)
- Author contact details:
- Report version number: V1

1. Summary

- 1.1. This paper provides an update on key challenges, waiting times and joint working to address mental health across Leicester City.
- 1.2. This paper provides an update from Leicester City Council and Leicestershire Partnership NHS Trust (LPT) Adult mental health services. In the October meeting an update was provided on Child & Adolescent Mental Health (CAMHS) waiting times and developments of these services. An update to members on the local learning from improving services for people with a neuro-disability or learning disability is planned for a future meeting in 2024.
- 1.3. Across Leicester City, Leicestershire & Rutland we have a Mental Health Partnership where local authorities, the ICB and VCS are all members and work together to. The partnership drives forward the Joint Integrated Commissioning Strategy for Adult Mental Health (2021 – 2025) and the placed based plan for mental health.
- 1.4. Our partnership working is supporting us to deliver connected services to our people and tackle many of the challenges we are facing.

2. Recommended actions / decision

Scrutiny Commission is asked to note:

- 2.1. The demand for mental health services and the actions that the City Council and LPT have taken to address the increased demand.
- 2.2. The engagement of the city council and LPT to support individuals into employment to support long-term recovery and well-being.
- 2.3. The challenges for both Leicester City Council and Leicestershire Partnership NHS Trust within their respective mental health provision.

Scrutiny Commission is asked to support:

- 2.4 Championing good mental health, well-being and employment through our City Council, LPT, wider public services and our voluntary and community services to support people in our city.

3. Community Mental Health Services

3.1. Leicester City Council's Adult Mental Health Service works with adults with severe and enduring mental health issues. The service conducts assessments under the Care Act, Mental Health Act assessments, Mental Capacity assessments, provision of support to people to meet eligible needs under Section 117, supporting people to be discharged from hospital, Community treatment Orders, reports to Mental Health Review Tribunals and Ministry of Justice reports (including monitoring and reviews).

3.4. The Mental Health Wellbeing & Recovery Support Service has been delivered by P3 since October 2022. Since going live, the service has supported over 1,000 people with one-off advice or ongoing Community Recovery Support. This is a preventative service which contacts people within 10 working days of referral. At times there is a waiting list for Community Recovery Support, however this is managed through regular check-in calls with people while they wait. The service also delivers peer support groups and mental health support & awareness programmes that people can access whilst waiting for 1:1 support.

3.5 Employment Support. Both the city council and LPT are supporting people with mental health needs back into employment as part of their recovery.

The LPT Employment Support Service is open to adult patients in community mental health teams, psychosis intervention and early recovery (PIER) and assertive outreach services.

The Employment Support Service team have more than nine years' experience and has helped more than 1,000 patients achieve their work or learning goals. The staff group bring a wealth of expertise and skill and the service continues to expand.

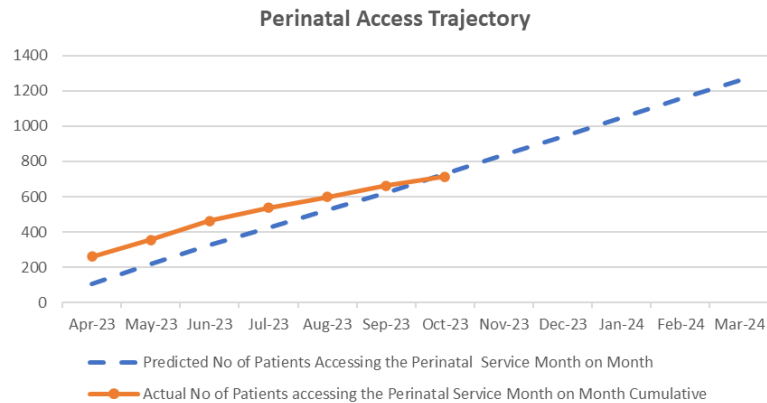
The city council does not have a specific service supporting people with mental health needs into employment, but does commission and provide various offers that people with mental health needs can get support from such as the Employment Hub. Support around obtaining and maintaining employment is also built into adult social care services such as supported living services and the Mental Health Wellbeing & Recovery Support Service detailed at 3.4 above.

3.6 Adult General Psychiatry Waiting Times This service was a key driver to changes proposed in Step up to Great Mental Health now delivering as our Better Mental Health for all Transformation programme.

- Since March 2020 services have noted an increase in referrals and increased challenges in relation to discharge. Our transformation programme focuses on ensuring early help, the first time people contact us. The service has implemented immediate improvement actions including a caseload review project, continuous recruitment with a drive to develop attractive roles within the new neighbourhood model and maximising current clinical pathways and capacity.

3.7. Perinatal Mental Health Services has an access target which is 10% of the LLR birth rate. This equates to 1259 women accessing the service cumulatively across the 12 month financial year. All patients must be seen face-to-face or via a virtual platform on at least one occasion within 12 months to be counted as accessing the service.

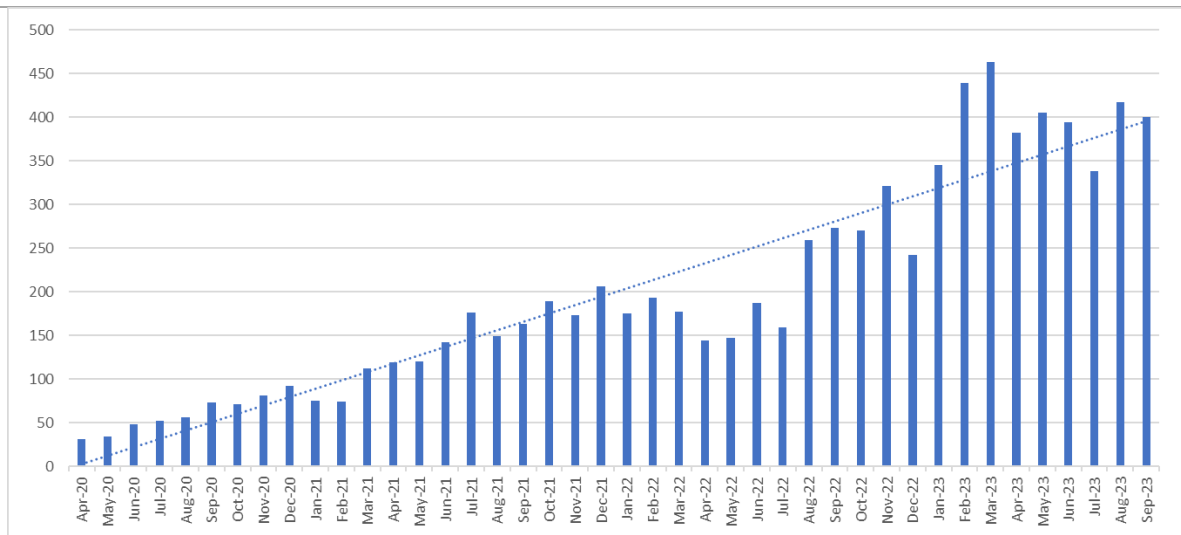
- The service has received significant investment to increase capacity and achieve long term ambitions. However, since the pandemic the service has struggled to achieve the access target.
- During 2023/24 the service put in place a trajectory which is monitored regularly in a number of forums. This is alongside weekly and monthly dashboards, capacity and demand planning, focused job plans and a number of initiatives to increase referrals and best utilise clinical time. This has proven successful and the trajectory is generally upward, with a small below number below trajectory in October, which will be resolved in the coming month.



3.8. ADHD Waiting Times: The ADHD Service has seen a year on year increase in referrals received and accepted. Due to the significant increase in referrals the service has not met the 18 week referral to treatment target. Nationally all Trusts are facing similar demand and capacity issues due to increased referral rates and additional challenges that include:

- National regulation that means the Mental Health Investment Funds cannot be used to support ADHD services.
- An increase in private companies undertaking online/ in person assessments and diagnostics for ADHD with concerns about the prescribing practices of the private sector which cause issues when the patient is referred into NHS services.
- Universal challenges with diagnostics for ADHD across all systems.
- Regional and local challenges with Right to Choose legislation in MH and impact on ADHD services
- Shortages of ADHD medication impacting on treatment waiting lists - this is not likely to be resolved until the new year

The graph below illustrates the increase in referrals:



3.8.1. Despite these challenges the ADHD service is putting in place initiatives to reduce waits including:

- Development of an Adult ADHD business case to help bridge the gap between demand and capacity.
- NHSE directive for Integrated Care Boards (ICB) to promote patient choice for ADHD (commitment to move this to 5 providers). The ICB is working on a service specification for private providers, ensuring that providers deliver the whole pathway (from assessment through to annual reviews)
- ADHD Task and Finish group established to oversee the medication shortage issue and agree a communication strategy to GPs and community pharmacies
- Additional weekend clinics to reduce treatment waiting lists when medication supplies return to normal.
- Recruitment commenced to 5wte B7 Non-Medical Prescribers (NMPs)/Specialist Pharmacists (0.5wte Pharmacist and 2.58wte NMPs)
- Review of secondary care model and reduction in treatment waits for those with co-morbidities.
- The implementation of an innovative response between LPT, the ICB and community pharmacists to create an LPT hub and community pharmacy spokes in LLR to ensure priority access to ADHD medication during this national shortage.

3.9. Adult Memory Service: LPT Memory Service provides an assessment, diagnostic and treatment service for LLR patients referred with possible dementia. Prior to the Covid-19 pandemic the service achieved 85% compliance, however, the legacy of service closure during Covid-19 is a substantial increase in waiting times and a corresponding reduction in RTT compliance.

- The service has put in place a number of initiatives to improve waiting time compliance including robust job plans, ongoing recruitment to vacant posts, caseload reviews, weekend clinics to increase capacity, pathway improvements and additional volunteer roles. Demand and capacity work has been completed and a trajectory of improvement is monitored regularly in a number of forums. This has led to some improvement in waiting times compliance, however, referrals into the service have increased substantially over recent months, increasing from approx. 200 referrals per month to an average of 316 per month which is impacting the team's capacity and waiting times performance.

- The system also has a Dementia Diagnosis Rate target of 66.7% by the end of the financial year. The Memory Service is working closely with ICB colleagues and is seeing a steady increase month on month, October performance is 65.4%.

3.10 Developments within LPTs Adult Memory Psychological Therapies

3.10.1 Cognitive Behavioural Therapy (CBT) has historically had long waits for treatment, however, the service has been successful in largely achieving the 13 week access target. In recent months the service has seen an increase in referrals which is impacting on capacity for both assessment and treatment, in October 80% of people completed their pathway in 13 weeks, with a goal of 95%.

The service is relatively small, with 7 Therapists and 1 Service Lead. As part of the transformation programme, CBT is working closely with Community Mental Health Teams (CMHTs) through the MDT which has resulted in an increase in referral rates.

Actions that the service are taking to improve performance include:

- Increase in assessment slots.
- Recruiting to vacancies.
- Maximising clinical capacity.

3.10.2 Dynamic Psychotherapy Service (DPS) has generally achieved the 13 week waiting time target to access the service. However, the service has seen an increase in referrals over recent months which is impacting on the capacity for both assessment and treatment, with waits increasing, in October 82.6% completed their pathway, with a goal of 95%.

To improve performance the service is:

- Recruiting to vacancies.
- Focussing on assessment capacity over the coming months with a plan for treatment waits to begin to significantly reduce in the new year.
- Using job planning and regular reviews to ensure clinician capacity is used effectively.
- Ensuring assurance of accurate recording of clinical activity

3.10.3 Therapeutic Service for People with Personality Disorder (TSPPD) has seen a significant improvement in waits for assessment as per the table below achieving the goal in the last few months.

The service is seeing ongoing improvements and is actively engaged with the transformation programme. Improvements continue to be embedded. Immediate actions include:

- Collaborating across the system to develop a system-wide strategy for working with people with personality difficulties,
- Working more closely with locality teams to inform clinical presentation that is suitable for referral.
- Introducing shorter interventions to meet the needs of those people with a lower level of personality difficulty.

4.0. Urgent Care Mental Health Care

4.1. Mental Health Central Access Point (MHCAP). The MHCAP was launched in April 2020 and provides urgent mental health support across LLR. The service is delivered in collaboration with Turning Point who provide the initial call handling function. Call demand has continued to increase with the service receiving on average 5000 calls a month (167 per day).

- There are currently no national key performance indicators for this service however these will come into force with the introduction of NHS 111 2 in April 2024. the number of calls being answered averaged 72% for the past 3 months.
- Incoming call patterns and lengths are unpredictable making it a challenge to match capacity to demand at any given time. Average call length has reduced from 15 minutes per call to 12 minutes and this explains the improved performance.
- Recovery Workers from our Turning Point partners have been identifying frequent repeat callers and providing them with more intensive support to reducing their need to call.
- The majority of calls received by MHCAP are managed successfully without the need for further secondary mental health support - call handlers from Turning Point are able to offer advice guidance and signpost to voluntary sector services.
- A review of the Central Access Point is underway to enhance service delivery and make quality improvements.
- From 1st April 2024, 'NHS 111 Option 2 Mental Health' will be live with the service answering direct calls. The implementation planning is underway and is in line with the Midlands region approach.

4.2. **Urgent Crisis.**

4.2.1. Crisis Resolution and Home Treatment Team (CRHT). The CRHT Team is for adults aged 18 and over who would otherwise require hospital admission to an acute mental health ward due to a crisis that impacts on their ability to cope with day-to-day activities. Providing intensive home treatment through a multi-disciplinary approach as an alternative to hospital admission, patient caseload averages 180 patients at any time and can rise to 210 at times.

- LPT is exploring ways to use the Crisis team for EDP (Early Discharge Planning) to improve patient experience and outcomes. A project group has been established to look at the Adult & Older persons Crisis pathway with scope to look at the Mental Health offer for Functional older adults referred to CRHT team.
- National key performances indicators for Crisis Resolution Teams include 4 hour (very urgent) and 24 hours (urgent) response times. The introduction of the MH Urgent Care Hub (see below) has improved performance against the 4 hour KPI to c.80% from June 2023 against a national KPI of 95%. The service has an excellent record for referral acceptance and for identifying the urgency. This work has meant that we have been able to improve the service offered in greatest need of a crisis response.

4.3. **Mental Health Urgent Care Hub.**

4.3.1. The Mental Health Urgent Care Hub. The Hub was set up in April 2020 at the Bradgate Mental Health Unit as an alternative pathway for individuals in an urgent crisis not needing to attend an emergency department (ED). It is a 24/7 all age crisis service and on average receives 270 referrals per month. The service has helped to reduce urgent referrals from the Crisis team and Central Access Point who need a face-to-face assessment. The service accept referrals directly from EMAS with the aim of reducing

ambulance conveyance to ED. On-going refurbishments works have been funded by NHS England with an expected completion date of November 2023.

- Key performance indicators for the Hub are the same as for the Crisis Team. The service supports the crisis team in helping to manage those in urgent need of assessment. Demand has steadily increased from 211 referrals in December 2022 to 300 referrals in October 2023.

4.4. Mental Health Liaison Service.

4.4.2. The Mental Health Liaison Service (MHLS) provides services to adults within LLR aged 16 to 65 years. People are seen on inpatient wards at all UHL hospital sites - Leicester General Hospital, Leicester Royal Infirmary and Glenfield Hospital. The service provides outpatient clinics and a specialist Chronic Fatigue Syndrome (CFS) service. Care is provided by experienced multidisciplinary-team liaison professionals.

- The service respond to referrals within 1 hour and 24 hours as per the national MHLS Key performance indicators. On average since June 2023, the service has been achieving this target. The clock starts as soon as someone is assessed by the ED and once declared physically fit patients are referred for assessment by the liaison team. Due to the busy nature of ED this can often result in batching referrals meaning time is lost by the liaison team as the clock is still running. To try and resolve this, we are working alongside UHL to implement an e-referral process which will eliminate batching.

5.0. Developments in our Mental Health Acute Inpatient Services.

LPT continue with their estate modernisation programme, eliminating dormitory accommodation in our inpatient units.

5.1.1. Developments Out of Area (OOA) Placements. LPT is the only provider of inpatient beds within the midlands region that has maintained zero inappropriate out of area (OOA) placements in 2023. Inappropriate is defined as someone receiving care outside Leicester, Leicestershire and Rutland (LLR) solely due to a lack of capacity within LLR. Effective patient flow has been maintained and the need for OOA placements reduced through the use of step-down beds and the efficient use of our community services. LPT is working towards further improvements as part of our Better Mental Health for All programme.

5.1.2. Clinically Ready for Discharge (CRFD). Clinically Ready for Discharge (CRFD) rates are high for adult services and Mental Health Services for Older people (MHSOP). An improved discharge model is being implemented to support flow between LPT and external agencies including Social Care. Discharge delays to CRFD patients are most frequently due to awaiting allocation of a social worker or the availability of supported living accommodation. LPT holds weekly CFRD meetings with partners from adult social care and housing to retain oversight and identify alternative solutions to facilitate discharge. Everyone is working together to reduce delays.

6.0 Challenge & transformation

Both City Council and LPT Adult Mental Health services face pressures with increased demand and challenges to ensure recruitment and retention.

We are working together with our local place plans, in our system meetings to address the challenges we face. Our community work seeks to engage locally with community groups who are commissioned by us to provide additional services, these include our community cafes and other services.

We are also seeking advice from regional colleagues in the NHS and with the East Midlands Association of Directors of Adult Social Services.

The Mental Health Collaborative has been established since winter 2022 with partners across the three local authorities to ensure partnership working is central at both system (LLR) and place (Leicester City) level. The MH Collaborative consists of three MH place-based Groups and one LLR-wide group. Collectively, the system MH Shadow Collaborative Group (MHSCG) and MH Place-based Groups form the Mental Health Collaborative for the LLR system. The Place based groups are not subordinate to the MHSCG. Membership of the MHSCG includes; H&WB Board chairs, NHS, voluntary sector partners, LA's, District Councils and Healthwatch. It's chaired by Angela Hillary, Chief Executive of LPT who is the MH Executive sponsor for LLR.

For the city, the Mental Health Partnership Board is the MH Place based group, it's a sub-group of the Health & wellbeing Board and focuses on delivery of local MH plans. The membership is broad and includes voluntary sector partners and people with lived experience of MH.

The MH Collaborative (at a system and place level) cover children, young people and adult mental health. They provide a vehicle for joint work and an increased awareness of initiatives and planned actions between partners.



Leicestershire Partnership
NHS Trust



Mental Health update

Joint ASC & Health Scrutiny Commission
30th November 2023



www.leicspart.nhs.uk

Adult Mental Health: Strategy and partnership across Leicester

Joint
Integrated
Care Strategy
Adult Mental
Health
2021-25

Prevention
Accommodation
Employment
Education and
Volunteering

Healthy Minds
– Leicester
City place
based plan for
Mental Health
2022 - 2027

Access Chs/YP
Emotional/wellbeing
Access adults primary/
Neighbourhood MH
Isolation older/adults
No deaths by suicide in city

Both the Joint Integrated Care Adult MH Strategy and Health Minds place base plan are driven through Leicester City's Mental Health Partnership Board.

Following extensive consultations and engagements the Adult Mental Health strategy was approved in April 2021.

Leicestershire Step up to Great Mental Health consultation (LLR CCG and LPT) 2021.

Community Adult Mental Health provision:

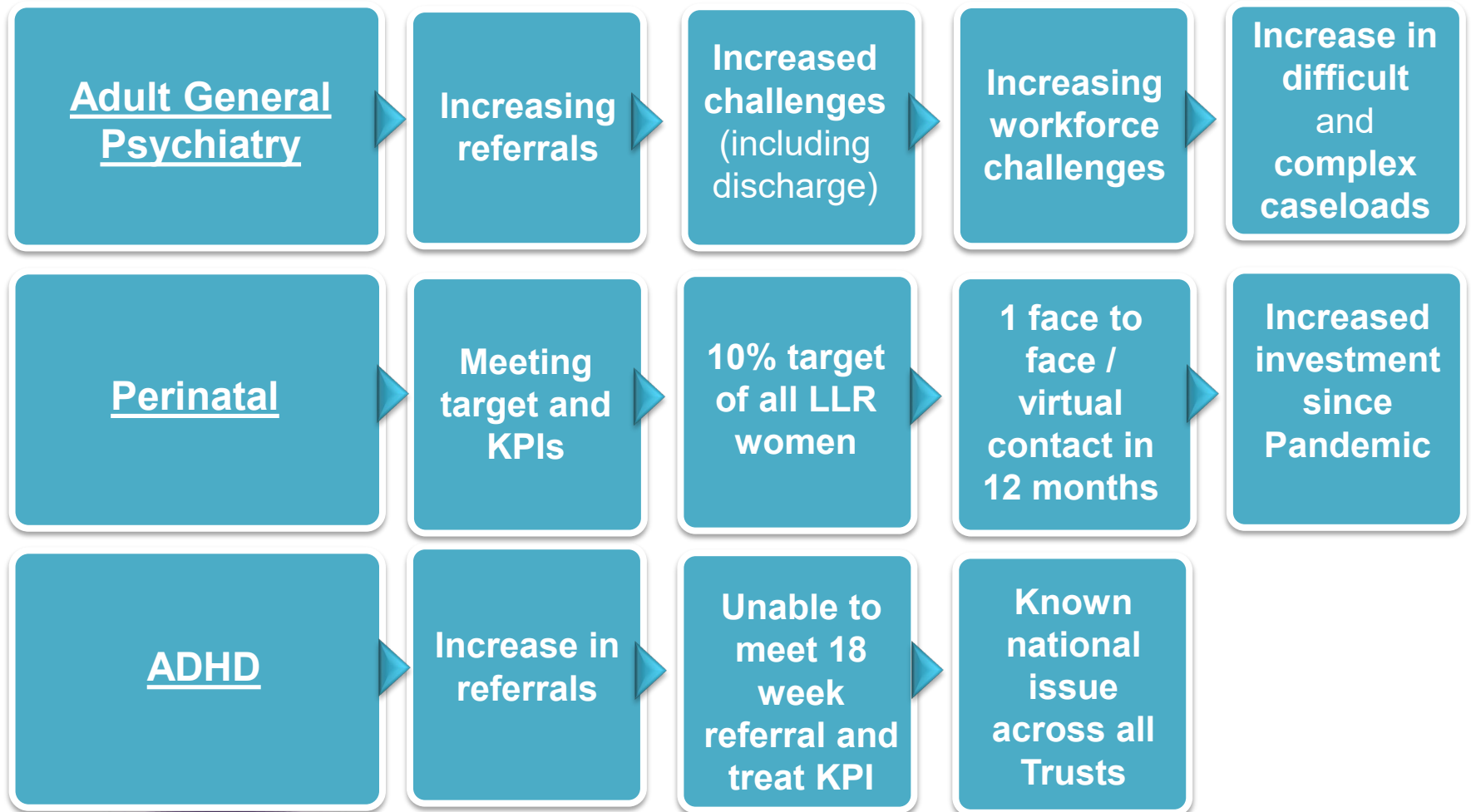
Community services

- City Services, including, Mental Health Act Assessments, section 117, supporting discharge from hospitals etc
- P3 Health and Well-being recovery service
- LPT Employment Services
- City Employment Services
- General Psychiatry services
- Perinatal mental health services
- ADHD services
- Memory services
- Neighbourhood cafes and support

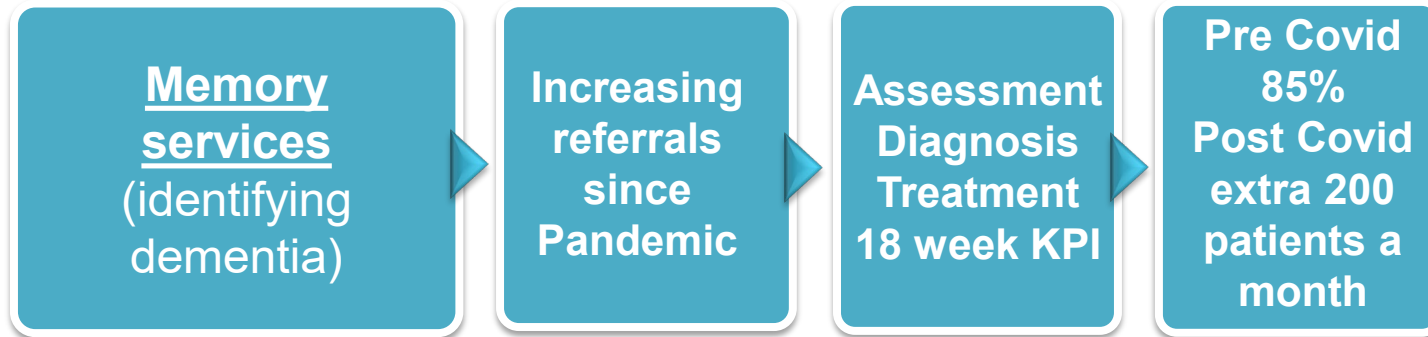
Action:

- ✓ Joint working with community organisations to build resilience
- ✓ Better Mental Health for All programme
- ✓ Place based partnership
- ✓ Continued review of demand to manage waiting times
- ✓ Regional work within the East Midlands under ADASS (Association of Directors of Adult Social Care)

LPT Community Mental Health update:



Community Mental Health



LPT Community Mental Health update:

Dynamic
Psychotherapy
Service

Increasing
referrals last 4
months

- Action:**
- ✓ Recruiting to vacancies.
 - ✓ Assessment capacity
 - ✓ Job planning is now in place
 - ✓ Assurance for accurate recording

Psychological
Therapies

Increasing
referrals last 4
months

- Action:**
- ✓ Increased assessment slots
 - ✓ Increased recruitment
 - ✓ Increased clinical capacity

TSPPD
(Therapeutic
Service for
People with
Personality
Disorder)

Increasing a
significant
improvement in
waits

- Action:**
- ✓ Implementing/monitoring job plans.
 - ✓ Collaborate strategy
 - ✓ Develop rolling decider groups
 - ✓ Close working with locality teams to inform clinical presentation that is suitable for referral.

Urgent Care

Mental Health Central Access Point

- Collaboration with Turning Point (initial call handler)
- 5000 calls each month on average
- Reduces need for secondary Mental Health support
- KPIs – from April 2024
- 64% of referrals lead to actual support

Urgent Care Hub

- All age service – 24/7 averaging 270 referrals month
- Supported a reduction in urgent referrals and specifically ambulance conveyance to ED
- Refurbishment expected to finish in November 2023
- Increasing demand

Crisis

- Home treatment (avoiding inpatient care)
- Early discharge planning pilots being explored.
- Caseload between 180-210 anyone time
- KPI: 4 hour response for very urgent
- KPI: 24 hour response for urgent

Mental Health Liaison Service

- 16-65 yr – inpatient wards across LLR
- In addition to outpatient clinics and specialist Chronic Fatigue Syndrome service
- Multi disciplinary teams
- KPIs being met.

1hr

24hr

Clock starts from point of assessment. Pilot being looked at with e-referral process to avoid batch referrals from A&E

LPT Acute Inpatient update:

Reduced out of area placements

- Increasing effective flow and step down
- Expansion of community teams
- Focus on preventing needless delays

Clinically ready for discharge

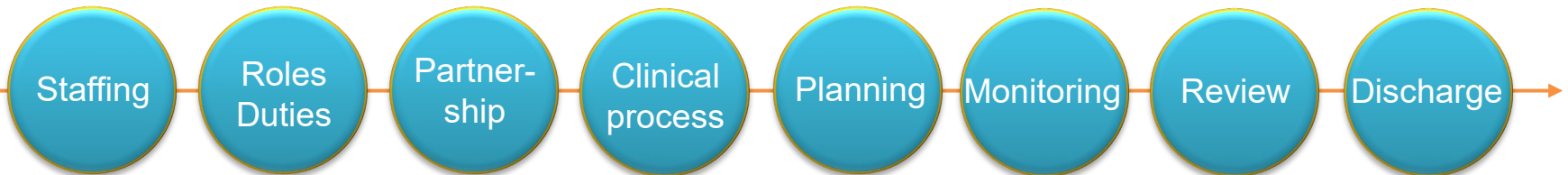
- Implementing new discharge model (from LPT to other agencies)
- Current challenge – lack of accommodation and social workers to support discharge

Improved pathways

- Pilot of a Psychological Informed Partnership Approach (PIPA) model
- Focus on high quality, therapeutic and least restrictive practice
- Eradicating dormitories in our inpatient unit

Length of stay

- Review of current model
- MDT approach to support purposeful inpatient admissions



Summary

Connecting care

- Joint working between the City Council and LPT to support our people with timely services
- Services are connected with local community groups, through our neighbourhood working, community cafes and our joint working
- There is an increasing demand and our Better Mental Health for All transformation programme supports us to evolve and meet this new demand

We can all make a difference

- ✓ Championing good mental health, well-being and employment through our City Council, LPT, wider public services and our voluntary and community services to support people in our city.

Drug and Alcohol Services update

Joint Public Health and Health Integration and Adult
Social Care Scrutiny Commission

Date of meeting: 30 November 2023

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Mary Hall (slides) and Sam Carruthers (cover report)
- Author contact details: Mary.Hall@leicester.gov.uk;
Sam.Carruthers@leicester.gov.uk
- Report version number: 1.0

1. Summary

The Public Health and Health Integration Scrutiny Commission will receive a presentation at the meeting on 30th November 2023 from Public Health providing an update on drug and alcohol services in Leicester

2. Recommended actions

Public Health and Health Integration Scrutiny Commission are invited to:

- Comment on the development, progress and challenges identified in the drugs and alcohol portfolio, and to seek any further clarification needed on any areas.

3. Detailed report

The Dame Carol Black review (2019) and subsequent 10 year government drug strategy “From Harm to Hope” identified high levels of unmet need for drugs and alcohol services nationally. Leicester was identified as a priority area and has received additional funding to support system development.

The presentation to Public Health and Health Integration Scrutiny Commission will provide an overview of local programmes, and a progress update in relation to:

- Drug and alcohol use in Leicester (adults and young people)
- Drug and alcohol services in Leicester
- Service performance
- The Dame Carol Black review & implications
- Key challenges
- Future plans

The presentation will outline the high levels of drug and alcohol treatment need that persist in Leicester, and implications for wider health systems and population outcomes. It will provide an update on current programme to develop local systems, application of local strategies and highlight key challenges.

References:

- [Dame Carol Black review](#)
- [From Harm to Hope](#): 10 year national drug strategy
- National drug outcomes [framework](#)
- Leicester City [drugs and alcohol needs assessment](#)

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

6.1 Financial implications

There are no direct financial implications arising from this report, as the report is providing updates across the service with no major changes proposed.

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

This report provides an overview of the work relating to drug and alcohol being undertaken in Leicester and as such there are no direct legal implications. Should any legal assistance be required the Legal team should be contacted.

Alex Powers, Solicitor (Commercial) 37 2489

6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

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

The report provides an update on the Drug and Alcohol Use and Services in Leicester. It is important to note that anyone can be at risk of developing a substance problem in their lives.

Having detailed information of current and future health needs in people helps to identify health inequalities and unmet need. This will provide services with the information they require to continue to support those with issues with substances and rectify any gaps in service provision. The work of the various services has provided support, which is likely to have had positive equalities impacts for people from across many protected characteristics.

Equalities Officer, Surinder Singh, Ext 37 4148

6.4 Climate Change and Carbon Reduction implications

There are limited climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon emissions, any 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 and any changes implemented.

Aidan Davis, Sustainability Officer, Ext 37 2284

Public health and health integration scrutiny committee

Drug and alcohol update

November 2023

An overview of:

- Drug and alcohol use in Leicester (adults and young people)
- Drug and alcohol services in Leicester
- Service performance
- The Dame Carol Black review & implications
- Key challenges
- Future plans

Drugs and alcohol in Leicester

- The estimated rate of opiate and/or crack (OCU) users in Leicester is higher than that of England (11.3/1,000 population).
- Around 55% of OCU users are not currently in treatment – similar to the rate in England – indicating a high level of unmet need.
- Of those in treatment, 36% are unemployed, 18% have a housing problem, 15% an urgent housing problem, 31% are parents and 2.2% students.
- The rate of hospital admissions due to drug related mental and behavioural disorders has significantly increased over the last 10 years.
- The rate decreases as deprivation decreases.
- From 2018 – 2020 there were 47 deaths from drug misuse.
- There are a significantly higher number of unplanned exits from treatment than England.



Drugs and alcohol in Leicester

- A significantly larger proportion of the city (50%) are abstinent compared to England.
- The proportion of non drinkers is highest in the most deprived areas where hospital admissions and deaths are also highest.
- Rates of alcohol related and alcohol specific deaths are significantly higher than England.
- Hospital admission and death rates were increasing prior to the pandemic and have increased more sharply since.
- Over two thirds of those in alcohol treatment also have a mental health need; 12% have a housing problem; 8% are in contact with the criminal justice system and 36.5% are parents.
- The proportion of people who successfully complete treatment is significantly worse than England.

Children and young people in Leicester

- Those more vulnerable to drug or alcohol use include:
 - Looked after children
 - Those who have been suspended or excluded
 - Those who have experienced adverse events as a child
- Around 1 in 6 children have tried alcohol and 1 in 100 drink at least once a week.
- Use of any drug in the last year is highest in 16 – 19 and 20 – 24 year old age groups.
- Alcohol specific hospital admissions are lower than England.
- The number of young people in treatment is declining with unmet need estimated at 91% in 15 – 24 year olds, similar to England
- 13% of CYP criminal offences are drug related.



Treatment services in Leicester from core public health grant

- **Turning Point (integrated treatment provider):**
 - Provide treatment for adults and children from drugs and alcohol including those with dual diagnosis, within the criminal justice system and with diverse needs.
 - Refer and support access to inpatient detox and residential rehabilitation.
 - Provide naloxone and harm reduction services
 - Sub contracts main lived experience/recovery organisation, Dear Albert
 - Sub contracts local recovery support organisations supporting diverse communities
- **No 5 wet centre**
 - A safe place to drink in a safe way, incl case managed/drop-in model
 - Access to treatment and other services
- **Unity House**
 - Accommodation for those on their recovery pathway
- **Inpatient detoxification unit**
 - Based in Nottingham to provide short term, intensive detoxification from either drugs or alcohol to a base level or abstinence.

Other core services in Leicester

- **Alcohol care team (ACT)**
 - Funded by the ICB and based in UHL.
 - Trained staff to refer patients into treatment
- **Dual diagnosis team** supporting people with a dual diagnosis of alcohol/drug addiction and mental ill health. Staffed by LPT.
- Drug and alcohol related death panel.

Current performance: key indicators

- 2,219 adults in treatment: not yet meeting our baseline but improving.
- Similar or lower estimates of unmet need across all substances compared to England
- Higher proportion of deaths in treatment than England (1.58% vs 1.40%)
- Lower proportion of prison leavers entering treatment than England (30% vs 43%)
- Lower proportion of people in treatment showing substantial progress than England (36% vs 47%)
- Lower proportion of the treatment population in employment, in stable housing or accessing mental health treatment than England.

Dame Carol Black review

- Carried out in 2019.
- Resulted in 10 year government drug strategy: “From Harm to Hope”.
- Large injection of funding set aside for those areas ‘most in need’.
- Initial agreement funding for 3 years to 2025.
- Requirement for all areas to develop a ‘Combating drugs partnership’ to measure progress against the national strategy.



Grants awarded to Leicester

- **Supplementary substance misuse treatment and recovery grant (SSMTRG) to:**
 - Decrease drug and alcohol offending
 - Increase the numbers in treatment and numbers in treatment after prison release
 - Increase the qualified workforce
 - Reduce deaths
- **Rough sleepers drug and alcohol treatment grant (RSDATG) to:**
 - Support access to treatment by increasing outreach teams and reducing caseloads.
- **Housing support grant (HSG) to:**
 - Improve the rate of recovery for those with a housing need.
 - Increase specialist staff within current housing teams
 - Increase knowledge of housing and drugs and alcohol within professional staff base.
- **Individual placement support (IPS)** to provide specialist employment support for people accessing treatment services.

Key activity as a result of grants

- Large scale recruitment of new staff including recovery workers, medication dispensers, mental health, housing & employment specialists.
- Comprehensive drug and alcohol needs assessment (autumn 2022).
- Development of the 'Combating drugs and alcohol partnership' structure.
- Development of a Leicester drug strategy
- Amalgamation of drug strategy with the city alcohol strategy.

Combating drugs and alcohol (CDA) governance

Joint CD Unit
(Home Officer)

LLR CDA strategic partnership

- Part of SPB Exec with own TOR
- Provides oversight of strategic outcomes

LLR CDA operational partnership

- Coordination of LLR CDA strategy
- Oversight/analysis of performance

City/county/Rutland delivery groups

- Implementation of locality based action plans
- Reporting of key metrics against action plans

LLR and locality sub groups

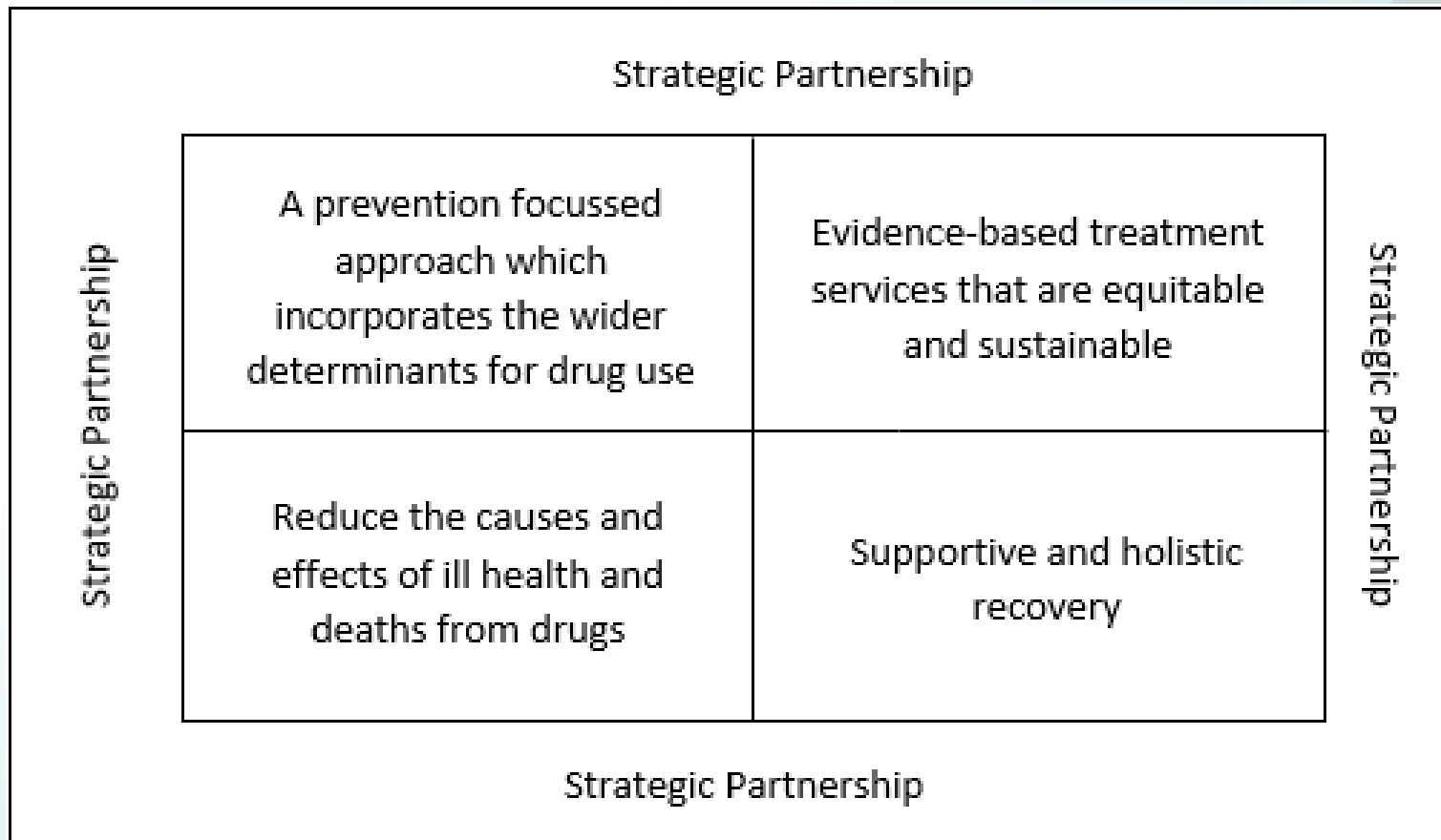
- LLR drug and alcohol deaths panel
- Strategy sub groups inc lived experience
- Criminal justice, probation, police: LLR and locality

Locality
Community
Safety
Partnerships &
Health &
Wellbeing
Boards



Leicester
City Council

Leicester's drug strategy



Leicester's drug and alcohol strategy

- Prevention

- Make knowledge of drugs and alcohol common knowledge
- Build resilience in children and young people
- Raise visibility/awareness of drugs and alcohol in professional bodies and staff

- Treatment and recovery

- Increase the number of people entering and remaining in treatment
- Identify and meet areas of unmet need
- Strengthen the support for co-existing mental health and drug and alcohol need
- Continue to develop our robust approach to harm reduction
- Ensure our services are accessible and equitable
- Ensure services provide a holistic approach to support
- Increase the uptake of testing for blood borne viruses
- Continue to support our recovery community to be a thriving, visible part of local services
- Continue to promote the importance of people with lived experience as part of the recovery pathway

- Night time economy

- Strategic direction

- Adopt a quality improvement approach to all of our work
- Review provision of fibroscanning
- Plan for change in future service needs and provision
- Be proactive in learning together



Key challenges

- Change management
- Uncertain funding timelines: March 2025
- Other funding considerations
- Performance scrutiny: quality vs quantity
- Reaching all of our communities
- Some specifics:
 - Changing availability of heroin
 - Changing national policy re: recreational drug use

Next steps

- Implementing the strategy
- Planning for next year's funding round
- Embedding new staff
- Evaluating new programmes of work
- Planning for 2025 and beyond.

References

- [Dame Carol Black review](#)
- [From Harm to Hope](#): 10 year national drug strategy
- National drug outcomes [framework](#)
- Leicester City [drugs and alcohol needs assessment](#)



Appendix F

ADULT SOCIAL CARE SCRUTINY COMMISSION

Leicester, Leicestershire, and Rutland Living Well with Dementia Strategy Refresh – Consultation Results

Cllr Sarah Russell – Deputy Mayor, Social Care, Health and
Community Safety

Kate Galoppi – Director of Care Services and
Commissioning – Social Care & Education

Date 30th November 2023

Wards Affected: All

Report Author: Bev White/Diana Humphries

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

1. Purpose

- 1.1 To provide an update on the refresh of the LLR Living Well with Dementia 2024-2028 strategy, particularly the results of the consultation on the draft strategy.

2. Summary

- 2.1 The present LLR Joint Living Well with Dementia Strategy concludes this year and the LLR Dementia Programme Board has been working on its review with a view to launching a refreshed strategy in January 2024.
- 2.2 As part of the review, a 10 week consultation on the refreshed priorities took place and this report sets out the results of the consultation and how these will impact upon the refreshed strategy. Findings in the city indicate that the strategy itself was generally well received. The free text responses highlighted some issues in the support that is currently offered:
 - There is a sense of lack of communication between systems and lack of sign posting to services.
 - There is a lack of awareness of what help is available amongst carers.
 - Awareness raising in BAME communities could be improved through making links with communities and working in partnership with community centres and places of worship.
 - It is important to consider language needs and cultural context when raising dementia awareness and diagnosis with BAME groups.
 - Community centres and opportunities for socialising and exercise are desired
 - Clear information and support from the diagnosis onwards are needed, a pathway map would be helpful.
- 2.3 The strategy will now be amended to reflect the findings and proceed to the Dementia Programme Board for agreement.
- 2.4 Of the 12,000 posts mentioned above, 11,500 are within the independent sector.

3. Recommendations

- 3.1 The Commission is recommended to note the content of the report.

4. Report

4.1 The proposed strategy was developed by the Dementia Programme Board, a body that consists of the three local authorities, the ICB, LPT, Primary Care, VCSE organisations, Healthwatch. As before, the strategy follows the [NHS Well Pathway for Dementia](#) which has 5 strands – Preventing Well – Diagnosing Well – Supporting Well -Living Well – and Dying Well.

4.1 The refreshed strategy is to be implemented from January 2024. It is proposed that this strategy is set to be live for a period of 5 years, until late 2028. Due to this extended life of the strategy, it is planned that the progress of the strategy action plan is monitored continuously by the LLR Dementia Programme Board (DPB).

4.2 A formal consultation has been undertaken to engage the public as well as professionals working in the dementia field on our strategy proposal.

4.3 Partners promoted the strategy amongst their networks such as care support provider networks, Dementia Programme Board, social media avenues, Your Leicester publication and available resources beyond what was initially planned such as AV display screens at GP surgeries. See appendix 2 for our consultation engagement plan, this provides detail of what avenues were taken to promote the engagement. People were able to call a listed phone number or email with any queries. Paper copies of the consultation were also made available upon request.

4.4 In addition to what is outlined in the plan, the County communications team undertook a Press release which featured the consultation in Leicester Mercury.

4.5 Direct engagement was also undertaken with community groups across LLR, this featured focus groups with ‘Jamila’s Legacy’, Age UK Leicester Shire and Rutland, Alzheimer’s Society and the Carers Centre. Commissioners proactively reached out to our VCS sector organisations offering to attend their sessions to talk about the strategy consultation.

4.6 In the city specific focus was drawn on to our diverse communities by commissioners reaching out to VCS organisations directly and offering support with consultation promotion and offering support with interpreter services where appropriate. Organisations were comfortable with promoting the consultation independently, some paper copies of the consultation were requested.

4.7 City commissioner also attended the Managers Forum in ASC and promoted the strategy consultation across Social Care practitioners.

Results

4.8 In total there were 358 responses across Leicester, Leicestershire and Rutland. Of these, 206 were specific to Leicestershire, 91 specific to Leicester and 61 specific to Rutland.

4.9 There was some engagement from our BAME communities (38 people in the city out of 91 respondents or 41%). This may highlight the wider challenge around dementia awareness and coming forward for a diagnosis in underrepresented communities. Details of respondent ethnic background can be found below:

Option	Total	Percent
Asian or Asian British: Any other Asian background	2	2.20%
Asian or Asian British: Bangladeshi	2	2.20%

Asian or Asian British: Indian	13	14.29%
Asian or Asian British: Pakistani	2	2.20%
Black or Black British: African	3	3.30%
Black or Black British: Caribbean	3	3.30%
Black or Black British: Somali	1	1.10%
Dual/Multiple Heritage: White & Asian	1	1.10%
Dual/Multiple Heritage: White & Black Caribbean	1	1.10%
Not Answered	2	2.20%
Other ethnic group: Any other ethnic group	2	2.20%
Prefer not to say	2	2.20%
White: Any other White background	1	1.10%
White: British	49	53.85%
White: European	3	3.30%
White: Irish	4	4.40%

2 responses have picked “Any other ethnic group”, which are stated as below:

1. Mixed from three generations.
2. Arab

4.10 The majority of the respondents were carers (47), followed by members of the public (14) interested in the consultation.

Option	Total	Percent
I am a family member / carer of a person with dementia	47	51.65%
I am an interested member of the public	14	15.38%
I work for a council	8	8.79%
I work for a dementia service provider	12	13.19%
I am a representative of a voluntary sector organisation, charity, or local community group	8	8.79%
I work for the NHS in secondary care	10	10.99%
I work for the NHS in the primary care network	1	1.10%
Other (please specify)	6	6.59%

Responses to the Well Pathway themes

4.11 The comments below have been extracted from the responses around the Well Pathway points used as a foundation of our strategy. It was interesting to note the very large degree of commonality of the responses, with the expected

feedback about cultural specificity of the City's needs and the rurality related issues of the two county authorities being the main differences.

Preventing Well

- Consider awareness raising in BAME communities through awareness raising campaigns and partnership with community centres and places of worship
- Improve diagnosis rates to help people earlier
- Improve the availability of community support

Diagnosing Well

- Diagnosis challenges for seldom heard groups e.g. language challenges and lack of awareness
- Family and carer involvement needed from the beginning
- The development of a structured diagnosis process is required
- More awareness around dementia
- Consider allowing virtual appointment options for those who would prefer this
- To ensure better diagnosis for BAME groups it is important to: consider language needs, consider cultural context and work with community groups to raise awareness

Supporting Well

- More admiral nurses
- Better training and education for family members and professional carers
- Better support for carers and improve carer awareness for what support is available

Living Well

- Clear information around support
- Social group support

Dying Well

- Early planning and information
- Family involvement
- Difficult conversation, need a cultural change

4.12 For a full analysis see Appendix 2.

4.13 LLR and ICB commissioners are now in the process of negotiating changes that are to be made to the strategy as a result of the consultation. Early discussions with partners indicate that required changes to the strategy are very minor and in the main connected to focusing on and strengthening certain aspects such as cultural appropriateness of all services throughout the pathway, the information and advice offer, the timeliness of the diagnosis pathway. None of these come as a surprise and are already actively being worked on.

4.14 The ongoing objective is to publish the strategy in January 2024 once all partners are in agreement with the final draft.

4.15 The Dementia Programme Board will be accountable for the delivery of the strategy. Organisations within the Board will have their own action plans and it is planned that place based groups will take a lead role in the delivery of a local response to the very particular issues that exist.

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5. Scrutiny Overview

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6 Financial Implications

There are no direct financial implications arising from this report.

Matt Cooper, Business Manager (Finance), Ext. 37 2145

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7 Legal Implications

There are no commercial legal implications.

Tracey Wakelam
Principal Lawyer
Commercial, property and Planning

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8 Equalities Implications

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

Decision makers need to be clear about any equalities implications of the proposed changes. In order to consider the likely impact on those likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

The Leicester, Leicestershire and Rutland's (LLR) Living Well with Dementia Strategy 2024-2028 sets the priorities across LLR for ways Social Care and Health services can support people living with dementia and their families and carers.

The aim is 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. The report shares the city results of the Living Well with Dementia 2024-2028 strategy consultation. Certain priorities noted target specific demographics to ensure that appropriate support is offered across the board. An equalities impact assessment is being conducted and iterations of this should continue to be active throughout the process; this explores the equality impacts of the proposal in more detail. Consultation that has taken place should be used to help to inform the impact assessment. The Equality Impact Assessment process should continue to be used as a tool to aid consideration around whether we are meeting the aims of the Public Sector Equality.

Equalities Officer, Surinder Singh, ext. 37 4148

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9 Climate Change and Carbon Reduction Implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

10. Background information and other 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/media/2022/05/2022-05-10-leicester-living-well-with-dementia-strategy-2019-2022-accessible-version.pdf)

11. Appendices

Appendix 1: Latest Draft (6) of the LLR Joint Living Well with Dementia Strategy

Appendix 2: Full Dementia Strategy Consultation Result: City

DRAFT version 6:

**Leicester, Leicestershire and Rutland Joint Living Well with Dementia Strategy
2023-2028**

Section 1: Introduction

Section 2: What is dementia?

Section 3: Our approach for the strategy

Section 4: National Picture

Section 5: Local Picture

Section 6: National context and background

Section 7: Local context and background

- Governance
- How dementia support currently looks
- Local policies that influence our work
 - Section 8: What people have told us
 - Section 9: What we are planning to do 2023-2028
- Overarching themes
- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well
 - Section 10: Useful links

Section 1: Introduction

Supporting and helping those living with dementia and their carers remains a priority for Leicester, Leicestershire and Rutland's (LLR) health and social care organisations. Our strategy sets out Leicester, Leicestershire and Rutland's ambition to support people to live well with dementia. It continues to reflect the national strategic direction outlined in the latest Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020. The strategy is written for people affected by dementia either directly or as a carer and for the professionals who work to support them.

Leicester, Leicestershire and Rutland's Living Well with Dementia Strategy was developed in 2019 and has since been refreshed to reflect our priorities for 2023-2028. The strategy has been developed in partnership between local health, social care and voluntary sector organisations and informed by people with lived experience of dementia.

An important focus of our strategy is to continue to deliver personalised and integrated care. We have used the NHS England Well Pathway for Dementia to give us a framework that puts the individual and their carer at the centre of service development and implementation across health and social care. We acknowledge that by collaborating in this way, efficiencies across the wider health and social care system will also be realised.

As a partnership, we are committed to minimising the impact of dementia whilst continually improving dementia care and support within the communities of Leicester, Leicestershire and Rutland, not only for the person with dementia but also for the individuals who care for someone with dementia. We will continue to actively encourage a person centred and strength-based approach. We also aim to improve access to diagnosis and support services for all patients and people drawing upon support especially those from seldom heard groups who currently do not access services.

Section 2: What is dementia?

[Prime Minister's Challenge on Dementia 2020](#): "Dementia describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer's Disease, a series of small strokes or other neurological conditions such as Parkinson's disease."

All types of dementia are progressive. The way that people experience dementia will depend on a variety of factors therefore the progression of the condition will be different.

People of any age can receive a dementia diagnosis, but it is more common in those 65 years old and over. Early onset dementia refers to younger people with dementia whose symptoms commence before the age of 65. Due to the life stage differences amongst younger people with dementia in comparison to the older population, different social issues are experienced.

No two people with dementia are the same and therefore the symptoms each person experiences

will also differ.

Section 3: Our approach

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 person centred compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

This strategy has been guided by principles developed by NHS England in their transformation framework. This 'Well Pathway for Dementia' is based on NICE guidelines, the Organisation for Economic Co-operation and Development framework for Dementia and the Dementia I-statements from The National Dementia Declaration.

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

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

Furthermore, following the pathway as part of ongoing business we will focus on:

Leading, Integrating, Commissioning Training, and Monitoring Well

Section 4: National Picture

There are currently around 900,000 people with dementia in the UK. This is projected to reach 1.6 million people in the UK living with dementia by 2040 (Alzheimer's UK, 2019). The majority of people living with dementia are aged 65 and over, however there is a small portion of people under 65 living with dementia, approx. 40,000 (Alzheimer's Society, 2014).

Figures published by the Alzheimer's Society, Alzheimer's Research UK, Public Health England and WHO show that:

- there are over 25,000 people with dementia from black and minority ethnic groups in England and Wales, and this is estimated to rise to nearly 50,000 by 2026
- there are 209,600 new cases of dementia in the UK each year
- worldwide, around 50 million people are currently estimated to have dementia and there are 10 million new cases each year
- two thirds of people with dementia are women and over 600,000 women in the UK are now living with dementia. The condition is the leading cause of death in women in the UK.
- There are over 700,000 unpaid carers of people with dementia in the UK. Women are more likely to take on unpaid caring roles for people with dementia and are two and a half times more likely than men to provide intensive, 24-hour care.

Section 5: Local Picture

There are currently over 9,000 diagnosed people living with dementia across Leicester, Leicestershire and Rutland. There was a total of over 14,000 people predicted to be living with dementia across Leicester, Leicestershire and Rutland in 2020 and data projections show that this number is estimated to increase to over 13,000 in County, 3,000, in City and 900 in Rutland by 2030 (POPPI).

1 in 14 of 65s and over in Leicester, Leicestershire and Rutland is thought to have a dementia, which is reflective of the national trend. It is estimated that there are 105,000 carers across Leicester, Leicestershire and Rutland, although specific data for how many people care for those with dementia is not available. For further information relating to carers, please see the Leicester, Leicestershire and Rutland's Joint Carers Strategy 2022-2025 'Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland'.

Section 6: National Context and background

In February 2015, the Department of Health published the Prime Minister's Challenge on Dementia 2020, to support the National Dementia Strategy of 2009. This detailed why dementia remains a priority and outlined the challenges the United Kingdom continues to face in relation to dementia. The priorities identified within this are to improve health and care, promote awareness and understanding and research. The Challenge continues to promote the Well Pathway for Dementia and therefore this local strategy uses the same structure as a guide.

There are a number of other national drivers that shape and influence the way we can support people affected by dementia. Some are listed below:

- Care Act 2014: sets out a framework of how local authorities should protect and care for adults within their locality.
- Equality Act 2010: protects people from discrimination in the workplace and wider society.
- Health and Care Act: new legislative measures aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services.
- People at the Heart of Care: adult social care reform White Paper: 10-year vision on how support and care will be transformed
- Living Well with Dementia: a national dementia strategy sets out a vision for transforming dementia services with the aim of achieving a better awareness of dementia, early diagnosis and high-quality treatment at whatever stage of the illness and in whatever setting.
- NHS Adult Social Care Outcomes Framework: measures how well services achieve the outcomes that mean the most to people.

Section 7: Local Context and Background

How dementia support currently looks

The Dementia Support Service is the commissioned post diagnostic service, it aids people's understanding of what and where support is available. Anyone affected by dementia can self-refer into the Dementia Support Service and there are also standard referral pathways for professionals. These services are commissioned by the Councils and NHS and are subject to competitive tender legislation so the provider may change over time. The commissioned service at point of publication of

the strategy is Age UK Leicester Shire and Rutland. Rutland County Council combine this support with their Admiral Nurse service.

There is a range of services and support available for people living with dementia across Leicester, Leicestershire and Rutland. Some of these services are provided by local community groups and the voluntary and independent sector and some is provided or commissioned by NHS and Local Councils. Some of this support is subject to an assessment of need. The main method of receiving health support for people with dementia is through their general practice and the two NHS Trusts, Leicestershire Partnership Trust and University Hospital Leicester. Different Councils have slightly different arrangements for accessing and delivering social care, but work to the same national eligibility criteria. More detailed information including contact details is contained within the online LLR Dementia Friendly Guide and the Dementia Support Service can also help with access. The NHS website also describes services and access to these.

Local policies that influence our work

Locally, a number of policies and approaches are informing our strategic thinking. This is important to consider as the support offered for people living with dementia and their carers often intersects with other parts of health and social care offers. We are mindful of collaborative working and wider considerations of where our strategy sits. Some areas of specific considerations are:

- [Leicester, Leicestershire and Rutland Joint Carers Strategy Refresh 2022-2025](#): establishes priorities in order to provide better support to carers locally.

- [Joint Health and Wellbeing Strategy](#) 2019-2024 sets out health priorities for Leicester and provides details of objectives for improved health outcomes.

City JSNA pending previous one out of date.

-[Leicestershire Dementia Joint Strategic Needs Assessment 2018-2021 : explains dementia through focusing on local concordance with other issues and demographics.](#)

Rutland main strategic plans

City strategic plan

City All Age Commissioning Strategy

[Leicestershire County Council Strategic Plan 2022-2026](#)

How the strategy is governed

The Leicester, Leicestershire and Rutland Living Well with Dementia Strategy is managed by the Leicester Leicestershire and Rutland Dementia Programme Board. This is part of the overall systems that are in place to improve health and wellbeing for the citizens of the area. The following shows how specific Statutory Partnership Boards connect.

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership (LLR HWP).

This is a statutory committee bringing together an alliance of partners who are concerned with improving the care, health and wellbeing of the local population. Each local authority area has a Joint Health and Wellbeing Plan. These feed down to local area Health and Wellbeing Plans. The

Dementia Strategy enables these boards to consider activity that specifically addresses the local needs of people living with dementia.

Leicester, Leicestershire and Rutland Mental Health Collaborative Board

This board ensures a focus on Mental Health and Dementia at a high level particularly with services delivered by Leicestershire Partnership Trust in collaboration with all statutory partners.

Leicester, Leicestershire and Rutland Dementia Programme Board

Sitting under the Mental health Collaborative is the Dementia Programme Board which has specific responsibility to ensure the implementation and monitoring of the Dementia Strategy.

Membership

- Leicester City Council
- Leicestershire County Council
- Rutland County Council NHS Leicester, Leicestershire and Rutland Integrated Care Board
- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust
- Leicester, Leicestershire and Rutland Dementia Friendly Community
- Age UK Leicester Shire and Rutland
- Alzheimer's Society
- Healthwatch
- National Institution of Health Care Research
- Local Universities
- Admiral nurses
- Dementia UK

Section 8: What people have told us

Healthwatch Leicester, Leicestershire and Rutland spoke to a range of people through focus groups, 1 to 1 interview and a large-scale survey to learn about the views of people living with dementia and their carers. This focused on people's experiences regarding the support that they have been in receipt of and their overall dementia journey from pre diagnosis. Overall, 523 people were engaged with through 36 focus groups, 34 through semi structured interviews and 126 through survey responses, these counts include people with dementia and carers. Some useful feedback was given and some suggestions for how support could be improved were made. This research is of great value to us and has informed our priorities.

People with younger onset dementia are often underrepresented and can have varying priorities to those 65 years old and over. DPB members arranged an event in November 2022 which focused specifically on the support for people with younger onset dementia and encouraged befriending and advice sharing between them and their carers. During the event 3 focus groups were held in which people with younger onset dementia and their carers were encouraged to share their experiences and advise on what support could be offered to improve their dementia journeys. This information is also of great value to the Dementia Programme Board and has been used to inform our priorities.

Consultation on this draft strategy resulted in over 350 responses and people told us that they were broadly happy with our intended actions. In their feedback, people told us that we should pay attention to the following factors and these will be reflected in the final document:

- Lack of join up between health and social care and that some staff are not confident and/or competent to support people with dementia.
- Raising awareness about dementia in ethnic minority groups
- Provide culturally appropriate support and access across the Well pathway
- Loss of Admiral Nurse provision in the Leicestershire concerning and need more access throughout
- Improve diagnosis rates though improvement to pathway
- Memory Assessment Service should refer all people to the Dementia Support Service on diagnosis
- More support, information and advice is required to fill the gaps between people being diagnosed and developing personal care needs.
- Recognised standard of training for all professionals staff working with people living with dementia and more access to good quality training

The results of the engagement exercises are reflected in Section 9 of this strategy.

Section 9: What we are planning to do 2023-2028

We aim to provide and develop specific activity using the well pathway to meet our overall approach. Some areas will continue to be part of our usual day to day business and some we will aim to refocus and refresh and so have higher priority. This strategy identifies the high-level actions which will be specifically addressed by each organisation's delivery plan. Each organisation is responsible for drafting, following, and maintaining their delivery plan and reporting annually on its progress to the Dementia Programme Board. The expectation is that the delivery plans will be SMART (Specific, measurable, achievable, relevant, time bound) and organisations are accountable to the DPB governance to ensure high-level actions are being met.

This strategy does not have specific financial investment allocated in order to deliver the high-level priorities cross organisationally. Each organisation is responsible for ensuring that the activity and objectives are met using existing resources through allocated budgets by each organisation e.g. the Dementia Support Service is commissioned by Leicester City Council and Leicestershire County Council, these organisations had allocated a budget for the service, this ensures our 'Living Well' objective is met. Members of the Dementia Programme Board will continue to explore opportunities for funding through potential government allocated grants, however the priorities outlined are aimed to be achieved irrespective of extra funding being allocated.

Leading, Integrating, Commissioning Training, and Monitoring well

The overarching themes in the Well Pathway are important to address in this Strategy and relate to how we work as a health and social care system with our key partners.

The Dementia Programme Board (DPB) will continue to take responsibility for the following activities:

Leading, Integrating and Commissioning Well

- Promote practice that develops a strength-based approach to supporting families living with dementia
- Support and respond to the development of neighbourhood or place-based plans and other interdependent projects that impact on this Strategy
- Respond and adapt the strategic action plan as required to address any local or national policy change that impacts on people living with dementia
- Refresh the health and social care pathway for people living with dementia from Diagnosis to End of Life to ensure they are effective and efficient. We will aim to prioritise diagnosis and hospital discharge pathway.
- Use Public Health lead Joint Strategic Needs Assessments to support the commissioning of dementia friendly services for people with dementia. We will consider opportunities for joint commissioning and continue to jointly commission the Dementia Support Service.

Training well - Quality Improvements and workforce competency

- Ensure the quality aspects of personal care for people living with dementia are monitored within NHS and ASC contracts and work with providers to address any gaps.
- Promote and support access to good quality dementia training.

Monitoring well

- Report progress of the Strategy to the Mental Health Collaborative Board at least annually.
- Review the systems in place to implement, monitor and report on the Strategy adapting as required at least annually.
- Support local and organisational focused delivery plans, within which system wide actions will be agreed and implemented. System wide means across health, social care and housing responsibilities.

Well Pathway

Preventing Well

There is increasing awareness of the role of prevention in addressing dementia, particularly vascular dementia. Locally there are still gaps in understanding the connection between healthy living and dementia and opportunities with the public and patients to raise awareness. People have told us that there seems to be a grey area between a natural forgetfulness of ageing and the recognition of the onset of dementia and younger people have told us that dementia is also confused with depression. We have raised awareness of the risks of dementia through activity during Dementia Action Week such as through local publications, and a BBC Radio Leicester feature. Furthermore, Dementia Friendly Community Networks encourage dementia friendly work cross organisationally. Health promotion activity was reduced during the Covid pandemic due to the need to use available resources for public health infection control measures.

We will continue to

- Screen for risk factors for dementia within Primary Care Health Checks and raise awareness of the risk factors for dementia

We will aim to

- Promote dementia prevention methods such as lifestyle behaviour changes. We will share a message of “What is good for the heart is good for the brain” (Age UK).
- Promote involvement in research development and the value of early diagnosis.

Diagnosing Well

Research suggests that timely diagnosis of dementia is important to enable the start of appropriate treatment and support. From recent engagement from Healthwatch people indicated they waited on average 1-2 years before seeking help some as long as five years. We also know that people from South Asian communities are underrepresented in the figures we hold about diagnosis.

Government aspirations are that there is 6-week average wait between referral from GP to initial assessment and starting treatment. There is also a national target of 67% people with dementia having a diagnosis. Memory Assessment and Diagnosis services were severely disrupted during the Covid Pandemic both locally and nationally and referrals from GPs also declined. Locally, we were doing well before the pandemic and had reached the diagnosis targets across areas with Leicester reaching 85%. Unfortunately, the impact of the pandemic led to these falling by 13% across all areas. Annual NHS dementia care plans are also lower than the expected national average.

Local NHS Diagnosis Rates are recorded by clinical commissioning group areas and are:

- West Leicestershire 57.9%
- Leicester City 72.5%
- East Leicestershire and Rutland 56.5%

The percentages represent the proportion of people living with dementia that have a formal diagnosis as of January 2023.

We will continue to

- Use pharmaceutical treatments and consider alternative therapies that have proven benefits to people with dementia.

We will aim to

- Reduce Dementia Diagnosis wait times
- Refine the dementia assessment pathway to ensure that people are diagnosed in a timely manner.
- Improve patient access to the pre and post Dementia Support Service.
- Improve Dementia Diagnosis experience for people from South Asian communities. Explore culturally appropriate Dementia Diagnosis tool.

Supporting Well

National and local guidance reinforces the importance of having person centred support in place for individuals living with dementia and their carers. This is the ethos and working practice in this area and we continue to promote, influence and commission support aimed at both health and social care as well as within the voluntary sector. We aim to ensure this support is of good quality and meets the needs of individuals accessing these services. People have told us there are some barriers experienced by people accessing support.

We know that dementia is a progressive condition so people are likely to have increasing health and social care needs over time and most people will need personal care support in the later stages of dementia. They may also have other health conditions or frailty associated with old age. There are national criteria and assessment processes in place for Adult Social care and Continuing Health Care so some people will be required to self-fund their care.

The Covid pandemic had a substantial effect on families living with dementia, visiting care settings was restricted, people with dementia were particularly vulnerable to infection and informal carers, where possible, were providing an increased level of care and support. People living with dementia were also affected by changes in routines and increased isolation. Priority actions remain in place to discharge people safely from hospital as soon as they are medically fit for discharge and the stresses on informal carers and professional organisations who are providing care remain. Not all people with dementia have complex needs but where this is the case there are additional challenges to meeting their care, particularly where there are changes in behaviours that challenge the person and those caring for them.

We will continue to

- Improve the in-patient experience for people with dementia
- Promote the LLR Carer Strategy actions in relation to supporting people with dementia and their informal carers

We will aim to

- Refresh work that avoids hospital and care home admissions
- Refresh work relating to hospital discharge pathways and post discharge support that sustains people returning home or into care settings
- Support, refresh and manage pathways for people who have complex needs including where there are behaviours that challenge
- Promote the development of “dementia friendly” accommodation including in the community and residential care sector
- Refresh pathways and person-centered support for seldom heard groups e.g., Younger Onset Dementia, diverse ethnicities, people with a Learning Disability, prison populations.
- Promote and develop good risk reduction methods that keep people safe and promote independence- including Care Technologies and practice in relation to the Mental Health Act, Capacity Act and Liberty Protection Safeguard including Positive Behaviour Support and Positive Risk-taking practice

Living Well

Living well with dementia relates to staying active healthy and connected to families and your community. It is also about a strengths-based approach (which focuses on strengths and not deficits, SCIE) to dementia both for individuals and communities. There is some research that both leisure activities and activities specifically for the brain can delay the progress of dementia. During the Covid Pandemic, we saw a surge of community spirit and neighbourliness as well as people feeling more isolated and for some this seems to have hastened the progression of their dementia. We also note that using video calling became a regular feature of communications. Since the end of lockdown, we have seen a resurgence of social groups in local communities able to meet the needs of people with dementia, both within dementia only and generic leisure and social groups.

Through the Dementia Support Service in Leicester and Leicestershire provided by AgeUK people are supported to live well with dementia pre and post diagnosis. The service has a dedicated team of staff, volunteers and a co-production group including people affected by dementia, who have all

contributed to shaping and developing its various elements. This includes specific post diagnosis information and advice sessions, 1-2-1 carer learning sessions and or group support. Many social groups developed have been launched with the view of offering a wide variety of activities to support people to live well with their dementia, including walking, music, gardening and woodwork groups as well as cognitive stimulation therapy. In Rutland the dementia support service is jointly provided by Admiral Nurses and a Dementia Support Worker providing a range of similar support as well as additional clinical support from the Admiral Nurses. There are also a range of other groups and activities run by a range of voluntary and public sector organisations aimed at supporting people with dementia, many can be found in the Dementia Friendly Guide. Furthermore, the LLR Living Well with Dementia Grant recently has helped local voluntary organisations to fund 29 community based projects aimed to support people living with dementia and their carers. An event for people with Younger Onset Dementia was put together by LLR commissioners in 2022 to offer people an opportunity to learn about support available to them and share their experiences.

People have told us that there is some variation in the availability and access to living well activities across Leicester, Leicestershire and Rutland. We know that people find it hard to access information about living well with dementia even though there are many good sources of information available. We also know that planning ahead can aid people to live well but also plan for potential changes in their abilities as their dementia progresses and manage crisis. Discussing “planning ahead” can be a difficult conversation and this is an area that needs more development.

We will continue to

- Promote the development of information and advice about living well with dementia that is accurate, timely, accessible, and joined up across LLR.
- Promote and develop the LLR Dementia Friendly Community and access to the Dementia Support Services and other living well support.
- Use funding opportunities, when they are available, to develop living well activity especially in areas which are less well served.

We will aim to

- Develop routine engagement processes with people living with dementia and carers to inform our work, including people with lived experience being involved in strategy development
- Promote and develop practice that supports people living with dementia plan and live well including crisis contingency planning, advanced care planning, and promote the benefits of Lasting Powers of Attorney.

Dying Well

We know that having early conversations with those affected by dementia, about advanced decisions and care planning can help both the person, their family and care providers at end of life. There are good practise models that look at dying well and the guidelines about RESPECT. According to the national census an estimated 65% of people with dementia die in care homes and 23% in hospital so these are the two care settings we aim to support good dying well practice in.

We will aim to

- Promote and develop good practice in relation to people with dementia including strengthening the link with End-of-Life pathways and RESPECT Procedures.

Section 10: Useful links (tbc)

¹ <https://www.nhs.uk/conditions/dementia/>

¹ <https://lightbulbservice.org/>

¹ <https://loros.co.uk/>

¹ <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

¹

¹ LLR Carer Strategy <https://www.healthandcareleicestershire.co.uk/refreshed-joint-carers-strategy-highlights-commitment-to-supporting-carers/>

¹ <https://www.england.nhs.uk/publication/dementia-friendly-health-and-social-care-environments-hbn-08-02-2/>

¹ <https://www.nice.org.uk/guidance/ng97>

¹ <https://www.resus.org.uk/respect/respect-patients-and-carers>

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/>

Appendix 2: Full Dementia Strategy Consultation Result: City

Dementia Strategy Consultation

Basic overview

The consultation was live for 10 weeks from the 17th of July until the 22nd of September. There were 91 respondents in the City. Majority of respondents were carers of a person living with dementia (47). 42 of the respondents were not from a White British background.

Key Emerging Themes for the City

- There is a sense of lack of communication between systems and lack of sign posting to services.
- There is a lack of awareness of what help is available amongst carers.
- Awareness raising in BAME communities could be improved through making links with communities and working in partnership with community centres and places of worship.
- It is important to consider language needs and cultural context when attempting to raise dementia awareness and diagnosis importance with BAME groups.
- Community centres and opportunities for socialising and exercise are important
- Clear information and support from the diagnosis onwards needed, a pathway map would be helpful

Preventing Well

- Consider awareness raising in BAME communities through awareness raising campaigns and partnership with community centres and places of worship.
- Improve diagnosis rates to help people earlier
- Improve the availability of community support

Diagnosing Well

- Diagnosis challenges for seldom heard groups e.g. language challenges and lack of awareness.
- Family and carer involvement needed from the beginning.
- The development of a structured diagnosis process is required.
- More awareness around dementia
- Consider allowing virtual appointment options for those who would prefer this.
- To ensure better diagnosis for BAME groups it is important to: consider language needs, consider cultural context and work with community groups to raise awareness

Supporting Well

- More Admiral Nurses
- Better training and education for family members and professional carers
- Better support for carers and improve carer awareness for what support is available

Living Well

- Clear information around support
- Social group support

Dying Well

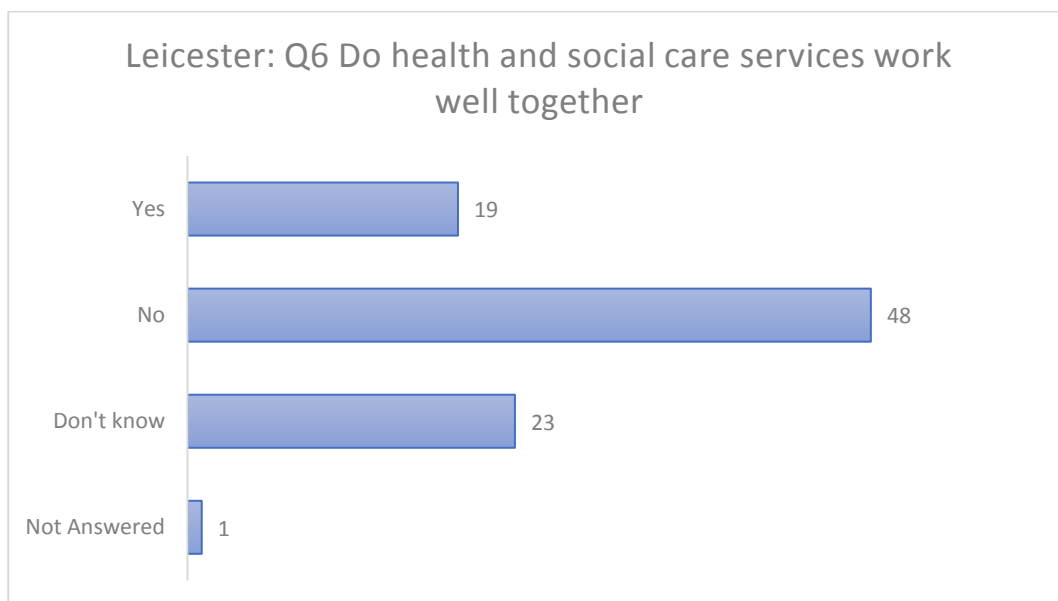
- Early planning and information
- Family involvement
- Difficult conversation, need a cultural change

Focus Group Key Points

- It is difficult to look after yourself when you are a carer. Difficult to think about your own needs and think about way of healthy living for yourself. Carer strain can affect lifestyle changes.
- Request for information/resources around Dementia to be available in different South Asian languages.
- Suggestions made to have regular Dementia awareness events within GP practices.
- Outreach Dementia support would benefit those who need home support.
- More opportunities for carers to talk about end-of-life care for their loved ones with Dementia.
- There were comments made on having more culturally sensitive support and awareness Dementia support interventions.
- Designated space for South Asian carers to talk about their experiences in caring for loved one with Dementia.
- To consider nutrition / physical health in Dementia care.
- Language support required at memory clinic and other Dementia support services.

City Consultation Response Analysis

Do you think that the health and social care services that support people living with dementia work well together?

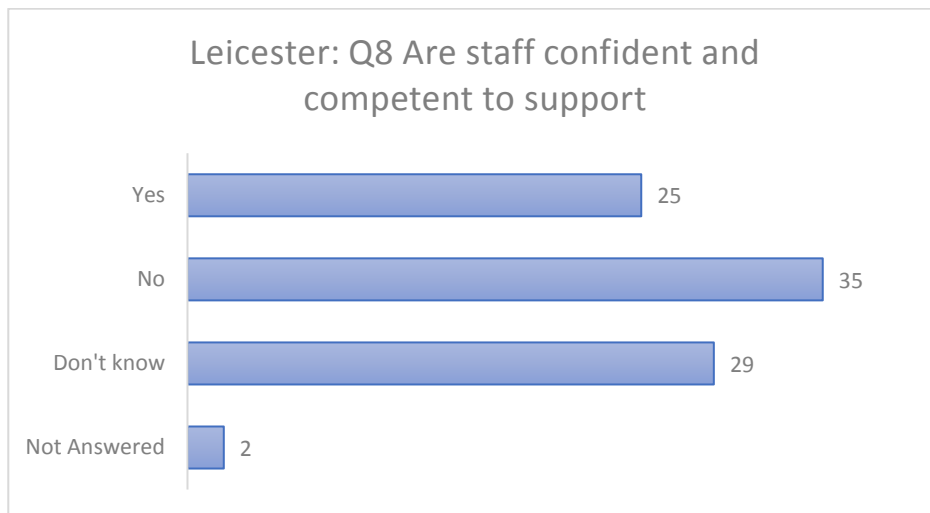


'No' response key themes:

- Lack of communication between systems and sign posting to services
 - o They don't communicate with the patient's doctor efficiently. Sending a letter addressed to the patient with dementia directly is not ideal and quite frankly lazy.
 - o No because health never sign posted my parents to support that was available to them. We had to find out everything ourselves.
 - o They never communicate. They fight over funding. And they do not work in an individual's best interests.
 - o There seems to be no communication between services and the family have to be the person passing on relevant information.
- Lack of awareness amongst carers

- Not all carers are aware of dementia, especially in Asian communities.
- Not enough is being done to support carers
- There is a lack of clear helpful information to support carers navigate the complex maze of available support, care and its funding

Do you think that staff are confident and competent to support people with dementia?



- There was a mixed response in regard to this question. Competency depended on area of care that is supported, and a lot of respondents noted that it can depend on the individual too. This could highlight the need for more consistent training.
 - Most are but some are not
 - Lack of information around early intervention approaches for people with dementia
 - More courses need to be offered. Staff need to be assessed regularly.

Preventing Well

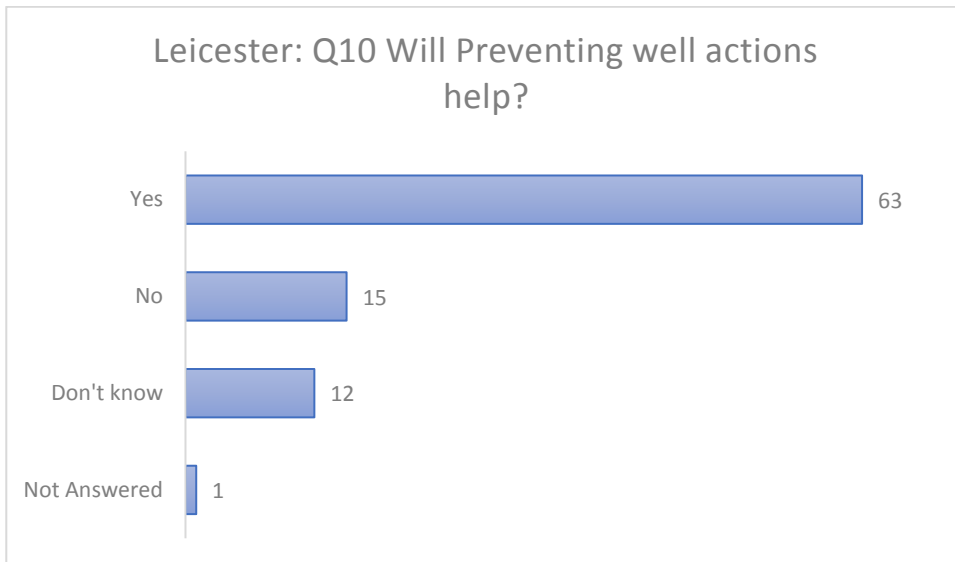
We will continue to

- Screen for risk factors for dementia within Primary Care Health Checks and raise awareness of the risk factors for dementia
- Raise awareness of dementia and its symptoms

We will aim to

- Promote dementia prevention methods such as lifestyle behaviour changes
- Promote the Global Council on Brain Health's message: 'What is good for the heart is good for the brain', meaning a healthy diet, exercise and lifestyle are good for both body and brain
- Encourage people to get involved in research and promote the advantage of early diagnosis

Do you think these actions will help reduce or delay the onset of dementia?



- Concerns about carers being at greater risk of developing dementia noted
 - o I worry about the repercussions of isolation, capacity, mental ill health will have on family members that are caring for those with dementia. Sometimes, prioritising exercise and your own health is easier said than done. I wonder about the correlation this stressful and traumatic experiences will have on our own risks of later developing the disease.
 - o Our relative was a carer themselves which prevented them from living well. Stress, poor diet, social isolation due to caring responsibilities.
 - o They put their partners health/needs above their own.

Is there anything else we should consider to reduce or delay the onset of dementia?

- Awareness raising in BAME communities through awareness raising campaigns and partnership with community centres and places of worship.
 - o Raising awareness about dementia is very important for ethnic minority groups in Leicester.
 - o More visible campaign posters and leaflets. I think it's difficult to get a diagnosis or early screening if people don't know what to look out for especially in the Asian community. It is often just called "old age" and so isn't supported in the same way.
 - o Sikh Temples or Hindi temples or Churches or Mosques or any religious institutions - their leaders can educate the public on this subject.
- Improve diagnosis rates to help people earlier
 - o Better access to diagnosis from doctors or other professionals.
 - o Better health checks by GPs
 - o Introduce routine screening for dementia earlier, as more and more people are diagnosed later, and medication only slows down the process. Earlier detection would lead to more preventive measures and slow down or improve the quality of life longer.
- Community support
 - o The way people can access exercise that is affordable, costs for swimming etc are quite high for the public in my view. Encouraging exercise for the mind is also something important.
 - o Target publication suitable for over 65s not just social media, use local radio stations, doctor surgeries, promote easy/friendly sessions at libraries, places of worship

- Social interaction and learning new skills are thought to delay onset of dementia. More community groups and day centre places could help.

Diagnosing Well

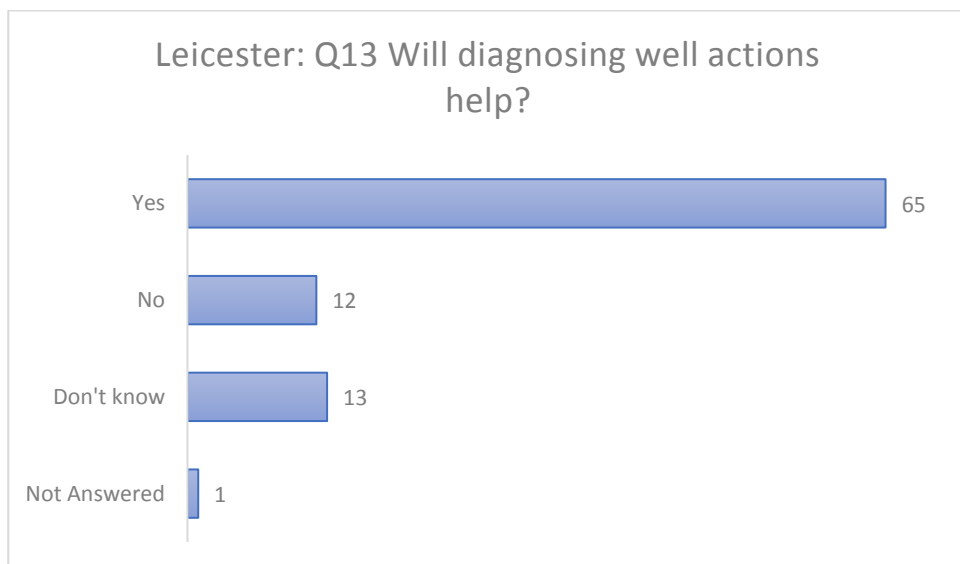
We will continue to

- Use pharmaceutical treatments and a range of treatment options that have proven benefits to people with dementia.

We will aim to

- Reduce diagnosis wait times
- Refine the dementia assessment pathway to ensure that people are diagnosed in a timely manner.
- Improve patient access to the pre and post diagnosis dementia support service.
- Improve the diagnosis experience for people from underrepresented communities.
- Explore culturally appropriate dementia diagnosis tools.

Do you think these actions will support reducing waiting times and ensure a timely diagnosis?



'No' response themes:

- Lack of awareness/ understanding of dementia
 - People wait to be diagnosed due to not understanding what will happen, fear, assume just part of getting older, not knowing the symptoms. There were signs at least a year or more before diagnosis but Covid and not knowing.
 - Have more cultural education such as in mosques or temples etc for communities in which there is higher stigma.
- Current diagnosis and referral process is poor.
 - You need to look at how the referral process is. It's awful!!
 - I feel the points above or too broad and general. I cannot see how they will be achieved. The diagnosis and care we received was appalling, we were told over the phone in a passing comment by the GP that my mother-in-law had Alzheimer's disease.

Is there anything else we could do to diagnose dementia better?

- Diagnosis challenges for seldom heard groups
 - o Some of the communities don't recognise the first signs of dementia, therefore, there is a risk of delaying getting support on time and to be diagnosed on time.
 - o Improve the diagnosis experience for all sections of the community
 - o A variety of assessment methods to consider, there is no 'one test fits all'. Especially if someone is illiterate and English is not their first language.
- Family and carer involvement from the beginning
 - o Involve other family members early on so that they can support and action plans going forward.
- Better develop a structured diagnosis process
 - o Provide written feedback from appointments so that is clear what has been discussed.
 - o At the point of diagnosis, provide a visual pathway of support document that has a list of contacts.
 - o Provide a personalised timeline of events so that we have a plan to loosely work towards.
 - o Improve referral system from secondary care - consider a secondary care referral pathway direct into memory clinic. Consider delirium follow up assessments - many of those with delirium progress to develop dementia.
- More awareness around dementia
 - o More education! To encourage people to go to GP with concerns about memory difficulties. There is still a stigma. People need to be aware of what treatment options are available. After diagnosis more follow up support. People feel like they have been abandoned after being given a diagnosis with little or no support offered.
- Virtual appointment options
 - o Consider more virtual first appointments - well received by family members especially for older and frailer groups of patients.

Is there anything else we could do to improve diagnosis and raise dementia awareness in Black, Asian and minority ethnic communities?

- Awareness raising
 - o These communities need more awareness raising in order to improve diagnosis. Many of them will seek support when it is too late.
 - o Establish better links with these communities. Provide funding to voluntary sector organisations working with those communities to support this strategy. Increase the number of staff from those communities who work in dementia services.
 - o Through advocates in the local communities raising awareness. Educating especially Asian and minority communities about living with dementia and myths about memory loss is not normally associated with old age.
- Ensuring that interventions cater to language needs
 - o Leaflets in different languages
 - o Account for language that is a barrier to understanding uncommon phrases like monarchy - marsupial etc. have an email address (this might be a radical step for you to take in) but it could make it easier for a family member to support someone with English as a second language though this process and EMAIL THE LINK or offer in person appointment - I've asked and begged for in person but this is viewed asking for something totally unacceptable and impossible to arrange
 - o Provide Information in a number of languages, target GP surgeries and local groups to highlight symptoms and support.
- Understand cultural needs
 - o Design diagnostic tools with them. Diagnostic clinics in communities with interpreters present

- Understanding of how different ethnic groups might "interpret" dementia ie it might not be in the same way that white British people might. Understand the differences in how cultures/religions/ethnicities perceive what "helps"-there are different ideas about what "support/care" is, we might feel it is around staying active, some cultures might feel its around resting.
- Groups within the community led by charity and health professionals together would be of benefit.
- Case studies where minority families talk about their experience of supporting a family member with dementia.

Is there anything else we could do to improve the diagnosis experience for people with learning disabilities, prison populations, rural and farming communities, younger onset dementia, armed forces and other seldom heard communities?

- Community work to increase volunteer numbers and awareness
 - Targeted campaigns? Training for GPs, prison doctors etc?
 - Big yes through supporting non-profit organizations, churches and other religious organizations to create a cadre of volunteers who are well-educated on dementia issues and try to reach out to the deprived communities. In this way, you also saved and supported the young generation by having a mission in their lives to support and serve other with sincere love.
- Incorporate training around learning disabilities for teachers in schools and any institute that provide education to younger people.
- Ensure in person appointments are offered
 - OFFER IN PERSON APPOINTMENTS - ESPECIALLY FOR PEOPLE WITH SIGHT AND HEAIRNG LOSS - I cant emphasise enough how distressing it was for her to be unable to participated in this process - its scarred her and I am really worried about what conclusions will be made from her inability to see a rhino horn on a picture or hear the word monarchy

Supporting Well

We will continue to

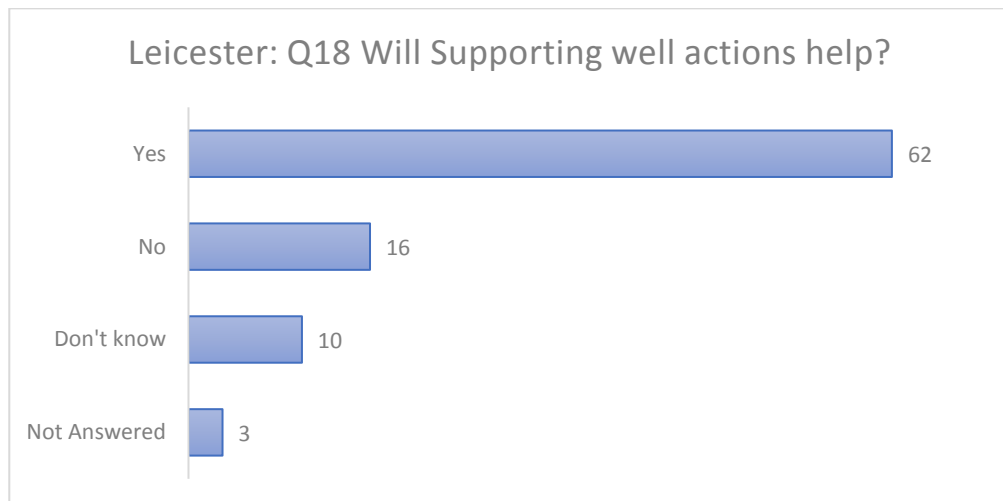
- Improve the hospital experience for people with dementia
- Apply the Leicester, Leicestershire and Rutland Carer Strategy actions to support people with dementia and their carers
- Raise awareness of support available for people with dementia and their carers

We will aim to

- Review how we can avoid unnecessary hospital and care home admissions
- Review hospital discharge pathways and post discharge support that assist people returning home or into their residential care home
- Support, review and manage pathways for people who have complex needs including where there are behaviours that challenge
- Promote the development of 'dementia friendly' accommodation including in the community and residential care sectors
- Review pathways and person-centered support for seldom heard groups such as younger onset dementia, diverse ethnicities, people with a learning disability, prison populations, rural and farming communities and armed forces

- Promote and develop good risk reduction methods that keep people safe and promote independence.

Do you think these actions will support people with dementia and their family and carers to have safe, high-quality health and social care?



'No' response results:

- A sense of being neglected after diagnosis was noted by some
 - o I do feel that people that have been diagnosed with Dementia are kind of written off by most Health professionals.
 - o You shouldn't lose sight of the person and only see the dementia. Many people with dementia want to feel useful and engaged in activity. Social dementia cafe's and places to go would be helpful.

Is there anything else we could do to support people with dementia and their family and carers?

- More admiral nurses
 - o More Admiral nurse across LLR will benefit in all aspects . It will also greatly support if more joined up working across the services so information can be passed onto to support families during there journey.
- Better education and training for professional and family carers
 - o I think nutrition and keeping people moving in hospital are vital. And that means training staff. They need to understand that a patient with dementia may say they don't want to eat when they do. The same with walking/moving. They need time and support to eat - not for food to be cleared away quickly. I think some staff 'get it', but there needs to be more education around these issues. From personal experience, I think they are vital. I do think it's good that family members are allowed to go and help people with dementia to eat etc, but not everyone has someone to support them in that way.
 - o Have more support to give respite to carers who look after family members with dementia in their homes.
- Better support for carers and an improved awareness of what support is available
 - o Better dementia training for health Care assistants in the community
 - o Make funding available to provide support that is clearly and easily accessible. More public awareness of what support is available before crisis point. General leaflets that has contact details, information on services to be widely distributed.
 - o When my father was admitted to hospital for a medical, non-dementia related condition, I was allowed to remain with him throughout the day from morning till bedtime. This was reassuring

for my father, 1 less patient for the nurses to fully cover. This made an enormous difference to my dad's experience because dementia makes him very confused and worried. I don't know if this is a formal policy, but I was grateful to have that allowance. If it is a formal policy to encourage 'carers' to support their family, then I would like to see it up in notice boards and on leaflets. It may be useful to use social media platforms to inform people too.

- More day centre places and community groups, and highly visible publicity about them.
- The carers support is useless the carers passport is absolutely nonsense and counts for nothing. I contacted the council and asked its purpose and no one was able to tell me how on earth it would be helpful. Carers need proper support. Caring for someone with dementia can impact psychologically, financially and effect your ability to keep a job. Knowing all the services to liaise with and what support you can get is time consuming. And most of it is hidden like continence assessments.

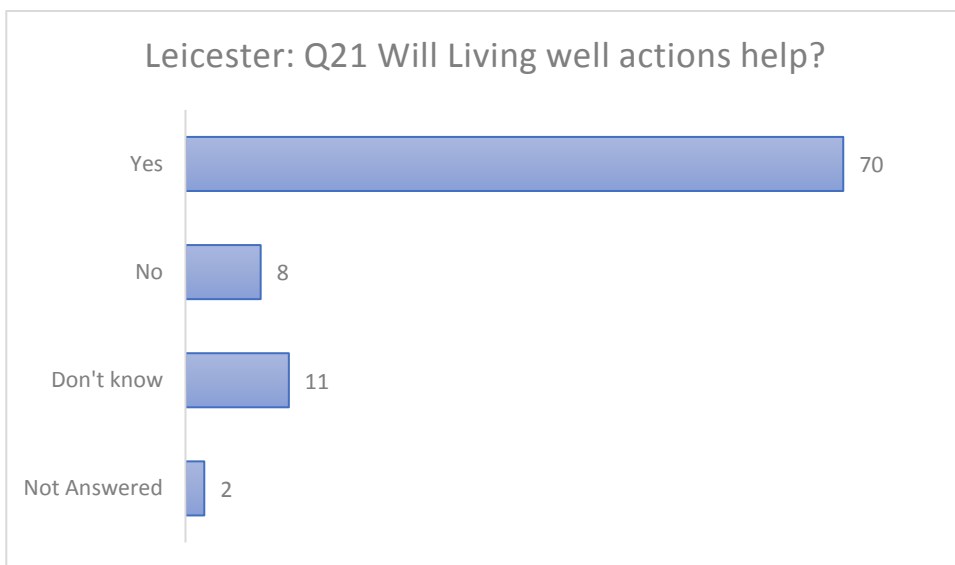
Living Well

We will continue to

- Provide information and advice about living well with dementia that is accurate, timely, accessible, and joined up across Leicester, Leicestershire and Rutland
- Develop and promote dementia-friendly communities, dementia support services and other living well support
- Use funding opportunities when they are available, to develop living well activities especially in areas that are less well-served

We will aim to

- Engage with people living with dementia and their carers including people with lived experience, to be involved in strategy development and to inform our work
- Support people with dementia to plan and live well by promoting crisis contingency planning, advanced care planning and the benefits of appointing lasting power of attorney



If no, please give reason why:

Few respondents commented and therefore themes around the 'no' responses cannot be extracted. A few people noted concerns about how this would actually be delivered without a funding commitment.

Is there anything else we could do to support people with dementia to live well?

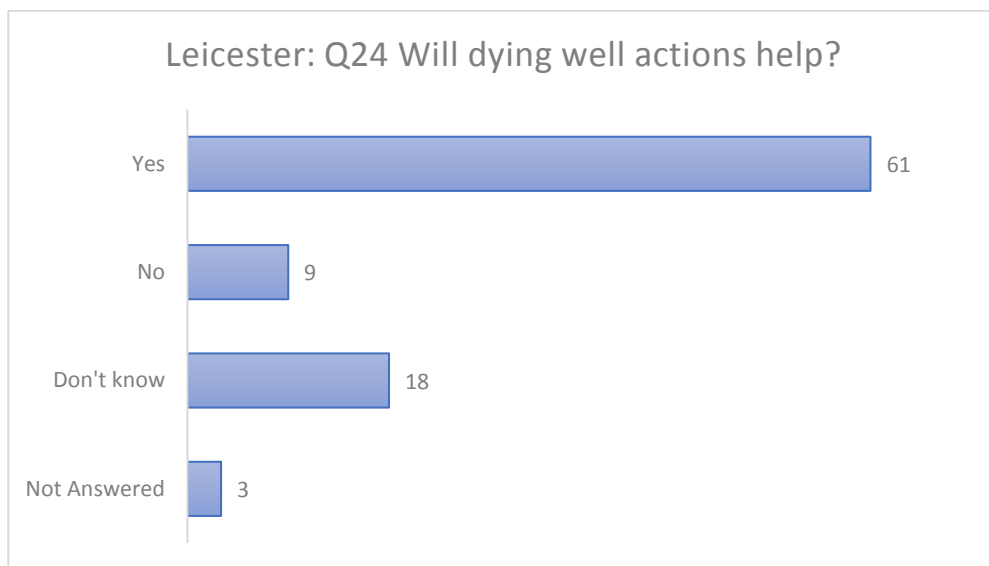
- Clear information around support
 - o Clarify exactly where one can go for help to get a diagnosis and ensure it is well advertised in the local newspaper, doctor's surgeries etc.
 - o Give as much information and advice up front... accessible to everyone in a variety of formats. Not purely digital as not everyone can access online services. In person help and printed literature should be readily available
- Social group support
 - o More day centre places.
 - o in addition you need to have meet up/ social / activity groups for the early on this journey
 - o Help with making sure there are specialist well trained people to work with people experiencing dementia, to live an "ordinary" life, do the things they would like to do as much as possible. Ensuring that these workers fulfil what they say they will and work in a strength based way.
 - o Provide environments and staff that are culturally in line with the ethnic group they are dealing with. This would reduce anxiety and increase individual understanding and awareness.

Dying Well

We will aim to

- Promote and develop good practice including strengthening the link with end-of-life pathways and the ReSPECT process (the ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices)

Do you think this action will support people with dementia to make decisions about their end-of-life plan?



If 'no', please give reason why:

- There is currently a lack of discussion of end-of-life plans
 - o This has not been discussed with us as a family and certainly not directly with my mother-in-law- sadly, again I feel that these services perhaps become involved too late.

- Because my mum has had diagnosis for 4 plus years - at no point has a clinician asked about ResPECT , DNaCPR , advanced care plan= only because myself and my sisters are shouting and asking for support
- There is a lot of talk about end-of-life care and the respect process. However it is unclear where this information is to be stored on System1 to allow us to access this and put actions into place. I think this should be part of the core assessment and completed within this.

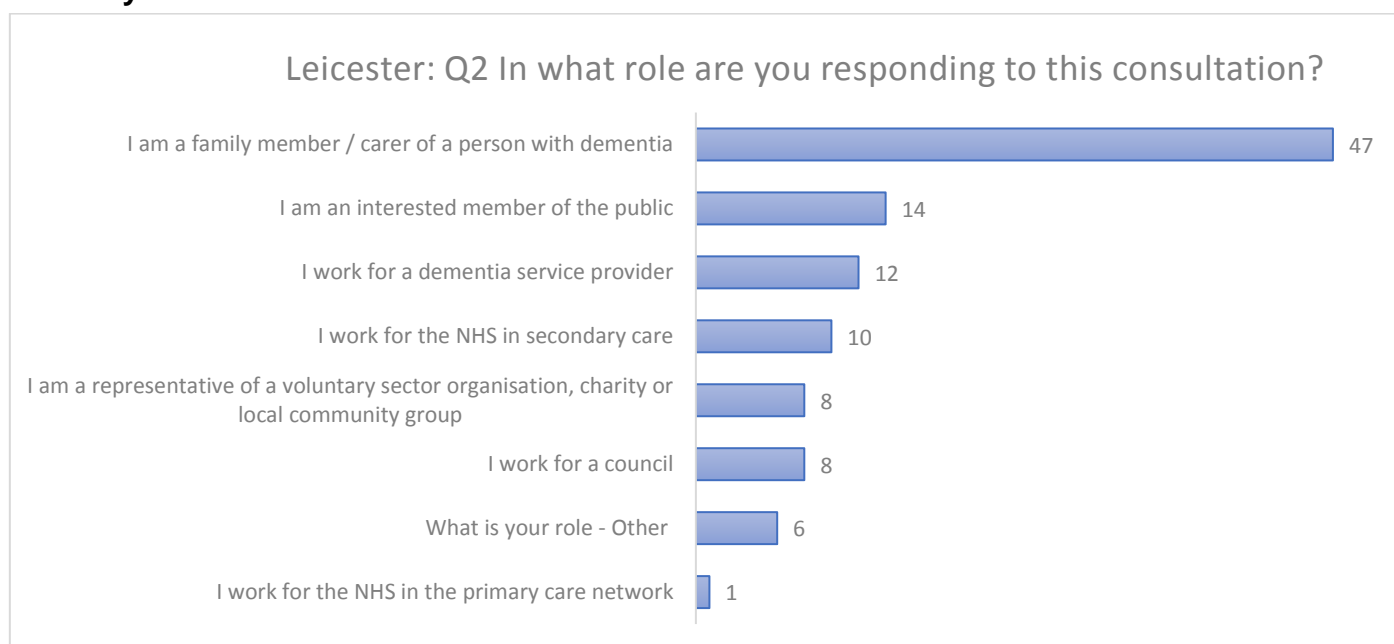
Is there anything else we could do to support people with dementia to make an informed choice around their end-of-life plan?

- Early planning and information
 - Provide opportunities for older people to express their wishes in relation to end of life while they are still mentally competent.
 - normalise advanced care planning at the earliest opportunity in adults. this may be through GPs
 - Encourage early discussion of advance care plans - feeding, medical treatment, preferred place of care etc.
- Family involvement
 - Involve their families. And understand that the person may not have capacity to make informed decisions, depending on when these choices are made.
 - If they have dementia, they will not be able to understand their end of life is happening so a plan may not be right for them. These conversations should take place with close kin.
 - This choice needs to be made with the family present if the person with dementia is at a stage where they don't fully understand.
- Difficult conversation, need a cultural change.
 - This is very difficult and needs cultural change to make it easier for people to talk about death and fear of death.
 -

Respondent background

In what role are you responding to this consultation?

What is your role

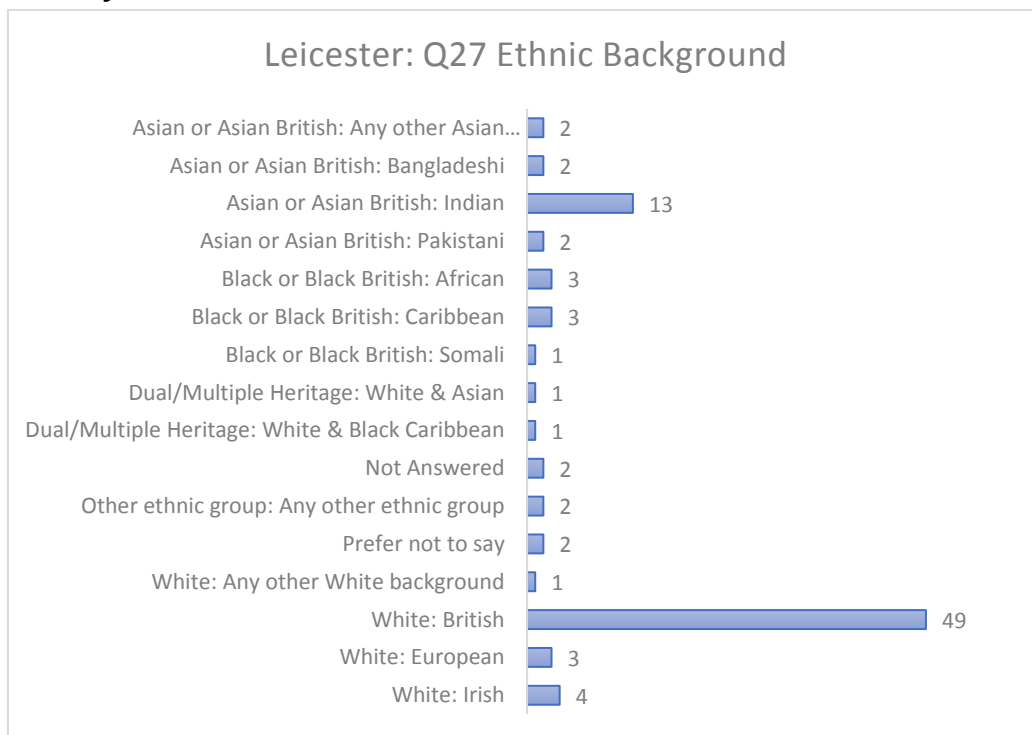


Option	Total	Percent
I am a family member / carer of a person with dementia	47	51.65%
I am an interested member of the public	14	15.38%
I work for a council	8	8.79%
I work for a dementia service provider	12	13.19%
I am a representative of a voluntary sector organisation, charity, or local community group	8	8.79%
I work for the NHS in secondary care	10	10.99%
I work for the NHS in the primary care network	1	1.10%
Other (please specify)	6	6.59%

Demographic details of respondents

Question 27: Ethnic background:

Ethnicity



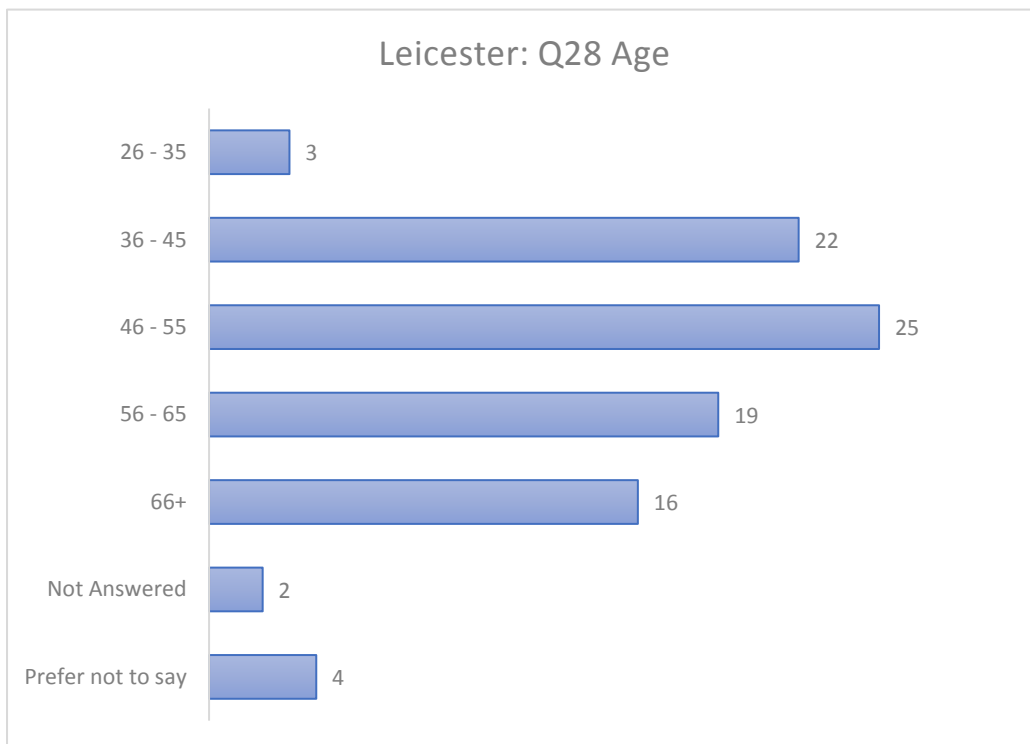
Option: Ethnic Background	Total	Percent
Asian or Asian British: Any other Asian background	2	2.20%
Asian or Asian British: Bangladeshi	2	2.20%

Asian or Asian British: Indian	13	14.29%
Asian or Asian British: Pakistani	2	2.20%
Black or Black British: African	3	3.30%
Black or Black British: Caribbean	3	3.30%
Black or Black British: Somali	1	1.10%
Dual/Multiple Heritage: White & Asian	1	1.10%
Dual/Multiple Heritage: White & Black Caribbean	1	1.10%
Not Answered	2	2.20%
Other ethnic group: Any other ethnic group	2	2.20%
Prefer not to say	2	2.20%
White: Any other White background	1	1.10%
White: British	49	53.85%
White: European	3	3.30%
White: Irish	4	4.40%

2 responses have picked "Any other ethnic group", which are stated as below:

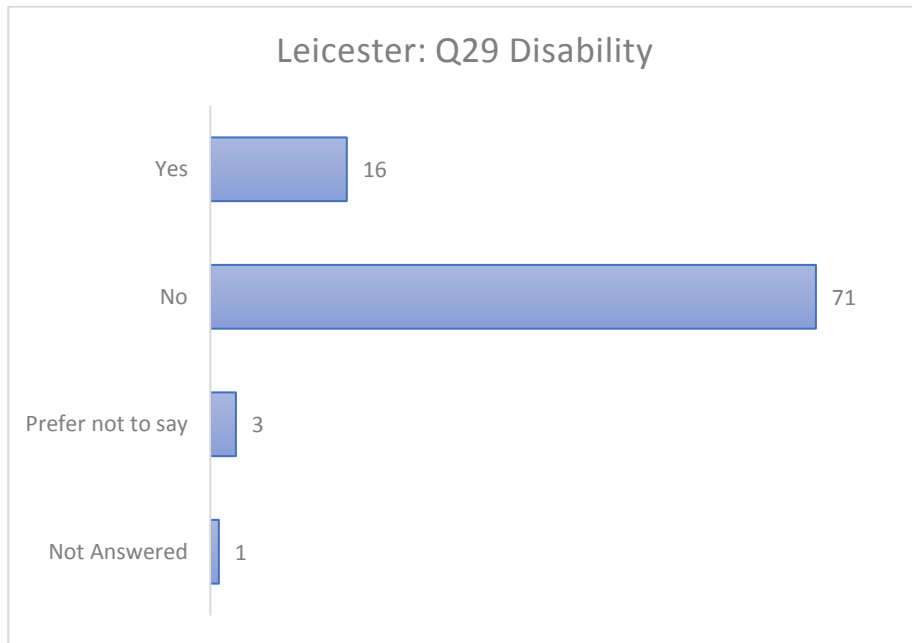
3. Mixed from three generations.
4. Arab

Question 28: Age:



Option: Age	Total	Percent
26 - 35	3	3.30%
36 - 45	22	24.18%
46 - 55	25	27.47%
56 - 65	19	20.88%
66+	16	17.58%
Not Answered	2	2.20%
Prefer not to say	4	4.40%

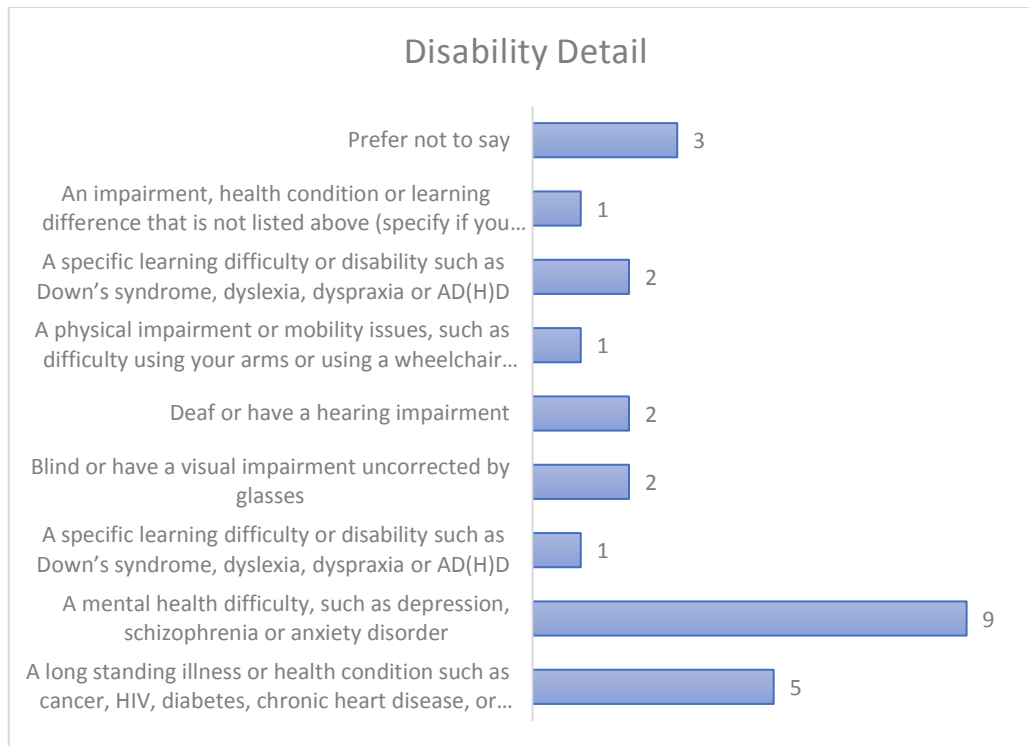
Question 29: Disability



Option: Disability	Total	Percent
Yes	16	17.58%
No	70	76.92%
Prefer not to say	3	3.30%
Not Answered	1	1.10%

Disability detail

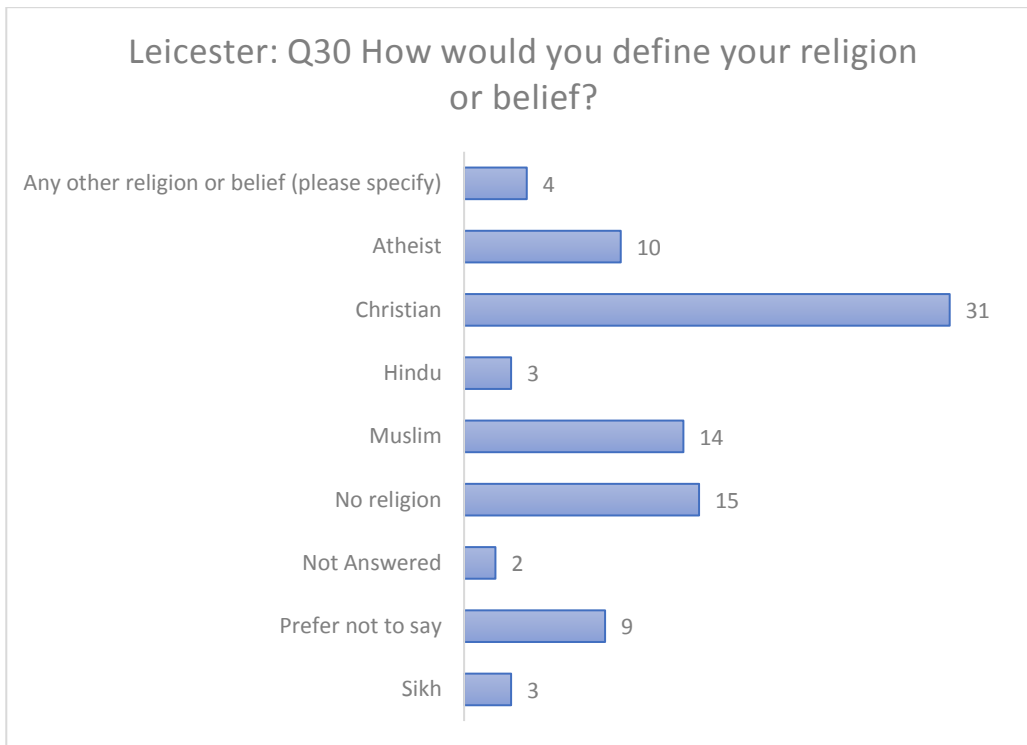
There were 26 responses to this question:



Option: Disability Detail	Total	Percent
A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	5	19.23%
A mental health difficulty, such as depression, schizophrenia or anxiety disorder	9	34.62%
A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D	1	3.85%
Blind or have a visual impairment uncorrected by glasses	2	7.69%
Deaf or have a hearing impairment	2	7.69%
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	1	3.85%
A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D	2	7.69%
An impairment, health condition or learning difference that is not listed above (specify if you wish)	1	3.85%
Prefer not to say	3	11.54%

Question 30: How would you define your religion or belief?

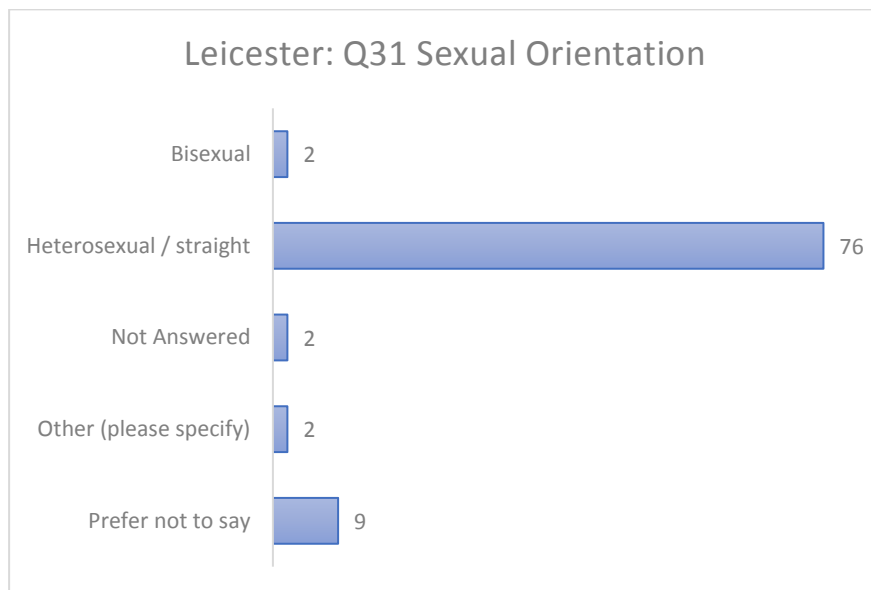
Religion



Option: Religion	Total	Percent
Sikh	3	3.30%
Prefer not to say	9	9.89%
Not Answered	2	2.20%
No religion	15	16.48%
Muslim	14	15.38%
Hindu	3	3.30%
Christian	31	34.07%
Atheist	10	10.99%
Any other religion or belief (please specify)	4	4.40%

Question 31: Sexual orientation. Do you consider yourself to be ...

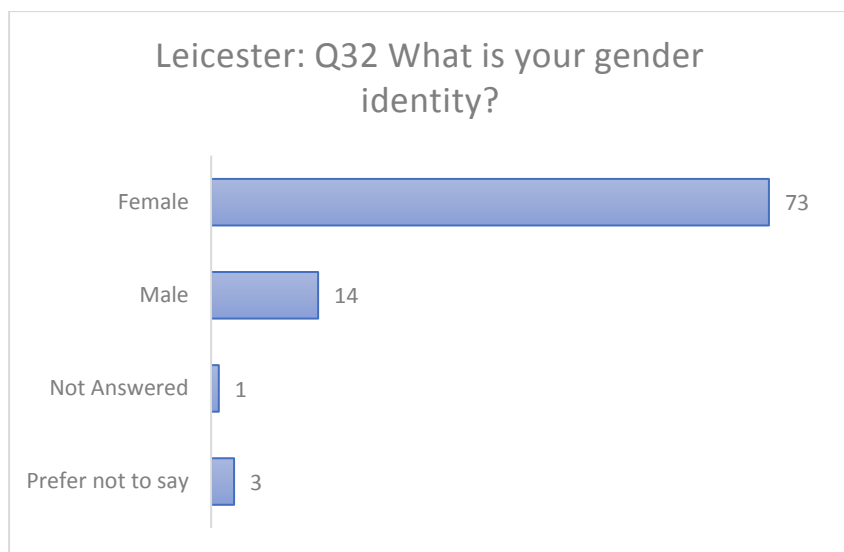
Sexuality



Option: Sexual Orientation	Total	Percent
Bisexual	2	2.20%
Heterosexual / straight	76	83.52%
Not Answered	2	2.20%
Other (please specify)	2	2.20%
Prefer not to say	9	9.89%

Question 32: What is your gender identity?

Gender



Option: Gender identity	Total	Percent
Female	73	80.22%
Male	14	15.38%
Not Answered	1	1.10%
Prefer not to say	3	3.30%

0

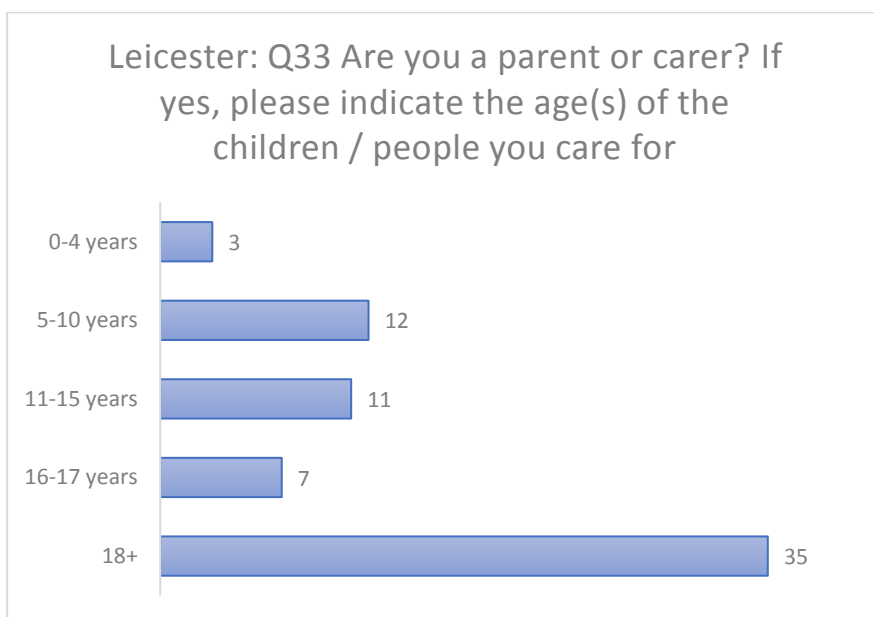
gender ID same as birth



Question 33: Are you a parent or carer? If yes, please indicate the age(s) of the children / people you care for

68 responses received for this question.

carer / parent ages



Option: Age of children/people caring for	Total	Percent
0-4 years	3	4.41%
5-10 years	12	17.65%
11-15 years	11	16.18%
16-17 years	7	10.29%
18+	35	51.47%

Meeting Date	Item	Recommendations / Actions	Progress
30 November 2023	Workforce Leicester Adults Safeguarding Board Annual Report Mental Health Addiction Services Dementia Strategy		