

Leicester  
City Council

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

**DATE: THURSDAY, 3 MARCH 2022**

**TIME: 5:30 pm**

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

### **Members of the Committee**

Councillor Joshi (Chair)

Councillor March (Vice-Chair)

Councillors Broadwell, Kaur Saini, Kitterick and Dr Moore

One unallocated Labour group place

One unallocated non-group place

### **Standing Invitee (Non-voting)**

Representative of Healthwatch Leicester

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

For Monitoring Officer

#### **Officer contacts:**

**Aqil Sarang (Democratic Support Officer),**

Tel: 0116 454 5591, e-mail: [aqil.sarang@leicester.gov.uk](mailto:aqil.sarang@leicester.gov.uk)

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

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

### **Further information**

If you have any queries about any of the above or the business to be discussed, please contact:

**Aqil Sarang, Democratic Support Officer on 0116 454 5591.**

Alternatively, email [aqil.sarang@leicester.gov.uk](mailto:aqil.sarang@leicester.gov.uk), or call in at City Hall.

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

# **PUBLIC SESSION**

## **AGENDA**

### **FIRE / EMERGENCY EVACUATION**

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#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

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

#### **3. MINUTES OF THE PREVIOUS MEETING**

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

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 13 January 2022 have been circulated and the Commission is asked to confirm them as a correct record.

#### **4. PETITIONS**

The Monitoring Officer to report on any petitions received.

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

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

#### **6. HEALTHWATCH LEICESTER AND LEICESTERSHIRE** **Appendix B (Pages 9 - 16)**

Healthwatch Leicester and Leicestershire submits a report on Engagement with Scrutiny.

Members of the Commission are requested to note the report and pass any comments to Healthwatch Leicester and Leicestershire.

#### **7. COVID19 UPDATE**

The Strategic Director for Social Care and Education provides a verbal update to the Commission.

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

**8. ADULT SOCIAL CARE PERFORMANCE MONITORING (QUATER 2) REPORT** [Appendix C](#)  
(Pages 17 - 46)

The Strategic Director for Social Care and Education submits a report.

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

**9. EXTRA CARE DEVELOPMENT** [Appendix D](#)  
(Pages 47 - 52)

The Strategic Director for Social Care and Education submits a report on Extra Care Development.

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

**10. LIBERTY PROTECTION, SAFEGUARDING AND DEPRIVATION OF LIBERTY SAFEGUARDS** [Appendix E](#)  
(Pages 53 - 62)

The Strategic Director for Social Care and Education submits a report updating the Commission Members.

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

**11. ASSISTIVE TECHNOLOGY REPORT** [Appendix F](#)  
(Pages 63 - 82)

The Strategic Director for Social Care and Education submits a report on Assistive Technology.

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

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

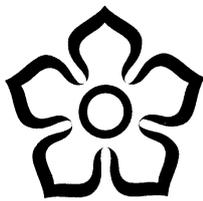
The Chair of the Task Group Review will provide the Commission with an update.

**13. WORK PROGRAMME** [Appendix G](#)  
(Pages 83 - 86)

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

**14. ANY OTHER URGENT BUSINESS**





Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 13 JANUARY 2022 at 5:30 pm

P R E S E N T :

Councillor March (Chair)

Councillor Broadwell  
Councillor Moore

Councillor Kaur Saini  
Councillor Kitterick

In Attendance

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

\* \* \* \* \*

**50. APOLOGIES FOR ABSENCE**

The Monitoring Officer noted that none had been received.

**51. DECLARATIONS OF INTEREST**

Councillor Joshi noted that he had a standing declaration in that his wife worked for the Reablement Team at Leicester City Council.

**52. MINUTES OF THE PREVIOUS MEETING**

It was noted that an adjustment be requested to be made to the minutes of the previous meeting to read that the Members of the Commission recommended that the Chief Operating Officer consider the options for providing the Flu Jab to staff and that a formal response be requested on the practicalities of this recommendation.

It was also requested that the minutes reflect the 40% figure of the backlog of outstanding reviews be outlined.

**AGREED:**

That the minutes of the Meeting of the Adult Social Care Scrutiny Commission from 12 December 2021 be confirmed as a correct record.

### **53. PETITIONS**

The Monitoring Officer noted that none had been received.

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

The Monitoring Officer noted that none had been received.

### **55. DRAFT REVENUE BUDGET AND DRAFT CAPITAL PROGRAMME 2022-2023**

The Head of Finance delivered the report on the Draft Capital Programme to the Commission.

It was noted that the Capital Programme covered any new additions to the programme of which there were none in Adult Social Care. There were current schemes and policy provisions which were detailed in the report which also covered the Extra Care Scheme.

As part of the discussions on the Draft Capital Programme Members of the Commission shared their concerns on the lack of progress on the Extra Care Provision scheme and requested reassurance from Officers that substantial progress on its development would be achieved over the next 12 months.

It was noted that significant work had been made before the consortium pulled out in 2021. Following this a soft market test had just been completed and currently the department were going through the evaluation processes. Once this was completed the proposal would aim to go to the market in a form that would have potential interest to the market. Furthermore, a virtual session with potential providers had been undertaken where there were 40 participants. The proposals would be taken to the Executive in the upcoming months, following which the procurement process would commence where it was anticipated contracts would be agreed in 9-12 months and the final build process was estimated to take 18 months.

Members of the Commission shared their disappointment in the extensive time process, the market dictating on public money and questioned whether the project would develop any further in the upcoming year.

The Deputy City Mayor for Social Care and Anti-Poverty noted that everyone felt the same frustrations and that all legal options were being considered following the consortium pulling out and considered a range of alternative options. Resources had been dedicated towards achieving this and this result was not for a want of trying. Going forward the department would have to go

through the full procurement process and there was a strong corporate desire to deliver this project.

Members of the Commission noted that over the last decade at this time of year the situation had been similar. With ever growing pressures on Adult Social Care and everyone associated to this department as a result of the rise in cost and fewer resources to deliver, this was a difficult and concerning situation the department finds itself in.

It was further noted that £9.3 million had been set aside for the Extra Care Schemes which will be spent over time. Officers also noted that this was considerably lower than the actual cost of the schemes and a substantial capital amount would need to be contributed to the development of Tilling Road and Hamelin Road by the developers.

Members of the Commission supported the provision of disabled toilets and changing rooms. The Chair echoed her support of these facilities and further noted that she was not a fan of the market. After the extensive work put in to develop the project further, the market had failed the department and she shared her frustrations on the law not allowing for the authority to deliver the project independently.

**AGREED:**

- 1) That the Strategic Director for Social Care and Education be requested to bring back a comprehensive report following any progress on the Extra Care Scheme;
- 2) That the Strategic Director for Social Care and Education be requested to consider the option for bringing parts of the service delivery in house, and;
- 3) That the Draft Capital Programme be welcomed and noted.

The Head of Finance delivered an overview of the report on the Draft Revenue Budget.

It was noted that the main issues that formed the background of this budget were the pandemic, social care funding crisis and 10 years of austerity. The spending review programme had served the department well over time and the service have been able to manage the cuts in funding and avoid any crisis.

The pandemic had a major short-term impact, this had resulted in the delay of budget reviews over the last two years. The 2021/22 budget would be balanced by using one off money of £17 million of one-off reserves and the draft budget for 2022/23 would also need to be balanced with one-off reserves of £30

million. Following a financial settlement, it was suggested that the authority was £5-6 million better off than what had been suggested at the time of publishing the report.

It was further noted that the main issue remained to be the increasing cost of adult social care and the fact that the available funding had still not increased to match the increase in cost.

It was suggested that over the years there had been additional funding in ad hoc fashion through grants, the Better Care Fund and increase in the council tax precept this, however did not deliver anything systematically to address the increasing cost.

Following a comprehensive spending review there had been additional funding to the local authority but there would be nothing beyond 2022/23. As a result, this was a 1-year budget once again this year.

Following the social care reforms, the Health and Social Care Levy will raise £12 billion of new money each year. Only a total of £5.4 billion of that will go to Adult Social Care over three years, with the remainder going to the NHS. It noted that the bulk of the money for social care would be used to address the reduction in individuals' financial contributions towards the cost of their care and therefore, a reduction in the income to the Council. Any further amount of money will be set aside by government to equalise the cost of care between those who self-fund and those funded through the Council. A smaller amount of money would be set aside for general reforms which would address things like greater use of technology and training of the workforce. It was noted that the general estimations would suggest that the money set aside would not be sufficient to cover the additional cost for councils.

It was noted that the net growth for Adult Social Care was £16.5 million and this had been incorporated into the draft budget.

The Strategic Director for Social Care and Education noted that the Department for Health and Social Care had asked every local authority to do a cost of care exercise for this calendar year in order to inform fee rates. The request from the DHSC was to provide information on Home Care and if possible, on care homes and a national methodology had been developed by the Local Government Association as a recommended approach.

As part of the discussions, it was noted that:

- The report was a minefield of words and numbers to find the information

that Commission Members required for scrutiny.

- It was noted that £17 million was the one-off money that would be required to cover the shortfall
- It was noted that the £17.5 million figure had been incorporated into the budget which included the trend rate in which care packages increase over the year. The trend rate of increase in care packages had been lower over the two years as a result of the pandemic.
- The increase in the budget didn't improve services but reflected the increase in the national minimum wage which was absolutely deserved by staff
- It was noted that the £1.9 million reduction was not as a result for taking away services but ensuring that we are not providing people with services that they did not require
- Members of the Commission requested Officers to provide a figure on how much money had been saved following package reviews in the last 12 months to understand whether the figures provided were realistic
- The Strategic Director for Social Care and Education noted that the department had not been looking for savings from package reviews, but packages had been increasing at a faster rate than most other parts of the country which suggested that this would be an area where there would be scope for savings
- Members of the Commission noted that for many years it had been suggested that the review of care packages would allow for savings to be made and this generally had not been the case, as the trend showed that reviewing care packages generally meant that the cost went in an upward direction
- The Deputy City Mayor for Social Care and Anti-Poverty noted that the delay in reviews was not intentional and was a result of staff resources being deployed to other urgent matters within care
- Members queried the initiative of exploring using technology before putting care packages in place. It was noted that a report would be provided at a later date on the technology aspect, but assistive technology was available to continue to provide a level of service
- Members of the Commission suggested that although assistive technology would allow for a continued service and may improve the quality of care it was unclear as to how this would help make savings
- It was noted that with an aging population with needs increasing, an alternative nationally commissioned care service, nationally organised on the same lines of the NHS would help reduce pressures on local authorities
- Members noted that the additional cost of care packages in 2023/24 would increase to £42 million. The Commission's task group review had considered the cost of domiciliary care and it was asserted that this

appeared to show that these were paying for private profits. It was suggested that as we had no provisions in-house, we had to use the market who were interested in making profits. Members were interested in what parts of the service could be delivered in house as it was argued that the private sector had not delivered on what we were told.

- It was noted that it was perfectly legal for local authorities to provide services in house, with Derbyshire having a substantial service inhouse. The cost of these services was significantly more than was the case in the commercial sector and although these services could be provided in-house, members of the public had the right to use whichever service they wished to.
- Members of the Commission supported the idea of services being provided in-house and requested that this option for a well-run, well-managed and well-planned in-house service be considered further.

**AGREED:**

- 1) That the Strategic Director for Social Care and Education be requested to work with colleagues in the NHS and with other systems better to outline challenges the department face.
- 2) That the ongoing Task Group review be treated seriously and carry out an additional review.
- 3) That the Strategic Director for Social Care and Education be requested to find the £1.9 million in savings following the reviews.
- 4) That the Strategic Director for Social Care and Education be requested to use the avenues available to ensure that the comments from the Commission be added to the growing pressures for fairer solution.
- 5) That the Strategic Director for Social Care and Education be requested to consider the options of bringing services in-house with consideration given to the charity and co-operative sector.
- 6) And that the staff working within the Social Care system be thanked for their continuous efforts.

**56. COVID19 UPDATE**

The Strategic Director for Social Care and Education provided an update to the Commission. It was noted that:

- The infection rate was similar to that of this time last year which was the highest ever
- Large number of homes had outbreaks of the virus
- There were staff shortages and hospitals were under pressure
- There were a small number of fatalities, but the number of deaths were within the 5-year average mortality rate.
- All ICU patients in hospitals were unvaccinated
- The system had existing winter pressures and additional strain from

- covid, services were just about coping
- Everything was focussed on the day to day delivery of services this was resulting in a build-up of backlogs
- There had been a significant concern on the uptake of the booster vaccination programme which was well below where it was hoped to be
- A plan was being produced to ensure every care home has a clinician visit to administer the booster vaccine
- There was still a strong emphasis on dealing with the vaccine hesitancy

It was further noted that the mandatory vaccination for everyone employed with a CQC registered service would be in place on 1 April 2022. The current statistics suggested that 1/6 staff had not yet had the first dose of vaccination, 1/5 had not yet had the second dose of vaccination and this could result in future staff shortages.

AGREED:

- 1) That the Strategic Director for Social Care and Education be requested to continue with the work on encouraging the vaccination programme, and
- 2) That the Strategic Director for Social Care and Education be commended for the continuous efforts.

## **57. MENTAL HEALTH STRATEGY 2021-2025**

The Head of Commissioning delivered a brief overview of the report on the Mental Health Strategy following the draft report coming of the report coming to the Commission in April last year.

The Chair noted that the action plan outlined in the report was reflective on what the service felt like to the Service User and it was important to obtain the additional funding to deliver the service. It was suggested that the integrated system gave the opportunity to provide funding for the delivery of the Mental Health Strategy.

It was further noted that following the challenges faced in the past by all it was anticipate that the service would require a robust strategy in this area.

AGREED:

- 1) That the Strategic Director for Social Care and Education be thanked for the report, and:
- 2) That the Mental Health Strategy be kept on the Work Programme.

## **58. CARERS STRATEGY REPORT**

The Joint Integrated Commissioning Board Lead Officer introduced the report and provided the Commission with an overview and highlighted thae work that the service had delivered.

As part of the discussions it was noted that:

- It was encouraging to see an increase in the number of people registering with their GP as a carer
- The general overview was that carers are certainly under increased pressure as a result of the pandemic
- Carers continued to provide excellent support to their loved ones
- Although the support required by service users was different, it was suggested that family members providing care for their loved ones where the service user was comfortable was an area where investment should be directed.
- A Co-productive nature of service delivery was absolutely necessary to the Service.

AGREED:

- 1) That the Strategic Director for Social Care and Education be requested to provide future updates to the Commission on key developments in this service area, and;
- 2) That the report be noted.

#### **59. SCRUTINY TASK GROUP REVIEW - PROGRESS UPDATE**

The Chair of the Scrutiny Task Group Review provided the Commission with an update. It was noted that:

- The majority of the evidence gathering process was complete
- Details into the accounts for providers was being investigated
- A draft report in the findings had been prepared and this would be reviewed following the Commission meeting and new findings.

#### **60. WORK PROGRAMME**

The Chair recommended that the following items be added to the Work Programme and that Officers be requested to provide reports to future Commission meetings:

- The role of technology in delivering care
- Deprivation of Liberty Protection
- HealthWatch Leicester and Leicestershire

#### **61. ANY OTHER URGENT BUSINESS**

There being no items of urgent business the meeting closed at 7:25pm

## **Brief report for Adult Social Care Scrutiny Commission –**

### **Healthwatch Leicester and Healthwatch Leicestershire**

**February 2022**

#### **Role and Remit**

Healthwatch Leicester and Healthwatch Leicestershire is your local health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences.

As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

Healthwatch Leicester and Healthwatch Leicestershire is part of a network of over 150 local Healthwatch across the country. We're here to listen to the issues that really matter to people in Leicester and Leicestershire and to hear about your experiences of using local health and social care services.

We're entirely independent and sensitive information which you share with us is confidential. Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone - locally and nationally.

The legal foundations of Healthwatch Leicester and Healthwatch Leicestershire are set out in the Health and Social Care Act 2012.

#### **Engagement and Communication**

We are committed to improving communications across all channels and increasing public engagement across all our work streams and projects.

We have established working relationships with strategic partners, local councils, the Sustainability and Transformation Partnership (STP), Clinical Commissioning Groups (CCG) and voluntary and community organisations.

The Covid-19 pandemic arrived without warning and has changed how we engage with our local communities. We have adapted our engagement methods, having to become more innovative in how we do this.

Leicester City is recognised as one of the most diverse cities in the country. Traditional standards and approaches to communication require thinking beyond the norm. By working with our local partners, we want to improve our reach to local people and ensure that they are informed and involved in activities.

## Workplan 2021-22

The table highlights our project areas for 2021-22 as well as core work activities.

Quarter	Projects	Core work
Q1 Apr - June	Impacts of COVID-19 and the new models of care  Social Isolation and Loneliness	Stakeholder engagement and management  Board meetings and representation  Volunteer Recruitment
Q2 July - Sept	'Summer Tour'  Access to GPs  Domiciliary Care  Male Suicide	Enter & View Programme  Workstreams – Carers, Mental Health and Young People  Quick Surveys  Healthwatch Hour sessions
Q3 Oct - Dec	Youthwatch  Access to Dentistry	Signposting and Information service  Governance
Q4 Jan – March	Homelessness and access to services  'What matters most' – reflections from communities	

Our Board members have a lead area of work and sit on Boards and Committees relating to these work areas.

Healthwatch Advisory Board Member	Lead areas	Represents HWLL at
Harsha Kotecha	Children and Young People  Acute & tertiary care	CCG Governing Body  ICS Partnership Board  Health & Wellbeing Board  Joint HOSC  UHL

Mark Farmer	Mental Health	LPT Mental Health Delivery Board
Joe Johal	Cancer Care	N/A
Kash Bhayani	Carers	UHL - PIPEAC Carers Delivery Group
Alexandra Partner	Learning Disabilities	Learning Disabilities Partnership Boards - City and County

## Projects

Examples of projects undertaken this year.

### Summer Tour

Due to the Covid-19 pandemic we were unable to conduct face to face engagement and outreach. When we were able to restart in July 21, we embarked on our summer tour with the aims of raising awareness of Healthwatch and finding out people's experiences of local health and social care services.

- We attended outdoor events as lockdown restrictions eased across the city & county
- We had our stand at local parks, markets, city centre events, town centre events and shopping centres
- Engaged with 2421 people across 35 events
- 19 events were held in Leicester City
- People were concerned about the impact of Covid-19 on NHS services and people highlighted the change in services they were now receiving i.e., telephone consultations with GPs, unable to access dentists, changes to prescription services
- We gathered people's feedback on their GP Practice through our 'GP Access' Survey
- We heard from 351 people about their GP Practice

The 'GP Access' report will be shared with the Clinical Commissioning Groups (CCGs), and we will ask for responses to our recommendations.

We will be using the evidence gathered to visit GP Practices as part of our Enter & View programme.

### An examination of GP Practice websites

During lockdown we worked with our volunteers to review GP Practice websites to see how informative and accessible they are for people. People told us that it is difficult to get

through to the GP Practice on the telephone, they are unsure of the online booking procedures and do not know who to contact to raise a concern or complaint.

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

The findings were shared with the CCGs.

One of the next steps listed in the CCG summary document for the primary care survey is to consolidate our website research with their research and action plan to make service improvements for patients - <https://www.leicestercityccg.nhs.uk/get-involved/primary-care-survey/>

## Male Suicide

The aims and objectives of this project were:

- To understand the purpose of the LLR Suicide and Prevention Group (SAPG) and its role in the prevention of suicide across Leicester/ Leicestershire, identifying any gaps in the prevention pathway.
- To identify and contact suicide prevention services across the city and county and identify any gaps in service provision.
- Give a voice to people who have used or attempted to use services to tell us of their experiences
- Identify and potential barriers to that prevent men from coming forward to access services
- Explore ways to raise awareness of services and suggest appropriate tools to promote services.

To achieve this contact was made in person as well as online with;

- Police service lead for suicide prevention
- Lead Nurse Suicide Prevention Leicestershire Partnership Trust
- Leicester Samaritans
- Armed Forces Lead Leicestershire NHS Partnership Trust
- CEO Loughborough Well Being Centre
- Project Lead Tomorrow Project
- Richmond Fellowship Leicester/ Leicestershire Lifelinks
- Harmless project
- Rural Community Council
- Survivors of bereavement by suicide

- Lead A&E consultant and Lead Nurse and Mental Health team Coordinator at University Hospitals of Leicester (UHL)
- Public Health leads in Leicester and Leicestershire city and county councils.

We also contacted organisations active in the community who are not members of the SAPG but with people who have mental health issues or provide community based services which encompassed people who may be deemed 'at risk' These groups included;

- The Adhar Project Leicester
- The LGBTQ Centre Leicester
- Andy's Man Club (National)
- Health and Well Being Centre - Leicester City Football Club
- Everards Brewery Leicester
- Equality Action
- Inini Initiative

Three peer support groups were attended as facilitated by Richmond Fellowship life links. These were attended by 24 people of mixed gender but were majority male attendance, from this we held 121 follow up interviews with eight men. We also spoke to a further three men who contacted us through our social media. We also spoke to three mothers whose sons had died by suicide and the project coordinator of the Tomorrow project who work with people bereaved or affected by a death by suicide.

Outcomes we are working to include:

- 'Turning the Tide: Male Suicide' Report to be published on 3 February to coincide with Time to Talk day.
- Work with Leicester City Football Club (LCFC) to link into the mental health portal being developed with United Leicester to establish a link into 'Start a Conversation' website linking to all prevention services available. Public Health leads have been linked into the wellbeing lead at LCFC.
- Everard's Brewery developing beer mats, drip mats and posters with QR code linking to the 'Start a Conversation' website. Launch event on 3 February at Everards Brewery with key partners.
- Working with Equality Action has been fruitful and an initiative involving a young BAME group to develop a rap song has been developed aimed at raising awareness and giving key suicide prevention messages to young people.

### Access to Dentistry

Access to dental care has been highlighted as a national issue by Healthwatch England on a number of occasions, most recently publishing updated research in December 2021 that says four out of five people are struggling to access NHS dental care; some dentists have used up their NHS capacity and are asking people for private fees; and many people are find it hard to get up to date information on which practices are taking on new NHS patients because websites are not updated regularly and are contacting local Healthwatch for information.

From the telephone calls and email enquiries to our signposting service, the emerging themes from the enquiries were:

- People not being able to find a dental practice that is taking on new patients, this is the major issue and dominates the numbers.
- People trying to find a dental practice and are told they are no appointments, but they could be given a private appointment.
- People have tried to go to a dental practice they have been with for some time, but if they do not go back for over 12 months, so they are removed from the patient list.
- People are often not aware that if they are in pain, there are seven Emergency Dental Services in Leicester and Leicestershire.

We launched a survey and heard from 167 people. Whilst there were 167 responses to the survey this sample does not provide a representative sample of the whole population. The sample were selected using opportunity sampling and were in effect self-selecting.

We were unable to access more than one care home to undertake interviews with residents and care home managers. This was due to a reluctance on the part of care homes to allow access with ongoing Covid-19 risks.

The report will be launched in March 2022.

On 20 January 2022, Harsha Kotecha, Chair spoke to BBC East Midlands today about some of our findings from the report - <https://healthwatchll.com/news/nhs-dentistry>

### Reports published 2021-22

We have implemented new ways of working within our research and project teams to improve our engagement methods. We have ensured that we are exploring appropriate communication channels to reach people to gather their views and feedback. There have been limitations in our outreach activities throughout 2020-21 and 2021-22 due to the Covid-19 pandemic but we feel that we have been able to work through this and have improved the quality of our reports and findings.

Report	Publication Date	Numbers engaged with
Hospital Discharge Report	April 2021	23 surveys completed
An Examination of GP Practice Websites	July 2021	118 GP Practice Websites reviewed
Digital Exclusion and Access to Primary Care During the Covid-19 Pandemic	November 2021	8 People engaged with
'You are next in the queue' - GP Access Report	February 2022	351 survey responses

Turning the Tide' - Male Suicide Report	February 2022	20 organisations, 6 peer support groups, 29 people spoken to
Comorbidities Report	February 2022	60 survey responses
Enter & View - Latham House Medical Centre	March 2022	1138 survey responses
Access to Dental Care in Leicester and Leicestershire	March 2022	167 survey responses
Homelessness	March 2022	TBC

## Details of future work and projects planned in Leicester

### What Matters Most

In February 2022, we will be consulting with the people of Leicester and Leicestershire to give them the opportunity to share their views about what key themes they would like to see us focus on in the next 12 months.

We are holding three online listening events:

Monday 21 February 11am-1pm

Monday 21 February 6pm-8pm

Wednesday 23 February 10 am-12noon

Following these events, we will compile our list of city projects for 2022-23.

### Healthwatch Diversity Inclusion Health Network

Exclusion continues to impact on some communities leading to access issues, negative experience and more importantly, higher prevalence of health inequalities.

Our aim is to develop a platform for marginalised voices to be heard and empower people through regular and ongoing engagement and involvement. This intervention will therefore influence and inform services providers via a credible platform developed in co-production with marginalised people and Healthwatch Leicester and Healthwatch Leicestershire whilst also supporting the developing Integrated Care Systems agenda.

In March 2022, we will be holding an event and will invite communities we have been working with over the past year to contribute to get involved and share their experiences of services.

### Publicity Campaign

We are in the process of refreshing our publicity materials and will be creating information packs for communities across the city.

We have produced and distributed our “Improving and shaping health and social care in Leicester and Leicestershire” guide and will continue to disseminate our directories across the city.

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

www.healthwatchll.com  
0116 251 8313  
[enquiries@healthwatchll.com](mailto:enquiries@healthwatchll.com)

Twitter: @HealthwatchLeic  
Facebook: HealthwatchLL  
Instagram: HealthwatchLL

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**Adult Social Care  
Performance Report  
Quarter 2 – 2021/22**

**Adult Social Care Scrutiny Commission**

Date of meeting: **3<sup>rd</sup> March 2022**

Lead director/officer: **Ruth Lake**

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### **Useful information**

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: adam.archer@leicester.gov.uk / 0116 4544133
- Report version number: V.1

## **1. Summary**

This report presents the performance position for Adult Social Care at the end of the second quarter of 2021/22 (30th September 2021).

The report contains information on the level of demand for our support and services, the efficiency and effectiveness of our business processes, the volume and quality of our outputs, and not least, the outcomes we deliver for people drawing on our support and services and the wider community of Leicester.

The key points to note are:

- The level of demand for our services is now similar to the pre-pandemic position: the total number of new requests for support shows a 16.6% increase between the first 6 months of 2020/21 and the same period in 2021/22.
- The number of assessments completed during the first half of 2020/21 (1,715) was more than double the number completed during the same period in 2020/21 (809), reaching levels not seen since June 2017. As a result of these assessments 876 people were found to have eligible needs at the end of Q2 in 2021/22 compared to 466 in the same period last year.
- Based on data at the end of Q2, we forecast that the number of new people going directly into long-term support following a request for support at the end of the year will reach 1,126. This compares to 970 in 2020/21 and 767 the year before that.
- The number of new permanent admissions to residential care has increased from the unprecedented low levels seen in the Spring of 2020, but still remains below pre-pandemic levels. However, the significant increase in the numbers leaving residential and nursing care last year appears to be reversing, with levels at the end of Q2 over 55% less than the same period last year.
- The number of people who have not had a review for 24 months or more since their last review has been increasing since April 2020, peaking at 691 this September, the highest figure recorded since January 2017.

## **2. Recommended actions/decision**

Members are asked to note the report

### 3. Scrutiny / stakeholder engagement

N/A

### 4. Background and options with supporting evidence

N/A

## 5. Detailed report

### 5.1 Managing Demand

5.1.1 During the first six months of 2021/22 9,620 contacts were created. This does not reflect all calls or other forms of referral into Adult Social Care, but does capture requests for support, safeguarding and Deprivation of Liberty Safeguards (DoLS) referrals and Blue Badge renewals. If the total number of 'contacts' created so far this year continues at these levels, we forecast a year-end outturn of 19,240, this is over 2,000 higher than last year, just below the total for 2019/20, but higher than the 4 years prior to that.

5.1.2 We also record 'requests for support' from people who have no ongoing involvement with Adult Social Care, reflecting new demand on our support and services. As with contacts created, these requests have increased steadily since a significant fall at the beginning of the Covid pandemic in March 2020. We are forecasting a year-end figure of 11,778 requests for support, an increase of over 12% on the previous year, but still below levels in pre-pandemic years.

5.1.3 Of these requests for support, 62% were resolved at the point of contact (e.g. provided with information advice and guidance (IAG)), 24% went on to receive one-off or short-term support (e.g., aids and adaptations or reablement), with the remaining 9% going on to receive a long-term package of care (domiciliary care or a care home placement). This split is broadly in line with previous performance.

### 5.2 Outcomes of IAG, one-off and short-term support

5.2.1 To measure the effectiveness of our IAG support we look at the percentage of people who have received IAG that re-present to us within the following twelve months with a similar request. Performance here has improved over the first six months of 2021/22, with an average of just 7.9% of people re-presenting over the second quarter.

5.2.2 In the first half of 2021/22 over 400 people have been enabled to live independently having been provided with technology enabled care (assistive technology).

5.2.3 In the first quarter of 2021/22 we recorded our best ever performance (72.6%) for reablement / enablement in terms of the percentage of people receiving such support and not then needing any ongoing support. This dropped slightly to 71% in the second quarter. In the second quarter we did perform very strongly in terms of supporting people over 65 following a hospital discharge, with 93.6% still at home 91 days after receiving reablement.

### **5.3 Assessments and Reviews**

- 5.3.1 The number of people receiving a Care Act Assessment has risen sharply over the last year. If this trend continues, we are forecasting that 3,430 assessments will be completed over 2021/21 compared to 2,427 last year and just 1,769 the year before.
- 5.3.2 We have also seen that the proportion of those assessed that meet the national eligibility criteria has also increased. In the first six months of 2021/22 876 people were judged to have eligible needs compared to just 466 in the same period the year before.
- 5.3.3 The number of people having their package of care reviewed has fallen over the first half of the year. As a consequence, the number of overdue reviews has increased. Review performance remains a key pressure. It is activity that is at risk from increased demand from new people or for crisis management. Options to address this are being explored (e.g. there is the intention to work with providers to look at provider-led reviews as a pilot and to explore self / family led reviews in appropriate situations).

### **5.4 Long-Term Support**

- 5.4.1 Although falling over the second quarter, the number of people receiving a long-term package of care following a request for support remains much higher than in previous years. We are forecasting a total for the full year of 1,126 compared to our best performance of just 726 in 2018/19. However, a higher than usual number of leavers has meant that the total number of people receiving long-term support has remained very stable over the last five years.
- 5.4.2 Wherever possible we try to help people live independently in their own home. In Leicester approximately 75% of people receiving long-term care do so in a community setting as opposed to a residential care or nursing home. This performance compares very well against the average for the East Midlands (66%) and England (69%).
- 5.4.3 Linked to the above, we do whatever we can to minimize admissions to residential and nursing care. As a direct consequence of Covid, in 2020/21 the number of admissions were at an unprecedented low level. We have seen admissions begin to rise over 2021/22, but we are forecasting a full-year total of 252 admissions, over 60 fewer than the average between 2016/17 and 2019/20.

### **5.5 Safeguarding**

- 5.5.1 Over the first half of 2021/22 we have seen a small but steady increase in the number of safeguarding alerts received. Of these a relatively high number are meeting the threshold to prompt a formal enquiry and are forecasting that the year-end the total will be some 14% higher than last year.
- 5.5.2 On a more positive note, just 7 out of 134 people who expressed a 'Making Safeguarding Personal' outcome felt that that outcome they wanted had not been met at the conclusion of the enquiry.

## **5.6 Quality and Outcomes**

- 5.6.1 During the height of the Covid pandemic in 2020/21, the number of formal complaints we received (44) dropped to almost 50% of historic numbers (c. 83). The number of complaints over the first half of 2021/22 have increased from this very low base but are forecast to still be well below the numbers received in previous years. The number of commendations received so far this year are well below the position in previous years.
- 5.6.2 The continuation of national lockdowns over the early part of 2021/22 has continued to impact on our ability to undertake routine monitoring of providers (residential and nursing homes, domiciliary care and supported living) in line with our usual procedures. To gain assurance a revised Quality Assurance framework has been developed and this is in use alongside visits to check on the quality of services and the safety of those supported. CQC continue with a restricted programme of inspections and visits are only undertaken where risks indicate this is required leading to an increase in services rated 'Requires Improvement' since 2020/21.
- 5.6.3 Having adopted a 'strength based' approach to social work practice we have started asking people whose package of care is being reviewed whether the care and support they have been receiving has helped them to "live the life they want". Since the beginning of 2021/22 we have 1,148 responses to this question and the results are very encouraging, with 86.3% telling us they agreed or strongly agreed that this was the case. If we exclude those who did not express a view this rises to 98.4%.

## **5.7 Workforce**

- 5.7.1 Long term sickness has risen sharply, to its highest level (102 cases at the end of September). This is being felt in teams, alongside managing vacancies and with pressures in capacity. Mental health is a particular factor, with a number of absences related to anxiety / bereavement related mental health. There are also people awaiting surgery to resolve health conditions that are preventing them from working. Management actions continue to focus on wellbeing, resilience, and Absence Management Policy actions.

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

### 6.1 Financial implications

There are no direct financial implications arising from this report but the impact of performance measures such as numbers of people entering and leaving the care system and their type of care are incorporated within the financial forecasts outlined in the Council's quarterly revenue monitoring reports.

Martin Judson, Head of Finance, Ext 37 4101

## 6.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.  
Pretty Patel, Head of Law, Social Care & Safeguarding, Tel 0116 454 1457.

## 6.3 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 unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

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

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

From an equalities perspective, the six strategic priorities in the quarter 2 performance report are in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity, and the information related to the outcomes delivered for service users and the wider community. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and socio-economic inequalities, experienced by many adults across the city. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into equalities (as set out in the adults JSNA). A report looking at the metrics in the Q2 report by ethnicity breakdown is currently in the process of being produced.

Sukhi Biring, Equalities Officer (Ext. 374175)

## 6.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.  
Aidan Davis, Sustainability Officer, Ext 37 2284

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

None

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

None

**8. Summary of appendices:**

Appendix 1 – PowerPoint presentation of the report

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

No

**10. Is this a “key decision”? If so, why?**

No



2021/22: Quarter 2

# Adult Social Care

# Performance Report

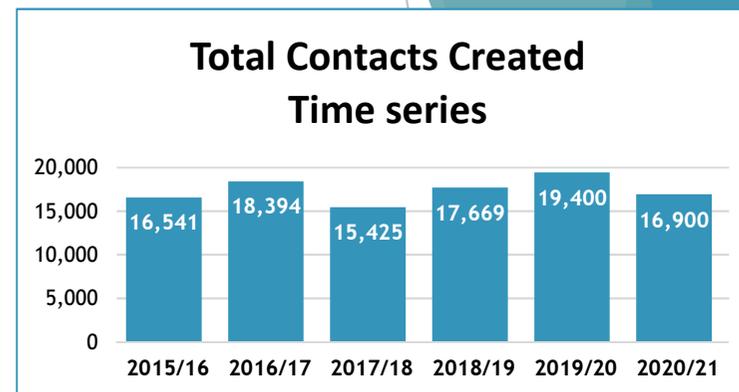
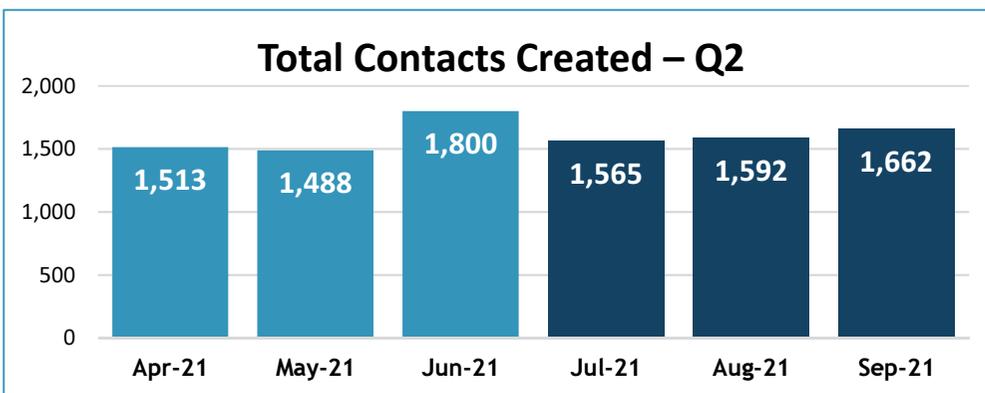


## Key exceptions / trends as at the end of Q2

- 1. The level of demand for our services is now similar to the pre-pandemic position: the total number of new requests for support shows a 16.6% increase between the first 6 months of 2020/21 and the same period in 2021/22; similarly, if the total number of 'contacts' created so far this year continues, we forecast a year-end outturn of 19,240, this is over 2,000 higher than last year, just below the total for 2019/20, but higher than the 4 years prior to that.**
- 2. The number of assessments completed during the first half of 2020/21 (1,715) was more than double the number completed during the same period in 2020/21 (809), reaching levels not seen since June 2017. As a result of these assessments 876 people were found to have eligible needs at the end of Q2 in 2021/22 compared to 466 in the same period last year.**
- 3. Based on data at the end of Q2, we forecast that the number of new people going directly into long-term support at the end of the year will reach 1,126. This compares to 970 in 2020/21 and 767 the year before that.**
- 4. The number of new permanent admissions to residential care has increased from the unprecedented low levels seen in the Spring of 2020, but still remains below pre-pandemic levels. However, the significant increase in the numbers leaving residential and nursing care last year appears to be reversing, with levels at the end of Q2 over 55% less than the same period last year.**
- 5. The number of people who have not had a review for 24 months or more since their last review has been increasing since April 2020, peaking at 691 this September, the highest figure recorded since January 2017.**

# Managing Demand – Total Contacts Created

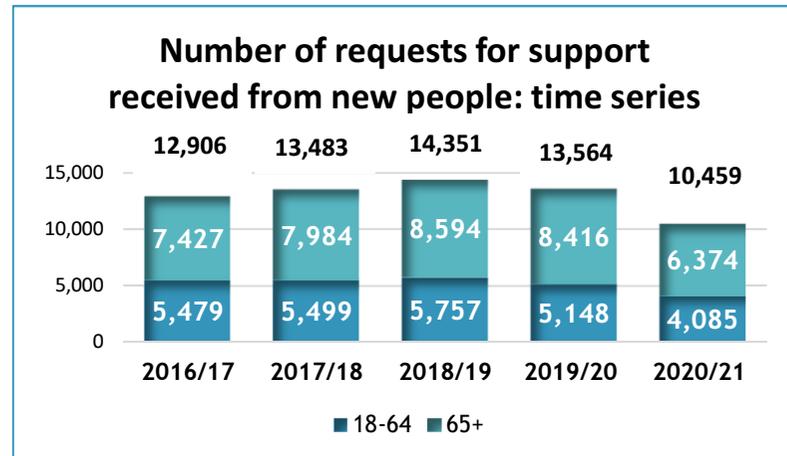
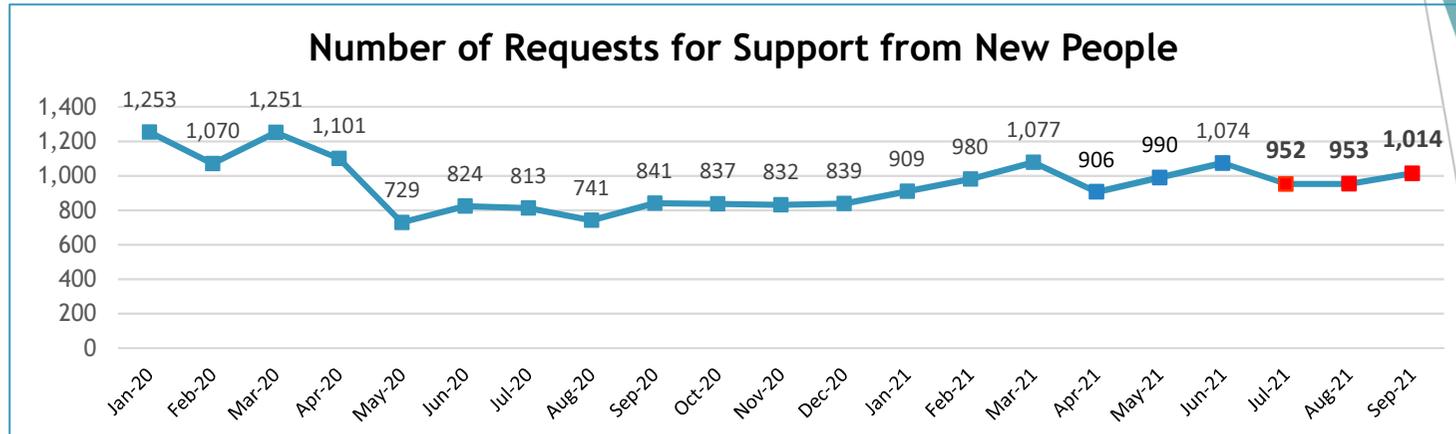
Total new contacts created – Q1	4,801
Total new contacts created – Q2	4,819
Total new contacts created – YTD	9,620
<i>Includes: Safeguarding, DoLS, Blue Badge renewals. Excludes: Contacts relating to existing cases</i>	<b>2021/22 forecast = 19,240</b>



**Note:** Not all referrals lead to a contact record being created. Telephony (ACD) data shows that call volumes have increased overall

**Key Message:** Q2 data follows the Q1 insight, with rising numbers of recorded contacts. What is not evident from the data alone is the marked increase in complexity of enquiries, with factors such as homelessness, risk to and from others, chaotic lifestyles (inc. sex work, cuckooing, coercive relationship) increasing.

# Managing Demand – New Requests for Support



**2021/22 Forecast = 11,778**

**Key Message:** The activity in Q2 is similar and sustained from Q1 but lower than 19/20. However, the complexity referred to in slide 3 is a key factor in challenging demand management



### Short & Long Term Support (SALT): Customer Pathways and Outcomes - Q2 2021/2022

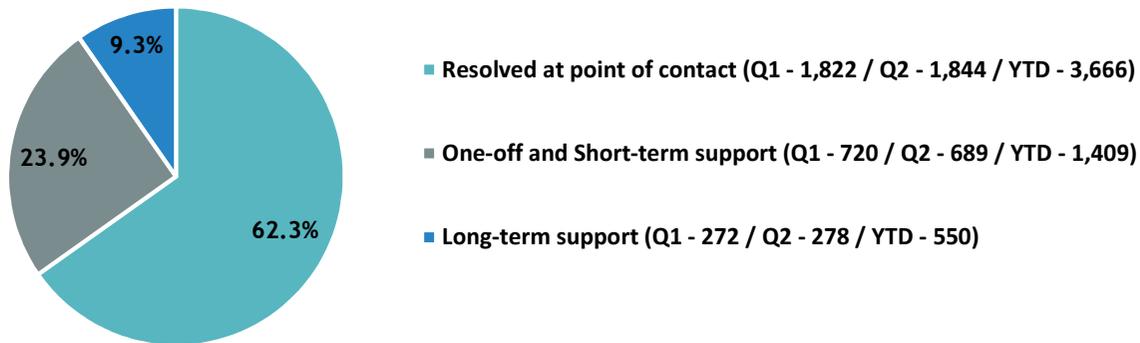


Short Term Support - NEW CLIENTS			SALT STS001		SALT STS002a - Concluded episodes	
Requests/Assessments			Sequel to Request (New Clients)		Sequel to Reablement	
<b>Social Care Activity</b>			<b>Reablement</b>		<b>Service ended early - (not leading to Long Term Support)</b>	
				638 10.8%		91 26.8%
<b>SALT STS001</b>			<b>Admissions to Res Care/Nursing</b>		<b>Admissions to Res Care/Nursing</b>	
				64 1.1%		8 2.4%
<b>NEW Requests</b>			<b>Long Term Community</b>		<b>Long Term Community</b>	
	5,889	17%		499 8.5%		168 49.6%
<i>Route of access</i>			<b>Ongoing Low Level Support (Equipment, AT, Telecare etc)</b>		<b>Short Term Support</b>	
				582 9.9%		57 16.8%
Planned entry (Transition)	31	0.5%	<b>Short Term Support</b>		<b>Universal / Signposting</b>	
Discharge from Hospital	1,095	18.6%		194 3.3%		91 26.8%
Diversion from Hospital	1	0.0%	<b>Universal / Signposting</b>		<b>No services (no needs identified)</b>	
Community / other route	4,762	80.9%		1,927 32.7%		149 44.0%
*Self funder with depleted funds	-	0.0%	<b>No services Provided</b>		<b>No services (support declined)</b>	
Prison	0	0.0%		1,751 29.7%		39 11.5%
<i>Age Group</i>			<b>Other</b>		<b>Other</b>	
				234 4.0%		46 13.6%
18 to 64	2,238	38%	100% NHS funded, End of Life Support, No services provided - deceased, Prison			
65 and over	3,651	62%				
* Figures not yet available						

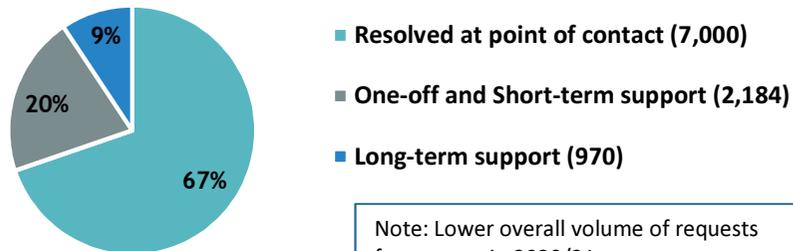
Adult Population 18 and over (Mid 2020): 269,967

# Managing Demand – Meeting people's needs

## Outcome of requests for support – Q2 2021/22



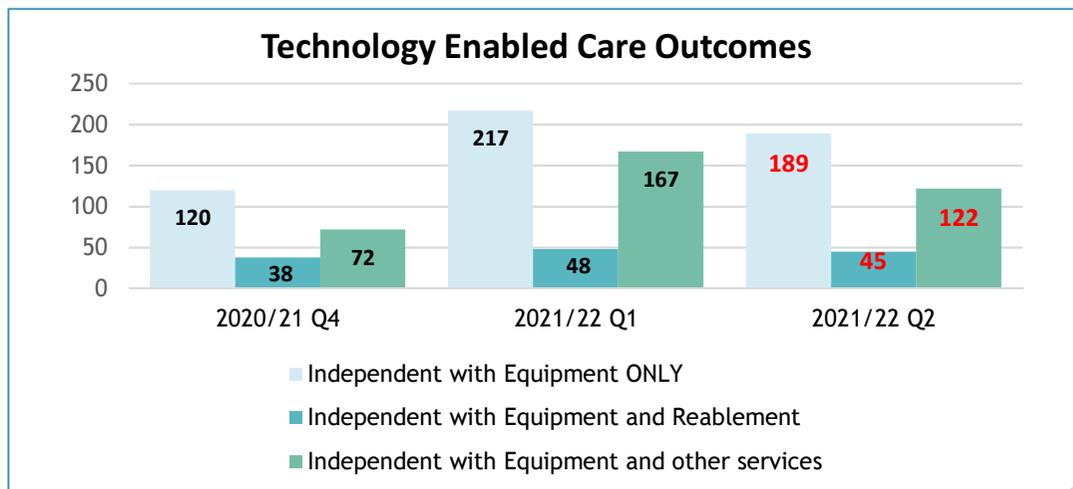
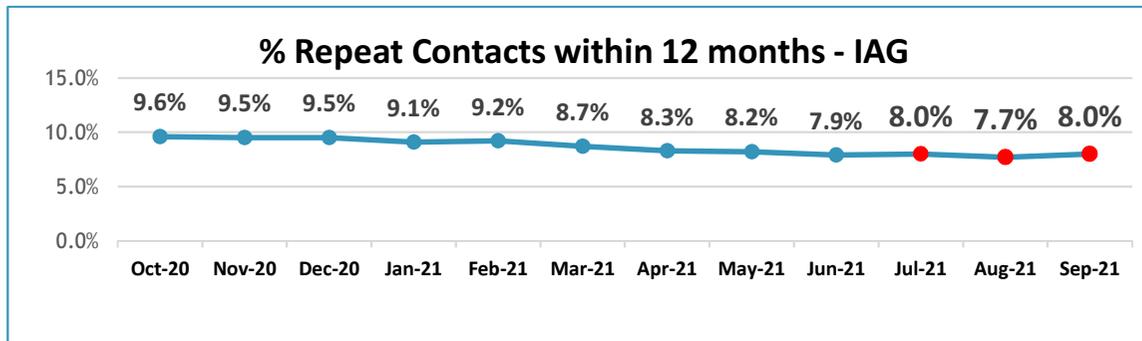
## Outcome of requests for support - 2020/21



Note: Lower overall volume of requests for support in 2020/21

**Key message:** At Q1 it was noted that there had been a shift towards greater use of one off support vs 20/21. This could be attributable to greater elective activity (supported by equipment /AT / reablement use). There is relatively little change in Q2, with only marginal shifts, although positive in direction

# Outcomes of Information, Advice and Guidance (IAG) and One-off support



**Key Message:** The positive position for low repeat referrals is holding. This suggests effective triage / risk management and diversion decisions.

The uptake in the use of AT has been impacted by summer leave and lower referrals but remains well above 20/21. Direct access to TEC for some LPT staff may have a positive impact on activity going forward.



Leicester  
City Council

# Outcomes of short-term support

Effectiveness of reablement/enablement:  
No request was made for ongoing support



**Key Message:** It is reassuring to see the 91 day target remaining strong for Reablement despite the challenges presented throughout COVID. Increasing complexity / acuity and fewer planned elective cases (which would normally lead to full independence) mean that further increasing the % who are fully independent is challenging.

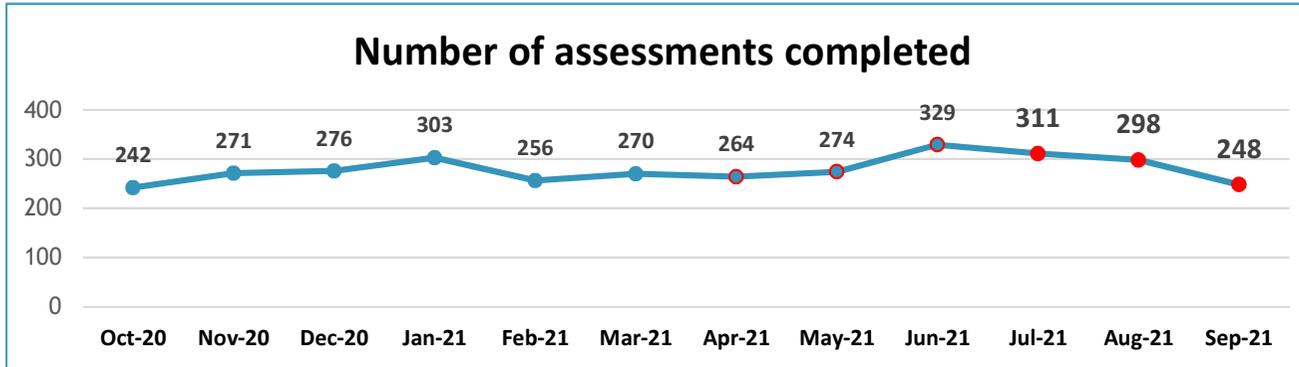
Proportion of older people (65 and over) who are still at home  
91 days after discharge from hospital into reablement /  
rehabilitation services



2019/20 Comparator Data (ASCOF definition – 3 months only)	
Leicester	90.0%
East Midlands	84.6%
CIPFA Nearest Neighbours	82.1%
England	82.0%

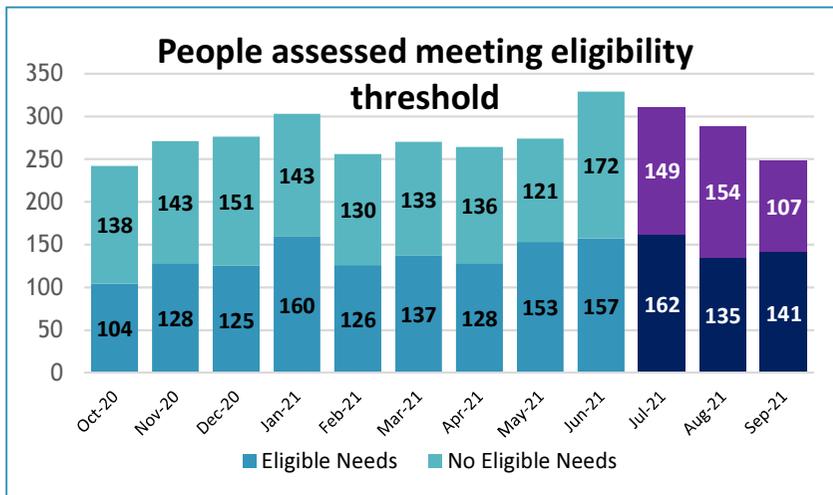


# Assessments



**Assessments completed:**  
 2019/20 – 1,769  
 2020/21 – 2,427

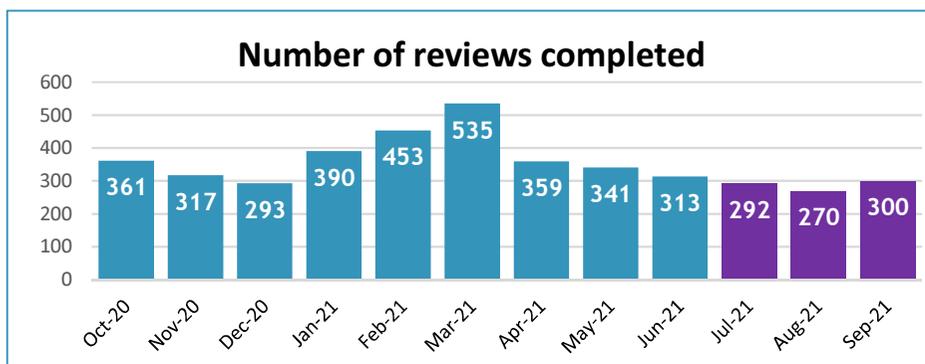
**2021/22 Forecast = 3,430**



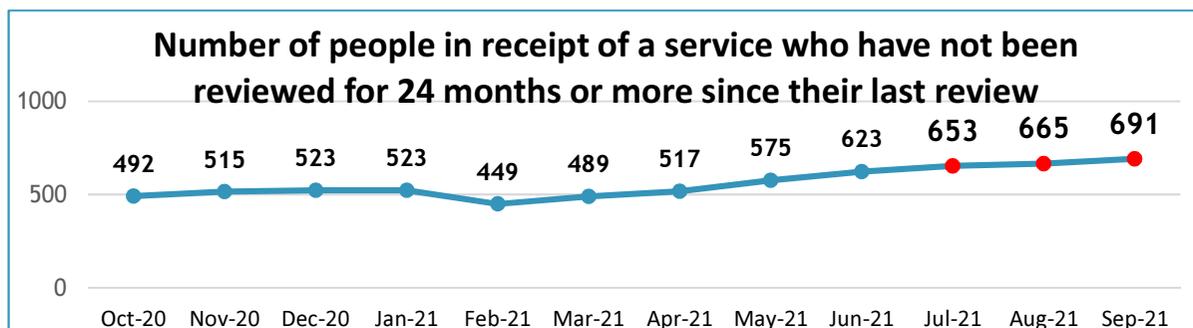
**Key Message:** Assessment activity has reduced over Q2 – this may be linked to capacity and seen in the waiting lists that are beginning to develop. Despite this reduction in activity (and potentially our inability to keep up with pace of demand) overall this is still forecast to be higher activity than in the previous 2 years.



# Reviews



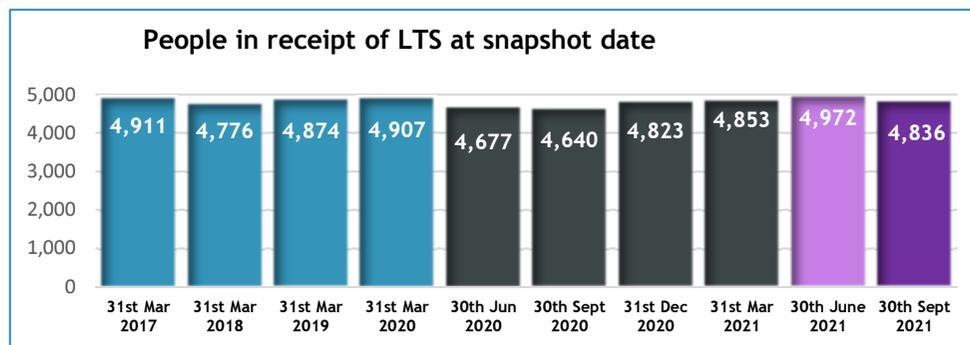
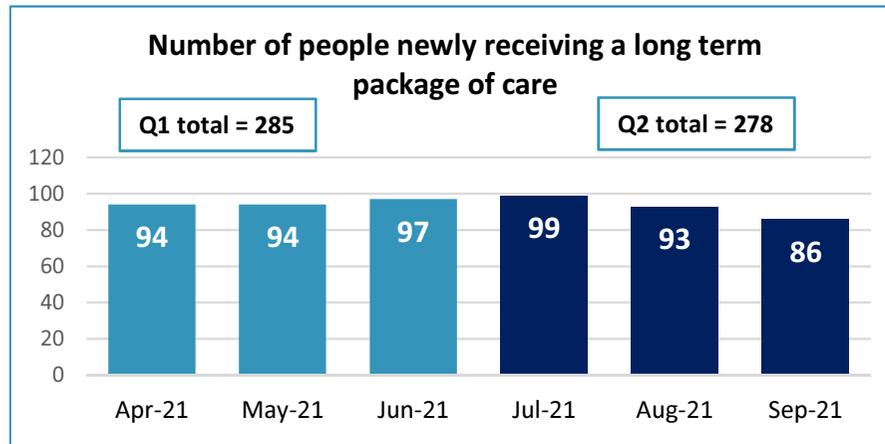
	Reviews completed	People reviewed	People eligible for review
2016/17	5,060	3,655	4,911
2017/18	5,362	3,816	4,776
2018/19	5,128	3,643	4,874
2019/20	4,574	3,289	4,907
2020/21	4,793	3,217	4,835
<b>Q1 2021/22</b>	<b>1,013</b>	<b>890</b>	<b>1,237</b>
<b>Q2 2021/22</b>	<b>862</b>	<b>677</b>	<b>1,209</b>
<b>2021/22 YTD</b>	<b>1,875</b>	<b>1,576</b>	<b>2,418</b>



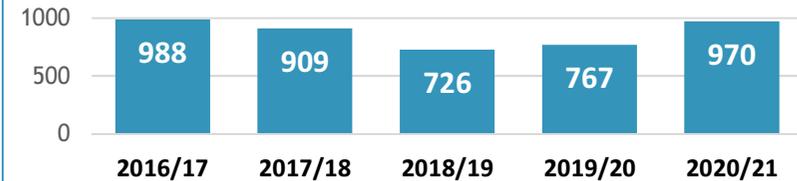
**Key Message:** Review performance remains a key pressure. It is activity that is at risk from increased demand from new people or for crisis management, as reported in Q1. Options to address this are being explored – there is the intention to work with providers to look at provider-led reviews as a pilot. Also to explore self/family led reviews in appropriate situations. Regional work is in scope with support from the ADASS network.



# Long-Term Support (LTS)



Number of people newly receiving a long term package of care - time series



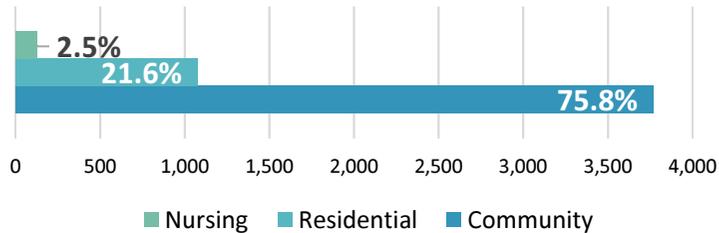
**2021/22 Forecast = 1,126**

**Key Message:** After successive increases, this has dipped in Q2. The overall numbers of supported people has fallen accordingly, to just below the levels in Mar 19 / Mar 20. The pandemic period should be regarded as anomalous .

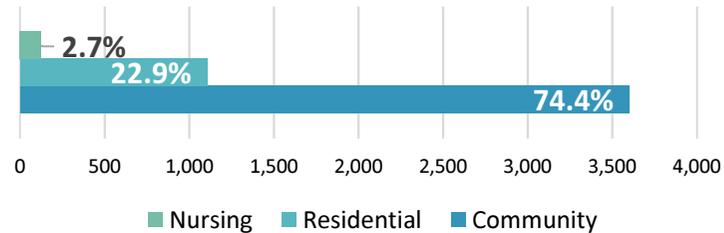
# Long-Term Support – Care setting



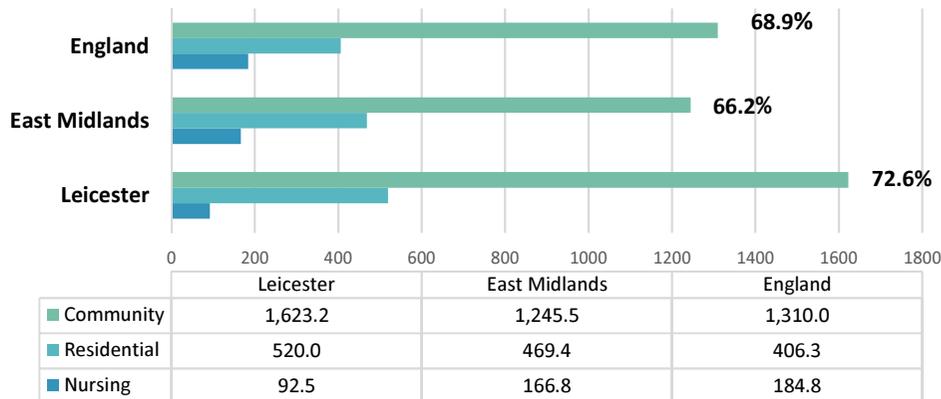
Care setting at 30th June 2021



Care setting at 30th September 2021



Care setting for people with LTS during 2019/20  
(rate per 100,000 population)



**Key Message:** The position remains fairly static, with a positive focus on community services but higher use of residential vs nursing care. Work on supported living should help in the longer term to address this balance.

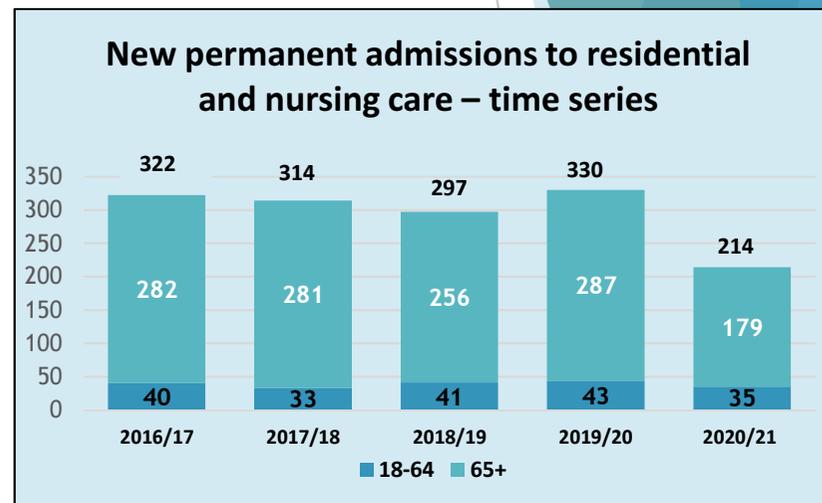
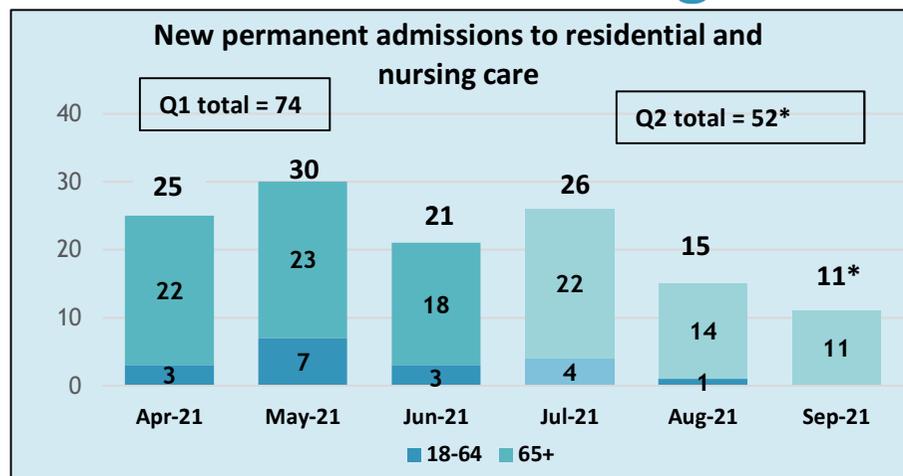


# Long-Term Support – New admissions to residential and nursing care



2021/21 Forecast – 252

\* Latest months data subject to change due to checking process

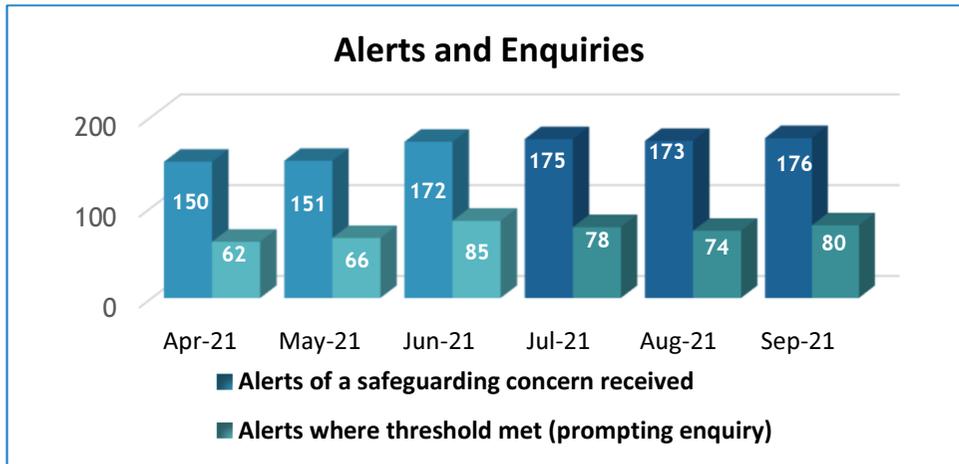


**Key Message:** The number of self-funders, as well as for those individuals whose care is funded by ASC decreased from the last year's figures. The low number placements is linked to the pandemic, however as the population continues to age, demand for care will increase and the types of care needed for long term care will change.

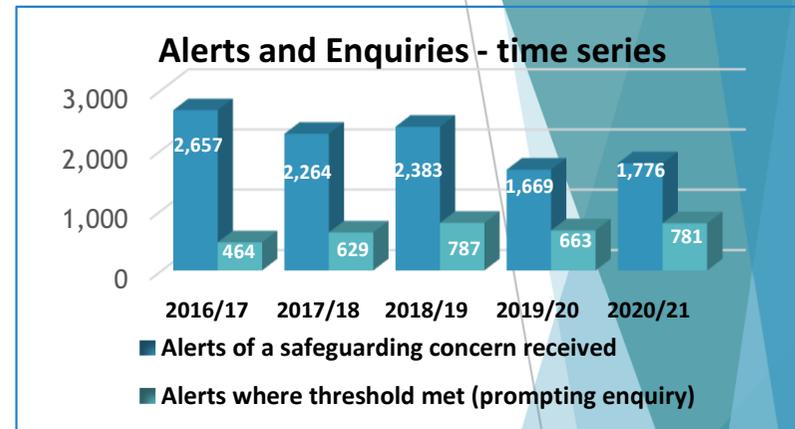
New admissions excluding self-funders whose funds have depleted				
2018/19	2019/20	2020/21	2021/22 - Q1	2021/22 Q2
256	272	176	68	47*



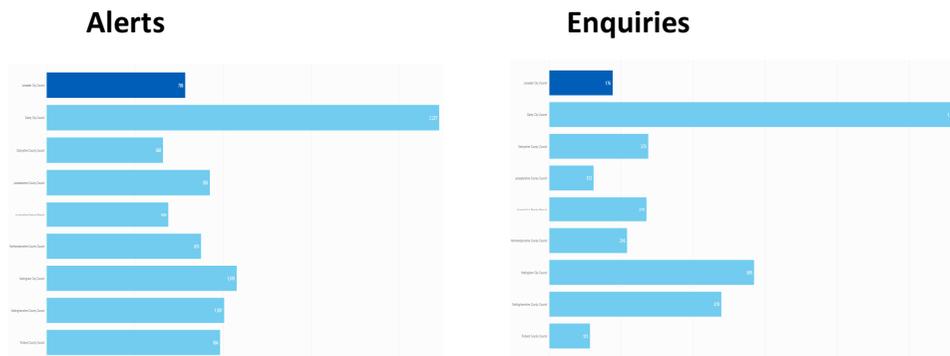
# Safeguarding - 'Alerts' and 'Enquiries'



2021/22 Forecast – Alerts – 1,194  
Enquiries - 890



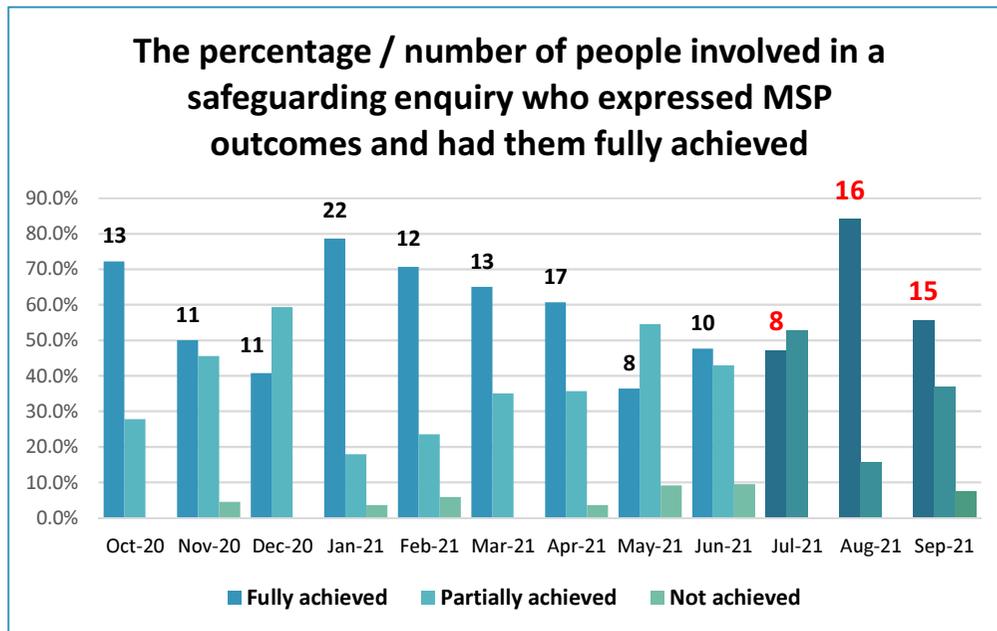
## East Midlands Comparators – 2020/21



**Key Message:** As reported at Q1, levels of alerts and cases meeting the threshold are fairly consistent although 6 months of data is showing a slight upward trend. The impact of Covid was anticipated to result in higher alerts, as 'hidden' concerns become more visible, with greater connectedness between people.



# Safeguarding - Outcomes



	Fully Achieved (%)	Fully Achieved (No.)
2017/18	47.6%	154
2018/19	57.7%	194
2019/20	54.8%	168
2020/21	62.3%	170

Q1 – 49.3% outcomes fully achieved  
Q2 – 61.9% outcomes fully achieved  
YTD – 55.2% outcomes fully achieved

**Key Message:** Positive progress has been maintained in Q2, in helping people to achieve a good outcome. Internal Safeguarding Training continues to support practitioners with practice around promoting people outcomes in line with MSP providing them with tools to support best practice. Feedback from the LGA safeguarding insights shows risk reduced or removed as a result of safeguarding is higher than regional and national comparators.

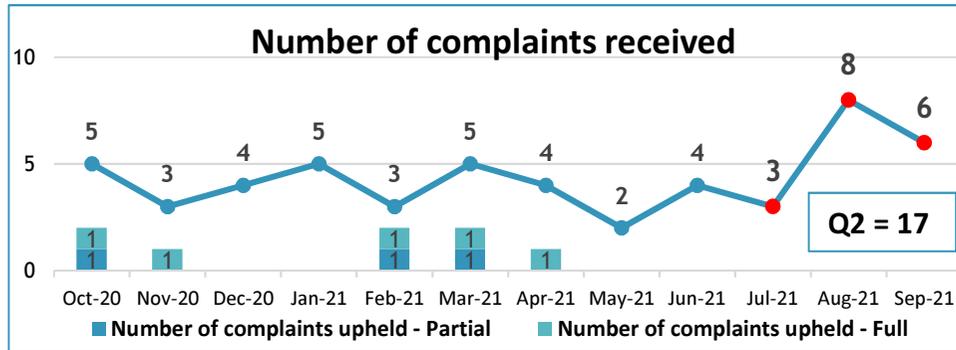
# Health and Social Care Integration - Avoiding hospital admissions and supporting hospital discharges

## *Place holder*

We will be showing the number of people returning home after a hospital stay

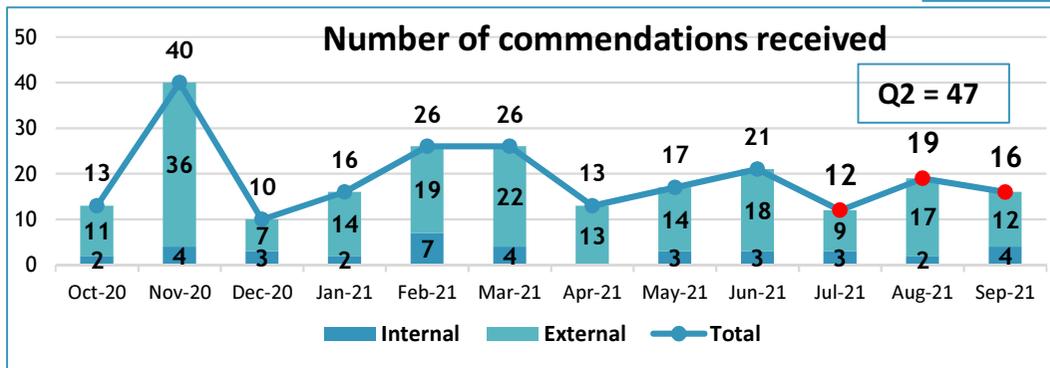


# Quality – Complaints and commendations



	2018/19	2019/20	2020/21
Complaints – Total	85	81	44
Complaints - Fully Upheld	18	9	4
Complaints - Partially Upheld	16	22	8
Commendations	248	295	264

41

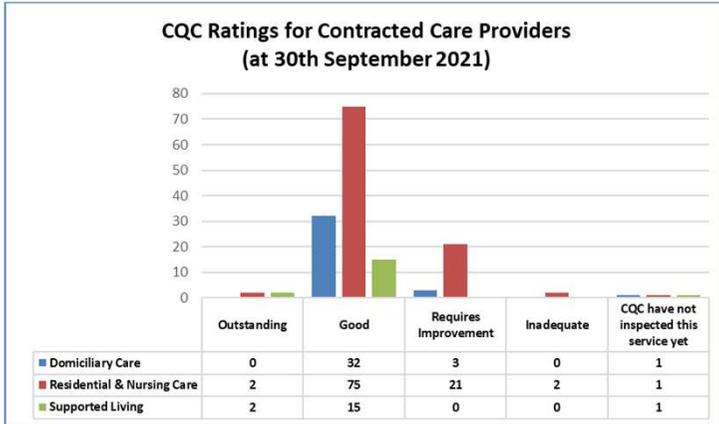


2021/22 Forecast:  
Complaints - 54  
Commendations - 196

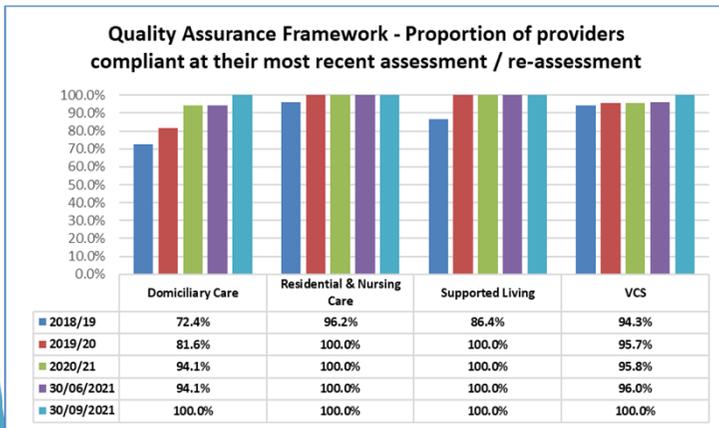
**Key Message:** Complaints have risen in Q2, although with a forecast currently suggesting a lower rate than pre-pandemic years. However this is an area of risk due to building pressures affecting response times, particular in front door and OT services. Dissatisfaction with longer waits may present as statutory complaints in coming months.



# Quality – Commissioned services: CQC/QAF

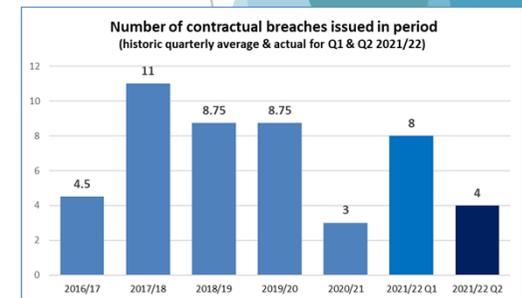


**Key Message:** The continuation of national lockdowns over the early part of 2021 has continued to impact on our ability to undertake routine monitoring of providers in line with our usual procedures. To gain assurance a revised QA framework has been developed and this is in use alongside visits to check on the quality of services and the safety of those supported. CQC continue with a restricted programme of inspections and visits are only undertaken where risks indicate this is required leading to an increase in services rated 'Requires Improvement' since 2020/21.

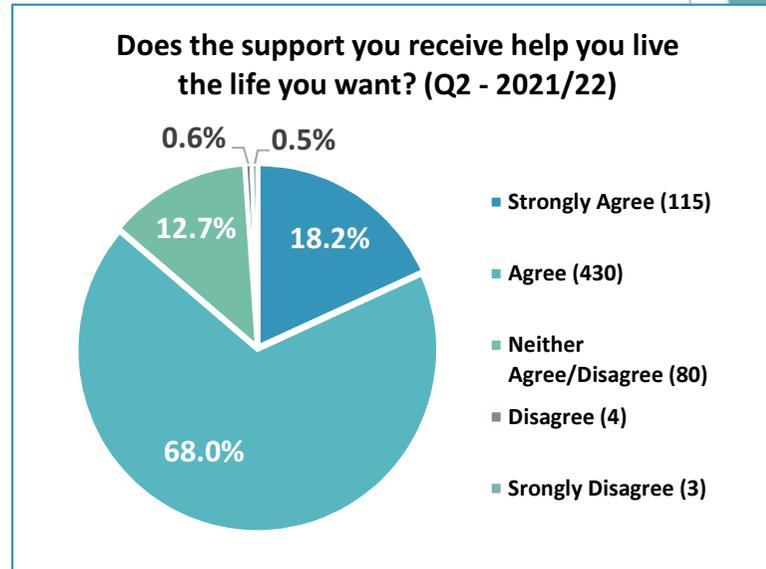
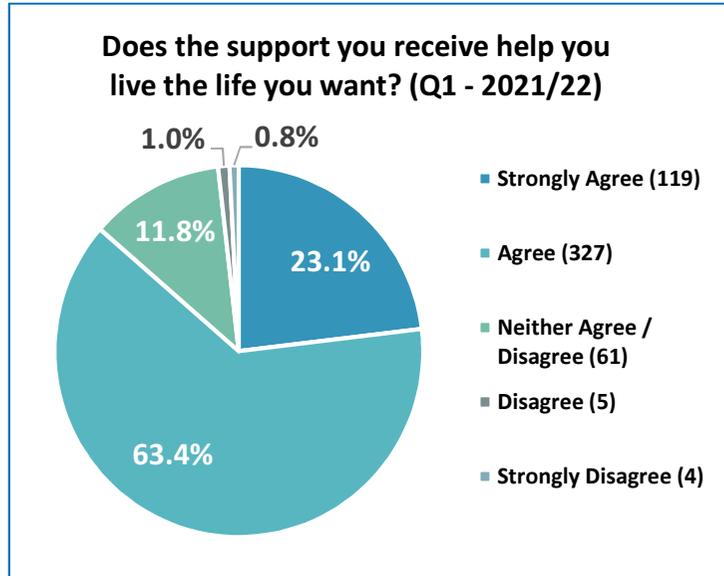


**Care Quality Commission Ratings – March 2020**

Service Type	Rating	Leicester	England
Nursing Care Homes	Outstanding	0%	5%
	Good	57%	69%
	Requires Improvement	43%	21%
	Inadequate	0%	2%
Residential Care Homes	Outstanding	0%	3%
	Good	4%	4%
	Requires Improvement	81%	79%
	Inadequate	11%	13%
Domiciliary Care	Outstanding	0%	1%
	Good	5%	2%
	Requires Improvement	67%	68%
	Inadequate	10%	11%
Supported Living	Outstanding	0%	1%
	Good	22%	17%
	Requires Improvement	71%	73%
	Inadequate	6%	5%
Supported Living	Requires Improvement	0%	7%
	Inadequate	0%	0%
	Unrated	23%	15%



# Satisfaction and outcomes – strengths based related outcomes



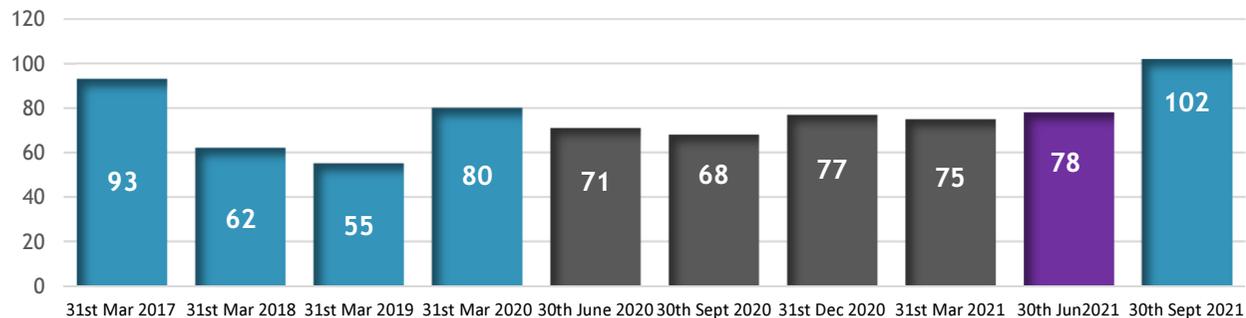
**Place holder**

We will be showing further information on the outcomes of strengths based practice when we have sufficient data.



# Workforce – Staff sickness levels

Cases of long-term sickness (30+ days)



Average days lost to sickness

Division	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2
Social Care & Commissioning	9.3	9.4	9.7	7.0	7.8	7.4	6.0	5.8	6.2	8.1
Social Care & Safeguarding	7.5	9.0	10.1	13.1	11.7	12.0	12.2	11.2	11.1	12.4

**Key Message:** Long term sickness has risen sharply, to its highest level. This is being felt in teams, managing vacancies and with pressures in capacity. Mental health is a particular factor, with a number of absences related to anxiety / bereavement-related MH. There are also people awaiting surgery to resolve health conditions that are preventing them from working. Management actions continue to focus on wellbeing, resilience and AMP actions



## Ethnicity Monitoring:

Detailed ethnicity breakdowns for most metrics in this report are provided in a complementary report to be published alongside this report:





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## **Update on Extra Care**

Adult Social Care Scrutiny Commission

Briefing Report

Date of meeting: 3<sup>rd</sup> March 2022

Lead director: Martin Samuels  
Strategic Director Social Care and Education

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### **Useful information**

- Ward(s) affected: Beaumont Leys and Braunstone Park & Rowley Fields
- Report author: Caroline Ryan
- Author contact details: [caroline.ryan@leicester.gov.uk](mailto:caroline.ryan@leicester.gov.uk)
- Report version number: 2

## **1. Summary**

- 1.1. The purpose of this report is to provide The Scrutiny Commission with an update on the plans for Extra Care developments at Tilling and Hamelin Road.
- 1.2. We have recently held a series of engagement exercises with the market, who as we know, more broadly face new challenges such as material and labour shortages, to see if there is appetite to develop these sites.
- 1.3. The purpose of the paper is to share with The Scrutiny Commission the positive feedback we have received that suggests the market does have appetite and interest in developing Extra Care provision at these sites and gives us a mandate to proceed.

## **2. Recommended actions/decision**

- 2.1 Scrutiny is recommended to note the engagement undertaken with the market, which indicates appetite to develop two Extra Care schemes at the Tilling and Hamelin Road sites.
- 2.2 Scrutiny to note the intention to seek approval to commence procurement.

## **3. Scrutiny / stakeholder engagement**

- 3.1 An extensive process of engagement with potential providers of the service has recently been undertaken and lies at the heart of this report.

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

- 4.1 Original approval was given to develop Extra Care at the two sites in 2015. However, this paused during 2016 as the Government undertook a consultation on a change to funding for supported living developments. This would have substantially altered / reduced the funding structure of the rents and potential viability of bringing such schemes forward, which unavoidably stalled the development until 2019, when the Government noted the responses but did not implement any changes.
- 4.2 Dialogue resumed in late 2019/2020 to reach agreement with all parties to bring forward the developments. Despite attempts on all sides to reach agreement during 2021, we were advised that the other parties no longer wanted to proceed.

- 4.3 Given the experiences of the last exercise we have taken time to evaluate our approach and confirm our requirements and understand the market appetite and interest in developing these sites considering the time since its inception. We wanted to understand pressures the market might be experiencing in bringing forward such developments.
- 4.4 It is important to note that consideration has been given to the Local Authority building and operating the schemes itself. However, this is not a viable option as we are not able to attract the levels of rent, over and above Local Housing Rates.

## 5. Detailed report

- 5.1 A Soft Market Test (SMT) exercise was undertaken from November 2021, which was advertised widely and sought responses on a number of key areas. We received a total of 12 responses from a mixture of markets including care and support providers, private investment companies, linked to developers, but it was limited in terms of responses from Registered Social Landlords (RSL), with only 2 responding of whom 1 is newly formed within the last year.
- 5.2 Following the SMT a Market Engagement event was held on 13 January 2022. Again, we had a similar range of representation, but upwards of 40 organisations were in attendance, including a large developer.
- 5.3 The overall response and interest in bringing forward these sites was positive and has provided some useful intelligence to inform the procurement exercise, if agreed. Topics considered were: models of delivery for care and support; the age range of residents; the scope for a wellbeing charge; the viability of a community café; options around sale or lease of the land; nomination agreements; handling of voids; options for financing, including the potential to use Right to Buy Receipts (RTBRs); planning permission; and timescales.

### Summary

- 5.4 The exercise with the market has gathered useful intelligence to inform the next steps in this exercise. We are currently finalising the options before seeking a decision to proceed.
- 5.5 There are a number of areas that should be noted more broadly that inform the exercise but do not necessarily require a decision.
- 5.6 Firstly, in relation to planning consents, organisations are more likely to review and possibly submit new plans for the site. This in turn will impact on the delivery timescale. The build is likely to take in the region of 18 months, additional time, not yet specified, will be used to update, and submit new plans requiring consent. The procurement timeline suggest that the schemes may not be ready, at the earliest, until 2025.
- 5.7 Similarly, in relation to the financing of the scheme there seems to be less reliance upon the use of RTBR's from the market in bringing these schemes forward.
- 5.8 Once approval to proceed is given we will look to go out to the market in April/May 2022. We are looking to use a negotiated procedure, to reduce risk of failure and

to ensure that agreement is reached on all aspects prior to award. Whilst this approach can take longer than the normal open procedure, it does mitigate risks of failed procurement. The expectation is that it should be possible to award the contract by May 2023, with construction starting in 2024.

- 5.9 There is an option for a member of scrutiny to be involved, to feed in their views, at various stages or to receive updates outside of scrutiny on the progress being made in realising the developments.

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

### 6.1 Financial implications

A sum of £2.51m is still included in the existing capital programme and the soft market testing exercise should help to identify whether bidders are likely to want to call on this as part of the overall funding package.

*Martin Judson, Head of Finance*

### 6.2 Legal implications

Legal Services will need to be engaged to provide advice and assistance once options are known, and to ensure the projects are compliant with all relevant legal considerations (including public procurement, subsidy and land disposal requirements).

*Mannah Begum, Principal Solicitor, Commercial Legal, Ext 1423*

### 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. This includes where services are contracted out – the PSED cannot be delegated.

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 engagement exercise undertaken with the market, which indicates an appetite to develop two Extra Care schemes at the Tilling and Hamelin Road sites. The two Schemes will provide accommodation for a range of vulnerable people aged 18+ including people with learning disabilities, people with mental health need and people with physical or sensory disabilities, older people and people with dementia. It is important that inclusive design standards are adhered to in relation to the development of the schemes.

It is likely that the provision of developments that comprise self-contained homes with design features and support services available to enable self-care and independent living should help to foster good relations between people who share a protected characteristic

and those who don't. Good quality living services are essential in enabling individuals to increase their independence and supporting recovery, enabling people to participate effectively in public and community life.

As previously stated it is recommended that an Equality Impact Assessment be commenced as part of the development of the proposal in order to effectively assess the impact on protected characteristic groups and take steps to reduce or remove any disproportionate impacts where they are identified. This should include findings from consultation and/or engagement with relevant groups/ individuals as appropriate, in this case the engagement exercise undertaken with the market, in order to fully understand the potential impacts.

The Equality Impact Assessment should also be used to maximise positive impacts by making sure that the aims of the PSED are actively considered in the development of proposals and the final decision, as well as the procurement process.

Sukhi Biring, Equalities Officer, 454 4175

#### 6.4 Climate Emergency implications

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

Where new accommodation is developed opportunities should be taken to make the properties as energy efficient and low carbon as possible from the earliest stages of the project process. Measures should include fitting high levels of insulation, low carbon heating, low energy lighting and renewable energy sources such as solar PVs. Not only would this minimise carbon emissions from the properties, it would also significantly reduce energy costs and could increase comfort levels for residents.

Any development will nonetheless be required to follow policy CS2 of the Adopted Leicester Core Strategy and relevant building regulations. A toolkit is also being developed to support the achievement of reduced carbon emissions in council capital construction and renovation projects.

Within this exercise the need to reduce carbon emissions and deliver energy efficient properties should be embedded within the further procurement stages, as appropriate. This should include setting out the council's requirements around energy efficiency and carbon reduction and requesting details from potential providers around their relevant experience or expertise or policies. If appropriate, this could also be considered as part of relevant future SMT exercises.

Aidan Davis, Sustainability Officer, 454 2284

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

None

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

None

**8. Summary of appendices:**

None

**9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? No**



## Adult Social Care Scrutiny Commission Report

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Deprivation of Liberty Safeguards and Liberty  
Protection Safeguards

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Lead Member: Cllr Sarah Russell  
Lead Strategic Director: Martin Samuels  
Date: 3<sup>rd</sup> March 2022

Wards Affected: All  
Report Author: Vince Duffy / Ruth Lake  
Contact details: ruth.lake@leicester.gov.uk  
Version Control: 1.1

## **1. Purpose**

- 1.1 This report describes the existing requirement to implement Deprivation of Liberty Safeguards (DoLS) and the planned implementation of a replacement process called Liberty Protection Safeguards (LPS).
- 1.2 The report is for information.

## **2. Summary**

- 2.1 Article 5 of the Human Rights Act 1998 – the right to liberty and security – requires that lawful processes are followed whenever people are deprived of their liberty (for example, if arrested or detained under a section of the Mental Health Act 1983).
- 2.2 DoLS is the statutory process within the Mental Capacity Act 2005, that should be followed when it is in people’s best interests to be deprived of their liberty in care homes or hospitals. This only applies where the person lacks the mental capacity to consent to be there and they are aged 18 years and above.
- 2.3 Due to the challenges described in this report, and following a consultation, the Mental Capacity Amendment Act 2019 will replace the DoLS process with a new process referred to as the Liberty Protection Safeguards (LPS). The implementation date has been twice deferred due to ongoing work to create the statutory guidance and code of practice required to make this change in practice. No further date has been set, following the deferment from 1<sup>st</sup> April 2022.

## **3. Recommendations**

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
  - a) Note this report and provide any comments
  - b) Receive a future report when an implementation date and accompanying statutory guidance are confirmed.

## **4. Report**

### **4.1 Legal Framework (DoLS)**

4.1.1 DoLS came into force in 2009 as an amendment to the Mental Capacity Act 2005. Statutory responsibility for delivering DoLS rests with Local Authority Adult Social Care departments.

4.1.2 For a deprivation of liberty to be authorised, several bureaucratic procedures must be followed. Two independent professionals (a Mental Health Assessor - usually a psychiatrist, and a Best Interests Assessor - usually a social worker) assess the person and complete six assessments: best interests, mental health, mental capacity, age, eligibility and no conflicts (with advance decisions or decisions of attorneys or deputies).

4.1.3 A manager (Authoriser/Signatory) within the Local Authority then scrutinises these assessments and may authorise that person's deprivation of liberty. People can appeal against their deprivations at the Court of Protection and receive legal aid without means-testing.

4.1.4 What constitutes deprivations of liberty in care settings is defined by case law, not legislation. From 2009 to 2014, the courts determined that DoLS authorisations were only needed in limited circumstances. For example, when people objected strongly to where they lived or to how they were supported.

4.1.4 A Supreme Court judgment in 2014 (the Cheshire West judgment) led to a widening of the cohort of people falling into this category. It was recognised that it was an infringement of an individual's Article 5 Human Right, where they lacked capacity to be deprived of their liberty, regardless as to whether they objected, or not. As a result, all Local Authorities have seen a minimum of a fivefold increase in the referrals being received. This has led to Local Authorities being unable to meet their statutory responsibilities to assess people within the legal timescales.

### **4.2 Service structure**

4.2.1 Due to the fivefold increase in requests for DoLS since 2014, Leicester City Council has not been in a position to match the level of requests with resources. The size of the team was doubled in 2016 but the demand for the service was and continues to be greater than the resources available.

4.2.2 The DoLS service sits within Adult Social Care and comprises of 1 Team Leader, 6 BIA and 2.6 administrator posts. However, since the Covid-19 pandemic began in March 2020 the DoLS Team has been under resourced and currently has 3.5 BIAs and 1.6 Administrators in post.

4.2.3 Several recruitment initiatives have been undertaken during 2021 but were unsuccessful in attracting appropriate candidates. Upon further enquiry with several other local authorities there appears to be a void in available candidates, with a belief that this is due to a mixture of the current employment climate following Covid-19 and the limited future for DoLS.

4.2.4 Currently, we are managing a waiting list of approximately 550 persons requiring the statutory process of DoLS to be applied. To mitigate risks, the national triage criteria is applied to ensure that people on the list are triaged in order of priority and reviewed, to ensure those who wish to appeal placement or for whom greater concern has been expressed, receive the safeguards afforded by DoLS such as advocacy and a route of appeal. Best Interest Assessors external to Leicester City Council are also contracted to support the delivery of the service.

### **4.3 Key risks**

4.3.1 The described risks are included in the Departmental and Corporate risk registers. Eligible people not having the DoLS process applied are left without their Article 5 human right being maintained, as they have no lawful mechanism for which to appeal. This can result in litigation and lead to both financial and reputational consequences. There are case law examples where this has been established.

4.3.2 If all eligible persons for DoLS had the process applied, there is a likelihood there would be an increase in Court of Protection appeals resulting in both additional work and costs being met by Adult Social Care and thus increased risk in not being able to meet the demand.

4.3.3 For an eligible person not receiving a DoLS assessment, there is the risk that they might not be receiving an appropriate level of support in a manner that meets their best interests.

4.3.4 Due to the recognised risks faced by all local authorities, in 2016 The Law Commission led on a consultation. This was seeking a change that ensured individual's Article 5 human rights were maintained, but with a focus on streamlining the statutory process in an attempt to reduce the bureaucracy. This has resulted in the development of the Liberty Protection Safeguards (LPS).

### **4.4 Liberty Protection Safeguards (LPS)**

4.4. 1 The LPS objective will be the same as that of DoLS in maintaining a person's Article 5 human right but the key differences are:

- a) LPS will lower the age of eligibility and apply to all individuals aged 16 years old or above, who lack the capacity to consent to the care arrangements.

- b) The care arrangements can apply in any community setting including shared lives, supported living, own home and not just in care homes and hospitals.
- c) Whereas DoLS consists of 6 assessments, LPS will consist of three – capacity, mental disorder, and ‘necessary and proportionate’. Consideration to other existing DoLS criteria must be incorporated.
- d) Whereas the local authority is the sole responsible body for delivering DoLS, both hospital trusts and Clinical Commissioning Groups (CCG) (which, in due course will become Integrated Care Systems ICS), will become ‘responsible bodies’ in delivering LPS to those individuals who are either in hospital who meet the qualifying criteria, or those within a community-based setting where the care arrangements are 100% funded by the CCG.
- e) LPS will be delivered at the point of becoming known to Education or Adult Social Care, where it is recognised that the person meets the qualifying criteria. This is different to DoLS, which is applied when a person is considered for a move into a care home or admitted to hospital.
- f) All professionals within the Local Authority (e.g. social workers and occupational therapists) will be responsible for delivery of LPS, whereas DoLS is delivered by Best Interest Assessors.
- g) Best Interest Assessors will be replaced by a new role, Approved Mental Capacity Professional, who will be employed by Local Authorities, hospital trusts and CCGs. These new roles will apply additional scrutiny to those situations where the individual is objecting to their care or treatment arrangements that amount to a deprivation of liberty or, where the case is considered complex.
- h) Where the person is in an independent hospital, the local authority will be responsible for delivering LPS, for which an Approved Mental Capacity Professional will be required.
- i) Local Authorities will be responsible for delivering the training for relevant professionals within hospital trusts, CCGs and Local Authorities to become qualified Approved Mental Capacity Professionals and be responsible to ensure there are enough Approved Mental Capacity Professionals to meet the requirements.

#### **4.5 Potential positive outcomes of the new scheme**

4.5.1 It is hoped this change will create a simplified legal framework that is accessible to all parties. It should deliver improved outcomes for people deprived of their liberty and for their family/unpaid carers.

4.5.2 LPS should provide a simplified authorisation process capable of operating effectively in all settings. Also, provide a comprehensive, proportionate and lawful mechanism by which deprivations of liberty for young people (aged 16 and 17 years of age) can be authorised, reducing the need for time critical and expensive Orders to be obtained from the Court of Protection.

4.5.3 LPS should ensure increased compliance with the law, improve care and treatment for people lacking mental capacity and provide a system of authorisation in a cost-effective manner. The new scheme can apply across multiple community settings unlike DoLS, reducing the frequency of further assessment being required.

4.5.4 LPS includes the lawful conveyance of individuals subject to the new scheme who might abscond or need to be relocated, where currently DoLS does not provide this.

4.5.5 LPS gives an opportunity to raise the quality of work across all organisations in supporting and promoting individual's autonomy to make decisions and promote their best interests in meeting their needs.

#### **4.6 Potential risks for implementing and delivery of LPS**

4.6.1 The key risk is the lack of guidance in support of the legislation. Local Authorities have not been able to accurately scope the potential number of people who will be eligible for LPS to be applied or plan for the detail of the changes that will be needed.

4.6.2 With lack of ability to scope and plan, there are concerns about a lack of sufficient funding to resource the new LPS service / approach.

4.6.3 There is a risk of an increase in numbers of people known to Adult Social Care, because people who currently fund their own private care that amounts to a deprivation of the person's liberty (and where they may lack capacity to decide upon that care), will require LPS to be applied.

4.6.4 Ensuring both Education and Adult Social Care staff receive appropriate and timely training to deliver LPS when it is implemented (date yet to be confirmed) is a concern. Equally, ensuring we have sufficient qualified Approved Mental Capacity Professionals to deliver LPS.

4.6.5 When the date for implementation is confirmed, there is a risk of not having the appropriate time and funding to develop existing workforce and IT systems, as well as assist Health partners in ensuring that a robust and efficient and effective service is in place.

4.6.6 When LPS is implemented, the DoLS Service will continue to run alongside for the first 12 months to support an effective transition between the old and new schemes. This will provide a challenge by way of dual systems and roles being required with Approved Mental Capacity Professionals being required to also continue to engage as Best Interest Assessors (where required).

4.6.7 Clearing the existing backlog of persons waiting for DoLS before LPS (currently approximately 550 people) is at planning stage but cannot progress until an implementation date is known.

4.6.8 Scoping is needed of required advocacy referred to as Independent Mental Capacity Advocates, as this need will increase under LPS. Responsibility to ensure enough Independent Mental Capacity Advocates are available to meet statutory requirements rests with the Local Authority.

#### **4.7 Planning and next steps**

4.7.1 A local action plan has been agreed as far as it can be given the unknowns, outlining requirements for the new scheme. A planning group is chaired by the Director, ASC and Safeguarding. Key individuals have been identified to assist in meeting the requirements of the proposed action plan. Leads are engaging both regionally and locally with other DoLS/LPS leads, sharing knowledge and best practice in planning for the new scheme.

4.7.2 Liaison is taking place with Health partners to ensure a common understanding of the requirement and to establish training requirements for LPS. To date, Adult Social Care staff have received updated training on how to assess mental capacity in accordance with the Mental Capacity Act 2005. Further training is planned on how to assess a person's needs (the necessary and proportionate element) under LPS. We are awaiting training requirements to be established nationally, for both conversion of Best Interest Assessors to the new Approved Mental Capacity Professional qualification and also the training programme for other professionals to become Approved Mental Capacity Professionals.

4.7.3 Scoping the numbers of people within Leicester City who may be eligible for LPS is in progress, as best as we are able, which will help determine the shape and size of the LPS Service.

4.7.4 Corporate IT solutions are being addressed to meet the requirements.

4.7.5 Much of what has been outlined above, including the process for delivering the LPS scheme, is yet to be determined in the Regulations and the draft Codes of Practice, for which we are awaiting release. Upon release, there will be a three-month consultation period. A future date for implementation of LPS is expected, following conclusion of the consultation period.

#### **5.1 Finance**

The financial implications of the changes outlined in this report are unknown at this stage. Once the estimated demand is clearer and the resource requirements more certain, then the budget implications can be quantified.

**Martin Judson, Head of Finance**

## **5.2 Legal**

This report clearly sets out the changes that will be brought about by the Liberty Protection Safeguards scheme and highlights the risks and mitigations that are being considered in anticipation of the changes. Legal advice should continue to be sought regarding the implications of the scheme.

**Pretty Patel- Head of Law, Social Care & Safeguarding Tel: 0116 454 1457**

## **5.3 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 unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

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

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

The report provides an update on the existing requirement to implement Deprivation of Liberty Safeguards (DoLS) and the planned implementation of a replacement process called Liberty Protection Safeguards (LPS), both of which will have an impact on people from across a range of protected characteristics. Going forward need to ensure equality considerations continue to be taken into account once an implementation date and accompanying statutory guidance are confirmed.

**Sukhi Biring**  
**Equalities Officer**  
**Tel 37 4175**

## **5.4 Climate Change Implications**

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

**Aidan Davis, Sustainability Officer, Ext 37 2284**

6. Appendices  
None

7. Background Papers  
None

8. Is this a Key Decision Y/N = N



# Adult Social Care Scrutiny Commission Report

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Care Technology Update

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Date: 03/03/2022

Lead Member: Cllr. Sarah Russell

Lead Director: Martin Samuels



## **Useful information**

- Ward(s) affected: ALL
- Report author: Adam Lacey
- Author contact details: 0116 4542282; Adam.Lacey@Leicester.gov.uk
- Report version number: 2.0

## **1. Summary**

- 1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with an overview of the Social Care & Education Department's Care Technology Strategy 2020 to 2024 as detailed in Appendix 1.
- 1.2 The strategy focusses on the use of Care Technology to promote independence as a means of reducing the need for statutory funded support and is the umbrella term that generally encapsulates a range of supportive technologies, such as assistive technology, telecare, telehealth, and emerging technologies like the use of robotics, virtual reality, and software & applications.
- 1.3 However, the strategy goes beyond the use of Care Technology and seeks to understand and develop the use of Technology Enabled Care (TEC), which is the proactive application of care technology to help people achieve their desired outcomes. TEC approaches to technology are person-centric and technology agnostic – this means that technology should address an existing problem or further an opportunity to support people, recognising that not 'one size fits all'.

## **2. Recommended actions/decision**

- 2.1 The Adult Social Care Scrutiny Commission is recommended to note the content of the report and the appendices and to provide feedback / comment.

## **3. Scrutiny / stakeholder engagement**

### **3.1 Completed stakeholder engagement**

3.1.1 Engagement with several stakeholders has been completed:

- ASC Heads of Service – to understand how TEC aligns to ASC service areas
- ASC Care Management – to develop the department's TEC priorities
- People who currently use ASC Care Technology – a small sample

### **3.2 Scheduled stakeholder engagement**

3.2.1 As part of the upcoming work on TEC, further engagement with stakeholder groups is planned with:

- People who draw on social care support – to understand how Collaborative Robots, or Co-bots have impacted them (Autumn 2022), and to help design new technology solutions. (Summer 2022)

- ASC Care Management and Commissioning colleagues– to identify and prioritise areas to pilot and purchase new technology. (Jan – Mar 2022)

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

##### Background

- 4.1 SC&E has a Care Technology team which works with local Health to deliver technology that supports adults. The services provided enable people to be safe and independent, however, the technology and approach to introducing more options could be improved.
- 4.2 SC&E has implemented a Care Technology Strategy 2020 to 2024, with a vision to ‘think TEC first’ – this means exploring how technology can best support people to achieve their outcomes before considering other services. There are several key priorities identified to help achieve this vision – **(please see appendix 1 for the full strategy)**.
- 4.3 To help achieve the priorities outlined in the strategy, the department has identified the key areas we need to develop. The work will focus on how we can improve on the existing TEC services delivered to adults, as there is more evidence in the market on how Local Authorities have used technology to deliver successful outcomes for adults. Opportunities to include children and young people will be explored in the future.

#### 5. Detailed report

##### 5.1 ASC’s Current offer

- 5.1.1 Adult Social Care provides a Care Technology service, with ‘standalone’ and Telecare options - **(for some examples of our technology offering, please see appendix 2)**.
- 5.1.2 Standalone technology is either used directly by a person who can undertake a task without supervision or is reliant upon someone living in the property with the person, who can help if required. Typical types of standalone technology are medication dispensers, electronic clocks with medication reminders, dementia clocks and sensor technology which connects to a pager.
- 5.1.3 Telecare technology is used more typically by a person who lives alone or may be alone for long periods of time. The Care Technology service installs and monitors technology to support people’s independence whilst providing 24/7 emergency telephone support for those that need it.
- 5.1.4 Telecare is a chargeable service provided by LeicesterCare, to people on request. Devices are connected via telephone line and can raise calls to LeicesterCare’s 24/7 alarm receiving centre for support.

- 5.1.5 The service can be requested by Health and Social Care professionals. Care Technology specialists work with people and professionals to identify the right technology solution needed to support a person.
- 5.1.6 The Care Technology and LeicesterCare service supports up to 5,500 people at any time, with approximately 2,000 technology devices installed each year. The service itself is recognised for its work with Health on responding to crisis situations, with the use of technology. There is a catalogue of solutions available to Social Work Professionals, to support people with frailty, poor mobility and physical impairment.
- 5.1.7 As well as supporting people with their independence, the service has been important in the safeguarding of lone workers. When lone working staff do not check-in, or they need to request for help, the LeicesterCare service can be contacted to take appropriate action. The team also support Adult Mental Health Practitioners by handling time-sensitive calls when professionals are busy visiting people.
- 5.1.8 The service has been able to facilitate timely hospital discharges and avoid admissions and readmissions to hospital and residential care. However, there are opportunities to improve the service and its offer. We could:
- Improve our collective knowledge and confidence in it, so that we can support more people. This means changing our culture about technology.
  - Increase the technology offer itself, with solutions available for more people with differing abilities and outcomes.
  - Be better when identifying how technology benefits people, providers of care, Health partners, and the council.
- 5.1.9 The All Age Care Technology Strategy, and the important work planned will help improve our TEC service and offer.

## **5.2 Strategy and Key Priorities**

- 5.2.1 Adult Social Care faces budgetary constraints that require us to think creatively when supporting people. Technology services that can be preventative, person-focused, and cost-effective can help support people in achieving their outcomes.
- 5.2.2 Working with social work teams, an All Age Care Technology Strategy has been written to identify the work required to improve SC&E's use of technology to support people.
- 5.2.3 The strategy highlights the gaps in the department's current approach to technology, with limited knowledge and confidence in TEC, and the technology itself observed as areas for significant improvement.
- 5.2.4 The vision of the strategy is for us to 'think TEC first'. Three key aims will help us achieve our vision:
- To strengthen our knowledge – this means improving the working knowledge that staff have in TEC, with an aim to increase confidence in TEC use.

- To improve access – this means providing more opportunities for people to use existing, and new technologies to support them.
- To demonstrate the benefits – this means developing feedback from professionals and people to understand how TEC services are supporting them. This will help the department manage what we spend on services, by increasing the use of alternative provision like technology.

5.2.5 Fourteen priorities have been identified and are aligned to the key aims. **(Appendix 1 outlines these priorities and how they link-back to the key aims).**

5.2.6 These priorities focus on delivering improvements to the existing TEC service and our culture, whilst exploring options to be more innovative with technology. The strategy and priorities are the department’s roadmap for improvement in TEC services provided.

### 5.3 Important work planned

5.3.1 To help deliver the strategy’s vision and priorities, three important pieces of work are underway:

- Pilot Collaborative robots (or Co-bots) - test new technology to support the delivery of reablement and domiciliary care. This will help us improve our TEC offer and demonstrate the benefits for technology.
- Research and forward plan - understand what other new technology could be piloted and purchased to support people. This will help us improve our TEC offer.
- Action and Change – make changes to service delivery and culture, to increase confidence in TEC. This will help us strengthen our knowledge of technology and make the necessary improvements to help us demonstrate the benefits for technology.

5.3.2 The Co-bots pilot will test a wearable Co-bot that can support a Health and/or Social Care Professional in the lifting and transferring of people, in Spring 2022. The Co-bot is worn around the waist and lower back, and detects the signals made between the brain and muscles, converting this into motion. Fig. 1 illustrates how the co-bot is worn.



Fig. 1 – The HAL BB04 ‘Co-bot’

Source: [CYBERDYNE.JP](#)

Video Demonstration: [Cobots - Collaborative Robots in Care - YouTube](#)

- 5.3.3 We will test this technology with our Reablement service for 6 months. In this time, we will observe if the health and wellbeing of professionals and people improve, as well as if this technology could reduce the number of 'double-up' requests for support- this means when two care workers are required to deliver care and support to people.
- 5.3.4 ASC is also researching into other TEC solutions that could be piloted and implemented to support people. We are being 'Technology Agnostic' in our research – this means to look at existing problems or opportunities and then identify what solutions are available, recognising that not 'one size fits all'. To do this, we are working with ASC social work teams, commissioning & contracts teams, and Health partners to create a plan for innovation, by Spring 2022.
- 5.3.5 As part of our research, we will look at how applications could be used to support people's self-care, and what opportunities there are to work with Health partners.
- 5.3.6 ASC is also embedding a new culture change around TEC, with focus on several pieces of work:
- Deliver 'Support Sequence' training to social care professionals.
  - Understand the resource requirements of the service.
  - Provide professionals with opportunities to learn about the TEC offer.
  - Improve the TEC referral process to include more feedback from professionals and people.
- 5.3.7 Starting with the Support Sequence training – The Support Sequence is a model for ASC assessment. It is designed to help social work staff recognise all the resources available to a person to support their outcomes. The use of technology to support people is step two of seven. Training will be delivered in Spring 2022.
- 5.3.8 Work to help understand the resource requirements of the service will also be delivered in Spring 2022. The delivery of further learning opportunities and improvements to the referral process will come later.

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

### **6.1 Financial implications**

The increased use of technology is an important part of the department's strategy to suppress the increase in care package costs. One off funds will be used to trial the use of new equipment both for care providers (for example the Cobots) or for clients, to determine their cost effectiveness and whether these items should be added to our current offer.

*Martin Judson, Head of Finance*

## 6.2 Legal implications

It is understood that there is an existing provision in place for the Telecare Services any, proposal to increase the technology offer will need to be in accordance with the Contract Procedure Rules and in line with existing contractual terms.

Any re-commissioning of services will need to be in compliance with the Authority's internal Contract Procedure Rules and Public Contract Regulations 2015 (as amended).

Engagement of legal and procurement teams should be sought as required.

*Mannah Begum, Principal Lawyer (Commercial) Ext: 1423*

## 6.3 Equalities implications

There are no direct equality implications arising from the report as it is to provide an update on ASC's current care technology offer and how it could be improved.

Care Technologies can support the delivery of existing care and prevent formal services from being required and can enable people to live more safely in their own homes avoiding admission to hospital, thereby leading to positive impacts for people from across all protected characteristics.

It is important as the project moves forward that any scheduled engagement is accessible and inclusive.

Care technologies can improve the equality of the service through improving access and broadening the scope of the service. A cultural change can enable the Council to benefit from advancements in care technology as they arise, aiding the shift towards a preventative approach.

*Surinder Singh, Equalities Officer, Ext 37 4148*

## 6.4 Climate Emergency implications

There is potential for technology procurement to have a significant carbon footprint due to both the materials and energy used in its' production and its energy use whilst in operation. Therefore where technology and equipment is procured the council's sustainable procurement guidance should be followed, including consideration of energy and resource efficiency, limiting waste and eventual reuse/recycling. Where procurement is carried out by partners they should also be required or encouraged to consider these issues as appropriate to the service and contract.

However, it should also be recognised that use of care technology has the potential to reduce carbon emissions. For example, this could include where preventative measures might reduce the number of in-person care journeys and travel emissions required over time.

Aidan Davis, Sustainability Officer, Ext 37 2284

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

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

**8. Summary of appendices:**

Appendix 1: All Age Care Technology Strategy 2020-2024; plain text

Appendix 2: Examples of Leicester City Council's Care Technology offer

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

No

**10. Is this a "key decision"? If so, why?**

No – This is a report to provide Adult Social Care Scrutiny Commission with an overview.



# Social Care and Education – All Age Care Technology Strategy: 2020-2024

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## About the strategy

This All Age Care Technology Strategy has been written to help staff who work to promote independence, understand the important role that Care Technology plays in achieving this and the work required to improve the department's use of technology.

The strategy illustrates the department's aims and ambitions to develop the use of care technology, details who we would like to develop the current offer for, and provides an overview of the actions that will need to be completed so that we move to a position of thinking 'TEC first' to achieve the best outcomes for people.

The strategy also looks at current and emerging technologies for the health and social care sector so that we can aspire to do more for the people who use our services.

This strategy is a working document and will change over its lifespan to reflect changes made to local strategies and key legislation. The strategy and opportunities to collaborate with neighbouring organisations will be reviewed and updated by a departmental oversight group on an annual basis.

## Introduction

*Care Technology* can be an umbrella term that encapsulates a range of supportive technologies. It includes assistive technology, telecare, telehealth, and emerging technologies like the use of robotics, virtual reality, and software & apps.

*Technology Enabled Care* (TEC) is the proactive application of Care Technology to help people achieve their desired outcomes. TEC approaches to technology are person-centric and Technology Agnostic.

Social Care and Education's current Care Technology offer has enabled independence in people, provided safer living environments to live in, and has prevented or negated the need for costly support – **but more needs to be achieved.**

*There are currently:*

- Gaps in the department's knowledge in using technology to support people.
- Opportunities to expand the offer to support more people with more technology.
- Benefits to using technology to support people, that are not widely understood.

The department's current technology offer is predominantly based on telecare provision with additional assistive technologies to largely support independent living in adults, and educational attainment in children with SEND.

## National and local context

The increasing use of Care Technologies can both increase the Council's compliance with key national legislation and support the strategic direction of Social Care and Education.

*At a national level:*

- The Care Act, 2014 - Care Technologies can support the delivery of existing care and prevent formal services from being required.
- The Health & Social Care Act, 2012 - Care Technologies can enable people to live in their own homes safely and avoid hospital admission.
- The SEND Code of Practice, 2014 - Technology can support children and young people in education and preparing them for adulthood.

*In Leicester:*

- All Age Commissioning Strategy, 2020 - Care Technologies can support the outcomes that people wish to achieve and keep them safe.
- Joint Carers Strategy, 2018-2021 - Technology for carers is key in enabling and supporting them, but barriers to access are common.
- Prevention and Sustainability Action Plan - Care Technologies have an essential role in making sure that the right support is provided at the right time.

... These are some examples whereby a proactive approach to utilising Care Technology (or TEC approach) can help the department achieve more for the people we support.

## Local need

The combination of an increasing, ageing population and a growing gap in social care funding is contributing towards an escalating pressure in managing the demand for social care services.

By 2035, there will be 28,212 more people living in Leicester. This will mean more children, young people and adults in need of support.

### **Without intervention, by 2035, in Leicester:**

- Over 10,000 more people will have their day-to-day affected by long-term illness.
- 48% increase in older people admitted to hospital due to a fall.
- Near 50% increase in people living in care homes.

Source: IPC via POPPI and PANSI, 2019

In addition; Leicester has several additional risk factors that may lead to an increased need for personalised support:

- People born in Leicester are less likely to live healthier for longer.
- People born in Leicester are less likely to live a disability-free life for longer.
- People born in Leicester are more likely to live in lower income families.

Source: Public Health England

## The benefits of Care Technology

Delivering services that can both enable people and prevent care need will be paramount to managing the demand for social care and education intervention. Care Technology is recognised for its ability to deliver and is increasingly used to provide many benefits.

### *Care Technology can:*

- Deliver the outcomes that people wish to achieve – improving health and wellbeing.
- Reduce the reliance on hospital-based care and facilitate appropriate intervention.
- Provide useful insight into the people that we support – enabling bespoke services to maximise independence.

Across several local authorities, the proactive use of Care Technology has yielded benefits for the people that it supports and for Councils themselves:

*Expanding the Care Technology offer* is providing a variety of novel technological solutions to vulnerable people and carers – supporting people at home.

*Providing a TEC First approach* is supporting many people with complex needs in achieving outcomes that otherwise would be met with increasingly costly commissioned services.

*Exploring different ways to introduce technology* is maximising hospital capacity by efficiently discharging patients and avoiding unnecessary admissions.

## Ambition and aims

Care Technology has an important role in meeting outcomes for people and the department. In Leicester, we would like to build on the successes we have seen in using Care Technology to develop a new approach: to think 'TEC First'. To achieve this ambition, three key aims have been identified:

1. *Strengthen our knowledge:* What looks 'good?' - Staff working in the Social Care and Education department have good knowledge of Care Technology, including its use, benefits and availability. The development of this knowledgebase supports the increased use of technology to help people achieve their outcomes – facilitating a TEC First approach.
2. *Improve access:* What looks 'good?' - People that have outcomes to achieve, and the care organisations who help to achieve them are provided with further opportunities to access Care Technology. Emerging technologies and the approach to using them are significant to think TEC First when delivering outcomes for the people we support.
3. *Demonstrate the benefits:* What looks 'good?' - Care Technology is understood across the department for its benefits to both support people in achieving their outcomes and sustain the department's financial efforts to support people. Data driven models that monitor the impact of Care Technology are established to provide evidence of our TEC First approach.

## Carers

A carer is 'anyone who looks after someone, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support'. The [Joint Carers Strategy](#) has several guiding principles, of which technology features as important to assisting a carer in their role.

### *Local Picture*

There are over six and a half million carers in the UK and nearly 31,000 in Leicester. It is estimated that carers in Leicester provide £677 million worth of support ever year whilst maintaining their own health and wellbeing.

### *Key Drivers*

The nature of caring for someone can have negative financial, physical, emotional, and mental consequences for carers; in 2018 over half of carers in Leicester reported that they were not getting enough sleep or eating well; and had experienced physical or mental ill-health in the past 12 months.

We know from testimonials by carers that technology can help them perform their caring role and try to reduce evidence of carer strain, above. However, not knowing what technology can do, and how to request it are significant barriers to carers benefitting from its use.

**To achieve more for carers, our approach to technology must be:**

- The first point of call for all carers and easily accessible.
- Carer-centric to support them in their role.
- Intuitive to include emerging technology.

## Vulnerable people

By vulnerable person, this strategy identifies people who have difficulty in performing routine tasks to support their wellbeing. It includes people of all ages who may need social care or education assistance.

### *Local Picture*

In Leicester, there are approximately 7910 children and young people receiving SEND support from a school or college. There are also over 5,000 adults receiving long term support provided by Leicester City Council for various difficulties.

### *Key Drivers*

People with a disability face multiple barriers to education, independence and employment. Building on the success of our current technology offer would help more people achieve more – breaking down barriers.

In Social Care and Education, there are varying degrees of knowledge and confidence in using Care Technology. Addressing this knowledge gap would increase the confidence and appetite for using technology. - A 'think TEC first' approach can promote independence and help people to achieve their outcomes.

**To achieve more for people, our approach to technology must be:**

- Developed and understood by all so that more can benefit.
- Proactive and deliver the outcomes that people wish to achieve.
- Expansive so that the right tech suits the right person.

## Emerging technology

The Care Technology marketplace is ever-evolving. We have identified the technologies that are being piloted else-where, by the adoption of a TEC approach.

*Smart things*, devices that connect and talk to each-other over the internet are supporting people in home and improving lives.

*Virtual reality*, as an 'alternative pain-killer', teacher of sensitive topics, and interactive memory aid.

*Robotics*, that identify emotion and facilitate social interaction and support carers with heavy lifting.

*Predictive services and AI*, that help predict trends in hospital activity, and use data to support care planning.

*Apps*, from an NHS approved library designed to help self-manage, as well as bespoke solutions.

The use of emerging technology is providing new and innovative solutions to help people achieve their outcomes. Their adoption by other local authorities would not have been possible without an approach where TEC is considered first.

## Key priorities

Priorities have been identified to help achieve this strategy's vision. The priorities are described below and continue in the next page.

1. Engage with Care Management Teams in Adult Social Care and Social Work and Education Teams in Children's and Education to show the existing technology offer and find out 'what is missing?'.  
*This links to the strengthen our knowledge, improve access, and demonstrate the benefits aims in the strategy.*
2. Provide targeted, regular opportunities for technology providers to demonstrate their products to our social work teams across the department.  
*This links to the strengthen our knowledge and improve access aims in the strategy.*
3. Develop a data-driven model, based on technology user experience, that demonstrates the humanistic and financial benefits of technology.  
*This links to the demonstrate the benefits aim in the strategy.*
4. Design and implement a pathway for carers to receive information on or have access to Care Technology.  
*This links to the improve access aim in the strategy.*
5. Create a more dynamic method for the department to purchase technology more efficiently, that provides opportunity to use emerging technologies and fosters good relationships with suppliers.  
*This links to the improve access aim in the strategy.*
6. Adapt guidance for schools and colleges to include the use of technology to support the educational outcomes of SEND children and young people.  
*This links to the strengthen our knowledge, improve access, and demonstrate the benefits aims in the strategy.*
7. Implement a 'feedback loop' to understand how technology is helping people achieve their outcomes and/ or preventing or delaying further support.  
*This links to the demonstrate the benefits aim in the strategy.*
8. Develop a Social Care and Education-wide TEC Champions Network capable of sharing their knowledge on the topic.  
*This links to the strengthen our knowledge, improve access, and demonstrate the benefits aims in the strategy.*
9. Investigate the future of technology, to bring advances in Care Technology to Leicester.  
*This links to the improve access aim in the strategy.*
10. Review the technology in our current portfolio to make sure it is compatible with systematic changes to telephony happening from 2023.  
*This links to the improve access and demonstrate the benefits aims in the strategy.*
11. Look into how technology is provided in adult social care and prepare our service for an increase in appetite for it.  
*This links to the strengthen our knowledge and improve access aims in the strategy.*

12. Take advantage of funding opportunities to develop on the existing technology offer and bring innovation to Leicester.  
*This links to the improve access aim in the strategy.*
13. Provide opportunities for care and support providers to use technology to deliver their services with the person and their independence in mind.  
*This links to the strengthen our knowledge and improve access aims in the strategy.*
14. Understand the technology in place for children and young people with SEND, including where it is placed and how it is paid for.  
*This links to the strengthen our knowledge and improve access aims in the strategy.*

## Glossary

*Care Technology* - An umbrella term used to describe assistive technologies, telecare, telehealth, consumer technology, and software/apps.

*Assistive technology* - Products or systems that support and assist individuals... to perform functions that might otherwise be difficult or impossible.

*Technology Enabled Care* - The proactive application of Care Technology to help people achieve their outcomes.

*Telecare* - Technology provided to people that offers a monitoring service. When an 'event' (like falling over, or remaining unresponsive) is triggered, the device will contact a call centre where there is help over-the-phone.

*LeicesterCare* - The Alarm Receiving Centre based in Leicester that installs assistive technology equipment and handles calls raised from telecare equipment.

*Artificial Intelligence or AI* - Computer systems or programs able to 'think like a human' to perform tasks, usually more efficiently.



## Examples of Leicester City Council's Care Technology Offer

Below is a selection of technology to demonstrate some of Leicester City Council's current Care Technology offering.

All the equipment is featured in an internal Leicester City Council Technology Enabled Care catalogue. The catalogue is designed to provide information to Social Care professionals on the types of technology available to help people in care achieve their outcomes.



Source: [Pivotell](#)

### Medication Dispenser

Designed to help people organise and manage their medication. The technology can also assist with the act of dispensing.



Source: [Pivotell](#)



Source: [Pivotell](#)



### Electronic Clocks with Medication Reminders

Reminds people to take medication at pre-set times by vibrating or by audio alarm.



Source: [Alzheimer's Society](#)

### Dementia Clocks

Helps people with dementia differentiate between daytime and night-time hours.



Source: [Nursecall Mats](#)



Source: [Tunstall](#)



Source: [MedPage](#)

### Sensor Technology

Various sensor technology which can raise an alert via pager or to the Telecare service. Can be used in several situations such as fall detection, monitoring property exits and monitoring environments.



Source: [Tunstall](#)

### Telecare Technology

Wearable technology, typically a pendant alarm, which calls a 24/7 emergency telephone line for assistance when a button is pressed.



Source: [Tech Silver](#)



Source: [Age UK](#)

### GPS Tracking

Assists in finding and helping a person who has wandered from the safety of their home location.

## Adult Social Care Scrutiny Commission

### Draft Work Programme 2021-2022

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
	To keep a watching brief on: <ul style="list-style-type: none"> <li>• Councils Forward Plans</li> <li>• Councils Budgeting reports</li> <li>• Consultations</li> <li>• ASC Performance Monitoring reports</li> </ul>			
<b>29 June 2021</b>	(Overview of ASC services for benefit of new membership – separate session to be held) <ul style="list-style-type: none"> <li>• Covid-19 Recovery Plans – update</li> <li>• ASC Operational Strategy 2021-24</li> <li>• Strengths Based Practice in Adult Social Care</li> <li>• Leicestershire County Care Ltd (LCCL) -update</li> <li>• Draft Work Programme 2021/22</li> </ul>		<b>ASC Operational Strategy item:</b> Commission to receive future updates, and officers be encouraged to flag areas of improvement. <b>Strengths Based Practice in Adult Social Care item:</b> Commission added to work programme to allow for members to track progress. <b>LCCL update item:</b> Commission to be kept informed of progress.	
<b>26 August 2021</b>	<ul style="list-style-type: none"> <li>• Covid-19 update</li> <li>• HealthWatch Leicester &amp; Leicestershire Annual Report</li> <li>• Domiciliary Care</li> <li>• Procurement Plan</li> <li>• Work Programme, including proposal for new review into Care Packages Budget costs.</li> </ul>		<b>HealthWatch Leicester AR item:</b> Members recommended for HealthWatch to improve their attendance, engagement and sharing of information with ASC scrutiny. <b>Domiciliary Care item:</b> Members requested item on Carers Tech to future meeting. Dom Care item scrutiny to continue via task group review. <b>Procurement Plan item:</b> Members requested for item to come back with bigger font for legibility and table to show higher value contracts at top, if possible. <b>WP – proposal for new review agreed.</b>	

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
7 October 2021	<ul style="list-style-type: none"> <li>• Covid-19 update</li> <li>• Procurement Plan</li> <li>• Work Programme, including progress update on task group review, led by Cllr March.</li> <li>• Afghan refugees resettlement – verbal update on ASC impacts</li> </ul>		<p><b>Procurement Plan item:</b>Members recommended contracts for further scrutiny:</p> <ul style="list-style-type: none"> <li>• <i>Transport of Vulnerable Persons (jointly with Childrens Scrutiny)</i></li> <li>• <i>Domestic Violence (jointly with N/hoods Scrutiny)</i></li> <li>• <i>Liberty Protection Safeguarding (ASC)</i></li> <li>• <i>Extra Care Development (ASC)</i></li> <li>• <i>Domiciliary Support (ASC task group)</i></li> </ul> <p><b>Covid update item:</b> Members agreed to keep covid updates on future agendas.</p> <p><b>Afghan refugees resettlement item</b> Members be kept informed of any progress, and that broader consideration be given to refugees and asylum seekers in the city, in relation to adult social care impacts.</p> <p><b>Work Programme re: progress on task group item:</b> Members requested an additional ‘deep dive’ evidence session.</p>	
2 Dec 2021	<ul style="list-style-type: none"> <li>• Covid update</li> <li>• Existing Winter Care Plan update on ASC aspects.</li> <li>• Learning Disabilities Plan update</li> <li>• Leicester Safeguarding Adult Board Annual Report</li> <li>• Task Group report – progress update</li> </ul>			

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
13 January 2022	<ul style="list-style-type: none"> <li>• Council Annual Budget reports</li> <li>• Covid update on position</li> <li>• Mental Health Strategy 2021-2025, final plan to come back</li> <li>• Carers Strategy report</li> <li>• Task Group review – progress update</li> </ul>			
3 March 2022	<ul style="list-style-type: none"> <li>• Healthwatch – report on engagement with scrutiny</li> <li>• Covid update</li> <li>• ASC Performance monitoring</li> <li>• Extra Care Development Report</li> <li>• Liberty Protection Safeguarding (LPS) and Deprivation of Liberty Safeguards (DoLS) report</li> <li>• Assistive Technology report</li> <li>• Cost of Care task group update</li> </ul>			

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
<p><b>Forward planning – possible items:</b></p> <ul style="list-style-type: none"> <li>• <i>Autism Strategy</i></li> <li>• <i>Dementia Strategy update</i></li> <li>• <i>ASC Workforce Planning for the future</i></li> <li>• <i>Carers Strategy</i></li> <li>• <i>Tackling isolation</i></li> <li>• <i>Unisons Ethnical Care Charter</i></li> <li>• <i>Better Care Fund (BCF) Annual Report</i></li> <li>• <i>Contracts and Assurance Annual Quality Report</i></li> <li>• <i>Age UK Leicester, Leicestershire &amp; Rutland</i></li> <li>• <i>Procurement Plan: contracts for further scrutiny:</i> <ul style="list-style-type: none"> <li>➤ <i>Transport of Vulnerable Persons – to bring an update for members when further progress is made, as this commissioning review is underway. To be considered jointly with Childrens Scrutiny.</i></li> <li>➤ <i>Domestic Violence –to be considered jointly with Neighbourhoods Scrutiny</i></li> <li>➤ <i>Liberty Protection Safeguarding – under Adult Social Care. Ruth to bring a report once further clarity and guidance is received from the Dept of Health &amp; Social Care, to include associated Advocacy contracts</i></li> <li>➤ <i>Extra Care Development – under Adult Social Care. Kate to bring an update for members when further progress is made, as this commissioning review is underway.</i></li> <li>➤ <i>Domiciliary Support – under Adult Social Care, to be considered as part of ongoing task group work into care costs packages review.</i></li> </ul> </li> </ul>				