

Leicester  
City Council

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

**DATE: THURSDAY, 7 MARCH 2024**

**TIME: 5:30 pm**

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

### **Members of the Committee**

Councillor March (Chair)

Councillor Surti (Vice Chair)

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

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

For Monitoring Officer

#### **Officer contacts:**

**Georgia Humby (Senior Governance Services Officer)**

**Jessica Skidmore (Governance Services Officer)**

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# **PUBLIC SESSION**

## **AGENDA**

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

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

Members will be 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 25 January 2024 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.

Mo Peberdy, submits the following:

*I would like to make the following submission on behalf of the people who draw on support in the Making it Real group and the wider community we represent.*

*We note from previous minutes that the Adult Social Care Scrutiny Commission are in the process of discussing the proposal to include peoples enhanced part of PIP in the calculations when assessing charges.*

*We would like to ensure that you are aware we have concerns in the way the consultation took place and the way it was conveyed to the cohort of people it will affect.*

*We know it would have a profound effect on people who draw on support and place a huge additional financial burden on some of the most vulnerable people in our society.*

*We also have huge concerns about the viability of any quality impact assessment. It was noted in your own papers that you have no idea how many people it will affect so how can you assess the impact?*

*We have many concerns about this proposal and we urge you not to support any proposal to increase charges by including the enhanced part of PIP in any calculations.*

- 6. CHARGING POLICY** **Appendix B**  
**(Pages 9 - 128)**

The Director of Adult Social Care and Safeguarding submits a report to inform the Adult Social Care Scrutiny Commission of the findings of a consultation exercise in relation to proposals to change the treatment of disability benefits and to introduce a charge for appointeeship.
- 7. REABLEMENT SERVICE OVERVIEW** **Appendix C**  
**(Pages 129 - 146)**

The Director of Adult Social Care and Safeguarding submits a report providing an overview of the Reablement Service.
- 8. GROWING NEEDS OF AUTISM** **Appendix D**  
**(Pages 147 - 156)**

The Director of Adult Social Care and Commissioning submits a report providing an overview on the growing needs of autism and its impact on Adult Social Care in Leicester.
- 9. DRAFT EXTERNAL WORKFORCE STRATEGY** **Appendix E**  
**(Pages 157 - 176)**

The Director of Adult Social Care and Commissioning submits a report presenting the draft External Workforce Strategy for comment.
- 10. CARER SUPPORT SERVICE UPDATE** **Appendix F**  
**(Pages 177 - 208)**

The Director of Adult Social Care and Commissioning submits a report to update the Scrutiny Commission on the carer support service.
- 11. HASTING ROAD DAY CENTRE UPDATE** **Appendix G**  
**(Pages 209 - 214)**

The Director of Adult Social Care and Commissioning submits a report providing a breakdown of the work achieved as part of the closing down of Hasting Road Day Service.

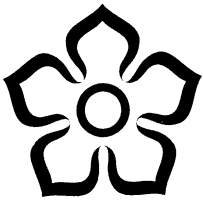
**12. WORK PROGRAMME**

**Appendix H  
(Pages 215 - 222)**

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

**13. ANY OTHER URGENT BUSINESS**





Leicester  
City Council

Minutes of the Meeting of the

ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 25 JANUARY 2024 at 5:30 pm

P R E S E N T :

Councillor March (Chair)  
Councillor Surti (Vice Chair)

Councillor Cole  
Councillor Joannou  
Councillor Singh-Patel (for Cllr Orton)

Councillor Kaur-Saini  
Councillor Singh-Sangha

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety

Kash Bhayani – Healthwatch

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**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received by Cllr Dave and Cllr Orton.

**2. DECLARATIONS OF INTEREST**

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

**3. MINUTES OF THE PREVIOUS MEETING**

The Chair highlighted that the minutes from the Joint Meeting of the Adult Social Care and Public Health and Health Integration Scrutiny Commission held on 30 November 2023 were included in the agenda pack and asked Members to confirm whether they were an accurate record.

The Chair further noted the outstanding action to receive a written briefing on the call handling of adult social care enquiries through customer services.

**AGREED:**

- It was agreed that the minutes for the meeting on 30 November 2023 were a correct record.

#### **4. PETITIONS**

The Monitoring Officer noted that none had been received.

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

The Monitoring Officer noted that none had been received.

#### **6. DRAFT GENERAL FUND BUDGET AND CAPITAL PROGRAMME 2024/25**

The Deputy City Mayor for Social Care, Health and Community Safety introduced the item highlighting the significant concerns locally and for other local authorities with responsibility for adult social care across the country in terms of growing needs and challenges to budgets. It was noted health and social care services continue to work together to fulfil the legal duty to meet the needs of residents but there are increasing pressures with a substantial proportion of the budget required to support a small percentage of people in the city.

The Director for Adult Social Care and Safeguarding and Director for Adult Social Care and Commissioning provided a presentation to set the context in which it was noted that:

- Individuals seeking adult social care support and complexity of need has increased nationally. There has also been an increase in number of older people requiring long term care.
- Most local authorities are predicting adult social care will overspend. Social Care reforms were paused and there are no funding solutions proposed to address financial challenges in the sector.
- Benchmarking data illustrates Leicester are supporting a higher proportion of older people resulting in a higher spend for adult social care. Unit costs to pay for services such as home care and supported living compare well to the national average.
- Growth has reduced with alternative support arrangement and less reliance on statutory support – although this is still above proposed budgeted growth. Prevention is important to reducing statutory spend and social care continue to work with the joint integrated board.
- Four key work programmes have been identified to manage demand and associated costs including, reducing the average costs of supplied care packages; reducing the number of new entrants and overall service demand; raising effective productivity levels and improving partnership and stakeholder processes and joint service delivery.

The Head of Finance presented the report, and it was noted that:

- The budget has been managed with reserves in recent years which are expected to run out in 2024/25. Further savings are required, otherwise a Section 114 notice would be likely in 2025/26 as the budget would not balance.



- £14m budget growth is required for adult social care to support the growth in demand and needs with care packages as well as ensuring payment of the national living wage.
- Any additional adult social care funding has been on an ad hoc basis rather than from a systematic reform of the overall funding. Government have indicated increased public sector funding overall from 2025/26 but the institute for fiscal studies have indicated increases for the NHS and defence means that there is likely to be a reduction in real terms funding for all other areas of expenditure including local government.
- Other budget pressures include £17m growth in children's social care driven by increasing children in care, complexity of need and unaccompanied asylum-seeking children; home to school transport for SEND pupils is also a cost pressure with the number of requests for education, health and care plans doubling since prior to the pandemic; and additional pressures within homeless services requiring spend on temporary accommodation due to lack of affordable rental accommodation.

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

- Spend is higher on supporting older people per head of population compared with other local authorities and can be attributed to various reasons. The health and wellbeing survey indicated people are more likely to seek statutory support if they do not have a community network they trust. The health profile of the city requires more people to be supported earlier and for longer due to diabetes and cardiovascular and respiratory conditions etc. As an area of high deprivation, we have less self-funders who pay for their own care, and therefore we see more people seeking support from the Council for their care.
- Prevention is important to manage demand and the budget whilst also recognising the profile of the city with different communities to take a holistic approach to build capacity and resilience. The Authority is looking more widely at how communities can help support residents, for example utilising community connectors and health champions to share information to signpost to services earlier.
- The sector is doing what it can within the constraints of its finances but in reality, the workforce is paid minimum wage and does not have a career structure as seen in health to create opportunities. An open conversation is needed at national level to identify what social care should look like and how it can be adequately and sustainably funded.
- The Government's People at the Heart of Care 10-year plan encouraged innovation and launched the Accelerating Reform Fund to provide local authorities with additional resource. However, this is a limited fund, with final allocations yet to be confirmed, but at best will, equate to £815k over two years across Leicester, Leicestershire & Rutland.
- Plans are in place for the division to review all spending within the budget including programmes to identify good practice and

inefficiencies although this is unlikely to be the long-term solution required to address financial challenges. It was agreed that further information can be shared with the Commission in line with budget monitoring.

- An additional £16m (including standard inflation) will be paid to the private care sector for care packages to meet the growth in demand and complexity of need as well ensuring providers pay the national living wage.
- The proposed draft budget includes decisions already taken to make savings, including £300k relating to Hastings Road Day Centre, £300k relating to the enablement service and £213k relating to the employment service.
- The existing capital programme includes the provision for supported living scheme and the Commission requested they be kept informed.
- Reviewing care packages can result in alterations which could impact the budget as individuals receiving care may require additional support, the support may be appropriate, or needs may have improved to not require as much support. Timelier reviews could enable changes to be identified earlier to provide support that does not require use of statutory services, but the team continue to work through the current backlog of reviews given ongoing pressures.
- The proposed council tax adult social care precept will generate around £3m income for 2024/25. Government announced an additional £500m for local authorities which will equate to around £3m locally for 2024/25.

The Chair noted the Commission's thanks to the continued work of the division to provide services to the most vulnerable in the city despite the increasing financial pressures.

#### AGREED:

- The Commission noted the report.
- Additional information to be circulated to Members regarding home-to-school transport pressures.
- Further reports to be shared with the Commission regarding budget monitoring.

## **7. CHARGING POLICY**

The Deputy City Mayor for Social Care, Health and Community Safety introduced the item and highlighted that the proposal is being considered as part of reviewing all spend and income due to the local authority's difficult financial situation to protect the broader adult social care service and Council generally. It was noted that there is no accurate identified potential income/savings if the proposal were to proceed as everyone would need to be reassessed and discretion applied.

The Deputy City Mayor expressed thanks to the Director for Adult Social Care and Safeguarding and her team for their approach in consulting with individuals as part of the process.

The Director for Adult Social Care & Safeguarding presented the report, and it was noted that:

- Members were informed in October 2023 of the consultation on the proposed changes to the charging policy. The consultation concluded on 31 December 2023 and analysis of meetings, surveys and representations is underway.
- The Care Act 2014 altered financial charging and made it permissible for local authorities to take into account the full value of disability benefits – this has not been implemented locally despite a previous consultation. The current consultation proposes to implement changes to charges.
- The consultation also included the proposal to introduce an admin charge where the local authority acts as an appointee for an individual and they have savings above £1,000. The proposed fee has been benchmarked against fees charged by other local authorities and is intended to cover back-office costs.
- The report contains simplified examples of how the proposed changes may operate but recognised that it is a complex task, and everyone's situation will be different and require assessment.

The Commission were assured that a further report will be provided once the consultation responses have been analysed alongside an equalities impact assessment.

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

- The additional £16m to fund care packages through the private sector is associated to external pressures such as increased growth in demand and complex needs, inflation and ensuring payment of the national living wage which is not directly comparable with managing the budget.
- The proposed fee of between £14-£16 for acting as an appointee equates to the internal admin costs to process and benchmarking against other authorities. It is unknown whether other local authorities will introduce or increase their fees.
- The potential income/savings if the proposal were to proceed is uncertain as consideration of individual cases and discretion would be applied rather than a blanket charge – this would comply with the Norfolk Judgment.
- The Authority has only been able to estimate individuals in receipt of the higher rate based on DWP eligibility model as it does not currently charge to have accurate data. Everyone will also need to be assessed as individual circumstances will differ to how the benefits may be utilised to support care needs.

- The cost to implement the change if the decision was taken to adopt the proposal would be included in the first year's savings as a one-off with ongoing financial assessment when reviewing additional income.

The Chair noted she and Cllr Kaur-Saini were Members when the proposal was previously consulted on and welcomed further consideration by the Commission of the current consultation prior to decision.

AGREED:

- The Commission noted the report.
- The Commission requested officers to consider Members comments.
- The Commission requested the item remain on the work programme.

## **8. DIRECT PAYMENTS**

The Executive Lead Member for Social Care, Health and Community Safety thanked the Commission for requesting consideration of direct payments. It was noted that is an important topic which has been subject to local, regional and national discussions regarding use, challenges and recognition of the important work with Think Local / Act Personal (TLAP).

The Director for Adult Social Care & Safeguarding presented the report, and it was noted that:

- Leicester was an early adopter and had celebrated its 25-year anniversary of using direct payments in which we benchmark well with the percentage of people in receipt.
- The premise of direct payments is to offer flexibility, choice and control for individuals, although a balance is required as challenges can arise with the use of public money.
- The Authority worked with TLAP to co-produce revised guidance to distribute to individuals about direct payments and captured learning from the pandemic where there was an expectation to increase flexibility on direct payments.
- The Direct Payment Support Service is provided to support individuals in receipt of direct payments to manage the funds. Three providers are contracted to offer a range of services from fully enabling an individual to spend their direct payment award to limited employment support or payroll advice.
- The Authority worked with IMPACT at Birmingham University to undertake a year-long study on how black and ethnic minority communities use direct payments - a hyperlink to the research was included within the agenda pack.
- Challenges persist around the financial audit expected of how individuals are spending direct payments. The flexibility, choice and control allow an individual to decide how to use their award and can limit oversight where the individual chooses a non-contracted provider or personal assistant. Advice is provided but concerns can arise to the ability to fully safeguard individuals using direct payments. Caution is

exercised in ensuring direct payments are appropriate for an individual if they may be at risk, but this must be evidenced as choice to use direct payments is a legal right.

- The use of direct payments in the city overall is positive. A working group has been developed to draw on support and address challenges to promote the benefits and protect public monies.

The Commission praised the division for its 25-years of advocating the use of direct payments to give resident choice and control but recognised the concerns and risks.

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

- It is recognised that safeguarding concerns are possible with individuals using direct payments, such as the risk of exploitation. Oversight is only possible where an individual chooses a provider contracted with the local authority. The authority is liaising with the CQC about an approved list of agencies to promote to individuals and remove an agency where a safeguarding concern is referred and identified. Individuals can also employ a family member or friend and are not required to inform the Authority of details.
- Individuals are encouraged to utilise the disclosure and barring service and check references if using direct payments to employ a personal assistant. Training is available for individuals and the personal assistants through the direct payments support service.
- Safeguarding advice is promoted and communicated through social media and partnerships to ensure individuals and organisations know what harm and abuse may look like and how to report.
- Direct payments can work well particularly when an individual is confident and can manage with the help from the direct payment support service or family and friends. Some individuals may have complex needs that cannot be supported by contracted providers or have tried and do not like contracted providers in which a direct payment may be more suitable to fulfil the statutory duty and require more support to sustain.
- The direct payment uplift ensures the individual has sufficient funds to cover changes in fees for a provider or personal assistant to reflect inflation and the national living wage.
- £43m was spent in 2022/23 on care packages set up as direct payments.
- The division has two direct payment officers to initiate referrals for individuals that require support to the externally commissioned direct payments support service. This is positively recognised by other local authorities as support for the individual to exercise choice and control is independent of the authority.

The Commission debated the benefits and conflicts of offering direct payment support in-house.

AGREED:

- The Commission noted the report.

## **9. HASTINGS ROAD UPDATE**

The Deputy City Member for Social Care, Health and Community Safety assured the Commission of the additional resource allocated to ensure individuals and their families are appropriately supported in identifying and transitioning to alternative services and expressed her thanks to officers for their continued work following the difficult decision to close the day centre.

The Chair noted the Commission's recognition in the positive progress and sensitive approach in managing the closure of the day centre.

AGREED:

- The Commission noted the report.
- The Commission requested the item remain on the work programme.

## **10. RESPONSE TO THE ADULT SOCIAL CARE SCRUTINY COMMISSION TASK GROUP – UNDERSTANDING THE INCREASING COST OF CARE PACKAGES WITHIN ADULT SOCIAL CARE BUDGETARY PRESSURES**

The Chair noted the report contained within the agenda included responses made to recommendations of a Task Group and asked Members if there were any comments for which there were none.

AGREED:

- The Commission noted the report.

## **11. WORK PROGRAMME**

The Chair noted the final meeting of the municipal year will take place on 7 March 2024 and that the work programme had been busy discussing important topics.

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

## **12. ANY OTHER URGENT BUSINESS**

The Chair noted the Commission looks forward to welcoming the new Strategic Director for Social Care and Education, Laurence Jones, who is expected to start in role early February.

There being no further business, the meeting closed at 18.51.

## Adult Social Care Scrutiny Commission Report

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### ***Revision to Charging Policy***

Meeting Date: 07 March 2024

Lead director: Ruth Lake

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## Useful information

- Ward(s) affected: All
- Report author: Prashant Patel & Matt Cooper
- Author contact details: 37 2145
- Report version number: 8.0

### 1. Summary

- 1.1 The purpose of this report is to inform the ASC Scrutiny Commission of the findings of a consultation exercise in relation to proposals to change the treatment of disability benefits and to introduce a charge for appointeeship.

### 2. Recommendations

- 2.1 The ASC Scrutiny Commission is recommended to note:
- a) the consultation findings and take into account the views of people who access our services and their carers or representatives (Appendix C).
  - b) the preferred options, so that:
    - i. the higher rate of all disability benefits where claimed, is taken into account in the financial assessment for non-residential charges (Option A.3), subject to the considerations outlined in paragraph 3.6.4 of this report.
    - ii. an administration charge is introduced for adults that ask the Council to act as their appointee (Option B.3), subject to the considerations outlined in paragraph 3.6.10 of this report.

### 3. Supporting information, including options considered:

#### 3.1 Supporting Information

- 3.1.1 The Council is in the middle of the most severe period of spending cuts it has ever experienced. As part of its approach to achieving substantial budget reductions, like other Council Departments, Adult Social Care has to achieve targeted savings in the region of £12m.
- 3.1.2 Previously, targeted savings included a review of income generation in the form of how Disability Related Expenditure (DRE) and other disability benefits are treated within the Council's Charging Policy. Accordingly, in 2018 the Council undertook a formal consultation covering the treatment of Disability Related Expenditure (DRE) within the financial assessment undertaken for non-residential care individuals that draw upon our services. This resulted in a



change to the Council's Charging Policy from April 2019, in that the standard level DRE disregard has been reduced in the financial assessment from £20 to £10 per week for individuals (or from £15 to £10 per week, if one of a couple). This has delivered the targeted savings sought against DRE.

3.1.3 To contribute further to the savings target, the Council previously consulted on proposals to change how disability benefits paid by the Department of Work and Pensions are treated within the Council's Charging Policy, in 2019. Whilst the Executive took the decision at that time not to proceed with the proposals, the financial constraints faced by local authorities now necessitate the need to revisit options to ensure that people who draw upon our services are being assessed fairly and that their charges are appropriate.

3.1.4 The Council can manage a service internally or appoint a third party to act as an appointee, assuming responsibility to manage the financial affairs on behalf of an individual, whilst also making and maintaining any benefit claims. Acting as an appointee is currently provided at no cost by the Council but it is not a statutory service and therefore, an administration charge can be applied, or the service can be discharged completely.

3.1.5 To contribute further to the savings target, the Department undertook a formal consultation with proposals for changes to how disability benefits are treated within the Council's Charging Policy and for the introduction of an administration charge for appointeeship.

## **3.2 Rationale**

3.2.1 Annex C of the Care and Support Guidance to the Care Act 2014 covers the treatment of income when conducting a financial assessment to calculate what a person can afford to contribute to the cost of their eligible care needs. Some people accessing non-residential social care pay a charge towards the cost of their services, based on a means test which assesses how much they can afford to pay.

3.2.2 Disability benefits are paid by the Department of Work and Pensions (DWP) to people who require frequent help or constant supervision during the day and/or night. These benefits are paid in the form of an Attendance Allowance (for over 65's) and Disability Living Allowance - Care Component (for under 65's). DLA is being phased out for people aged 16 to 64 and is being replaced by a Personal Independence Payment (PIP).

3.2.3 AA is paid to people at two rates, a lower rate of £68.10 per week (where frequent help / constant supervision is needed during the day or night) and a higher rate of £101.75 per week (where help/supervision is needed during the day and night).

3.2.4 DLA is made up of 2 components – care and mobility. The mobility component is out of the scope of this report as the Care Act guidance is specific in that the mobility components of DLA and PIP must be fully disregarded in the assessment of income calculation. The DLA care component is paid to people at 3 rates: a low rate of £26.90 per week (where help is needed for some of the day or with preparing cooked meals), a middle rate of £68.10 per week (where

frequent help/constant supervision is needed during the day or night), and a high rate of £101.75 per week (where help/supervision is needed during the day and night).

- 3.2.5 A current financial assessment for non-residential care would consider £68.10 a person receives per week from these benefits as income. It would therefore be included in the calculation of assessable income for the purposes of financially assessing a person's ability to contribute towards the costs of the care they receive. If a person receives the higher rate, it is currently disregarded (to the lower or standard rate of AA, or middle rate of DLA). This is in line with previous Department of Health guidance.
- 3.2.6 However, Annex C of the Care and Support Guidance (paragraphs 14-18) deal with benefits and state that Local authorities may take most of the benefits people receive into account. Whilst the guidance (paragraph 15) is specific about some income sources which must still be fully disregarded (i.e. DLA/PIP mobility component payments), all income from AA and the DLA/PIP (Care/Daily Living Component) must be taken fully into account when assessing a person's ability to contribute towards the costs of residential care services.
- 3.2.7 The guidance also gives the Council further discretion over charging for non-residential care services and to include AA and any DLA/PIP Care/Daily Living components at the higher rate in the assessment of income for the purposes of the financial assessment. However, the guidance also sets out that a person must be able to afford to pay for the costs of their care needs which are not being met by the local authority, from their income.
- 3.3.1 The Council acts as an appointee for approximately 689 people. The Business Service Centre (BSC) is responsible for managing the finances for people if they lack the capacity to manage their own financial affairs or have complex care needs that require support with managing their finances. This may include concerns around safeguarding or financial abuse.
- 3.3.2 To act as an appointee, the Council must attain permission from the Department for Work & Pensions (DWP). This is only exercised if there is no one else willing or able to carry out the role for the individual, and a social worker has subsequently requested for the Council to do so.
- 3.3.3 Acting as an appointee provides a legal mandate to receive a person's social security benefits (this does not extend to any jurisdiction of an occupational pension). As an appointee, the Council does not have power to access the person's bank accounts or any other money held. When acting as an appointee, the Council will receive the persons' benefits and then pay rent (including HRA houses), Council Tax, utilities, and costs towards any care they receive.
- 3.3.4 Once the DWP has given authorisation for the Council to start receiving an individual's benefits, the Council will pay all their bills and discharge any debts they may have, on their behalf. Being an appointee on behalf of the individual can provide social economic benefits in our communities, by way of improved health, education & employment outcomes.

### **3.3 Consultation Proposal**

3.3.1 A dual proposal was consulted on:

- 1) to treat the higher rate of all disability benefits, where claimed, as income in full within the financial assessment for non-residential charges.
- 2) That an administration charge is introduced for adults that ask the Council's to act as their appointee

3.3.2 If the proposals were to be approved, the maximum additional amount that a person would have to contribute would be £33.65 per week for charges against the higher rate of disability benefits and £14-£16 for using the appointee service (if they have a savings balance of over £1k). Therefore, people were also asked how they would be impacted by the potential increase towards their weekly charge and any other considerations the Council should take into account, prior to making a decision.

### **3.4 Consultation Approach**

3.4.1 A comprehensive approach was taken to ensure that all stakeholders had an opportunity to provide their views. Stakeholders and members of the public were engaged through the following means:

- Surveys were sent by post to 4,593 people that were either in receipt of non-residential care or were using the appointee service (or their carers or representatives), which included a letter outlining the consultation process and a pre-paid return envelope (Appendix B).
- The survey was made available on the Council's consultation Hub (Citizen Portal).
- Public Meetings were held in three locations across the city (City Centre, Belgrave and Clarendon Park), where people were provided with an opportunity to meet officers face to face, to express their views and discuss the proposals in more detail.
- A dedicated telephone helpline was set up to assist people with the completion of surveys and to note any comments or concerns raised.
- A generic e-mail was set up to provide a supplementary route of contact for those who wanted to write in electronically.
- E-mails were sent to collaborative working groups, providers and organisations that represent the interests of people in receipt of adult social care services.

3.4.2 Detailed correspondence was sent to all City Councillors (including the Chair of Scrutiny Commission and Labour Group) and local MP's to ensure they were fully informed about the proposals, particularly to provide support to any enquiries from constituents.

### **3.5 Consultation Findings**

3.5.1 In total, 804 surveys were completed and returned, which represents a response rate of around 18% (of original mailout cohort). Given the complexity of the issues raised, this is considered to be a very good response rate. This helps to provide greater assurance that the responses received are representative of the wider views of the full population of the cohort

3.5.2 The survey responses and comments received have been considered below, with specific attention to the additional comments provided by respondents. In addition to the survey, the findings also consider the content from the three public meetings and a grouped response received from the Making It Real (MiR) co-production group. The full findings report is shown in Appendix C.

#### Impact of increase to the weekly charge

3.5.3 This question was asked to assess what the impact would be for people if their weekly contribution increased. At the time of the consultation, approximately 3,860 people had a financial assessment for non-residential services, whilst 689 people were using the Councils appointee service. Of those in receipt of a financial assessment, some 2,228 people were currently in receipt of some form of Disability benefit (AA /DLA/PIP Care/Daily Living element) as part of their income calculation within the financial assessment.

3.5.4 If the disability benefit proposal was introduced, the maximum increase in a person's charge would be £33.65, per week, being the difference between the higher and middle benefit rates, although the impact for many would be much lower than this based on their individual income levels and/or the value of their package of care. Some people who don't currently pay a contribution towards their care costs could have to start doing so.

3.5.5 If the appointeeship proposal was introduced, the maximum increase in a person's charge would be £14-£16, per week (only if they have a savings balance of over £1k).

3.5.6 Over half of all the respondents (approx 51%) reported that an increase to their weekly charge would affect them (or someone they represent) a lot, including how much they have for essentials. Under a quarter (approx 12%) of respondents indicated that they would be affected a little, including how much they have for extras or treats. Other respondents noted that they would either be able to manage the increased charge (approx 5%) or they would consider stopping the Adult Social Care services they receive (approx 12%). The remainder of respondents stated that they were either not receiving a disability benefit or were not using the appointee service.

3.5.7 It should be noted that this consultation was open to all members of the public. As it was not limited to those individuals that would be affected by the proposal, it needs to be noted that:

- A portion of respondents will not be in receipt of any services and would therefore be unaffected.

- Not all respondents will be in receipt of the higher level of benefits and would therefore be unaffected - using DWP statistics of cases in payment within Leicester, only 32% of all people receiving a non-residential package of care are estimated to be in receipt of higher-level benefits.
- Some people will already be paying the full cost of services and would not be affected by the disability benefits proposal.
- Some people will not meet the £1k savings balance threshold and would therefore not be affected by the appointeeship proposal.

3.5.8 Therefore, whilst it is not possible to individually identify which of the respondents would or would not be affected by the change, a majority of people would not be impacted by the proposals.

3.5.9 If the disability benefits were treated as income in full within the financial assessment, then this would affect those people that are currently paid at the higher benefit rates. The Council does not record the rate of these benefits for individuals (as currently all higher level payments are disregarded to the lower or standard rate), so only rough estimates can be made of the numbers that would likely be affected by using DWP statistics of cases in payment within Leicester, across the 3 benefit categories.

3.5.10 Of the approximate 3,860 people with a financial assessment for non-residential services, it is estimated that approximately 1,236 people potentially receive the higher level AA or DLA/PIP Care/Daily Living Component. This equates to around 32% of those people that currently have at least the lower level benefit in their current financial assessment.

3.5.11 Of the approximate 689 people that use the appointee service, 600 people currently have a savings balance of over £1k, though this number fluctuates. This equates to 87% of people that would see the introduction of £14-£16 weekly charge.

#### Additional Feedback

3.5.12 Those who responded in favour of the proposal frequently referred to its equitable and fair approach. Respondents also mentioned that this would help the Council to support greater numbers of people with social care needs.

3.5.13 Respondents that were against the proposals provided comments that covered the following themes:

- The most frequent comment (28%) was around people feeling that the proposal was unfair or unsatisfactory. This may be due to the complexity of the topic or from being unfamiliar with relevant legislation and guidance. People may disagree with the Care Act itself or be unfamiliar with the legislation.
- The second most frequent comment (13%) was in relation to the potential to have negative effects on people's finances, and the risk of causing financial hardship. In most cases, this was a reference to their own situation, in other cases it was a reference made to disabled or elderly people in general. It is entirely possible that many people use any unspent

funds from disability benefits to top up their weekly income and therefore, become dependent on it. Whilst understandable, this is not income that would be available to people who were not in receipt of these benefits, which are paid specifically to meet the costs of disability rather than other general living costs.

- Another frequent comment centered on the potential inability to spend money on 'extras,' due to increased charges. As previously stated, it is not possible to identify exactly how an individual would be affected by the proposal at this stage and it is possible that those who raised this concern would not see any changes to their weekly charge, in reality.
- The remaining comments centered around alternative themes, including previous increases to charges, needing more funding, changes to personal circumstances and worrying around uncertainty of charges. A full breakdown of all themes can be found in Appendix C.

### **3.6 Options**

3.6.1 The following options have been identified for consideration, in relation to the treatment of disability benefits that are provided via DWP:

- A.1) To continue disregarding the higher or enhanced rate of disability benefits down to the lower or standard rate, within the financial assessment.
- A.2) To disregard all disability benefits as income, within the financial assessment.
- A.3) To treat the higher rate of all disability benefits as income in full, within the financial assessment, subject to the key provisions within the Care and Support Guidance to the Care Act 2014, namely:
  - i. Paragraph 39 - Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority,
  - ii. Paragraph 41 - The care plan should be used as a starting point for considering what is necessary disability-related expenditure.

Option A.1: To continue disregarding the higher or enhanced rate of disability benefits:

3.6.2 The consultation findings appear to show that people would prefer to leave the treatment of benefits unchanged from its current form. By retaining the current approach, people would benefit from not having to contribute more to charges, but conversely, the Council would face additional financial pressure by having to find savings through alternative measures. The Council has discretion to charge in accordance with the Care Act 2014 and Statutory guidance and

would be charging less than most other comparator local authorities if the status quo was maintained.

Option A.2: To disregard all disability benefits:

3.6.3 The complete removal of charging against all disability benefits would drastically reduce the Council's annual income generation. Whilst this might be favoured by people in receipt of any disability benefits, this would not be financially viable for the Council and would add an additional financial burden to the targeted savings programme for Adult Social Care. It would put at risk the Council's ability to provide care to people who require it. This approach would not be fully compliant with the latest Care Act 2014 legislation. Further, as benefits are paid to meet the costs of care, it is rational to include this income where that care is arranged by the Council.

Option A.3: To treat the higher or enhanced rate of disability benefits as income in full (The recommended option):

3.6.4 Based on existing caseload and applying the DWP statistics on people in payment at the higher rates, it is estimated that this option could increase potential income levels by anywhere up to approximately £1.86m. However, **this figure needs to be considered with considerable caution** given that the Council is currently only able to estimate the number of people in receipt of a higher level disability benefit payment and in addition would need to apply discretion where:

- a) People accessing our services demonstrate, through reassessment, that they incur additional costs for care in the day or night which is not being arranged by the Council and for which they use the higher benefit payment to cover such costs. In such situations, these costs would need to be offset against the higher benefit payment in the financial assessment.
- b) A person is receiving night time care provided by a spouse or family member for example, free of charge, but is considered to be a qualifying 'cost' alongside the care needs of the individual as articulated within their care plan (in that the care would otherwise need to be provided by a third party who would charge for the delivery of that care).

3.6.5 This option has been implemented by several other local authorities, including Leeds, Peterborough and Bristol. Should the Council choose to exercise the power to treat all the noted benefits as income, that approach would be in compliance with the Care Act 2014 legislation.

3.6.6 It should be noted that one further local authority (Norfolk County Council) had its Charging Policy successfully challenged via Judicial Review in Dec 2020, on the basis that it was considered to have discriminated against the most severely disabled (i.e., those more likely to be on the higher of enhanced disability benefits). The policy sought to consider the higher benefit rates, and only allow for the minimum level of Minimum Income Guarantee (MIG) rates and was found not to have complied with sections 8.46 & 8.47 of the Care &

Support statutory guidance, regarding what a person can afford to contribute towards their care costs.

3.6.7 The following options have been identified for consideration, in relation to charging for appointeeship:

B.1) To continue offering the appointee service internally, at no cost

B.2) To switch to an external third party provider, at no cost

B.3) To introduce a charge for appointeeship, at the rate specified within the consultation

B.4) To introduce a charge for appointeeship, at a rate lower than that specified within the consultation

Option B.1: To continue offering the appointee service internally, with no charge:

3.6.8 The consultation offered no objections to the current service, but this would mean the budget pressures on the council would continue. In addition, no enhancement to the current service would be possible, in contrast to utilising an external provider for the more complex elements required.

Option B.2: To switch to an external third party provider, with no charge:

3.6.9 This option would have a considerable impact on the Councils budget as it would require the Council to subsidise any additional resources/expenditure required. It would benefit people accessing appointeeship as they would gain access to all the added benefits of using an external provider, but this would be entirely at the Councils cost.

Option B.3: To introduce an administration charge for appointeeship, at the rate specified within the consultation (The recommended option):

3.6.10 The consultation offered no objections to this arrangement and would result in an additional cost for people using the appointee service (if they have a savings balance of over £1k). It would mean the Council could operate this service on both an internal and external basis with no additional costs, ensuring a consistent service without the need for further reviews in the near future. Based on the existing caseload, this could save the Council approximately £260k per annum (noting consideration of additional administration impacts, such as invoicing) as this service is currently provided free of charge. Take-up of the appointee service is non-statutory.

Option B.4: To introduce an administration charge for appointeeship, at a rate lower than that specified within the consultation:

3.6.11 Although not as severe financially for the Council as option B.1 and B.2, this would mean an increased cost for both the people accessing appointeeship and the Council. It would also require frequent reviews to potentially increase the charge rate, in the near future.



### **3.7 Impact for Individuals**

#### People receiving disability benefits

- 3.7.1 Some people may already be affected by other welfare changes and benefit cuts. Most of the changes brought in by central government affect people of working age, with those aged over 65 being largely protected.
- 3.7.2 However, under these proposals it must be stressed that the Council would need to continue to exercise discretion in its application of this policy change in line with the requirements of the statutory guidance (paragraph 8.42 and Annex C, Para 39). This requires that where disability-related benefits are considered, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority. In this regard, Para 41 of the statutory guidance identifies the care plan as a good starting point for considering what is eligible and necessary disability-related expenditure, as the care assessment is fundamentally about need.
- 3.7.3 Taking the above guidance forward, any decision to include the care element of any disability benefit at the higher or enhanced rate within an individual's financial assessment would need to be clearly set out within our charging policy document and should cover the approach we would adopt to assess an individual's circumstances and ultimately, grounds (or not) for any discretion around the inclusion of the full benefit level to be applied.
- 3.7.4 There does also remain some further protection for individuals in the form of the 'Minimum Income Guarantee (MIG)' within the assessment of a person's charge towards their care. The financial assessment is based on a comparison between their total income and an allowable amount of income that they should be left with in order to meet living expenses. Inclusion of the MIG calculation (also known as 'Protected Income') in the financial assessment should help to ensure any potential increase in charges for local authority arranged care is affordable.

#### People who use the Council's appointee service

- 3.7.5 All individuals would contribute financially for a service that was previously provided at no cost (if they have a savings balance of over £1k). However, the Council cannot continue to provide this service in the same way without introducing a charge and therefore, the appointee service may not continue to be managed effectively. Also, people would certainly not benefit from additional advice and guidance.
- 3.7.6 Individuals would continue to receive a high-quality service with the additional benefit of having an external agency, if this option is chosen, with the Council acting on their behalf to ensure financial matters are dealt with quickly and accurately.

### **3.8 Implementation of Changes**

- 3.8.1 Subject to the decisions made by the Executive, further work will be required to implement any necessary changes. The main pieces of work are anticipated to be:
- Advising people of any decisions made, via our consultation portal
  - Obtaining details of change of circumstances for all people drawing on non-residential services
  - Reviewing the financial assessments for all affected people, alongside existing care plans as part of the implementation process of this proposed policy change.
- 3.8.2 If a decision was taken to implement the disability benefits proposal, all people drawing on our services would need to have a review of their financial assessment. This process entails updating all of the income and benefit levels for each person as well as identifying any incurred costs for care not arranged by the Council. This is a resource intense process, but one that has the benefit of ensuring that all individuals are paying an accurate charge, with appropriate discretion applied, where relevant.
- 3.8.3 Initially, resources would be focused on undertaking reassessments for those people receiving the higher or enhanced rates of disability benefits, whose charge could increase as a result of the changes.
- 3.8.4 It is vital that the staff undertaking these assessments are adequately trained for the task, for consistency and to mitigate risks of legal challenges. This work is not straightforward and cannot reliably be undertaken by agency staff. Therefore, although increases in income would accrue from the proposed changes, the actual savings achievable in year 1 may be offset by the cost of potential additional resources required to support the Financial Operations Team in undertaking work to implement the changes.
- 3.8.5 If a decision was taken to implement the appointeeship proposal, all affected parties would be notified in writing of any changes. It should be noted that many people who access the service may lack capacity to understand the changes being introduced, however, a minimal savings balance threshold of £1k has been identified to protect their financial position. If no objections are received from individuals, the charging would likely commence a month after the date of correspondence. The individual may also opt out of the service altogether if they wish to find an alternative provider to act as an appointee or select a suitable family member or trusted person to act as their lasting power of attorney. The implementation would be handled by BSC, either in-house or in liaison with an external provider.

#### 4. Details of Scrutiny

4.1 The ASC Scrutiny Commission are receiving this report on 07.03.24, alongside the full findings report and supporting appendices, prior to any decision being made by the Assistant Mayor for Social Care, in consultation with the Executive Team.

#### 5. Financial, legal and other implications

##### 5.1 Financial implications

###### Attendance Allowance

- 5.1.1 If the proposals to be consulted upon in this report proceed, it is estimated that up to £1.86m of additional income could be generated from April 2024. This is based on the current caseload. There are however areas of uncertainty with the income projections:
- i) The number of people getting the higher rate of AA has had to be estimated based on overall city eligibility figures from the DWP, including non-council individuals.
  - ii) These DWP stats would also include people in receipt of residential care services, who would attract the higher-level attendance allowance, so potentially that would artificially 'inflate' the overall level of actual eligibility.
  - iii) The extent of the night-time care provided privately for people is unknown. Liquid logic information indicates that there is very little waking night support provided by the Council. Night-time support provided (either through commissioned packages of care or within Direct Payment care packages) would account for approximately £144k of the figure set out in 5.1.1 above.
- i) What the person is obtaining privately and the cost, or whether this night-time care is provided by a spouse for example free of charge, is unknown. If a carer was providing the support, we would need to be clear in our policy whether we are treating this as cost free, as we do generally. This could only be established through re-assessing all people as part of the implementation process of this new policy.
  - ii) There is therefore a significant degree of uncertainty regarding the ultimate savings. The decision as to whether to proceed with this policy change will have to be made with this mind. The rationale of taking into account a person's income benefit which is intended to cover night-time care, in their financial assessment, net of any actual costs they incur for that provision is justifiable. The issue is that we are not able to give any certainty on the actual savings for the Council to determine whether it is worthwhile going through the process to change our policy.

- iii) Any level of savings will be reduced in year 1 as there will be some additional costs incurred to gather information and undertake the necessary financial re-assessments. Changes to the assessment process could also require additional resources in future years.

#### Appointeeship Charges

- iv) The proposal to make a weekly charge of between £14 and £16 for the Council's appointee service could generate an estimated additional income of approximately £260k per annum (noting consideration of additional administration impacts, such as invoicing), towards covering the cost of this service. Any impact of introducing this charge on adult social care fee income will need to be monitored.

Matt Cooper, Business & Finance Manager. 0116 454 2145

## 5.2 Legal implications

5.2.1 This report outlines 2 proposals for further consultation.

- iv) to take the higher rate of disability benefits for Attendance Allowance, Disability Living Allowance (Care Component) and Personal Independence Payment (PIP – Daily Living Component) where claimed, into account during the financial assessment for non-residential charges; and
- v) to levy an administration charge when acting as, or appointing a third party to act as an appointee for a person who lacks capacity or has complex care needs where they require support for the management of their finances.

5.2.2 The Local Authority has the power to charge for meeting a person's care and support needs. If it decides to exercise that power, then it must undertake a financial assessment to assess what a person can afford to pay towards their care. The Local Authority exercises its discretion to charge in accordance with its charging policy. This policy considers various disregards to include Disability Related Expenditure (DRE) and also provides for the application of discretion.

5.2.3 The Local Authority must adhere to the relevant provisions within the Care Act 2014 (sections 14 & 17), Statutory guidance for Care and Support 2014 (Chapter 8.38-8.48 and Annex C (Treatment of Income) and the Care and Support (Charging and Assessment of Resources) Regulations 2014 which provides a framework for the application of charging for care and support.

5.2.4 When levying an administration charge the Local Authority should only seek to recover actual internal or external costs incurred.

5.2.5 When undertaking a consultation, the Local Authority should have due regard to the public sector equality duties as referred to under Section 149 of the

Equality Act 2010. It is advised that legal advice should continue to be sought if matters progress to consultation and thereafter.

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

#### ADDENDUM

- 5.2.6 This report also outlines a proposal to introduce proposed changes to the appointee service by levying an administration charge.
- 5.2.7 In general terms, there a person is in receipt of income from state benefits and has no capital which justifies the appointment of a deputy by the Court of Protection, the Secretary of State for Work and Pensions may appoint someone ('the appointee') to collect such benefit income on their behalf. Where people who access our services lack the mental capacity to manage their own finances (and has neither a person with a registered enduring or lasting power of attorney nor a court-appointed deputy for their property and affairs), the local authority has a duty to assist the person and may perform this duty itself by applying to be appointee.
- 5.2.8 Further to 5.2.3 above, section 1 of the Localism Act 2011 ('LA 2011'), English local authorities have the power to do anything that individuals generally of full capacity may do. The Competence Power in LA 2011 enables authorities to charge on a cost-recovery basis for new or existing services, where there is no pre-existing statutory authority. Accordingly, Council has the legal powers necessary to implement the proposed charge.
- 5.2.9 As set out in Section 3.4.1 herein, the Council has carried out a comprehensive consultation process, in line with the Council's duties pursuant to the Public Sector Equality Duty and the Adult Social Care Accessible Information Standards, to ensure that all stakeholders had an opportunity to provide their view. The survey responses and comments received have been considered, and 'Appendix C – Full Consultation Findings Report' will enable members to consider stakeholder views before deciding whether to adopt the new policy as proposed.

Mark Kamlow, Principal Solicitor, Social Care & Safeguarding. 0116 454 0123

### 5.3 Climate Change and Carbon Reduction implications

- 5.3.1 There are no significant climate change implications associated with this report.

Aidan Davis, Sustainability Officer. 0116 454 2284

## 5.4 Equalities Implications

- 5.4.1 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, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.
- 5.4.2 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.
- 5.4.3 Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy/maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.
- 5.4.4 The report sets out proposals for changes to how the higher rate of all disability benefits where claimed, are taken into account in the financial assessment for non-residential charges and that an administration charge is introduced for adults that use the Council's Appointeeship service.
- 5.4.5 The proposals affect those who are claiming the higher rate of disability benefits and those that use the Council's Appointeeship service, therefore they impact on those with the protected characteristic of disability. However, those affected will also be from across all protected characteristics and therefore work must be undertaken to establish whether there are any indirect impacts disproportionately affecting other protected characteristic groups. To fully explore the likely impacts of the change across all protected characteristics, an Equality Impact Assessment (EIA), has been undertaken.

The EIA shows that a number of protected characteristics will be affected by the proposed changes with disability and age being key characteristics. The council has identified that further work needs to be undertaken to ascertain the exact numbers affected by the higher rate of disability benefits being taken into account, as part of the financial assessment. A number of mitigating actions have been identified and these include, directing users of services to organisations that can provide further support and guidance, individuals having the right to appeal council decisions with regard to their financial assessments, with discretion being applied on a case-by-case basis where appropriate. Any equality issues/impacts identified as part of this process, will be need to be addressed as appropriate. The council need to ensure appropriate monitoring systems are in place to ensure individuals are not being disproportionately impacted by the proposed changes and any issues are addressed.

Sukhi Biring, Equalities Officer. 0116 454 4175

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

Not Applicable

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

None

**7. Summary of appendices:**

Appendix A – Simplified Charging Calculation Examples

Appendix B – Consultation Survey

Appendix C – Full Consultation Findings Report

- Appendix Ci – Stakeholder Engagement Plan
- Appendix Cii – Consultation Responses (Raw Data)
- Appendix Ciii – Public Meeting Notes

Appendix D – Equalities Impact Assessment





## Examples of Charging Calculations (Simplified)

### Example 1: An older single person receiving basic level benefits:

- State Retirement Pension of £156.20 per week;
- Pension Guarantee Credit element of Pension Credit of £44.85 (To bring income up to the appropriate standard Minimum Income Guarantee amount of £214.35);
- Attendance Allowance (High Rate - £101.75) per week;
- Disability Related Expenses total £7.50 per week.

		Current	Proposed
<b>Allowances</b>	State retirement pension	£156	£156
	Pension Credit	£45	£45
	Basic level of income support	£201	£201
	Minimum Income Guarantee (MIG)	£214	£214
	Allowable DRE	£10	£10
	<b>Total allowances</b>	<b>£224</b>	<b>£224</b>
<b>Income</b>	State retirement pension	£156	£156
	Pension Credit	£45	£45
	Attendance allowance	£68	£102
	<b>Total relevant income</b>	<b>£269</b>	<b>£303</b>
	<b>Actual weekly charge (income minus allowances)</b>	<b>£45</b>	<b>£79</b>

#### Notes:

1. The individual's basic level of income = £201 per week.
2. The MIG calculation is Government defined to cover normal living expenses and some additional costs. This is currently £214.35 for a single person who has reached State Pension age.
3. DRE expenditure incurred of £7.50 is less than the current minimum allowance of £10. Therefore, the individual receives the minimum allowance of £10 in the financial assessment.
4. The resultant total allowances for the purpose of the financial assessment = £224
5. The individual's Attendance Allowance is disregarded to the lower rate under the current policy (£68.10). Under the proposals, the full amount of their allowance (higher rate) will be included in the financial assessment (£101.75).
6. Subject to the cost of the services<sup>i</sup> that the individual receives, the individual's weekly charge will increase by up to the full amount of £34 (£33.65) in this example.

**Example 2: A working age adult over the age of 25 in receipt of:**

- Employment & Support - Personal Allowance of £84.80
- Employment & Support – Support Allowance of £44.70
- Enhanced Disability Premium of £19.55
- Disability Living Allowance - Care Component (High Rate - £101.75) per week;
- Disability Related Expenses total £36 per week.

		<b>Current Proposed</b>	
<b>Allowances</b>	Employment and support allowance	£149	£149
	MIG (125% of basic income support)	£186	£186
	Allowable DRE	£36	£36
	<b>Total allowances</b>	<b>£222</b>	<b>£222</b>
<b>Income</b>	Employment and support allowance	£149	£149
	Disability Living Allowance (Care Component)	£68	£102
	<b>Total relevant income</b>	<b>£217</b>	<b>£251</b>
<b>Actual weekly charge</b> (income minus allowances)		<b>£0</b>	<b>£29</b>

**Notes:**

1. The individual's basic level of income = £149 per week.
2. The MIG calculation is Government defined to cover normal living expenses and some additional costs.
3. The level of qualifying DRE expenditure incurred of £36 is higher than the current minimum standard allowance of £10. Therefore, the individual receives the full disregard of £36 in the financial assessment.
4. The resultant total allowances for the purpose of the financial assessment = £222
5. The individual's Disability Living Allowance is disregarded to the middle rate under the current policy (£68.10). Under the proposals, the full amount of their allowance (higher rate) will be included in the financial assessment (£101.75).
6. Subject to the cost of the services that the individual receives, the service user weekly charge will increase by up to £29 in this example. The proposed change to the DLA allowance would not be enough in itself to increase the service user charge by the full £34, due to their current income being less than their guaranteed income and allowances.

<sup>i</sup> Charges levied are never higher than the actual cost of the care provided by the Council

## Social care charging policy consultation survey

Please complete this survey and send it back to us by 31 December 2023, or you can complete the survey online at: [consultations.leicester.gov.uk](https://consultations.leicester.gov.uk)

Leicester City Council is proposing a change to its financial assessment for people who receive care. This survey can be filled in by anyone, not just those who receive support from adult social care.

### What we are proposing to change

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We plan to bring our assessments in line with the Department of Health guidance. The council is also proposing a change to some of its non-statutory services; services that are not required by law but offer support to people.

### What we are consulting on

Everyone who is eligible for adult social care has a financial assessment to work out if they have to pay towards the cost of their care and if so, how much. The assessment criteria are outlined in the council's charging policy, which can be found at: [leicester.gov.uk/financial-assessment](https://leicester.gov.uk/financial-assessment)

The financial assessment takes into account any benefits that people may receive from the Department for Work & Pensions (DWP) because of their disability. These are called **disability benefits** and are:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

The council also provides appointeeship to manage the financial affairs on behalf of people who lack capacity to manage their own finances or have complex care needs. The council will then pay all their bills and debts, using the person's social security benefits.

**This consultation will not affect your entitlement or eligibility to any disability benefits, or their rates.**

## What we are proposing

We are proposing to change the way in which disability benefits are treated, within the financial assessment, to bring it in line with the latest legislation. We are also proposing to introduce a charge for providing an appointee service, to cover the cost of administration.

If you want to talk to someone about the survey or you need support to complete it, please call our helpline on **0116 454 4400** or e-mail us at: **[SCEsurvey@leicester.gov.uk](mailto:SCEsurvey@leicester.gov.uk)**

We want to hear your views on the proposed changes. No changes can be made until the City Mayor and his executive team have considered the findings of this survey. The consultation will run from **09 October to 31 December 2023**.

### Question 1

**About you - Please tick the box that applies.**

If you are filling this in on behalf of someone else, please tick the box that applies to them.

- |   |                          |
|---|--------------------------|
| a) I get help with care and support from Leicester City Council (adult social care)                                     | <input type="checkbox"/> |
| b) I am the carer or representative of someone who gets help with care and support from the council (adult social care) | <input type="checkbox"/> |
| c) I belong to an organisation that works with vulnerable adults in Leicester   | <input type="checkbox"/> |
| d) Other (please state)   | <input type="checkbox"/> |

\_\_\_\_\_

### How disability benefits are currently treated

The council carries out a financial assessment to check the money people have and what they need to spend. This helps us to work out if a person has to pay for their care and support and if so, how much.

Some people receive benefits from the DWP because they require frequent help or constant supervision. These benefits are paid at different rates depending on a person's level of need. The council takes this into consideration during the financial assessment.

Currently, for care in the person's home, the council does not include the higher, or enhanced, disability benefit rate in a person's financial assessment. We count up to £68.10 a person receives per week from these benefits as **income**. If the person receives the higher, or enhanced, rate of up to £101.75, the difference between the rates is **disregarded**. This means it is not considered as income. This is in line with previous Department of Health guidance.

Current treatment of disability benefits			
Disability benefit	Lower/standard rate (counted as income)	Middle rate (counted as Income)	Higher/enhanced rate (disregarded to £68.10)
Attendance allowance (AA)	£68.10	-	£101.75
Disability living allowance (DLA)	£26.90	£68.10	£101.75
Personal independence payment (PIP)	£68.10	-	£101.75

### How appointeeship is currently treated

The council's Business Service Centre (BSC) is responsible for managing the finances for people who use the appointee service if they require support with managing their finances. This is only exercised if there is no one else to carry out the role for the individual, and a social worker has asked the council to do so.

The council will receive the persons' benefits and then pay rent Council Tax, utilities, and costs towards any care they receive. As an appointee, the council cannot access the person's bank accounts or any other money held. This service is currently provided at no cost to the person.

### **More details about what we are proposing to change**

We want to change the financial assessment and treat all disability benefits as income in full. The Care Act 2014 guidance sets out that all income (care component only, not mobility component) should be taken into account. The council would take the full income into account where we are providing a care package that involves meeting night time care needs. However, the council will continue to apply discretion and disregard part of the income, where an individual is incurring costs for night time care that is not arranged by the local authority.

This means that everyone is treated the same, no matter which level of disability benefit they receive. It brings us in line with national guidance and we think the proposal is fairer. It would help the council spend its money more wisely so that as many people as possible can get the help they require.

We also want to introduce a charge for appointeeship, to cover the costs of administering the service. The council will later decide on whether this service will be provided in-house or via an external service provider.

### **How the change may affect you**

If either of the proposals are agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services.

Other people will see an increase to the cost of their care. Some people could start paying for the first time. The highest increase anyone with disability benefits would have to pay is £33.65 per week.

People using appointeeship will only be required to pay if they have a savings balance of over £1,000. For those who meet the criteria, a charge of between £14 to £16 per week will be applied, dependent upon how the council decides to administer the service.



## Your views and concerns

We want to understand what concerns people may have if they were asked to pay more towards their care. If you do not access our services, please answer how you think others may be affected by the change.

### Question 2

**If you were assessed to pay more per week towards your care, due to the change in the treatment of disability benefits, how would this affect you?**

Please tick the box that applies.

- |  |                          |
|--|--------------------------|
| a) I would be able to manage this  | <input type="checkbox"/> |
| b) The change would affect me a little. This could affect how much I have for extras or treats | <input type="checkbox"/> |
| c) The change would affect me a lot. This could affect how much I have for essentials          | <input type="checkbox"/> |
| d) I would think about whether I want to carry on getting help from adult social care          | <input type="checkbox"/> |
| e) I do not receive any disability benefits  | <input type="checkbox"/> |

### Question 3

**If you were required to pay towards appointeeship, due to a savings balance of over £1,000, how would this affect you?**

Please tick the box that applies.

- |  |                          |
|--|--------------------------|
| a) I would be able to manage this  | <input type="checkbox"/> |
| b) The change would affect me a little. This could affect how much I have for extras or treats | <input type="checkbox"/> |
| c) The change would affect me a lot. This could affect how much I have for essentials          | <input type="checkbox"/> |
| d) I would think about whether I want to carry on getting help from adult social care          | <input type="checkbox"/> |
| e) I do not use the appointee service  | <input type="checkbox"/> |



#### Question 4

**Do you have any other comments about the proposed change?**



## Equalities monitoring

In order to meet your needs and improve services, we need to know a bit more about you. Please help us by completing this form which describes how you see yourself. If completing the survey on behalf of someone else, please fill in their details. This information will be kept confidential and is for our monitoring use only.

### Ethnic background

#### Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background   
(Please state) \_\_\_\_\_

#### Black or Black British

- African
- Caribbean
- Somali
- Any other Black background   
(Please state) \_\_\_\_\_

#### Dual/multiple heritage

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other heritage background   
(Please state) \_\_\_\_\_

#### White

- British
- European
- Irish
- Any other White background   
(Please state) \_\_\_\_\_

#### Chinese

- Chinese
- Any other Chinese background   
(Please state) \_\_\_\_\_

#### Other ethnic group

- Gypsy/Romany/Irish traveller
- Any other ethnic group   
(Please state) \_\_\_\_\_

- Prefer not to say



## Gender identity

Male

Female

Other (e.g. pangender, non-binary etc.)

(Please state) \_\_\_\_\_

Prefer not to say

Is your gender identity the same as the gender you were assigned at birth?

Yes

No

## Age

Under 18

18 - 25

26 - 35

36 - 45

46 - 55

56 - 65

66+

Prefer not to say

## Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. People with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are also covered by the Equality Act.



Do you consider yourself to be a disabled person?

Yes

No

Prefer not to say

If you have answered 'Yes' to the above, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of impairment.

A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

A mental health difficulty, such as depression, schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder

A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D

Blind or have a visual impairment uncorrected by glasses

Deaf or have a hearing impairment

An impairment, health condition or learning difference that is not listed above (specify if you wish)

Prefer not to say

If 'Other,' please state: \_\_\_\_\_



### Sexual orientation

- Bisexual
- Gay/lesbian
- Heterosexual/straight
- Other
- (Please state) \_\_\_\_\_
- Prefer not to say

### Religion or belief

- Atheist
- Bahai
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- No religion
- Any other religion or belief
- (Please state) \_\_\_\_\_
- Prefer not to say



## Postcode

Please note we collect postcode data to gain a better understanding of which parts of the city/county respond to our consultations. We cannot identify individual properties or addresses from this information.

Postcode \_\_\_\_\_

The information you provide in this final section of the survey will be kept in accordance with terms of current data protection legislation and will only be used for the purpose of monitoring. Your details will not be passed on to any other individual, organisation or group. Leicester City Council is the data controller for the information on this form for the purposes of current data protection legislation.



## Consultation Findings on Proposed Changes to the Charging Policy

### 1. Introduction

Leicester City Council is proposing a change to its financial assessment for people who receive non-residential care. A Statutory consultation was carried out between 9 October 2023 and 31 December 2024 on proposed changes to the treatment of disability benefits.

Disability benefits are paid by the Department of Work and Pensions to people who require frequent help or constant supervision during the day and/or night.

People who are eligible for adult social care may have a financial assessment to work out if they must pay towards the cost of their care, and if so, how much. The assessment criteria is outlined in the council's charging policy, which can be found at:

[leicester.gov.uk/financial-assessment](https://leicester.gov.uk/financial-assessment)

The financial assessment considers any benefits that people may receive from the Department of Work and Pensions (DWP) because of their disability. These benefits are paid at different rates depending on the level of need and are called disability benefits and are paid in the form of

- Attendance Allowance (AA) – for over 65's
- Disability Living Allowance (DLA) – for under 65's
- Personal Independence Payments (PIP) – slowly replacing DLA

Only the care elements of these benefits are used in the financial assessment. Any mobility elements must be excluded from the calculation.

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

We also want to introduce a charge for appointeeship, to cover the costs of administering the service. The council will later decide on whether this service will be provided in-house or via an external service provider.

If the proposal to change how we deal with disability benefits is agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services.

Other people will see an increase to the cost of their care. Some people could start paying for the first time. The highest increase anyone would have to pay is £33.65 per week.

People using the appointeeship service will only be required to pay a charge if they have a savings balance of over £1,000. For those who meet the criteria, a charge of

between £14 to £16 per week will be applied to cover administrative costs for providing the service, dependent on how the council decides to administer the service. Some people are unlikely to see any change at all.

Any changes to appointeeship would be introduced from early 2024, post decision making process.

Any changes relating to the treatment of disability benefits would be introduced at a person's next financial assessment or review.

## 2. Methodology

### a. Letters

Letters were sent out at the start of the consultation to all service users or their carers (approximately 4593), who are in receipt of non-residential care as they would be entitled to disability benefits, if they meet the eligibility criteria. The letter explained that the Council were proposing to make changes to the financial assessment and that the recipient's opinion was important. The letter detailed all of the ways to contact the Council about the consultation and details of the public meetings to be held. A paper copy of the survey accompanied the letter.

The following were sent with the letter:

- A survey for people to complete and return using the freepost envelope provided
- Details of the three public-held meetings, where people could attend and talk about the proposal
- The web address for the consultation website, where more information about the proposal could be found, as well as an online version of the survey
- The postal address and email address to contact the consultation team with any queries
- The consultation helpline telephone number and e-mail address to contact the consultation team with any queries

The survey was also available to complete online on the council's consultation portal, Citizen Space.

A downloadable copy of the survey, the Adult Social Care Financial Assessment and Charging Policy, and Disability Related Case Studies were made available online via the [consultations.leicester.gov.uk](https://consultations.leicester.gov.uk) website.

An easy read version of the survey was made available for people who were identified through social care records as having learning disabilities. There were no requests for paper copies of this document. The easy read survey was available online via the [consultations.leicester.gov.uk](https://consultations.leicester.gov.uk) website.



Attempts were made to channel shift respondents to online where appropriate, in line with corporate vision.

#### **b. Organisations and other stakeholders**

E-mails were sent to various board/group members and organisations to inform about the consultation and help where enquiries may be made about the proposals. These organisations represent the interests of people who receive Adult Social Care services:

<b>Voluntary and Community Groups</b>
Learning Disability Partnership Board
Mental Health Partnership Board
Learning Disability (We Think – lived experience)
Mental Health (Loudspeaker Group – lived experience)
Leicester Ageing Together Board
Dementia Programme Board
Carers Reference Group
Action Deafness
Alzheimer’s Society
Citizens Advice Bureau
LCPT
Leicester Quaker Housing
City & County Care Services (Care Watch)

<b>Non-Residential Care Providers</b>
Adjuvo Care and Support Limited (Valorum Care Group PLC)
Action First Assessments Ltd
ADHD Solutions
Advance Housing and Support Limited
Affinity Trust
Age UK Leicestershire & Rutland
Ambient Support Limited (Formally Heritage Care Limited)
Care 4 U (Leicestershire) Ltd
Carers Direct Homecare Ltd
CareTech Community Services Ltd
Caribbean Court formally Leicester Jamaica Community Service Group (WISCP)
City & County Care Services (trading as Aspire UK)
Community Integrated Care
Creative Support
East West Community Project
Forward Thinking Movement and Dance CIC
Grow Wild Outreach CIC
Guru Nanak Community Centre
Guru Tegh Bahadur Day Centre

IBC Quality Solutions
IBC Quality Solutions Ltd
Leicestershire Leicester & Rutland Headway
Lifeways
Manav Seva Community Centre
Mosaic: Shaping Disability Services
Pathfinders Community Support Ltd
Pet Boarding
POhWER
S5 Care Ltd
Sanctuary
Santosh
Sensitive Care Solutions Limited
Shree Santan Mandir And Community Centre T/A Sanatan Manavta DAY CARE SERVICES
Sova Healthcare Leicester Ltd
Unified Health and Care Limited
VISTA
Vista (Royal Society for the Blind)
Voyage Care
Wesley Hall Community Centre

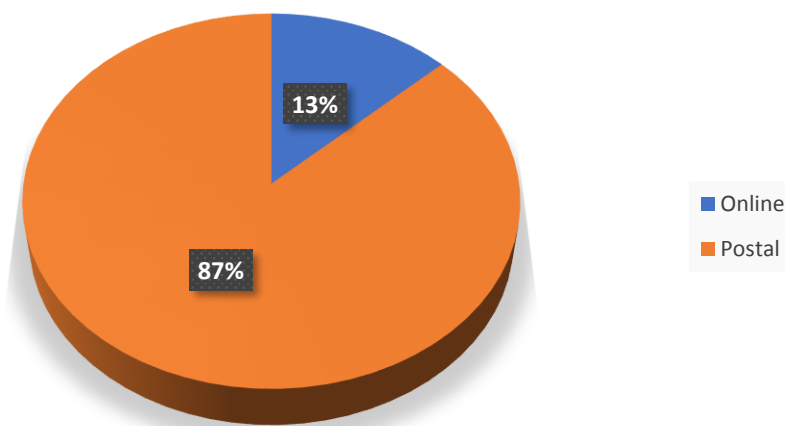
The full stakeholder engagement plan can be found in Appendix Ci.

**c. Survey**

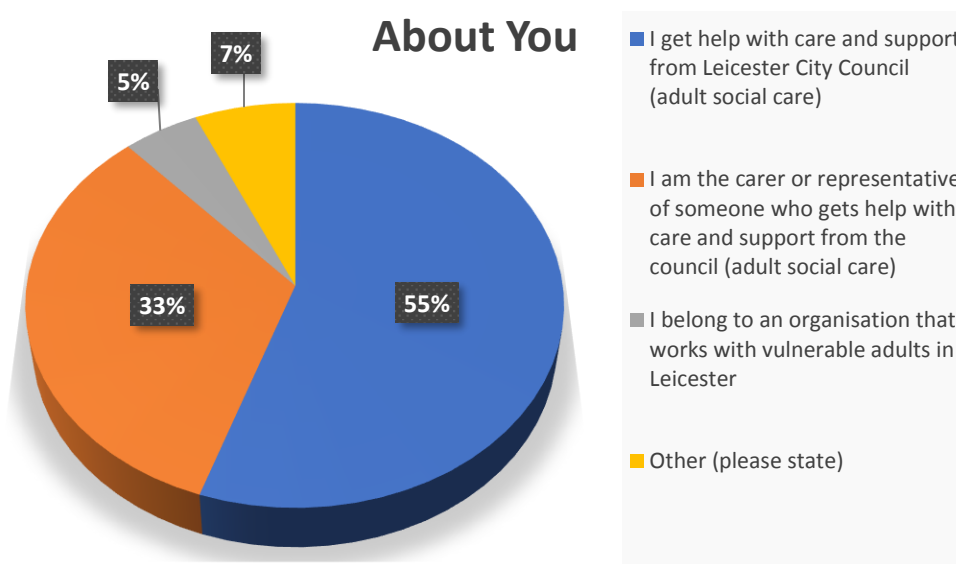
A survey was developed to find out what people's views were about the proposal to change how disability benefits were to be treated in assessing an individual's ability to contribute to the cost of their services. A paper copy was attached to the letter informing them about the consultation.

A total of 4593 surveys were sent and 804 surveys were completed and returned, a response rate of 18% was achieved.

### Survey Method of Return



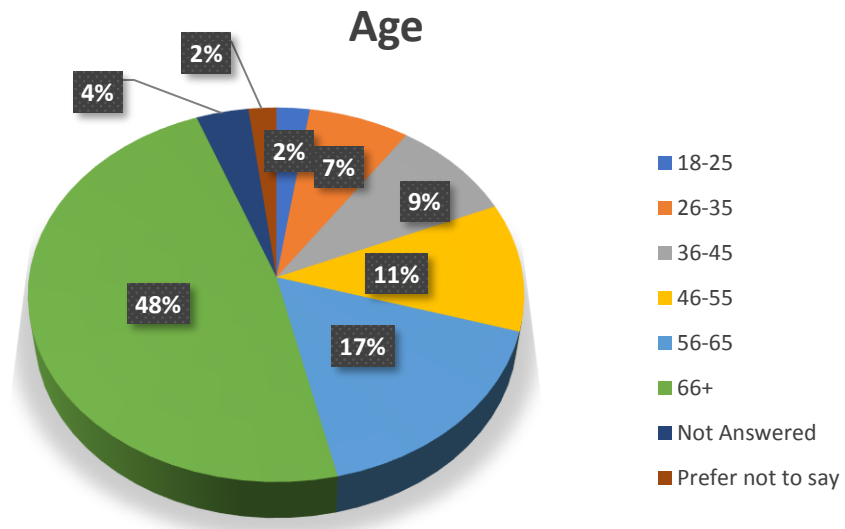
Of the 804 survey's completed 699 (87%) where returned via post



64 respondents (8%) chose to not answer this question.

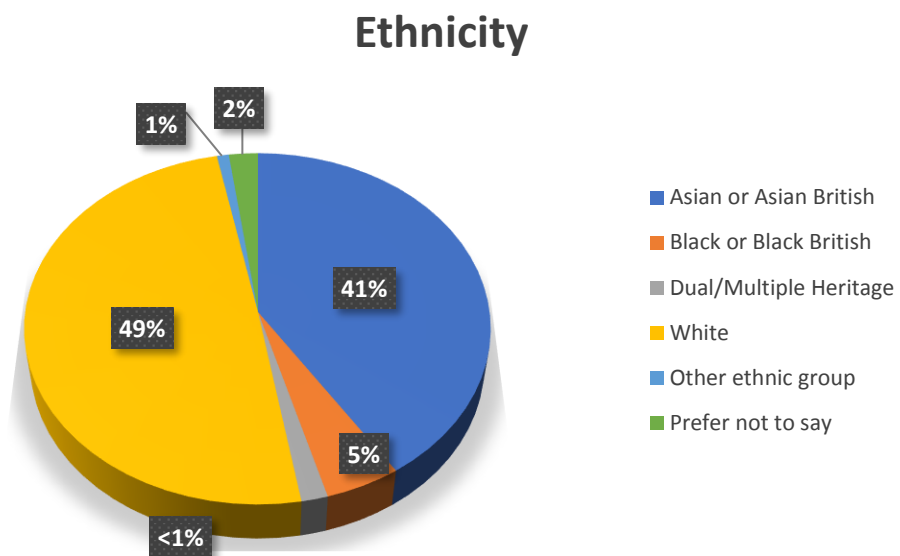
Respondents were first asked to provide some information about themselves and how they interact with Adult Social Care – 55% of those that answered this question were people who receive help and support from Leicester City Council.

33% of the responders identified as carers and 50 identified as 'other'.



30 respondents chose to not answer this question.

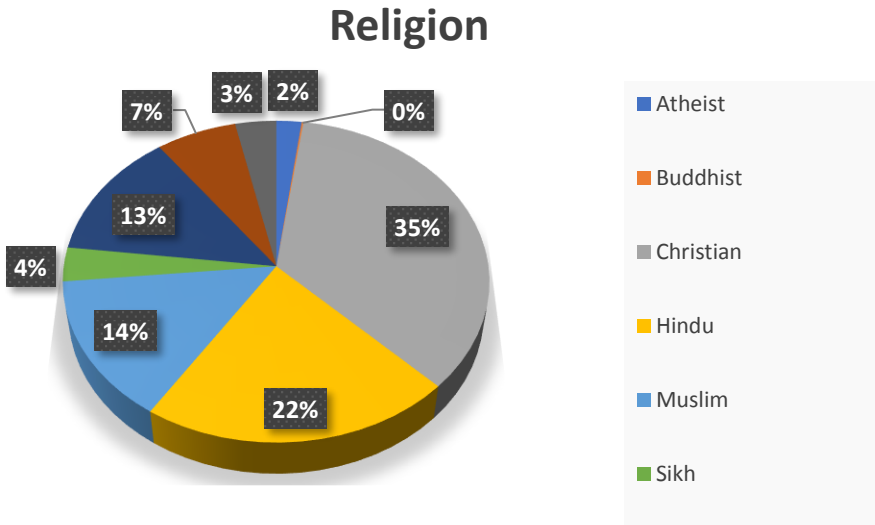
The age of the respondents varied. Over half of all who completed the survey identified as over 66 years.



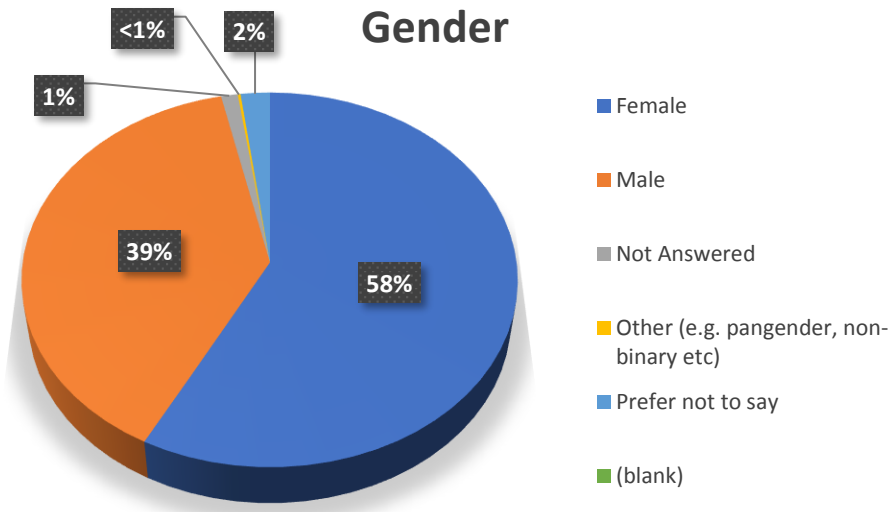
30 respondents chose to not answer this question.

A lot like the demographic of Leicester, the ethnicities of the respondents were diverse. 49% of the respondents identified as 'White' and 41% identified as 'Asian or Asian British'.

The response rate correlates with the ethnicity of those that were written to. Of those written to 48% were white, 43% Asian, 8% Black, 4% other and 1% were dual.



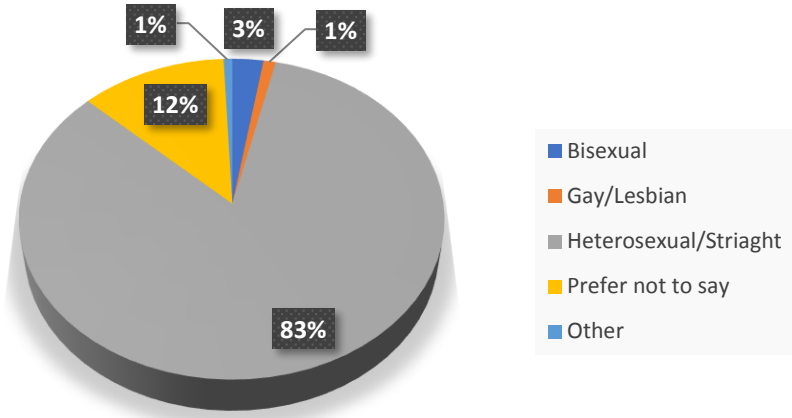
42 (5%) people did not answer this question. Of those that answered 35% identified as Christian and 22% as Hindu.



Nearly 58% of respondents identified as female. 17 people did not answer this question.

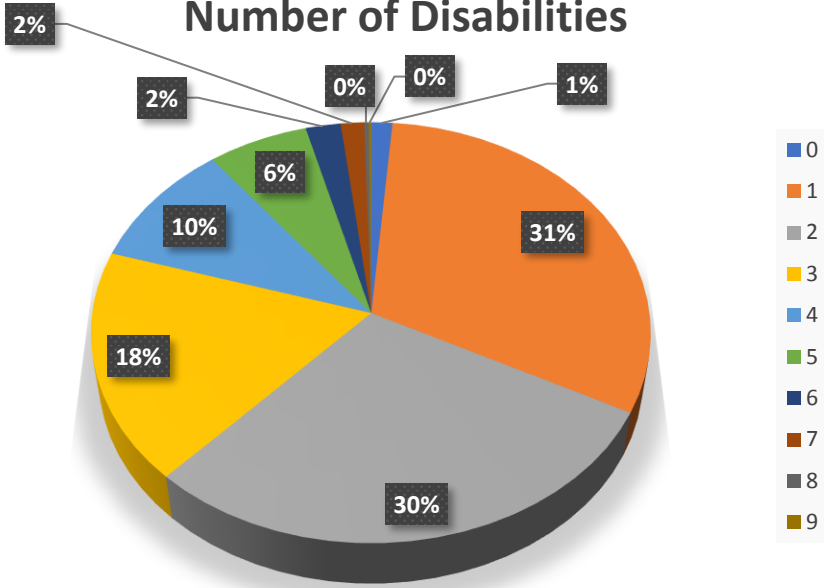
Just over 1% of people responded that their gender was different from that at birth. 20% did not answer and over 78% confirmed their gender was the same as at birth.

### Sexual Orientation

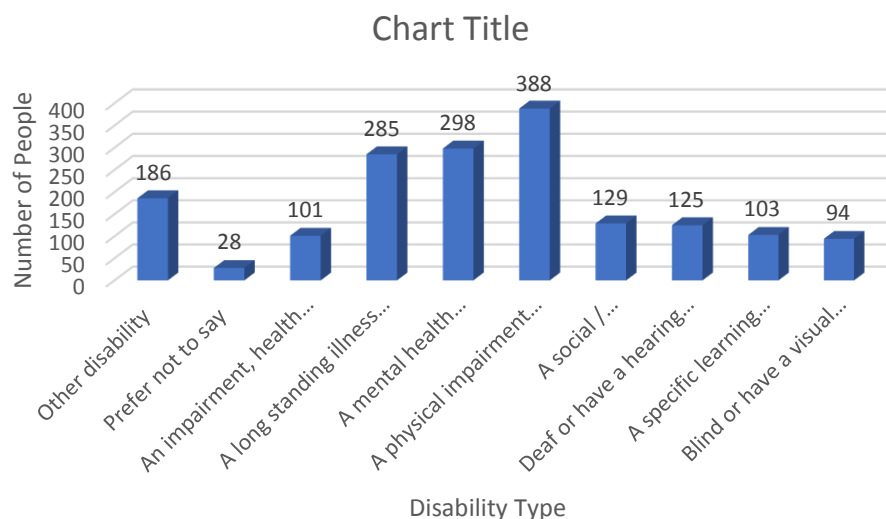


107 (13%) did not answer this question. Of those that did answer, 83% identified as Straight, 3% as Bisexual and 1% as Gay/Lesbian.

### Number of Disabilities



Of the 676 (84%) that identified as having a disability, 31% indicated a single type of disability, while over 68% indicated two or more types of disability (less than 1% did not indicate the type of disability)



48% of those who answered this question, identified as having a physical impairment, followed by 35% with a long-standing illness or health condition and 37% with a mental health difficulty.

#### d. Public Meetings

Three public meetings were held at different locations around the city, to inform service users about the proposals and to seek their views or concerns. Details of the meetings were included in the letters to all service users, carers, and stakeholder organisations.

22 November 2023 - Peepul Centre, Training Room 3 - 6.00-7.30pm

27 November 2023 - Town Hall, Team Room 1.12 - 10.30-12.00pm

29 November 2023 - Quaker Meeting House, Ground Floor Meeting Room - 2.30-4.00pm

A total of 42 people attended the public meetings. Alternative language interpreters were also present for all three meetings.

These meetings began with an overview of the consultation process, an explanation of the disability benefits and details of the proposal.

The full meeting notes for all three public meetings can be found in Appendix Ciii.

#### e. Submissions and Other Comments

Approximately 112 calls were received on the consultation helpline, of which 38 required additional follow-up action.

A system was established to swiftly respond to people who had specific questions or required help/translation to complete the survey.

The calls were wide ranging and common themes were identified as follows:

Call Category	Count
Benefits question	2
Booking public meeting	24
Clarification - Survey	6
Clarification - Charging	2
Request for Easy Read Format	5
Request for Interpreter	3
Make complaint	1
No longer service user	14
Other	15
Survey completion	34
Unknown	6
<b>Grand Total</b>	<b>112</b>

Where difficulties completing the form were reported the delivery team and admin officers offered to complete the form online for the caller.

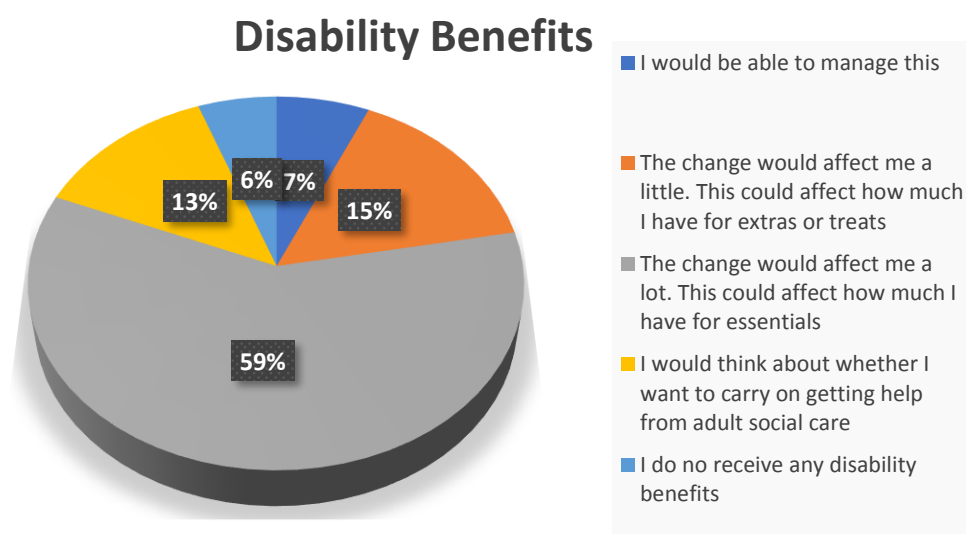
A generic email account was also set up to receive queries about the proposal. Five emails were received in total.

Service users were provided with a postal address to write and submit comments, if they wished to. No postal submissions were received.

### 3. Headline Findings

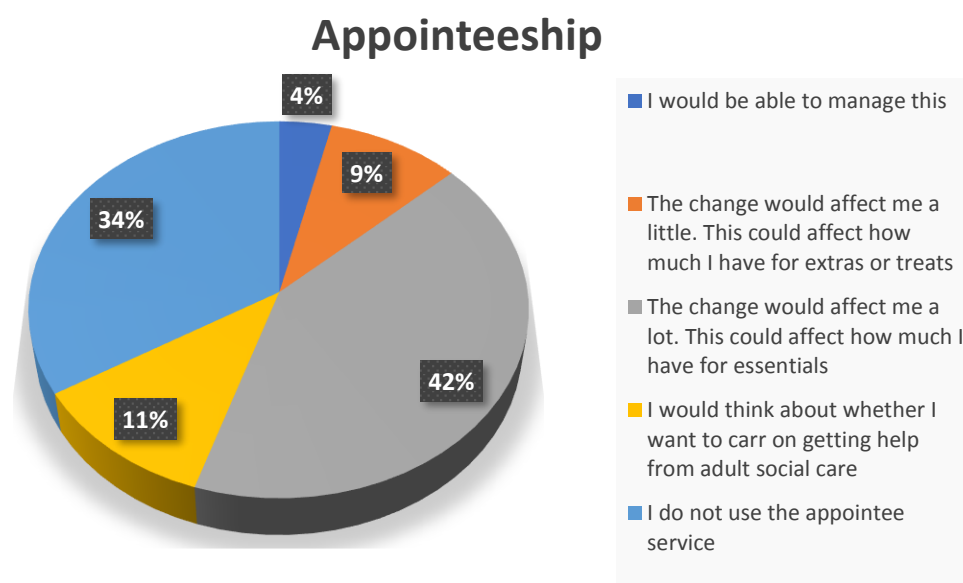
A total of 804 surveys were completed and received.

Respondents were asked to state how an increase towards the amount they have to pay towards their care would affect their day-to-day affordability.





87% of respondents reported that paying more towards their care would have at least some effect on their personal finances. 59% of whom believe that paying more would affect their personal finances 'a lot'.



When asked about the Appointees Service 44 (5%) people did not answer. Of those that answered 34% did not use the service. 42% responded that the change would affect them a lot and impact how much they had for essentials.

Respondents were given the opportunity to provide some commentary regarding their choice, 64% of respondents chose not to provide a comment, this includes 5% of people that stated 'no comment' or something similar in the comments box.

Themes emerged from the comments provided, significantly around:

- I. Funding (not having the funds or income to absorb an increase in contribution; ability to pay for essentials; ability to pay for extras).
- II. A feeling that the proposal is either unfair, concerning or unsatisfactory.

Over half of all the respondents (51%) reported that an increase to their weekly charge would affect them (or someone they represent) a lot, including how much they have for essentials. Under a quarter (12%) of respondents indicated that they would be affected a little, including how much they have for extras or treats. The remaining respondents noted that they would either be able to manage the increased charge (5%) or they would consider stopping the Adult Social Care services they receive (12%). 19% of respondents did not receive disability benefits or use the appointeeship service.

The table below shows a breakdown of the responses by theme. Many comments covered multiple themes and as such the total theme 'count' is higher than the actual number of comments. In addition to the 288 responses

received via the survey we also received 10 comments from the Making It Real Group for 298 comments.

Q4 Comment/Concerns Raised:		
Theme Number	Primary Theme Description	Count
1	I think the proposal is unfair/unsatisfactory/concerning	82
2	These proposals would affect my ability to buy care related essentials	39
3	I don't have the funds / I have low income	31
4	Significant worry/anxiety	25
5	Dissatisfied with current service	20
6	Appointeeship	16
7	Reconsider/Terminate Care	16
8	Need more info	17
9	I need more funding / support, not less	15
10	I think the proposal will not significantly impact me	13
11	Impact on family/unpaid carer	9
12	Payments have already increased recently	4
13	Personal circumstances should be taken into consideration.	3
14	These proposals would affect my ability to spend on extras	1
15	Other	46
	<b>TOTAL</b>	<b>336</b>

23 of the responders' primary theme in their comments was around the fact that they do not have the funds to absorb an increase in the amount of money they have to contribute toward their care (Themes 1 and 2). 28% felt the proposal was either unfair/unsatisfactory or concerning.

**Theme 1:** I think the proposal is unfair/unsatisfactory/concerning

Responders in this category state their dissatisfaction with the proposal if it were to be implemented. This was the primary theme in 28% of responses.

*"Once again, people who need the most support to have some level of a life are being hit. Having a learning disability is not a choice, it is how dealt at*

*birth. Furthermore, how people are living in old age and society need to support them.”*

*“The changes proposed are not in the best interest of the person receiving care and LCC is taking advantage of the most vulnerable in Society.”*

**Theme 2:** These proposals would affect my ability to buy care essentials.

Responders in this category specifically cited concern around funding essentials if their contribution was to increase. Approximately 13% of all responders are in this category. Example comment below.

*“I already pay towards contribution. if this does increase and with the cost of living crisis i will not be able to afford my essentials”*

*“I would not be able to pay as I have limited money to live on, as it is expensive. Plus I would not be able to buy clothes for myself or feed myself.”*

**Theme 3:** I don't have the funds / I have low income.

Responders in this category specifically cited an inability to absorb any increase in financial contribution that may be required. This theme accounted for 10% of comments provided. Some example comments from this category are below.

*“I don't have any savings, this time is hard to survive and definitely not able to pay anything toward it.”*

*“It would be a struggle because I can not afford to pay as I am on a strict budget where the money I have is mostly spent on the items I need for my disability.”*

**Theme 4:** The proposals could cause significant anxiety and/or worry

Almost 8% of responders mentioned the impact the proposals would have on their mental health. Example below.

*“With the current situation with the cost of living I am already struggling to manage on what I'm left with after my payment goes out to Direct payments if this was to increase I would not be able to live on what money I have left. If I cancelled my care package then I would be housebound indefinitely and this is no quality of life so I would probably end up committing suicide as I won't survive.”*

*“After the bill payments, there is not much left behind for my personal use and I hardly have little money for my groceries and personal use which affects me a lot mentally.”*

**Theme 5: Dissatisfied with current service**

Comments in this theme either criticized or expressed their dissatisfaction with the service that they currently receive. Examples below

“I do not no if I pay for having a mental health worker. No one come's to see me, or take me out in the week if I need anything. I have to ring my worker up.”

“Cost of living is high and what you are proposing is essentially a cut in funding. You propose to spend money more widely, however this never happens. Services are poor.”

**Theme 6: Appointeeship**

5% of responders commented about the appointeeship. Example below

“Charging for appointeeship per week I feel does not seem fair. Rather, a one off cost to set this up. Once all work has been done to set this up, payment arrangements have been made, there would not be a need to monitor or make changes every week, so a weekly cost does not seem fair. Alternatively, a lower monthly cost maybe more appropriate.”

**Theme 7: Reconsider/Terminate Care**

5% of responders mention they may need to reconsider if they can afford to continue to pay for care if the changes are made. Example of comments below

*“The change will affect me a lot and I feel I would have to reconsider the care that I pay for.”*

*“I may have to stop all my care if I am charged extra money.”*

**Theme 8: Need more information**

Some responders felt they needed more information on how the proposal would impact them. Approximately 6% of people mentioned this. Example comments below.

*“Depends on the changes. We need more information about the prices involved.”*

*“Until we have details about proposed changes, it is difficult to understand its impact. But the uncertainty is worrying and currently due to cost of living increases., any reduction would obviously have a large impact.”*

**Theme 9:** I need more funding/support, not less

Responders in this category felt they needed more funding and/or support and not less. 5% of all responders are in this category. Example comment below.

*“We should not be paying any money toward care because we got too many expenses. We are not getting enough benefit to cover the cost of day to day living.”*

*“I find it difficult to manage on what benefits I receive now. I need more help with my care needs which is refused at present.”*

**Theme 10:** I think the proposal will not significantly impact me/I think the proposal is fair.

Responders in this category felt the proposal, if implemented, would not significantly impact upon them, 4% of comments are in this category. Example comment below.

*“good to be in line with national guidance if there's flexibility when people cannot pay”*

*“Definitely fair. My mum does not receive any disability benefits at all.”*

**Theme 11:** Impact on family/unofficial carer

3% of responders highlighted the potential impact on unofficial carers.

*“Family members who do not qualify for carers' allowance, but give substantial help with caring for adults receiving social care should be given some form of financial support, e.g. tax deductions, as incentives for the assistance they provide.”*

**Theme 12:** Payments have already increased this year

Some responders noted how the amount of money they must contribute has already increased recently. 1% of responders stated this. Example comments below.

*“Already price of carers increased July 2023. Will not be able to manage with any further increase.”*

**Theme 13:** Personal circumstances should be taken into consideration

A small number of responders (1%) cited the need for personal circumstances to be taken into consideration with clear and transparent guidance to be provided to staff. Example comment below.

*"I feel costs especially those related to disability should be assessed on an individual."*

**Theme 14:** These proposals would affect my ability to spend on 'extras'

Responders in this category specifically cited concern around funding extras if their contribution was to increase. Only 1 person cited this as a concern

*"Will affect extras/treats eg. hair dressers and having feet done. They have already increased amount I pay."*

**Theme 15:** Other.

Comments in this category cover a variety of angles that do not easily fit into any other category. Most simply describe their current situation without any indication of their feelings towards the changes.

*"During the current cost of living crisis and side effects of medication making me very cold hence heating needing to be put on."*

*"Everyone should pay equal - not different. Charges should be clear before service is set up and offered if possible - unless emergency. Assessment should be done in person - not phone calls."*

### Public Meetings

A question and answer session with members of the public formed the public consultation meetings. The following themes emerged from the meeting discussions:

#### *Unfair/concern about changes*

- Comments around people with disabilities being unfairly targeted
- Statements on proposed increases being difficult to manage
- Mention of the Norfolk Council Court case in 2020

#### *The Proposal*

- Night time care definition
- Whether the council must apply these changes
- Clarification on whether only the financial contribution is being affected
- Whether the council has explored other options for cost savings
- Would people have to be reassessed.

*The Financial Assessment*

- How the assessment will be carried out
- What will and won't be taken into account
- Whether disability benefits or income support will be taken into consideration
- Whether discretion can be applied
- Whether personal circumstances will be considered

*Off Topic/ Non-Related*

- Personal enquiries on how the proposals would impact them.

*Appointeeship*

- Queries around the appointeeship proposal and savings balance threshold





**Stakeholder Profile & Communication Plan**

Programme Details			
<b>Project Name</b>	<b>AA&amp;A Consultation</b>	<b>Project Director</b>	<b>Ruth Lake</b>
<b>Project Manager</b>	<b>Pras Patelhant Patel</b>	<b>Project Assurance</b>	<b>Swarsha Bhalla</b>
<b>Strategic Priority</b>	<b>Income Generation</b>		

**Guidance**

To identify key project stakeholders, how the project affects them, their degree of influence etc, and to plan how and when to communicate with them. Use the stakeholder profile table to identify all project stakeholders. When this table is complete, transfer the list of identified stakeholders in the stakeholder category field onto the communications plan and fill in the table for each one.

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Document Amendment Record			
Version	Date	Author	Amendment Details
1.1	01.10.23	PP	Document creation
1.2	05.10.23	PP	Updated lists
1.3	09.10.23	PP	Updated progress
1.4	21.10.23	PP	Updated Boards/Group lists

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
<b>Phase 1 – Consultation Live Period 03.07.18-28.09.18</b>							
<b>Internal</b>							
<b>1. Political</b>							
1.1	09.10.23	All Elected Members	DRE consultation details	To respond to constituent enquiries	E-mail	Danielle Porter-Gostelow	Complete
1.2	09.10.23	Chair of Scrutiny	DRE consultation details	For Scrutiny	E-mail	Danielle Porter-Gostelow	Complete
1.3	09.10.23	City MPs'	DRE consultation details	To respond to constituent enquiries	E-mail	Danielle Porter-Gostelow	Complete
<b>2. Staff</b>							
2.1	09.10.23	Alison Greenhill	DRE Consultation details	For info	E-mail	Pras Patel	Complete
2.2	09.10.23	ASC Heads of Service	DRE Consultation details	To cascade to staff	E-mail	Pras Patel	Complete
2.3	09.10.23	Care Management Lyn Knights, Jo Dyke, Jo Tansey	DRE Consultation details	To answer queries	E-mail	Pras Patel	Complete
2.4	09.10.23	Finance staff	DRE consultation details	To answer queries	E-mail	Matthew Cooper	Complete
2.5	09.10.23	Post Room, Sarah Tovey	DRE Consultation details	For info	E-mail	Pras Patel	Complete

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
2.6	09.10.23	Customer Services Caroline Jackson	DRE Consultation details	To answer queries	Letter	Pras Patel	Complete
<b>External</b>							
<b>3. Voluntary and Community Group Meetings</b>							
3.1	20.11.23	Learning Disability Partnership Board	Consultation details	To raise awareness and inform the group and its members of the consultation	Michelle Larke	Pras Patel	Kavita Dholakia
3.2	20.11.23	Mental Health Partnership Board	Consultation details	To raise awareness and inform the group and its members of the consultation	Caroline Ryan	Pras Patel	Kavita Dholakia
3.3	20.11.23	Learning Disability (We Think – lived experience)	Consultation details	To raise awareness and inform the group and its members of the consultation	<a href="mailto:dorcas.mukarati@mosaic1898.co.uk">dorcas.mukarati@mosaic1898.co.uk</a>	Pras Patel	Kavita Dholakia
3.4	20.11.23	Mental Health (Loudspeaker Group – lived experience)	Consultation details	To raise awareness and inform the group and its members of the consultation	<a href="mailto:dorcas.mukarati@mosaic1898.co.uk">dorcas.mukarati@mosaic1898.co.uk</a>	Pras Patel	Kavita Dholakia

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
3.5	20.11.23	Leicester Ageing Together Board	Consultation details	To raise awareness and inform the group and its members of the consultation	E-mail Rob Hunter / Ruth Rigby	Pras Patel	Via Cathy Carter
3.6	20.11.23	Dementia Programme Board	Consultation details	Raise awareness, info to enable them to comment and alert customers	E-mail Bev White	Pras Patel	Via Neel Ganatra
3.7	20.11.23	Carers Reference Group	Consultation details	Raise awareness, info to enable them to comment and alert customers	E-mail	Pras Patel	Via Nicola Cawrey
3.8	20.11.23	Action Deafness	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:enquiries@actiondeafness.org.uk">enquiries@actiondeafness.org.uk</a> <a href="mailto:JazMann@actiondeafness.org.uk">JazMann@actiondeafness.org.uk</a>	Pras Patel	Complete
3.9	20.11.23	Alzheimer's Society	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:leicestershireandrutland@alzheimers.org.uk">leicestershireandrutland@alzheimers.org.uk</a> ; <a href="mailto:Sally.Grundy@alzheimers.org.uk">Sally.Grundy@alzheimers.org.uk</a>	Pras Patel	Complete
3.10	20.11.23	Citizens Advice Bureau	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:suebeasley@leicscab.org.uk">suebeasley@leicscab.org.uk</a>	Pras Patel	Complete

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
3.11	20.11.23	LCPT	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:info@lcp-trust.org.uk">info@lcp-trust.org.uk</a>	Pras Patel	Complete
3.12	20.11.23	Leicester Quaker Housing	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Alistair.jackson@ncha.org.uk">Alistair.jackson@ncha.org.uk</a>	Pras Patel	Complete
3.13	20.11.23	City & County Care Services (Care Watch)	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:vijay@carewatchleicester.co.uk">vijay@carewatchleicester.co.uk</a>	Pras Patel	Complete
<b>4. Non-Residential Care Providers</b>							
4.1	20.11.23	Adjuvo Care and Support Limited (Valorum Care Group PLC)	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Frankie.Cardoni@adjuvocare.co.uk">Frankie.Cardoni@adjuvocare.co.uk</a>		
4.2	20.11.23	Action First Assessments Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Matt.larkin@actionfirst.co.uk">Matt.larkin@actionfirst.co.uk</a>	Pras Patel	Complete

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.3	20.11.23	ADHD Solutions	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:jamie@adhd solutions.org">jamie@adhd solutions.org</a>	Pras Patel	Complete
4.4	20.11.23	Advance Housing and Support Limited	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:kavita.patel@advanceuk.org">kavita.patel@advanceuk.org</a>	Pras Patel	Complete
4.5	20.11.23	Affinity Trust	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:robedwards@affinitytrust.org">robedwards@affinitytrust.org</a>	Pras Patel	
4.6	20.11.23	Age UK Leicestershire & Rutland	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Tony.donovan@ageukleics.org.uk">Tony.donovan@ageukleics.org.uk</a>	Pras Patel	Complete
4.7	20.11.23	Ambient Support Limited (Formally Heritage Care Limited)	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Hayley.Parkinson@ambient.org.uk">Hayley.Parkinson@ambient.org.uk</a>		

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.8	20.11.23	Care 4 U (Leicestershire) Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:lds@care4u-ltd.co.uk">lds@care4u-ltd.co.uk</a>	Pras Patel	Complete
4.9	20.11.23	Carers Direct Homecare Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:leicester@carersdirect.org.uk">leicester@carersdirect.org.uk</a>	Pras Patel	Complete
4.10	20.11.23	CareTech Community Services Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Ryan.Granger@caretech-uk.com">Ryan.Granger@caretech-uk.com</a>	Pras Patel	Complete
4.11	20.11.23	Caribbean Court formally Leicester Jamaica Community Service Group (WISCP)	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:blakemystic@aol.com">blakemystic@aol.com</a>	Pras Patel	Complete
4.12	20.11.23	City & County Care Services (trading as Aspire UK)	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:vijay.majithia@aspireuk.co.uk">vijay.majithia@aspireuk.co.uk</a>		

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.13	20.11.23	Community Integrated Care	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:James.Brind@c-i-c.co.uk">James.Brind@c-i-c.co.uk</a>		
4.14	20.11.23	Creative Support	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Lindsay.alesbrook@Creativesupport.co.uk">Lindsay.alesbrook@Creativesupport.co.uk</a>	Pras Patel	Complete
4.15	20.11.23	East West Community Project	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:eastwestproject@googlemail.com">eastwestproject@googlemail.com</a>	Pras Patel	Complete
4.16	20.11.23	Forward Thinking Movement and Dance CIC	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:leanne@ftmdance.co.uk">leanne@ftmdance.co.uk</a>	Pras Patel	Complete
4.17	20.11.23	Grow Wild Outreach CIC	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:oconnolly@growwild.life">oconnolly@growwild.life</a>	Pras Patel	Complete



Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.18	20.11.23	Guru Nanak Community Centre	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:gngcentre@hotmail.com">gngcentre@hotmail.com</a>	Pras Patel	Complete
4.19	20.11.23	Guru Tegh Bahadur Day Centre	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:g.t.b.daycentre@hotmail.co.uk">g.t.b.daycentre@hotmail.co.uk</a>	Pras Patel	Complete
4.20	20.11.23	iBC Quality Solutions	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:rahim.walji@ibchealthcare.co.uk">rahim.walji@ibchealthcare.co.uk</a>	Pras Patel	Complete
4.21	20.11.23	IBC Quality Solutions Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Elizabeth.snow@ibchealthcare.co.uk">Elizabeth.snow@ibchealthcare.co.uk</a>	Pras Patel	Complete
4.22	20.11.23	Leicestershire Leicester & Rutland Headway	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:mary.goult@headwayleicester.org.uk">mary.goult@headwayleicester.org.uk</a>	Pras Patel	Complete

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.23	20.11.23	Lifeways	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:bex.snowball@lifeways.co.uk">bex.snowball@lifeways.co.uk</a>	Pras Patel	Complete
4.24	20.11.23	Manav Seva Community Centre	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:info@manavseva.co.uk">info@manavseva.co.uk</a>	Pras Patel	Complete
4.25	20.11.23	Mosaic: Shaping Disability Services	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:zoheb.shariff@mosaic1898.co.uk">zoheb.shariff@mosaic1898.co.uk</a>	Pras Patel	Complete
4.26	20.11.23	Pathfinders Community Support Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:hema.pathfinders@gmail.com">hema.pathfinders@gmail.com</a>		
4.27	20.11.23	Pet Boarding	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:lisa.Ellis@animalcareservices.co.uk">lisa.Ellis@animalcareservices.co.uk</a>	Pras Patel	Complete

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.28	20.11.23	POhWER	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:P.Bodger-Yates@pohwer.net">P.Bodger-Yates@pohwer.net</a>	Pras Patel	Complete
4.29	20.11.23	S5 Care Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:holmfield@midlandscare.co.uk">holmfield@midlandscare.co.uk</a>	Pras Patel	Complete
4.30	20.11.23	Sanctuary	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:siobhan.south@sanctuary-housing.co.uk">siobhan.south@sanctuary-housing.co.uk</a>	Pras Patel	Complete
4.31	20.11.23	Santosh	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:praful.bhatt@santoshdaycare.co.uk">praful.bhatt@santoshdaycare.co.uk</a>	Pras Patel	Complete
4.32	20.11.23	Sensitive Care Solutions Limited	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:suhail@sensitivegroup.co.uk">suhail@sensitivegroup.co.uk</a>	Pras Patel	Complete

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.33	20.11.23	SHREE SANTAN MANDIR AND COMMUNITY CENTRE T/A SANATAN MANAVTA DAY CARE SERVICES	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Smdcs172@hotmail.com">Smdcs172@hotmail.com</a>	Pras Patel	Complete
4.34	20.11.23	Sova Healthcare Leicester Ltd	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:Leicester@sovahealthcare.co.uk">Leicester@sovahealthcare.co.uk</a>	Pras Patel	Complete
4.35	20.11.23	Unified Health and Care Limited	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:dols@unifiedhealthcare.co.uk">dols@unifiedhealthcare.co.uk</a>	Pras Patel	Complete
4.36	20.11.23	VISTA	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:cath.bayley@vistablind.org.uk">cath.bayley@vistablind.org.uk</a>	Pras Patel	Complete
4.37	20.11.23	Vista (Royal Society for the Blind)	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:cath.bayley@vistablind.org.uk">cath.bayley@vistablind.org.uk</a>	Pras Patel	Complete

Ref No.	Target dates (when)	Stakeholder category (to whom)	Information needs (what)	Purpose (why)	Channels / Chair (how)	Lead (by whom)	Progress
4.38	20.11.23	Voyage Care	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:deniseflannagan@voyagecare.com">deniseflannagan@voyagecare.com</a>	Pras Patel	Complete
4.39	20.11.23	Wesley Hall Community Centre	Consultation details	Raise awareness, info to enable them to comment and respond to customer enquiries	<a href="mailto:ar@activewesleyhall.org.uk">ar@activewesleyhall.org.uk</a>	Pras Patel	Complete

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## Social care charging policy (2023): Summary report

This report was created on Thursday 11 January 2024 at 09:17 and includes **804** responses.

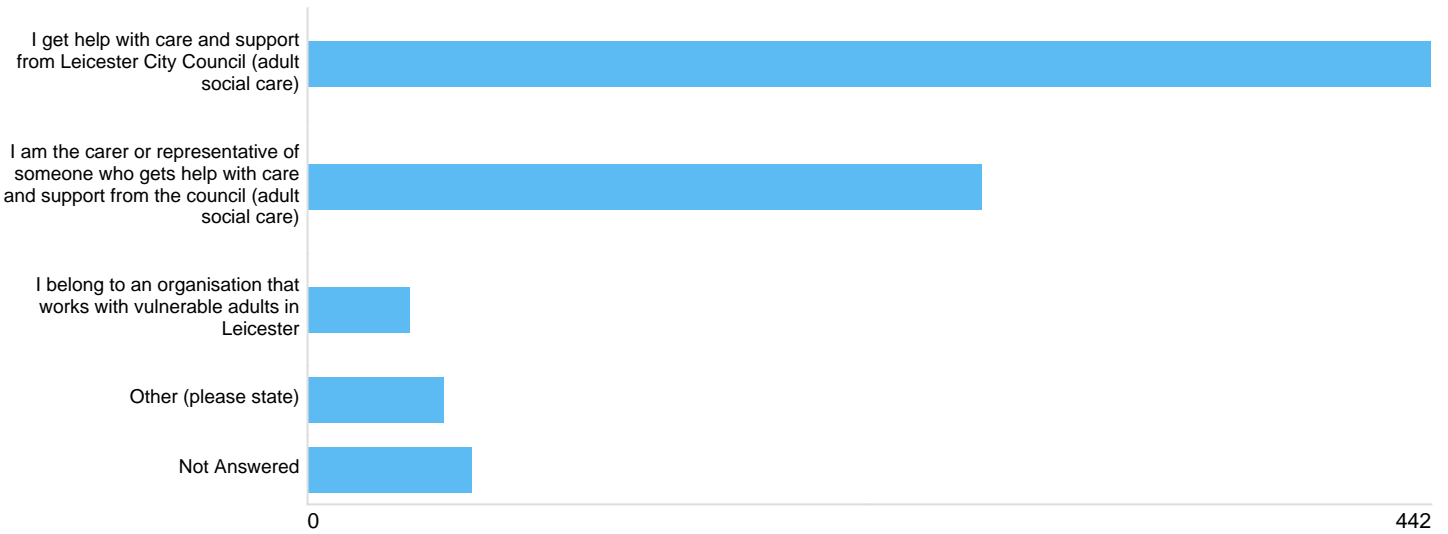
The activity ran from 09/10/2023 to 10/01/2024.

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If you were required to pay towards appointeeship, due to a savings balance of over £1,000, how would this affect you?	3
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Question 11: What is your postcode? Please note we collect postcode data to gain a better understanding of which parts of the city/county respond to our consultations. We cannot identify individual properties or addresses from this information.	10
Postcode	10

**Question 1: Please tick the box that applies. If you are filling this in on behalf of someone else, please tick the box that applies to them.**

**About You**



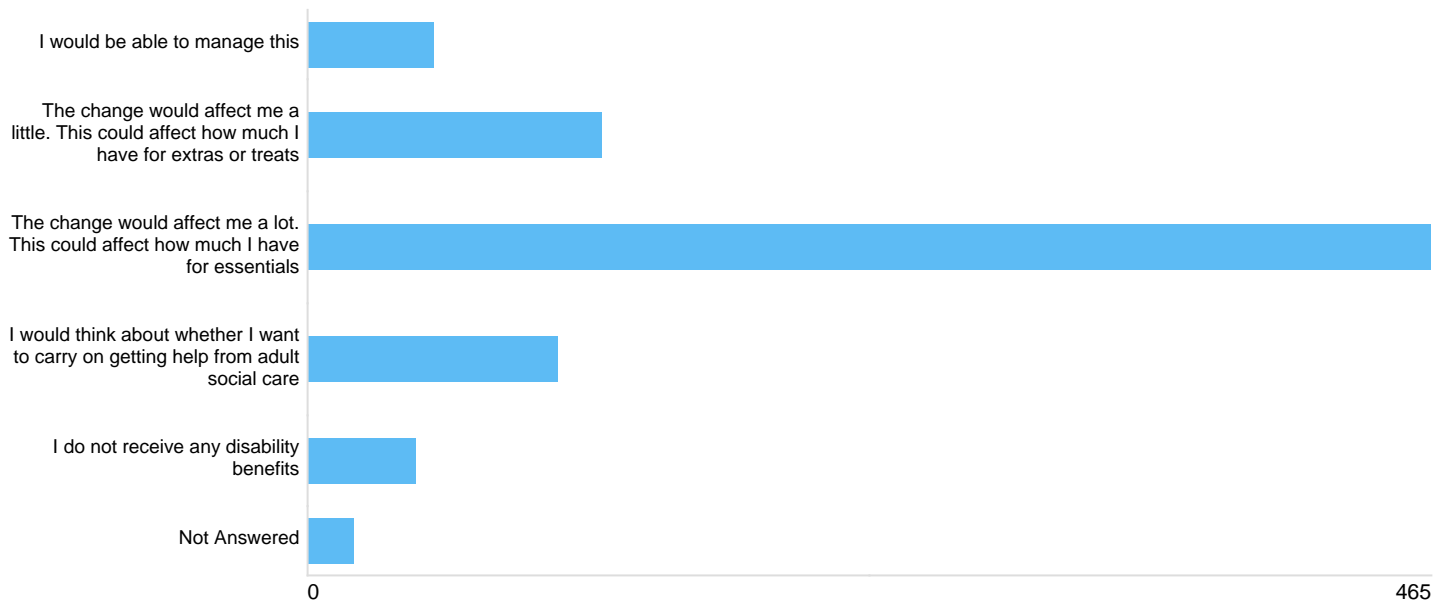
Option	Total	Percent
I get help with care and support from Leicester City Council (adult social care)	442	54.98%
I am the carer or representative of someone who gets help with care and support from the council (adult social care)	265	32.96%
I belong to an organisation that works with vulnerable adults in Leicester	40	4.98%
Other (please state)	53	6.59%
Not Answered	64	7.96%

**If other, please specify**

There were **54** responses to this part of the question.

**Question 2: If you were assessed to pay more per week towards your care, due to the change in the treatment of disability benefits, how would this affect you?**

**If you were assessed to pay more per week towards your care, due to the change in the treatment of disability benefits, how would this affect you?**

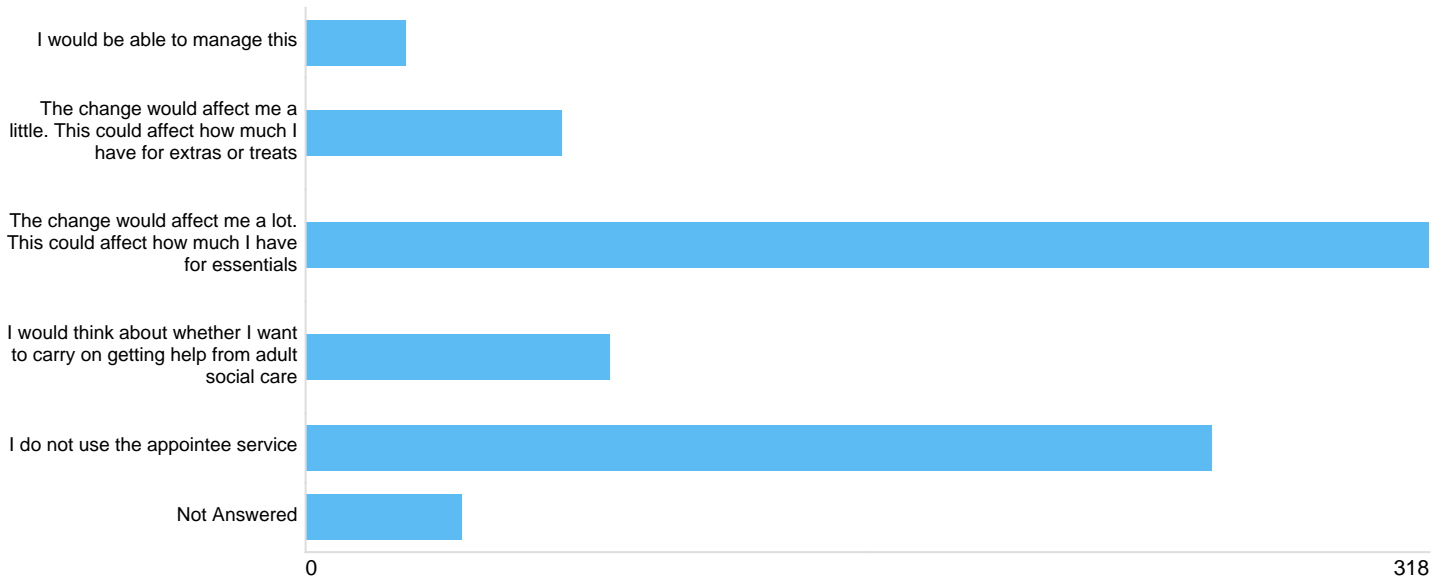




Option	Total	Percent
I would be able to manage this	52	6.47%
The change would affect me a little. This could affect how much I have for extras or treats	121	15.05%
The change would affect me a lot. This could affect how much I have for essentials	465	57.84%
I would think about whether I want to carry on getting help from adult social care	103	12.81%
I do not receive any disability benefits	44	5.47%
Not Answered	19	2.36%

**Question 3: If you were required to pay towards appointeeship, due to a savings balance of over £1,000, how would this affect you?**

*If you were required to pay towards appointeeship, due to a savings balance of over £1,000, how would this affect you?*



Option	Total	Percent
I would be able to manage this	28	3.48%
The change would affect me a little. This could affect how much I have for extras or treats	72	8.96%
The change would affect me a lot. This could affect how much I have for essentials	318	39.55%
I would think about whether I want to carry on getting help from adult social care	86	10.70%
I do not use the appointee service	256	31.84%
Not Answered	44	5.47%

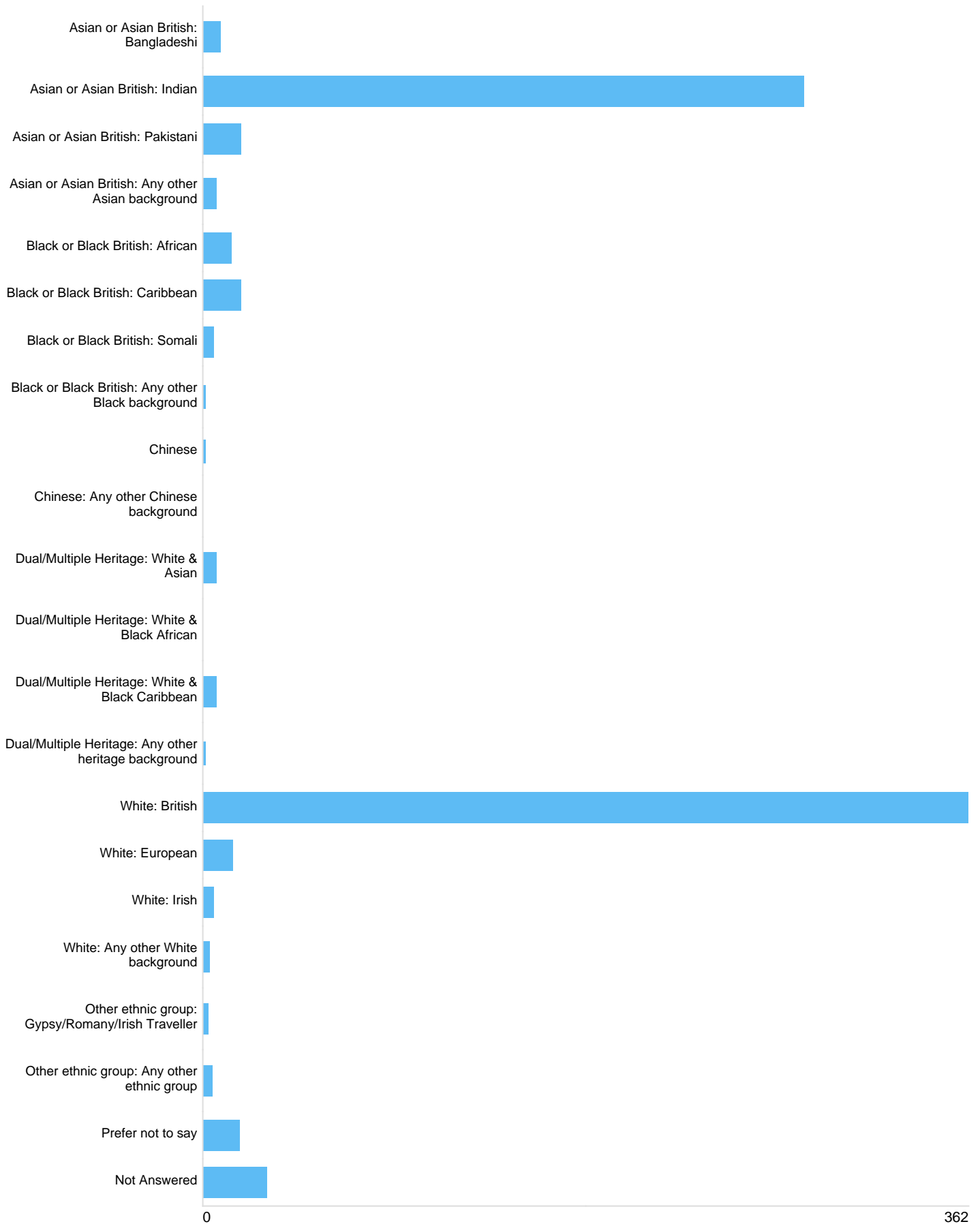
**Question 4: Do you have any other comments about the proposed change?**

***Any other comments?***

There were **327** responses to this part of the question.

**Question 5: Ethnic background:**

***Ethnicity***



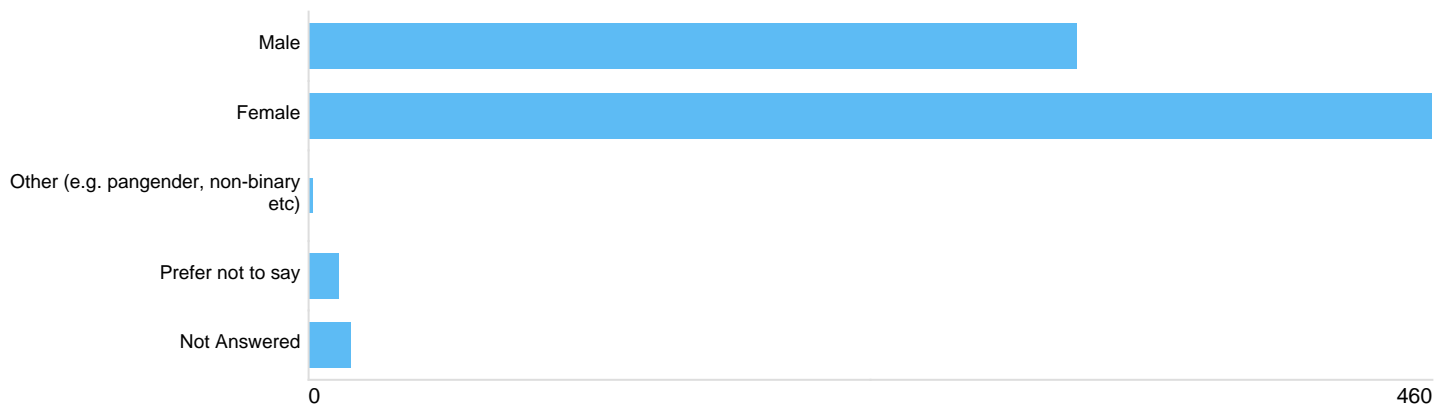
Option	Total	Percent
Asian or Asian British: Bangladeshi	8	1.00%
Asian or Asian British: Indian	284	35.32%
Asian or Asian British: Pakistani	18	2.24%
Asian or Asian British: Any other Asian background	6	0.75%
Black or Black British: African	13	1.62%
Black or Black British: Caribbean	18	2.24%
Black or Black British: Somali	5	0.62%
Black or Black British: Any other Black background	1	0.12%
Chinese	1	0.12%
Chinese: Any other Chinese background	0	0.00%
Dual/Multiple Heritage: White & Asian	6	0.75%
Dual/Multiple Heritage: White & Black African	0	0.00%
Dual/Multiple Heritage: White & Black Caribbean	6	0.75%
Dual/Multiple Heritage: Any other heritage background	1	0.12%
White: British	362	45.02%
White: European	14	1.74%
White: Irish	5	0.62%
White: Any other White background	3	0.37%
Other ethnic group: Gypsy/Romany/Irish Traveller	2	0.25%
Other ethnic group: Any other ethnic group	4	0.50%
Prefer not to say	17	2.11%
Not Answered	30	3.73%

***If you said your ethnic group was one of the 'Other' categories, please tell us what this is:***

There were 17 responses to this part of the question.

### **Question 6: What is your gender identity?**

#### **Gender**

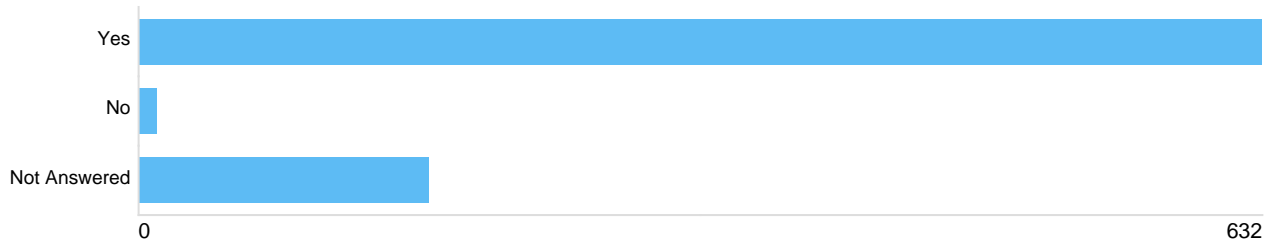


Option	Total	Percent
Male	314	39.05%
Female	460	57.21%
Other (e.g. pangender, non-binary etc)	1	0.12%
Prefer not to say	12	1.49%
Not Answered	17	2.11%

#### **Other gender**

There was 1 response to this part of the question.

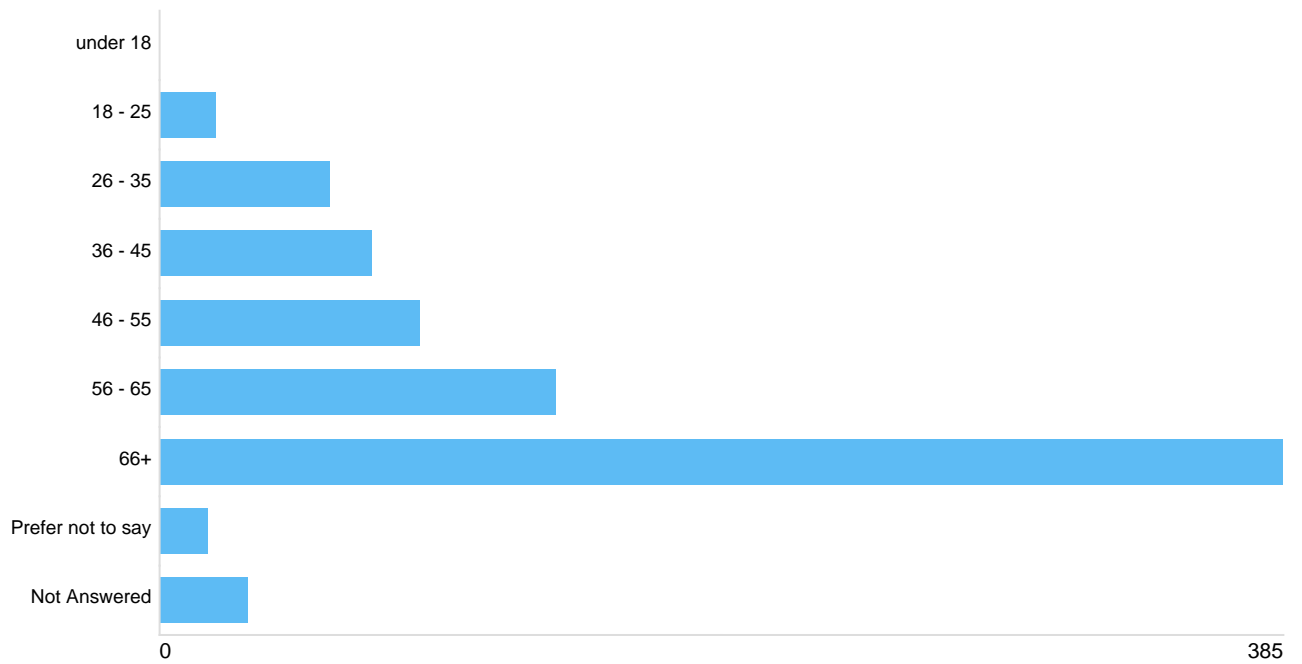
**gender ID same as birth**



Option	Total	Percent
Yes	632	78.61%
No	10	1.24%
Not Answered	162	20.15%

**Question 7: Age:**

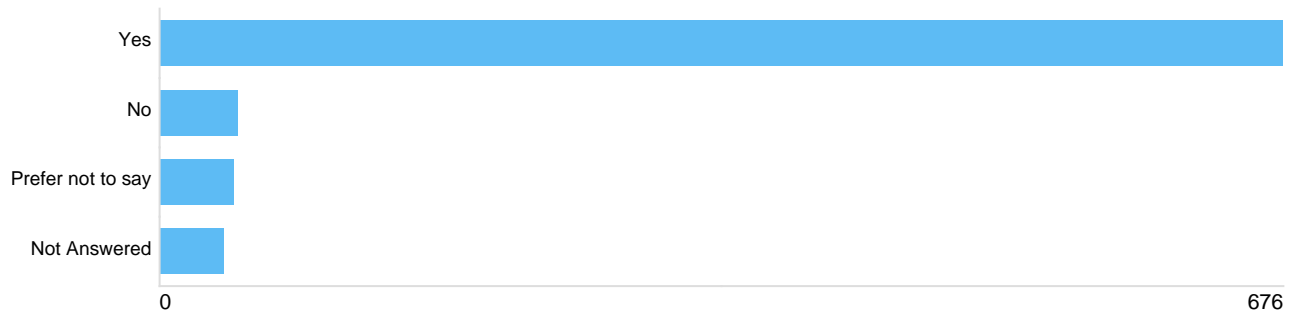
**Age**



Option	Total	Percent
under 18	0	0.00%
18 - 25	19	2.36%
26 - 35	58	7.21%
36 - 45	72	8.96%
46 - 55	89	11.07%
56 - 65	135	16.79%
66+	385	47.89%
Prefer not to say	16	1.99%
Not Answered	30	3.73%

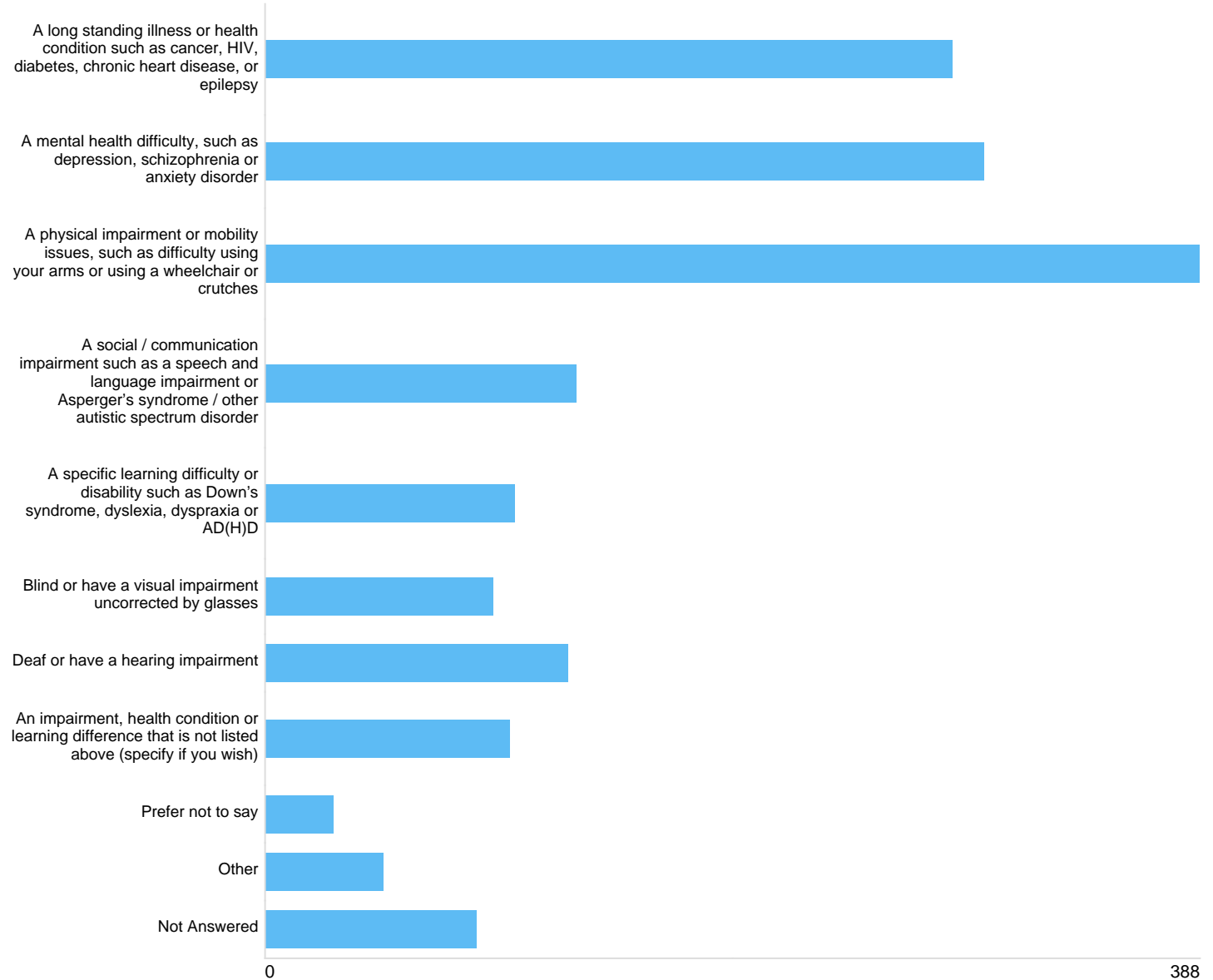
**Question 8: Disability**

Q7



Option	Total	Percent
Yes	676	84.08%
No	46	5.72%
Prefer not to say	44	5.47%
Not Answered	38	4.73%

**Disability detail**



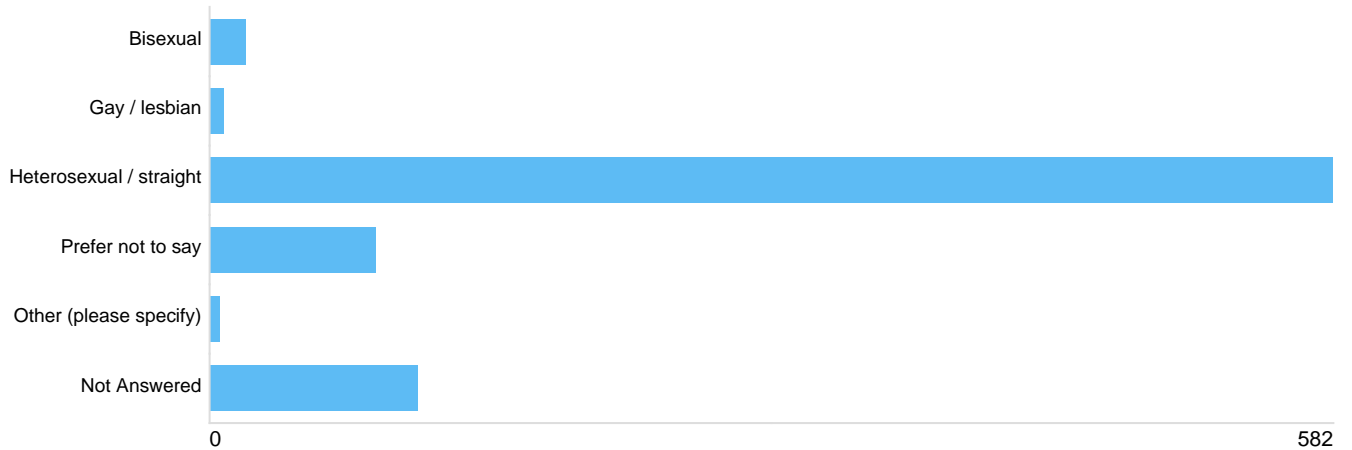
Option	Total	Percent
A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	285	35.45%
A mental health difficulty, such as depression, schizophrenia or anxiety disorder	298	37.06%
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	388	48.26%
A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder	129	16.04%
A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D	103	12.81%
Blind or have a visual impairment uncorrected by glasses	94	11.69%
Deaf or have a hearing impairment	125	15.55%
An impairment, health condition or learning difference that is not listed above (specify if you wish)	101	12.56%
Prefer not to say	28	3.48%
Other	49	6.09%
Not Answered	87	10.82%

**Other disability**

There were **137** responses to this part of the question.

**Question 9: Sexual orientation. Do you consider yourself to be...**

*sexuality*



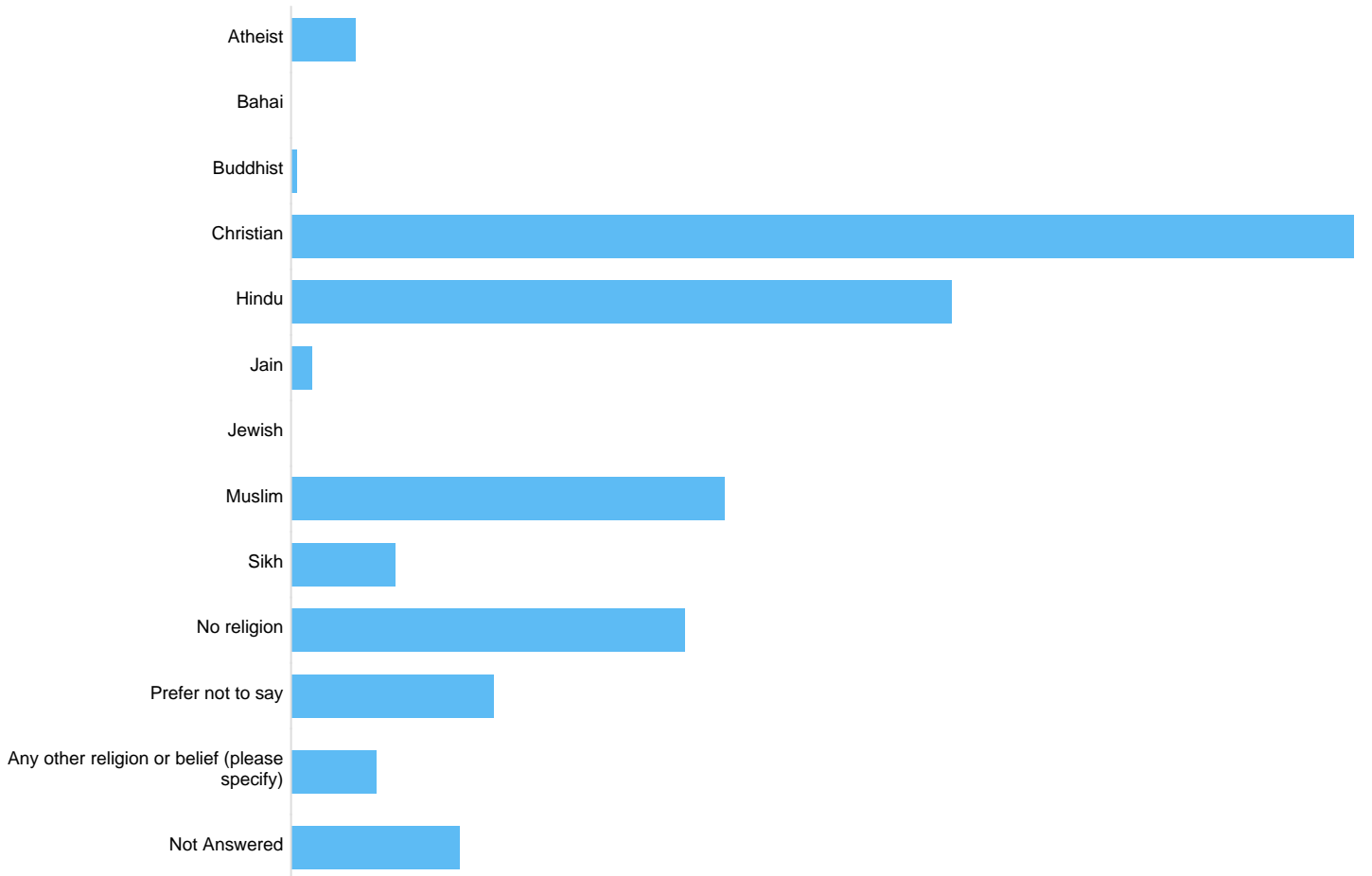
Option	Total	Percent
Bisexual	18	2.24%
Gay / lesbian	7	0.87%
Heterosexual / straight	582	72.39%
Prefer not to say	85	10.57%
Other (please specify)	5	0.62%
Not Answered	107	13.31%

**Other sex**

There were 2 responses to this part of the question.

**Question 10: How would you define your religion or belief?**

*religion*



Option	Total	Percent
Atheist	16	1.99%
Bahai	0	0.00%
Buddhist	1	0.12%
Christian	268	33.33%
Hindu	166	20.65%
Jain	5	0.62%
Jewish	0	0.00%
Muslim	109	13.56%
Sikh	26	3.23%
No religion	99	12.31%
Prefer not to say	51	6.34%
Any other religion or belief (please specify)	21	2.61%
Not Answered	42	5.22%

***other religion***

There were **33** responses to this part of the question.

**Question 11: What is your postcode? Please note we collect postcode data to gain a better understanding of which parts of the city/county respond to our consultations. We cannot identify individual properties or addresses from this information.**

***Postcode***

There were **736** responses to this part of the question.



## Social Care Charging Policy Consultation Public Meeting Notes

Wednesday 22 November 2023  
Peepul Centre, Training Room 3  
6.00-7.30pm

### Officers in attendance

Ruth Lake	Director, Adult social care and safeguarding
Matthew Cooper	Business manager, Finance
Cory Laywood	Business service centre manager
Prashant Patel	Business change commissioning manager, Projects

The meeting was attended by 18 members of the public and/or other organisations.

Additionally, 2 alternative language interpreters from the council's Community Language Services (CLS) team were also present.

### Discussion

The director gave an overview of the consultation process, followed by an explanation of the various disability benefits and the appointee service, alongside details of the proposals that has been put forward.

The consultation is a statutory 12-week process, which will be live between 9 October and 31 December 2023.

We are consulting with people who receive help from adult social care, or their families and carers, to get their views about the council's proposals to change the way it treats disability benefits, within the financial assessment. We are also proposing to introduce a charge for providing an appointee service

The council carries out a financial assessment to check the money people have, whether they can afford to pay towards their services and if so, how much.

The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

Only the care elements of these benefits are used in the financial assessment. Any mobility elements must be excluded from the calculation.

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

We also want to introduce a charge for appointeeship, to cover the costs of administering the service. The council will later decide on whether this service will be provided in-house or via an external service provider.

If the proposal to change how we deal with disability benefits is agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services.

Other people will see an increase to the cost of their care. Some people could start paying for the first time. The highest increase anyone would have to pay is £33.65 per week.

People using the appointeeship service will only be required to pay a charge if they have a savings balance of over £1,000. For those who meet the criteria, a charge of between £14 to £16 per week will be applied, dependent on how the council decides to administer the service. Some people are unlikely to see any change at all.

Any changes would be introduced from early 2024.

Any changes relating to the treatment of disability benefits would be introduced at your next financial assessment or review.

Any changes to Appointeeship will be applied once the council has written out to people with detail of a proposed start date.

### Questions and comments raised:

Q1	Is the City Mayor under pressure to make savings, why is adult social care trying to make savings?
A1	Leicester city Council is in very difficult financial position and we need to set a balanced budget to manage and continue delivering required services to people in need.
Q2	Within the high rate of Disability Living Allowance, what is considered as nighttime care?
A2	<p>We look at instances where the council may be providing support during the night. Cases will be handled on a case by case basis to ascertain whether income from disability benefits should be taken into consideration. Personal Independence Payments are handled differently, on a point-based system relating to specific daily support tasks.</p> <p>Theoretically, the council can use the full entitlement of a disability benefit (care element) as income. However, if there are costs being incurred by an individual to provide their required care, then this will be considered, and discretion may be applied to not take the full disability benefit into consideration where this is appropriate.</p>
Q3	The living cost has gone up we do contribute towards our care. How often are financial assessments going to be carried out?
A3	The financial assessment process would change if a decision is made to accept the proposals, but the care needs assessment process will remain the same. The council aims to carry out reassessments on an annual basis but a reassessment can be requested at any time if someone feels as though their circumstances have changed. The council will always take into consideration other qualifying costs that may be incurred. The Government seeks to ensure that all people have a set minimal amount of income remaining to meet daily living costs.

Q4	What is the minimum income level?
A4	The Government sets a Minimum Income Guarantee (MIG), which differs for individual circumstances. As an example, if someone has a weekly MIG level of £156 per week and our financial assessment leaves them with only £120 per week, the council would have to disregard the payment back up to the minimum protected level of £156 per week.
Q5	As someone with multiple sclerosis (MS), my symptoms and condition fluctuate. How quickly could I be reassessed as I may recover before any changes can be applied to my care package?
A5	There will be no change to your charging if your care services have not changed – it would also not be applicable unless any of the disability benefits mentioned have changed or ceased. The only situations where your individual contributions may change is where your care and/or benefits have changed.
Q6	I am a full time carer for my husband and tried to obtain social care when he fell ill but was quoted over £1k and was told we would have to pay for this personally, in full. We were unable to afford these costs and my son ended up leaving his job to meet care needs.
A6	We are sorry to hear about this situation, however, today's meeting will only be covering the consultation proposals. We will speak to you after the meeting to discuss this issue separately.
Q7	How will other income be calculated and is it taxed?
A7	As part of this consultation, the council are only looking at disability benefits covering Disability Living Allowance, Attendance Allowance and Personal Independence Payment.
Q8	How will you assess situations for those with learning disabilities, who may refuse a service due to costs and contributions that they need to make? The care is essential for them, how will this be handled?

A8	Everyone who gets support has been identified with care needs and a financial assessment (where applicable) is applied fairly on a case by case basis. We have specialist learning disability trained staff to handle these clients. We have heard that people may cancel care due to associated costs, hence this consultation process to gather views. An Equality Impact Assessment (EIA) will also be carried out to ensure our decisions and processes are fair and do not present disadvantages to any protected groups.
Q9	The Disability Related Expenditure (DRE) has a cap. Will that change if the charges are going to increase?
A9	There are no proposed changes to Disability Related Expenditure (DRE). We have a standard rate of allowance of £10 per week for an individual or £20 per week if a couple, but if people can evidence or demonstrate additional incurred costs above these minimum thresholds, the additional costs will be considered on a case by case basis.
Q10	Will assessments be face to face or will it just be a form that needs to be completed?
A10	The assessment will look at care needs and income. There will be forms that will need to be filled in but we will also contact people via telephone, face to face meetings and videocalls as per current practice.
Q11	My partners care package was put into place, but the day care centre's timings were not suitable. I also needed a carer to cover me but this was difficult for me to afford.
A11	All financial contributions are based on the individual's circumstances, not the carer.
Q12	The Government does not appreciate current living costs and personal circumstances. For those with disabilities, it is difficult to ascertain which costs are considered as essential. We also appreciate the work being carried out by this project team, as it is a complex topic to handle.

A12	These comments are noted, and we are pleased to be helpful with this area of work.
Q13	The consultation is only looking at three benefits, but the form also asks for partners' income. Why is a partner in employment penalised for working and receiving a wage?
A13	The individual in need of support can be assessed individually or as one of a couple. This will be dependent on several factors, as some assets may be equally owned, for example. Often, one of a couple may be assessed to pay less, accordingly.
Q14	Why are the partners financial details required in the form?
A14	The income of a partner is not assessed, only their benefits are. These additional details are not mandatory within the form but it can sometimes lower the amount someone has to contribute.
Q15	Are the new assessments going to be carried out by Council staff or external staff?
A15	The assessments will be handled by our Council staff.
Q16	Why were they previously carried out by external staff?
A16	The external staff were only processing the forms to reduce backlog, however, all visits to people in relation to their Financial Assessment are carried out by Council staff. All processing is overseen by fully trained Council staff.
Q17	I was on the Personal Independence Payment (PIP), why was this deducted when I started working?
A17	Personal Independence Payment (PIP) is handled by the Department for Work & Pensions (DWP), it is not governed by Council policies.
Q18	Why are people with disabilities being targeted? They would not approach the Council if they did not need their help.

A18	This is a pertinent question from a morality perspective. The Care Act dictates that Adult Social Care is not free at the point of delivery. We have a structure to ensure charges are applied to provide social care in order to make it sustainable, which differs to organisations such as the National Health Service (NHS).
Q19	Is there a minimum set rate for allowances?
A19	Rates are fundamental to the financial assessment process, in line with the Minimal Income Guarantee (MIG). This will vary on a case by case basis and a standardised calculation can be viewed online.
Q20	Has this proposal already been approved?
A20	No decision will be made until the consultation has closed, after which a findings report will be taken to the City Mayor, alongside an Equality Impact Assessment (EIA) to inform the decision making process.

## Social Care Charging Policy Consultation Public Meeting Notes

Monday 27 November 2023  
Town Hall, Team Room 1.12  
10.30-12.00pm

### Officers in attendance

Ruth Lake	Director, Adult social care and safeguarding
Matthew Cooper	Business manager, Finance
Cory Laywood	Business service centre manager
Prashant Patel	Business change commissioning manager, Projects

The meeting was attended by 20 members of the public and/or other organisations.

Additionally, 3 alternative language interpreters from the council's Community Language Services (CLS) team were also present.

### Discussion

The director gave an overview of the consultation process, followed by an explanation of the various disability benefits and the appointee service, alongside details of the proposals that has been put forward.

The consultation is a statutory 12-week process, which will be live between 9 October and 31 December 2023.

We are consulting with people who receive help from adult social care, or their families and carers, to get their views about the council's proposals to change the way it treats disability benefits, within the financial assessment. We are also proposing to introduce a charge for providing an appointee service

The council carries out a financial assessment to check the money people have, whether they can afford to pay towards their services and if so, how much.



The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

Only the care elements of these benefits are used in the financial assessment. Any mobility elements must be excluded from the calculation.

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

We also want to introduce a charge for appointeeship, to cover the costs of administering the service. The council will later decide on whether this service will be provided in-house or via an external service provider.

If the proposal to change how we deal with disability benefits is agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services.

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Any changes would be introduced from early 2024.

Any changes relating to the treatment of disability benefits would be introduced at your next financial assessment or review.

Any changes to Appointeeship will be applied once the council has written out to people with detail of a proposed start date.

### Questions and comments raised:

Q1	We are a couple and one of us receives Disability Living Allowance (DLA), whilst the other received Personal Independence Payment (PIP). It is unfair if one receives support but the other does not.
A1	The Council only looks at individual cases and their direct benefit if they are in receipt of care.
Q2	This year, there are reduced Government grants and support. Utility costs are on the rise again, will the cost of living be taken into consideration?
A2	The calculation of benefit payments is dictated by the Government, not the Council. There is also a Minimum Income Guarantee (MIG) in place to protect people's income, which dictates what an individual must be left with. Our financial assessment will ensure this threshold is met. Any changes to benefit rates, pensions and the MIG are set annually by government.
Q3	What consideration will be given to the increased cost of heating?
A3	This can also be reviewed as a Disability Related Expenditure (DRE) as an essential cost, which will be handled on a case by case basis with discretion applied, where appropriate.
Q4	<p>A specific element of the Norfolk case related to discrimination against the "severely disabled" (i.e. the cohort of people in receipt of disability benefits at enhanced rates) on the grounds that those who were more severely disabled were less likely to be in paid employment (and given that the Charging Regulations allowed for all earned income to be disregarded for assessment purposes).</p> <p>What is significantly important from that judgement is that people need to be left with enough income to meet their daily living costs. The Minimum Income Guarantee (MIG) is in place to protect people's income, which dictates what an individual must be left with. Additionally, if there are costs being incurred by an individual to</p>

	provide their required care, then this will be considered, and discretion may be applied to not take the full disability benefit into consideration where this is appropriate.
A4	The significant issue with this case was that Norfolk Council did not apply discretion where individuals had other expenditure related to provision of their care which should have been taken into account. We will be applying discretion where additional costs and complex needs are evidenced. This is stated clearly in our proposals and literature, accordingly.
Q5	Discretion is subjective and the Disability Related Expenditure (DRE) disregard was reduced from £20 to £10. People have been worried about this due to costs incurred. Some people do not understand the forms, it is a difficult subject.
A5	Discretion will be applied where people show they incur qualifying additional costs to meet their care support needs. The Disability Related Expenditure (DRE) is a disregard that is applied due to costs incurred, due to a disability. If any changes were made, they would only be applied after a review or financial assessment, to provide an opportunity to discuss needs and any changes to an individual's financial position. We appreciate the point about clarity of communication and will be helping people through conversations at public meetings and via the dedicated helpline.
Q6	I have high electricity charges to meet excessive care needs. I am concerned that Disability Related Expenditure (DRE) only gives £10 towards this as I incur charges of over £150 per week due to mobility issues, which is not enough to cover the costs.
A6	The Council does try to consider this, where possible. However, it is not possible to compensate for these costs, as they are set by the Government. Additionally, mobility payments are not within the scope of this consultation exercise, it is only the care elements of the disability benefits which are the subject of these proposals.
Q7	Are these proposals only for those people that live at home?

A7	These proposals will predominantly affect people who receive care at home and to a limited extent will apply to anyone in a residential setting, subject to them being in receipt of a continued disability benefit payment.
Q8	Does this consultation affect third party Direct Payment Support Services (DPSS), such as Purple?
A8	Direct Payments are not within the scope of this consultation exercise.
Q9	Is Employment and Support Allowance (ESA) included in the list of affected benefits?
A9	Employment and Support Allowance (ESA) is not within the scope of this consultation exercise.
Q10	Could the Council request additional funding form the Government?
A10	From an officer's perspective, organisations such as the Association of Directors of Adult Social Services (ADASS) that represent Adult Social Care, have made public statements about the inadequacy of funding. The Leicester Mercury has published comments from our City Mayor about challenges that Leicester City Council are facing. Representations are being made, but we remain in the same position.
Q11	Why are people with savings not treated equally to those who may not have savings, due to their own circumstances? Why are they penalised?
A11	The Council follows national guidance. The Adult Social Care reforms had planned to introduce a lifetime cap towards the costs of an individual's care. This would not fully address the question around the handling of savings, but there was intention to protect people's savings by capping the amount they contribute over their lives. The reforms have been paused and it is currently uncertain when they will be reintroduced.

Q12	Is it individual needs that will dictate how much of the £33 difference will be payable?
A12	The expenditure or costs of care and the person's needs would determine how much someone may have to contribute (increase in charge). The Minimal Income Guarantee (MIG) would still be applicable and the charge would never be higher than the actual costs of someone's care.
Q13	There is a lot of concern around the proposals and it is difficult to express the significant impact of paying £33 more per week. People in the community are worried about how to fill in forms and attend meetings. Can you please clarify how these charges would depend on the cost of your care, is it different to what care is actually needed?
A13	As an example - if your care costs were £100 per week and your assessed income available to meet those care costs was calculated as £120 per week, the council would only apply a charge of £100 per week (that is, the actual cost of your care).
Q14	What is included in the appointeeship proposal?
A14	The proposal to introduce a charge would cover the Council to run your financial affairs, such as paying for your rent or bills.
Q15	The proposals will affect everyone as they get older. To make the system fairer, can the Council raise funds by any other means, such as housing and rent?
A15	Adult Social Care is the largest area of spend for the Council. In a recent press release, the City Mayor noted the gap in budget to meet people's care needs. Changing the charging policy as per 2014 guidance will help to generate income, alongside other ongoing savings proposals across the Council. We do appreciate the difficulty that people will be facing.
Q16	The Care Act stated that all income can be taken into account. However, the Personal Independence Payment (PIP) states that it is

	not means tested. Why is it taken into account in the financial assessment?
A16	The decision by the Department of Work and Pensions (DWP) to award the disability benefit is not means tested. However, if an individual is in receipt of the benefit payment, it is correct to include this in our financial assessment of an individual's income in order to assess their ability to contribute to their care costs.
Q17	Will people using a Direct Payment Support Service (DPSS) be required to pay extra?
A17	Appointeeship is a service where the Council handles someone's day to day financial affairs, such as rent and bills. The proposal would only affect those with over £1000 of savings. This is separate to Direct Payments and third party organisations, which is not within the scope of this consultation exercise.
Q18	Some people will need to use appointeeship but the proposed threshold of £1000 seems very low as this may have been kept aside for things such as funeral costs. Can the threshold not be increased to ensure people have more savings available to them?
A18	The comments are noted and will be taken on board to feed into the consultation process. They will also be included within the feedback.
Q19	If savings are used for vehicle equipment, can this be considered as adaptation need?
A19	Personal circumstances are considered on a case by case basis, and discretion will be applied, where possible. However, the mobility element of any disability benefits is out of scope of the financial assessment.
Q20	Although we are only at a stage of consultation, there will be a lot of pressure on staffing resources and social work teams due to reassessments, if the proposals go ahead. What mechanics will be put in place to support this?

A20	This will be business as usual, as we carry out annual reviews already. Financial assessments are currently being turned around within two or three weeks and we are not anticipating changes with this.
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## Social Care Charging Policy Consultation Public Meeting Notes

Wednesday 29 November 2023

Quaker Meeting House, Ground Floor Meeting Room

2.30-4.00pm

### Officers in attendance

Ruth Lake	Director, Adult social care and safeguarding
Matthew Cooper	Business manager, Finance
Cory Laywood	Business service centre manager
Prashant Patel	Business change commissioning manager, Projects

The meeting was attended by 4 members of the public and/or other organisations.

Additionally, 2 alternative language interpreters from the council's Community Language Services (CLS) team were also present.

### Discussion

The director gave an overview of the consultation process, followed by an explanation of the various disability benefits and the appointee service, alongside details of the proposals that has been put forward.

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The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

We also want to introduce a charge for appointeeship, to cover the costs of administering the service. The council will later decide on whether this service will be provided in-house or via an external service provider.

If the proposal to change how we deal with disability benefits is agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services.

Other people will see an increase to the cost of their care. Some people could start paying for the first time. The highest increase anyone would have to pay is £33.65 per week.

People using the appointeeship service will only be required to pay a charge if they have a savings balance of over £1,000. For those who meet the criteria, a charge of between £14 to £16 per week will be applied, dependent on how the council decides to administer the service. Some people are unlikely to see any change at all.

Any changes would be introduced from early 2024.

Any changes relating to the treatment of disability benefits would be introduced at your next financial assessment or review.

Any changes to Appointeeship will be applied once the council has written out to people with detail of a proposed start date.

### Questions and comments raised

Q1	Can you provide some clarification around higher and lower rates for Mobility benefits?
A1	The Mobility component is disregarded in full and it is not within the scope of this consultation exercise.
Q2	What is the difference between the higher and lower rates, and the excess charges?
A2	This affects the Care component of benefits only. The difference between the higher and lower rates would be taken into consideration, which currently is up to £33.65 per week.
Q3	Is the £14 to £16 appointeeship charge based on an hourly rate?
A3	This refers to the weekly charge to use the appointee service.
Q4	My son gets 4 hours of help, per week. What is the minimal amount?
A4	There will be no changes to care provided, the proposals would only affect someone's contributions, depending upon the benefits they receive.
Q5	If someone is on section 117 and does not currently contribute, will they be required to do so if the proposals go ahead?
A5	An individual on Section 117 is entitled to free aftercare and will not be required to contribute. This is enshrined in law and there will be no changes to this.

## Equality Impact Assessment (EIA) Tool:

<b>Title of proposal</b>	Charging Policy Consultation
<b>Name of division/service</b>	Social Care and Education
<b>Name of lead officer completing this assessment</b>	Prashant Patel
<b>Date EIA assessment commenced</b>	01.10.23
<b>Date EIA assessment completed (<i>prior to decision being taken as the EIA may still be reviewed following a decision to monitor any changes</i>)</b>	31.01.24
<b>Decision maker</b>	City Mayor
<b>Date decision taken</b>	TBC

<b>EIA sign off on completion:</b>	<b>Signature</b>	<b>Date</b>
<b>Lead officer</b>	Prashant Patel	30.01.24
<b>Equalities officer (has been consulted)</b>	Sukhi Biring	31.01.24
<b>Divisional director</b>	Ruth Lake	05.02.24

## Please ensure the following:

- a) That the document is **understandable to a reader who has not read any other documents** and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy but must be complete and based in evidence.
- b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.
- d) That the equality impact assessment is started at an early stage in the decision-making process, so that it can be used to inform the consultation, engagement and the decision. It should not be a tick-box exercise. Equality impact assessment is an iterative process that should be revisited throughout the decision-making process. It can be used to assess several different options.
- e) Decision makers must be aware of their duty to pay 'due regard' to the Public Sector Equality Duty (see below) and 'due regard' must be paid before and at the time a decision is taken. Please see the Brown Principles on the equality intranet pages, for information on how to undertake a lawful decision-making process, from an equality perspective. Please append the draft EIA and the final EIA to papers for decision makers (including leadership team meetings, lead member briefings, scrutiny meetings and executive meetings) and draw out the key points for their consideration. The Equalities Team provide equalities comments on reports.

## 1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will the needs of those who are currently using the service continue to be met?

A statutory consultation was carried out between 9 October 2023 and 31 December 2023 on proposed changes to the treatment of Disability Benefits.

People who are eligible for adult social care may have a financial assessment to work out if they have to pay towards the cost of their care, and if so, how much. The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability.

Some people receive benefits from the DWP because they require frequent help or constant supervision. These benefits are paid at different rates depending on a person's level of need, and the council takes this into consideration during the financial assessment. These disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

A current financial assessment for non-residential care would consider £68.10 a person receives per week from these benefits as income. It would therefore be included in the calculation of assessable income for the purposes of financially assessing a person's ability to contribute towards the costs of the care they receive. If a person receives the higher or enhanced rate of £101.75, it is currently disregarded (to the lower rate of AA, or middle rate of DLA). This is in line with previous Department of Health guidance. There is a single proposal under consideration:

The Council acts as an appointee for people who lack capacity to manage their own finances. The Business Service Centre (BSC) is responsible for managing the finances for people if they lack the capacity to manage their own financial affairs or have complex care needs that require support with managing their finances. This may include concerns around safeguarding or financial abuse. To act as an appointee, the Council must attain permission from the Department for Work & Pensions (DWP). This is only exercised if there is no one else willing or able to carry out the role for the individual, and a social worker has subsequently requested for the Council to do so.

A dual proposal was consulted on:

- 1) to treat the higher rate of all disability benefits, where claimed, as income in full within the financial assessment for non-residential charges.
- 2) That an administration charge is introduced for adults that ask the Council's to act as their appointee

The Care Act 2014 guidance sets out that all income (care component only, not mobility component) can be taken into account, if the local authority wishes to do.

If the proposals were to be approved, the maximum additional amount that a person would have to contribute would be £33.65 per week for charges against the higher or enhanced rate of disability benefits and between £14-£16 for using the appointee service (if they have a savings balance of over £1k), to cover the Council's administration charge to provide the appointee service, based on the current caseload. Therefore, people were also asked how they would be impacted by the potential increase towards their weekly charge and any other considerations the Council should take into account, prior to making a decision.

If implemented, this would mean that everyone is treated the same, no matter which level of benefit they receive. It would help the council spend its money more wisely so that as many people as possible can get the help they require. It brings us in line with national guidance and we think the proposal is fairer.

## 2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

### a. Eliminate unlawful discrimination, harassment and victimisation

- How does the proposal/service aim to remove barriers or disproportionate impacts for anyone with a particular protected characteristics compared with someone who does not share the same protected characteristics?
- Is this a relevant consideration? What issues could arise?

Disability benefits are paid via the Department for Work & Pension (DWP), to help with extra costs that someone may face if they have a disability severe enough that they require frequent help or constant supervision. These benefits reduce a person's likelihood to be disadvantaged because of their disability (this only covers the care component, not the mobility component). This enables the Council to ensure that we are meeting this aim of the PSED.

The aim of these benefits is to meet required expenditure to address specific individual needs that arise from being disabled; it has never been intended to supplement weekly household income. Therefore, the potential reduction of weekly household income, due to changes in the way disability benefits are treated within the financial assessment, will have a negative impact for some households. However, this does not discriminate against people in relation to their disability.

Acting as an appointee provides a legal mandate to receive a person's social security benefits (this does not extend to any jurisdiction of an occupational pension). As an appointee, the Council does not have power to access the person's bank accounts or any other money held. When acting as an appointee, the Council will receive the persons' benefits and then pay rent (including HRA houses), Council Tax, utilities, and costs towards any care they receive.

Once the DWP has given authorisation for the Council to start receiving an individual's benefits, the Council will pay all their bills and discharge any debts they may have, on their behalf. Being an appointee on behalf of the individual can provide social economic benefits in our communities, by way of improved health, education & employment outcomes.

The aim of this service is to ensure that people with limited capacity obtain the necessary support to ensure their financial affairs are handled effectively and without discrimination towards any disabilities.

## **b. Advance equality of opportunity between different groups**

- Does the proposal/service advance equality of opportunity for people?
- Identify inequalities faced by those with specific protected characteristic(s).
- Is this a relevant consideration? What issues could arise?

The benefits provided via DWP enables people with a disability to achieve a relative degree of equality of opportunity to daily living opportunities compared to people who do not have a disability. Eligibility is based on an individual assessment of a person's needs against a set of criteria. The proposal does not negatively impact on the Council's ability to meet this aim as discretion will be applied during the financial assessment, to ensure care needs are still being met.

In adherence to the Care Act 2014, any decision to include the care element of any disability benefit at the higher or enhanced rate within an individual's financial assessment would need to be clearly set out within our charging policy document and should cover the approach we would adopt to assess an individual's circumstances and ultimately, grounds (or not) for any discretion around the inclusion of the full benefit level to be applied.

There is further protection for individuals in the form of the 'Minimum Income Guarantee (MIG)' within the assessment of a person's charge towards their care. The financial assessment is based on a comparison between their total income and an allowable amount of income that they should be left with in order to meet living expenses. Inclusion of the MIG calculation (also known as 'Protected Income') in the financial assessment should help to ensure any potential increase in charges for local authority arranged care is affordable.

All individuals would contribute financially for an appointee service that was previously provided at no cost (if they have a savings balance of over £1k). However, the Council cannot continue to provide this service in the same way without introducing a charge and therefore, the appointee service may not continue to be managed effectively. Also, people would certainly benefit from additional advice and guidance. This would ensure people lacking capacity continue receiving an effective service that continues to meet their needs.

## **c. Foster good relations between different groups**

- Does the service contribute to good relations or to broader community cohesion objectives?
- How does it achieve this aim?
- Is this a relevant consideration? What issues could arise?



Removing the day-to-day barriers that arise from having a disability can increase the opportunities of the engagement of disabled people with others. The allocation of these benefits contributes towards this inclusive approach.

As people accessing appointeeship will have limited capacity, the service will ensure they are receiving the support they need from the Council's finance staff or external provider, which cannot be provided by a suitable family member or trusted person.

### 3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include people who currently use the service and those who could benefit from, but do not currently access the service. Where possible include data to support this.

The disability benefit proposal could affect approximately 3,860 people in receipt of non-residential based care. Should the proposal be agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services. Other people will see an increase to the cost of their care. Some people could start paying for the first time. The highest increase anyone would have to pay is £33.65 per week.

Of the approximate 689 people who currently use the Council's appointee service, some 600 individuals have a savings balance of over £1,000, though numbers fluctuate. If the appointeeship proposal goes ahead, these individuals would be liable to pay a fee of between £14-£16 per week if the Council were to charge for providing the service, resulting in a maximum total charge of £728-£832, per annum.

### 4. Information used to inform the equality impact assessment

- What **data, research, or trend analysis** have you used?
- Describe how you have got your information and what it tells you
- Are there any gaps or limitations in the information you currently hold, and how you have sought to address this? E.g. proxy data, national trends, equality monitoring etc.

The Council does not record the rate of these benefits for people (as currently all higher or enhanced level payments are disregarded to the lower rate), so only rough estimates can be made of the numbers that would be affected by using DWP statistics of cases in payment within Leicester, across the 3 benefit categories.

It is estimated that approximately 1,236 people potentially receive the higher or enhanced level of AA or DLA/PIP Care/Daily Living Component (based on cases in payment data in Leicester obtained from DWP statistics). This indicatively would equate to around 32% of those people who currently have at least the lower or standard level benefit in their current financial assessment.

The local authority must disregard expenditure to meet any disability related needs they are not meeting, with discretion applied accordingly. The Council will not apply a blanket policy to charge where circumstances would deem it unreasonable to do so and this would need to be assessed on a case by case basis.

It is recognised that some people's personal circumstances may have changed since their last means test assessment was undertaken. However, everyone will have the opportunity to provide any updated details to subsequent changes of personal circumstances, such that those existing people who are potentially affected by the proposals can be re-assessed, taking into account any additional qualifying expenditure or changes to income levels etc.

From a sample of authorities for which information was available, there appears to be a large variance in the approach of charging for the role of appointee. Some authorities operate a fixed rate, whilst others use a banded rate approach. The Council's proposed charge rate of £14-£16 is based on the current caseload, to cover the administrative costs of providing the service (whether in-house or via an external provider). Certain local authorities only apply a charge when the individual has savings above a £1k threshold. Details of the sample are as follows:

<b>Local Authority</b>	<b>Weekly Charge</b>
Staffordshire	£5 - £7.50 (over £1k savings)
Wigan	£15
Portsmouth	£4 - £10
York	£6.65 + costs for transactional activity
Bromley	£10.77 - £12.50
Northamptonshire	£10 - £12.50
Nottinghamshire	£12 (over £1k savings)
Derby	£6.68 - £12.03

## 5. Consultation

Have you undertaken consultation about the proposal with people who use the service or people affected, people who may potentially use the service and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs? How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

The Council communicated the consultation with approximately 4,593 people (or their carers) in receipt of non-residential care support. A letter containing information on the proposal with a questionnaire was sent to these people with a free-post envelope. Easy read information and case studies (hypothetically detailing how people would be affected by the proposal) were made available online, along with the questionnaire via the Consultation Hub. A helpline was also made available to help with any in depth queries and translation requests. Three public consultation meetings were held around Leicester so that people could communicate their opinions about the proposal, directly to the consulting team. A total of 804 questionnaire responses were received – a response rate of around 18% overall. The highest responding age group were aged over 65, contributing 48% towards all questionnaire responses received. This would suggest that the majority of comments received on the proposal reflect the views of older people. 84% of respondents identified as having a disability. There was a wide range of disabilities reported, the most common being a physical impairment (48% of respondents). All respondents were also asked to state how a change in personal contribution would affect their (or someone they represent) day-to-day affordability. Over half of all the respondents (approx 51%) reported that an increase to their weekly charge would affect them (or someone they represent) a lot, including how much they have for essentials. Under a quarter (approx 12%) of respondents indicated that they would be affected a little, including how much they have for extras or treats. Other respondents noted that they would either be able to manage the increased charge (approx. 5%) or they would consider stopping the Adult Social Care services they receive (approx 12%). It is worth noting that the survey was sent to all recipients of a non-residential package of care or if they were using the Council's appointee service (or their carers). This would have included people who are not necessarily in receipt of any disability benefits, particularly not at a higher or enhanced rate. Comments received on this would suggest that current financial hardship could worsen, should the proposal be agreed.

## 6. Potential Equality Impact

Based on your understanding of the service area, any specific evidence you may have on people who use the service and those who could potentially use the service and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts. This could include indirect impacts, as well as direct impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant groups that may be affected, along with the likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

### Protected characteristics

#### Impact of proposal:

Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal? This may also include **positive impacts** which support the aims of the Public Sector Equality Duty to advance equality of opportunity and foster good relations.

#### Risk of disproportionate negative impact:

How likely is it that people with this protected characteristic will be disproportionately negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?

#### Mitigating actions:

For disproportionate negative impacts on protected characteristic/s, what mitigating actions can be taken to reduce or remove the impact? You may also wish to include actions which support the positive aims of the Public Sector Equality Duty to advance equality of opportunity and to foster good relations. All actions identified here should also be included in the action plan at the end of this EIA.

## a) Age

Indicate which age group/s is/ are most affected, either specify general age group (children, young people, working aged people or older people) or specific age bands.

### **What is the impact of the proposal on age?**

The proposal would affect income and result in allowances crossing over the threshold into paying for care, for those on higher or enhanced rates. This could mean that people start paying for the first time or pay up to an extra £33.65 per week towards their care.

Attendance Allowance (AA) benefits would affect those over 65, whilst Disability Living Allowance (DLA) would affect working age adults. Personal Independence Payment (PIP) is slowly replacing DLA, via the Department for Work & Pensions (DWP).

Appointeeship is available to all adults over 18, who wish to use the Council's service, and all individuals would be required to pay between £14-£16, under the new proposals. The policy will continue to provide an equitable process for financial assessments and contributions based on affordability.

### **What is the risk of disproportionate negative impact on age?**

48% of respondents were aged over 65 years, the highest responding age group. If eligible, these individuals would be in receipt of AA.

People of all ages would be affected by the proposal if they are in receipt of higher or enhanced rates of disability benefits. People of all ages would be affected by the appointeeship proposal.

A recurring theme for those who commented on the proposals was around financial hardship and how the proposal could exaggerate this.

### **What are the mitigating actions?**

The Council will apply discretion to disregard costs that are incurred and evidenced for night time care, on a case by case basis.

Whilst personal circumstances, income and benefits would be reviewed on an annual reassessment, people will be given the opportunity to provide the Council with updated circumstances (where applicable), as part of the implementation process, in order to ensure that there will not be an interim impact of shorter term financial hardship for those whose circumstances have changed.

This will be achieved via clear communications directly with people accessing our services, outlining what the changes are, to advise them whether, based on existing assessment, they will be affected and providing them with a questionnaire to complete to give them the opportunity advise if their personal circumstances have changed.

The appointeeship proposal will only affect those who wish to continue using the service and have a saving balance of over £1k.

If the proposals are agreed, people that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance.

## **b) Disability**

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. If specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness, or health condition.

### **What is the impact of the proposal on disability?**

The proposal is more likely to have an impact on those that identify as having a disability and access social care support – this is because of the nature of the eligibility criteria for disability benefits and appointeeship.

Of the approximate 3,860 people with a financial assessment for non-residential services, some 2,228 people are currently in receipt of some form of disability benefit. It is estimated that approximately 940 people receive the higher or enhanced rate. This equates to around 57% of those people who currently have at least the lower level benefit in their current financial assessment.

Of the approximate 689 people who currently use the Council's appointee service, some 600 individuals have a savings balance of over £1,000, though numbers fluctuate (87%). These individuals would be liable to pay a fee of £14-£16 per week if the Council were to introduce a charge for providing the service. Take-up of the appointee service is non-statutory.

**What is the risk of disproportionate negative impact on disability?**

By definition, nearly all people in receipt of social care support have a disability. This was accurately reflected in the responses received in the questionnaire where 88% of respondents identified as having a disability.

From the responses, 48% had a physical impairment, 35% had a long standing illness or health condition and 37% had a mental health condition.

Working age people who are unemployed and have a disability may see changes and benefits reduced as they migrate over to Universal Tax Credits.

Currently, only the lower or standard rate of disability benefits are treated as income. If someone receives the higher or enhanced rate, it is disregarded down the lower or standard rate, during the financial assessment. This may be viewed as a disproportionate disadvantage for those on the lower or standard rate, as a greater percentage of their benefits are treated as income (100%), in comparison to those on a higher or enhanced rate (42%). It could be argued that the proposal would ensure all rates are treated equally, within the financial assessment.

All individuals using appointeeship will be lacking capacity, either because they're mentally incapable or severely disabled. Everyone would be required to pay the same charge of £14-£16 (if they have a savings balance of over £1k) if the proposals are introduced. This would mean that all people on the appointee service will be treated equally, regardless of their age.

**What are the mitigating actions?**

Discretion will be applied where individuals can evidence incurred costs for night time care. This is in keeping with the fact that each person has individual needs. These are investigated by social workers and finance staff at the stage of assessment.

Whilst personal circumstances, income and benefits would be reviewed on an annual reassessment, people will be given the opportunity to provide the Council with updated circumstances (where applicable), as part of the implementation process, in order to ensure that there will not be an interim impact of shorter term financial hardship for those whose circumstances have changed. This will be achieved via clear communications directly with people accessing our services, outlining what the changes are, to advise them whether, based on existing assessment, they will be affected and providing them with a questionnaire to complete to give them the opportunity advise if their personal circumstances have changed.

If the decision is agreed, people that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. People using the Council's appointee service, may be required to pay for the first time, though it is a non-statutory service. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance

### **c) Gender reassignment**

Indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected. a trans person is someone who proposes to, starts, or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected.

#### **What is the impact of the proposal on gender reassignment?**

No impact anticipated.

#### **What is the risk of disproportionate negative impact on gender reassignment?**

No disproportionate impact anticipated.

#### **What are the mitigating actions?**

Not applicable.

### **d) Marriage and civil partnership**

Please note that the under the Public Sector Equality Duty this protected characteristic applies o the first general duty of the Act, eliminating unlawful discrimination, only. The focus within this is eliminating discrimination against people that are married or in a civil partnership with regard specifically to employment.

#### **What is the impact of the proposal on marriage and civil partnership?**

No impact anticipated.



**What is the risk of disproportionate negative impact on marriage and civil partnership?**

No disproportionate impact anticipated.

**What are the mitigating actions?**

Not applicable.

**e) Pregnancy and maternity**

Does the proposal treat someone unfairly because they're pregnant, breastfeeding or because they've recently given birth.

**What is the impact of the proposal on pregnancy and maternity?**

No impact anticipated.

**What is the risk of disproportionate negative impact on pregnancy and maternity?**

No disproportionate impact anticipated.

**What are the mitigating actions?**

Not applicable.

**f) Race**

Race refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. A racial group can be made up of two or more distinct racial groups, for example Black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies and Irish Travellers.

**What is the impact of the proposal on race?**

If the proposal was implemented, White people may be marginally more affected, in terms of numbers, as there are greater numbers within this group.

Of the 804 responses received, the majority of the respondents were either White (49%) or Asian or Asian British (41%).

This breakdown is largely comparable to the whole sample of recipients. However, when compared to average figures, there was a slightly higher proportion of White people that stated they could manage the increase in charges, in comparison to other groups.

Of the 3 highest groups of respondents who answered the question, 8% of those identifying as White stated they could manage the changes, 19% stated they would be affected a little, 59% stated they would be affected a lot and 14% stated they would reconsider services with the Council. 6% of those identifying as Asian stated they could manage the changes, 16% stated they would be affected a little, 68% stated they would be affected a lot and 11% stated they would reconsider services with the Council. 3% of those identifying as White stated they could manage the changes, 15% stated they would be affected a little, 63% stated they would be affected a lot and 20% stated they would reconsider services with the Council.

### **What is the risk of disproportionate negative impact on race?**

There appears to be relatively little difference between different ethnic groups and the proposal would not disproportionately affect a particular group.

### **What are the mitigating actions?**

If the decision is agreed, people that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance

## **g) Religion or belief**

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition. This must be a belief and not just an opinion or viewpoint based on the present state of information available and.

- be about a weighty and substantial aspect of human life and behaviour
- attain a certain level of cogency, seriousness, cohesion, and importance, and
- be worthy of respect in a democratic society, not incompatible with human dignity and not in conflict with fundamental rights of others. For example, Holocaust denial, or the belief in racial superiority are not protected.

Are your services sensitive to different religious requirements e.g., times a customer may want to access a service, religious days and festivals and dietary requirements

**What is the impact of the proposal on religion or belief?**

No impact anticipated.

**What is the risk of disproportionate negative impact on religion or belief?**

No disproportionate impact anticipated.

**What are the mitigating actions?**

Not applicable.

**h) Sex**

Indicate whether this has potential impact on either males or females.

**What is the impact of the proposal on sex?**

Although there are more women in receipt of non-residential care than men (nearly 60% being female), there is no significant difference in how the proposal would affect them.

**What is the risk of disproportionate negative impact on sex?**

There are significantly more women with a financial assessment than men, however, a similar proportion of each gender group is expected to be affected and therefore no disproportionate impact in relation to sex is anticipated.

**What are the mitigating actions?**

If the decision is agreed, people that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance

**i) Sexual orientation**

Indicate if there is a potential impact on people based on their sexual orientation. The Act protects heterosexual, gay, lesbian or bisexual people.

**What is the impact of the proposal on sexual orientation?**

No impact anticipated.

**What is the risk of disproportionate negative impact on sexual orientation?**

No disproportionate impact anticipated.

**What are the mitigating actions?**

Not applicable

## 7. Summary of protected characteristics

### a. Summarise why the protected characteristics you have commented on, are relevant to the proposal?

These protected characteristics are prevalent within existing cohort of people. The proposal may have some impact, in terms of reduced levels of disposable income, particularly where a person has become accustomed to additional income, regardless of whether it is currently spent on disability related expenditure, which is what this financial support is intended for.

### b. Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?

These protected characteristics are not likely to be impacted by the proposals, these characteristics in themselves are unlikely to disproportionately affect someone's eligibility to receive disability benefits. Not all protected characteristics are monitored by the service as equality monitoring must be proportionate and the service must be able to demonstrate how that information can be used for service improvement, however no equalities issues related to these characteristics were raised as part of the consultation and, therefore, no disproportionate impacts are anticipated. Having said this, the service will continue to monitor through existing feedback and complaints mechanisms and address any unexpected equalities impacts should they arise.

## 8. Armed Forces Covenant Duty

The Covenant Duty is a legal obligation on certain public bodies to 'have due regard' to the principles of the Covenant and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community.

When Leicester City Council exercises a relevant function, within the fields of healthcare, education, and housing services it must have due regard to the aims set out below:

### a. The unique obligations of, and sacrifices made by, the Armed Forces

These include danger; geographical mobility; separation; Service law and rights; unfamiliarity with civilian life; hours of work; and stress.

**b. The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces**

A disadvantage is when the level of access a member of the Armed Forces Community has to goods and services, or the support they receive, is comparatively lower than that of someone in a similar position who is not a member of the Armed Forces Community, and this difference arises from one (or more) of the unique obligations and sacrifices of Service life.

**c. The principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the Armed Forces**

Special provision is the taking of actions that go beyond the support provided to reduce or remove disadvantage. Special provision may be justified by the effects of the unique obligations and sacrifices of Service life, especially for those that have sacrificed the most, such as the bereaved and the injured (whether that injury is physical or mental).

Does the service/issue under consideration fall within the scope of a function covered by the Duty (healthcare, education, housing)? Which aims of the Duty are likely to be relevant to the proposal? In this question, consider both the current service and the proposed changes. Are members of the Armed Forces specifically disadvantaged or further disadvantaged by the proposal/service? Identify any mitigations including where appropriate possible special provision.

The Covenant Duty would not be affected by the disability benefits and appointeeship proposals, and all individuals accessing these services would be treated equally and fairly, without facing any discrimination. All assessments for these individuals would be handled on a case by case basis, with discretion applied, where appropriate.

## 9. Other groups

### Other groups

#### Impact of proposal:

Describe the likely impact of the proposal on children in poverty or any other people who we may consider to be vulnerable, for example people who misuse substances, care leavers, people living in poverty, care experienced young people, carers, those who

are digitally excluded. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?

**Risk of disproportionate negative impact:**

How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?

**Mitigating actions:**

For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA. You may also wish to use this section to identify opportunities for positive impacts.

**a. Children in poverty**

**What is the impact of the proposal on children in poverty?**

Children of disabled parents may have further hardship.

If the parent can no longer afford caring support, their caring responsibilities for parent or younger siblings may increase having a negative impact on their health and well-being as some studies have shown.

Furthermore, it could also have a negative impact on their schoolwork and sociability.

**What is the risk of negative impact on children in poverty?**

High Risk

Currently, there is no data to inform number of child dependents that belong to people with a disability. However, no potential impacts related to parental or caring responsibilities was raised as part of the consultation in relation to how it would affect people.

**What are the mitigating actions?**

Everyone accessing our services will be sent a questionnaire to highlight any changes to their circumstances. Where people have a financial assessment, it will pick up whether there are any additional benefits that people may be entitled to. Financial assessments take place annually, however, an individual can request for an assessment at any time.

Signpost the availability of local welfare rights services that assist in ensuring they are receiving all the benefits they are eligible for. Communicate the changes to the Welfare Rights Team in advance, in order to ensure that they are aware of the potential risks, particularly in regard to children in poverty.

**b. Other vulnerable groups****What is the impact of the proposal on other vulnerable groups?**

People who currently don't need social care may need support in the future, if they develop a condition and meet the eligibility criteria.

**What is the risk of negative impact on other vulnerable groups?**

Very low risk as these people would not be used to the historical disregard of higher or enhanced rates of disability benefits.

**What are the mitigating actions?**

Not applicable.

**c. Other (describe)****What is the impact of the proposal on any other groups?**

No impact anticipated.

**What is the risk of negative impact on any other groups?**

No disproportionate impact anticipated.



**What are the mitigating actions?**

Not applicable.

**10. Other sources of potential negative impacts**

Are there any other potential negative impacts external to the service that could further disadvantage people over the next three years that should be considered? For example, these could include:

- other proposed changes to council services that would affect the same group of people.
- Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents.
- external economic impacts such as an economic downturn.

More disabled people than non-disabled are living in poverty or are materially deprived and social security reforms have had a particularly disproportionate, cumulative impact on rights to independent living and an adequate standard of living for disabled people ('Being Disabled in Britain; A journey less equal', The Equality and Human Rights Commission). This makes signposting to appropriate financial advice and information vital where someone may experience financial hardship arising from the proposed changes to the treatment of disability benefits.

**11. Human rights implications**

Are there any human rights implications which need to be considered and addressed (please see the list at the end of the template), if so, please outline the implications and how they will be addressed below:

Public authorities have an obligation to treat people in accordance with their convention rights. There are no anticipated human rights implications arising from the proposal. There are mitigations in place to ensure that people continue to receive the Minimum Income Guarantee (MIG) and clear signposting to ensure that people are aware of what to do in the event that they are experiencing financial hardship, particularly families with children living in poverty.

## 12. Monitoring impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

If you want to undertake equality monitoring, please refer to our [equality monitoring guidance and templates](#).

Where people are affected by the change and seek to appeal any changes to their charge, monitoring information will be recorded as part of the appeal process and any unexpected equalities issues that arise will be responded to.

### 13. EIA action plan

Please list all the equality objectives, actions and targets that result from this assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Ensure that people are aware of the changes and that they are in receipt of all eligible disability benefits.	<p>The consultation portal page will be updated to:</p> <ol style="list-style-type: none"> <li>1) Advise people of the decision to change the way in which disability benefits are treated within the financial assessment</li> <li>2) Advise people of the decision to introduce a charge for the appointee service</li> <li>3) Advise them on the potential impact</li> <li>4) Give them opportunity to complete a questionnaire (to be sent with the letter) to advise if their personal circumstances have recently changed and how</li> </ol>	Operational Finance Team / Business Service Centre	Post decision making process.

Equality Outcome	Action	Officer Responsible	Completion date
	<p>5) Include signposting information referenced in this impact assessment</p> <p>This opportunity will be presented to everyone accessing our services, as it is not currently possible to identify which individuals will or will not be affected by the proposal.</p>		
To identify the number of people who will be affected by the proposed changes to the treatment of disability benefits, within the financial assessment.	Improved data set and records via collation of returned financial customer survey, to monitor any issues as they arise and to record demographic information.	Cory Laywood	Post decision making process.
Ensure all people accessing our services and disabled parents are receiving all the benefits they are entitled to.	Ensure Welfare Rights Team work with individuals to claim the benefits they are entitled to, whilst providing interpretation service, where necessary.	Darren Moore	Where deemed necessary Finance Team to continue to refer people to the Welfare Rights Team within 4 weeks of completing their financial review.
Welfare Rights officers to be aware of all benefits and criteria	Up to date training for all Welfare Staff	Darren Moore	Training is already in place for officers who carry out benefit checks.
Ensure people are fairly assessed and charged accordingly	The individual is entitled to raise an appeal or complain and request a reassessment, to monitor and address any equality concerns.	Social Worker / Joanne Tansey	Ongoing, business as usual.

## **Human rights articles:**

### **Part 1: The convention rights and freedoms**

**Article 2:** Right to Life

**Article 3:** Right not to be tortured or treated in an inhuman or degrading way

**Article 4:** Right not to be subjected to slavery/forced labour

**Article 5:** Right to liberty and security

**Article 6:** Right to a fair trial

**Article 7:** No punishment without law

**Article 8:** Right to respect for private and family life

**Article 9:** Right to freedom of thought, conscience and religion

**Article 10:** Right to freedom of expression

**Article 11:** Right to freedom of assembly and association

**Article 12:** Right to marry

**Article 14:** Right not to be discriminated against

### **Part 2: First protocol**

**Article 1:** Protection of property/peaceful enjoyment

**Article 2:** Right to education

**Article 3:** Right to free elections



## Adult Social Care Scrutiny Commission Report

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An Overview of the Reablement Service

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Lead Member: Cllr Sarah Russell

Lead Strategic Director: Laurence Jones

Director: Ruth Lake

Date: 7<sup>th</sup> March 2024

Wards Affected: All

Report Author: Jagjit Singh Bains/ Mark Abbott

Contact details: jagjit.singh-bains@leicester.gov.uk & mark.abbott@leicester.gov.uk

## **1. Purpose**

1.1 This report provides the Adult Social Care Scrutiny Commission with an overview of the Reablement Service. It sets out the reablement offer, how it has been developed, and describes the outcomes it helps people to achieve. Funding arrangements and the staffing structure are included for information.

1.2 The report also touches upon key partnerships, challenges and future ambitions.

## **2. Summary**

2.1 The Reablement Service was developed in response to increasing national attention on the impact of delayed discharges from hospital. Following the introduction of the Delayed Discharge Act 2003 the existing in house Domiciliary Home Care Service undertook a programme of transformational change, moving away from the provision of long-term domiciliary care, to a short-term targeted intervention through a new Intake Service.

2.2 The Intake Service was primarily set up to help support hospital discharges, reflecting the increased onus on the Local Authority to ensure that discharge was timely and where a failure to discharge within set time limits would incur a fine to the Council. The service was designed to offer support for up to six weeks, which was free at the point of access and had an ethos of promoting independence. With the introduction of national regulation across the sector it also became a registered service, with what is now known as the Care Quality Commission (CQC).

2.3 The service was re-launched in 2009 as the Reablement Service with a stronger focus on improving people's independence levels; enhanced partnership working and integrated care was created, through aligned nursing and therapy interventions.

2.4 More recently in November 2023, the service has developed into the Rehabilitation, Reablement and Recovery (RRR) Service in line with wider health and social care system ambitions across Leicester, Leicestershire and Rutland. With a default pathway upon discharge into the RRR Service, this offer now enables anyone in hospital with identified care needs to come home with RRR support, unless an alternative pathway is better for that individual.

2.5 The Reablement or RRR Service is available to any person over the age of 18, whilst noting most people accessing the service are older people with



frailty or physical health conditions. It remains free at the point of access, in line with Care Act guidance, for up to six weeks. One of the key internal partners are the Health Transfers Team. This team works as part of the system Integrated Discharge Hub, ensuring people's needs upon discharge are clearly identified and referring people on to the service where this is appropriate. The Reablement Social Work Team works alongside the provider service in the community, assessing people who appear to have long-term needs, in line with the Care Act, and developing support plans as people conclude their reablement episode.

2.6 The service's overall success has been based on its outcomes and partnership working, which have been recognised both locally and nationally. The service has won awards for its impact and has shared its good practice with many other systems and Local Authorities. The service is built on an experienced team of front line staff, co-ordinators, officers and managers, as set out in appendix A. Furthermore, it should be noted that during the Covid-19 pandemic, the service played an important and integral role across the Council, in buying and distributing PPE across various Departments and the care sector. It also ensured its seven-day service offer remained uninterrupted at all times.

### **3. Recommendations**

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and to provide comment / feedback.

### **4. Report**

4.1 Having set out the context as a summary, this report focuses on:

- The Reablement offer of support
- How the service has been recently developed
- Its outcomes and achievements
- Key challenges and future ambitions

#### **The Reablement offer of support**

4.2 The service offer is in line with the vision of having a range of Home First services across Leicester, Leicestershire and Rutland that deliver Rehabilitation, Reablement and Recovery (RRR). This forms a consistent way of working across LLR to help timely discharges, avoiding the risk of de-conditioning in hospitals when patients are medically optimised for discharge, due to waiting for care in the community. The service is vital in avoiding unnecessary use of acute hospital beds, given the continuous pressures within hospitals.

4.3 This is an improved service offer for the people of Leicester with more collaborative working as part of a wider health and social care system,

alongside all its key Home First partners. The RRR Service enables the Council to reduce reliance on the use of temporary bed provision, with a greater focus on as many people going home from hospital as is possible. A return home from hospital with support is referred to 'pathway 1' in the context of national discharge guidance.

4.4 This more inclusive Reablement offer moves away from a criteria-led offer, by accepting more people directly from hospital who would normally have been supported directly by an independent sector domiciliary care provider. This allows people routine access to a period of Reablement, which will range from a few days to up to 6 weeks depending on an individual's possible outcomes. This also allows commissioned care to only be considered following a period of reablement, protecting the Council's adult social care budget.

4.5 Whilst there are no exclusion criteria, hospital ward staff do have alternative and more suitable pathways for some people, including those with temporary health conditions, end of life care needs and those who would be unsafe at home and where a short-term residential or nursing bed is required. Where people already have a package of support and are returning home with the same / similar care, this is re-started, so that continuity of care is not disrupted. However, the service will offer a Bridging Service to those people who are ready for discharge, but their domiciliary care provider is unable to restart them immediately, as this will help bridge the gap and avoid deconditioning in hospital.

#### **4.6 How the service has been developed**

In 2023 the ambition to move towards a Rehabilitation, Reablement and Recovery model has been supported by the provision of 433k from the Integrated Care Board (ICB). This has allowed the service to develop the key aspects that can aid a person's independence, from investment within Reablement alongside Care Technology, the Occupational Therapy Service and the Brokerage Service.

4.7 Front-line Reablement provider staff now carry out Dynamic Risk Assessments across the City as first responders. This ensures a timely risk assessment at all times in compliance with CQC regulations, even as the service is supporting more people than previously. The service is moving away from paper-based risk assessments to electronic versions; timely feedback from all front-line staff allows the office staff to immediately act upon any issues in real time, including stepping up or stepping down levels of care.

4.8 The Reablement/Home First Officers are also undertaking Care Act Assessments, with a focus on people whose care can be closed or reduced, to help manage capacity and flow. There has been supported learning from the Reablement Social Work Team, recognising their skills,

knowledge and experience in dealing with more complex issues and people who require a social work intervention to assess ongoing needs.

4.9 A more structured daily Multi-Disciplinary Meeting has been introduced, that supports the co-ordination of integrated care, working alongside our Therapy/Nursing Teams and all our internal partners. Managers have developed additional skills in supporting and authorising Care Act assessments.

4.10 Adult Social Care has a commitment to ensure Strengths Based Practice and utilising a support sequence tool, to ensure solutions to meet outcomes draw on the full range of available, non-statutory services. RRR allows a focus on Care Technology, OT Equipment and the offer of our LeicesterCare Emergency Alarm Service, with the avoidance of formal care whenever possible.

4.11 The service has ensured better utilisation of all our front-line staff, revisiting the rota patterns for 67 Reablement Assistants. This will help to ensure the service has the right amount of staff, at the right time, whilst maximising our productivity.

#### **4.12 Outcome and Achievements**

Since its development from 2009, the service has been able to meet key local and national indicators consistently, whilst also reviewing its provision both from a cost and service perspective. The service's overall achievements have resulted in a number of prestigious awards over the years, whilst always meeting and maintaining key regulatory standards with the Care Quality Commission. The service has consistently been rated as a 'good' service, meeting all key standards on every inspection occasion.

4.13 Detailed activity data is presented to the Leicester City Integrated System of Care Group, and reported upwards to the Health and Wellbeing Board, as this is a Better Care Fund supported service. Information included in the ASC Performance Monitoring report is attached at Appendix B. Despite the increase in referral rates primarily from hospitals the service is set to meet the Adult Social Care Outcomes Framework metric known as the 91-day check. This helps track the percentage of people over the age of 65 who have been discharged home from hospital using Reablement, that are still at home 91 days after their reablement episode. This metric currently stands at 94.5%, (at Q3) meeting the target set at 93.5% for 2023/24. It can also be noted that when the service took part in a National Audit of Intermediate Care (pre-covid) the outcomes were recognised as the best across the country in comparison to other participating intermediate care services.

4.14 Following expansion of the service to become a RRR offer, in November 2023, the table below shows how the service has performed compared to the previous year.

<b>3 month comparisons since Go Live of RRR Intake</b>	<b>Total number of people supported</b>	<b>Fully Independent (needing no care)</b>	<b>Re-admitted into hospital</b>	<b>Ongoing care required</b>	<b>Other</b>
Nov 22, Dec 22, Jan 23	294	59%	11%	27%	3%
<b>Nov 23, Dec 23, Jan 24</b>	<b>401</b>	<b>58%</b>	<b>15%</b>	<b>24%</b>	<b>3%</b>

\*Other relates to permanent residential care or those who have passed away whilst on the service

#### **4.15 The key challenges**

Capacity and flow remain a real challenge given the number of referrals being received every week from hospitals. As a direct result of this demand, the service has currently paused offering support to people with double-handed care needs (requiring 2 Care Workers), where the likelihood of independence is reduced. This is to ensure that the service remains open for all remaining hospital discharges, where independent outcomes are most likely, and for community referrals.

4.16 The volume of community referrals is lower than discharge referrals and there is an ambition to increase these. Demand and capacity modelling shows a small gap, and opportunities to increase productivity and secure additional income are being considered. There is also a need to have a dedicated training facility and improved office space whilst still building on the benefits of co-location with our community health services. This remains work in progress.

#### **4.17 Future Developments**

The service will continue to build its training and development programme, which is central to its ongoing growth. There is continuous focus on evaluating performance, ensuring quality of care whilst being as efficient and as effective as possible. The focus on value for money always needs to balance outcomes with operating at a unit cost that is sustainable longer-term for the Council.

4.18 With strength-based working sitting at the heart of delivery, there is ongoing need to weave in all the various steps from Care Technology, OT equipment and timely access to community health services. This will ensure all the people being served have a greater opportunity to be as independent as possible, through co-ordinated and integrated care. In

addition to this the service must continue to build upon its co-working arrangements with the Health Transfers and Reablement Social Work Teams, in terms of supporting flow. Pace and productivity will be key, without compromising on the positive outcomes that the service continues to achieve, alongside maintaining the quality of its overall service provision.

### **5.1 Finance**

There are no financial implications arising from the report. For context, the current budget for the Reablement Service is £2.7m.

Martin Judson, Head of Finance

### **5.2 Legal**

The remit of the Rehabilitation, Reablement and Recovery (RRR) Service is consistent with the Council's duties under Section 2B National Health Service Act 2006 and Care Act 2014, and is operating in accordance with The Care and Support (Preventing Needs for Care and Support) Regulations 2014.

Mr Mark Kamlow, Principal Solicitor, Social Care & Safeguarding, Legal Services.  
Tel: ex 370123.

### **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, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report provides an overview of the Reablement Service which will be accessed by people from across a range of protected characteristics. The Reablement Service helps people to get targeted support when leaving hospital and enables them to stay in their own homes, where appropriate. The strength-based approach will ensure all the people being served have a greater opportunity

to be as independent as possible through co-ordinated and integrated care. Going forward the service needs to take into the city's growing changing and increasingly diverse population, to ensure the service continues to meet their needs.

Sukhi Biring, Equalities Officer

#### **5.4 Climate emergency implications**

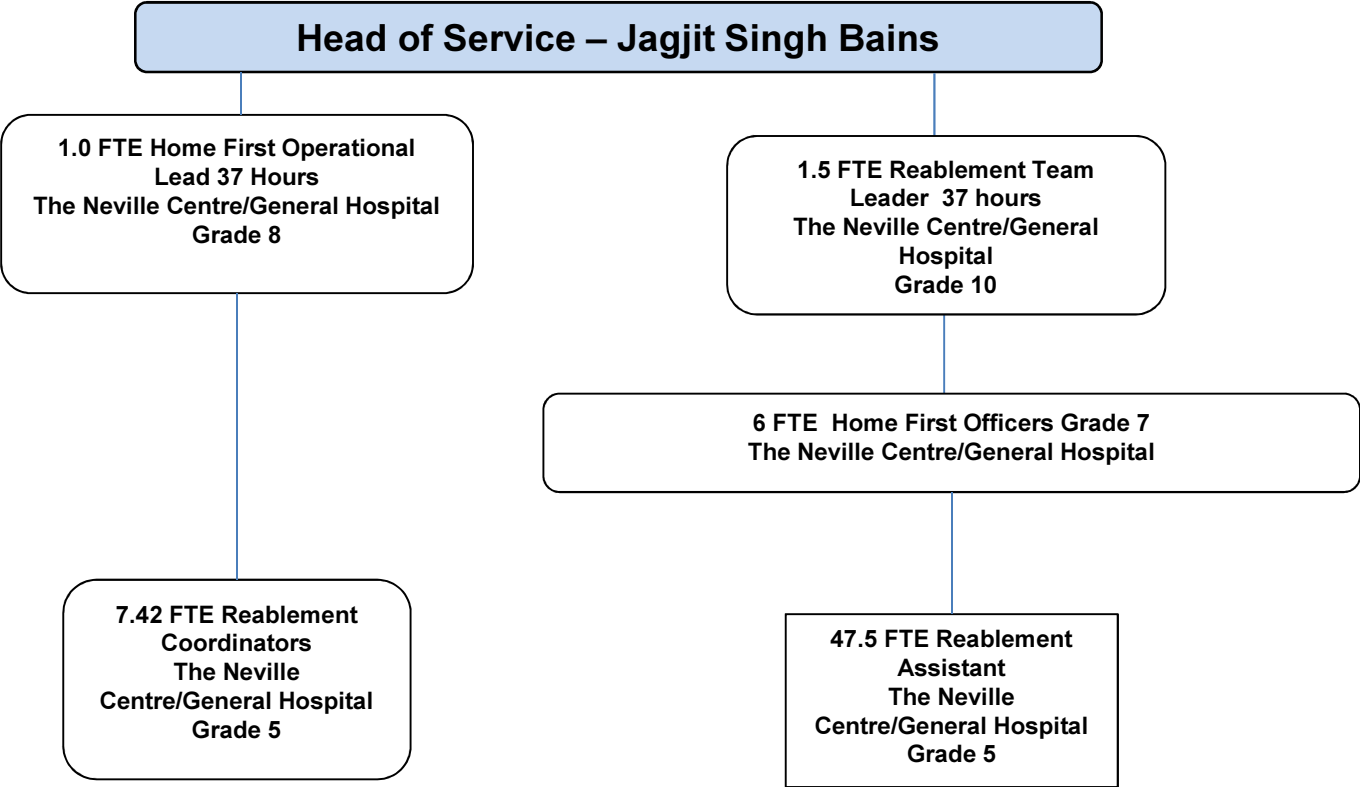
There are no significant climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon emissions, any impacts of ongoing delivery could be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as applicable to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

6. Appendices
  - Appendix A: Staffing Structure
  - Appendix B: Performance Metrics
  - Appendix C: People's stories
7. Background Papers
  - None
8. Is this a Key Decision - No

**Leicester City Council's Reablement Service**

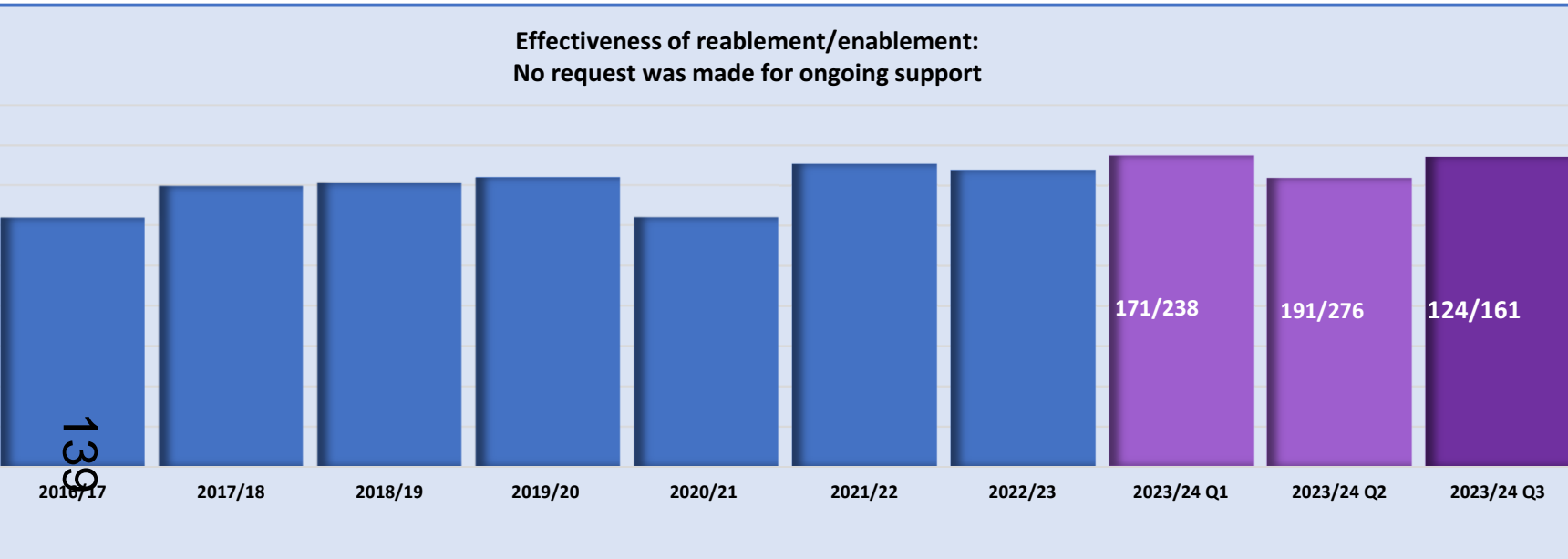
**Appendix: A**





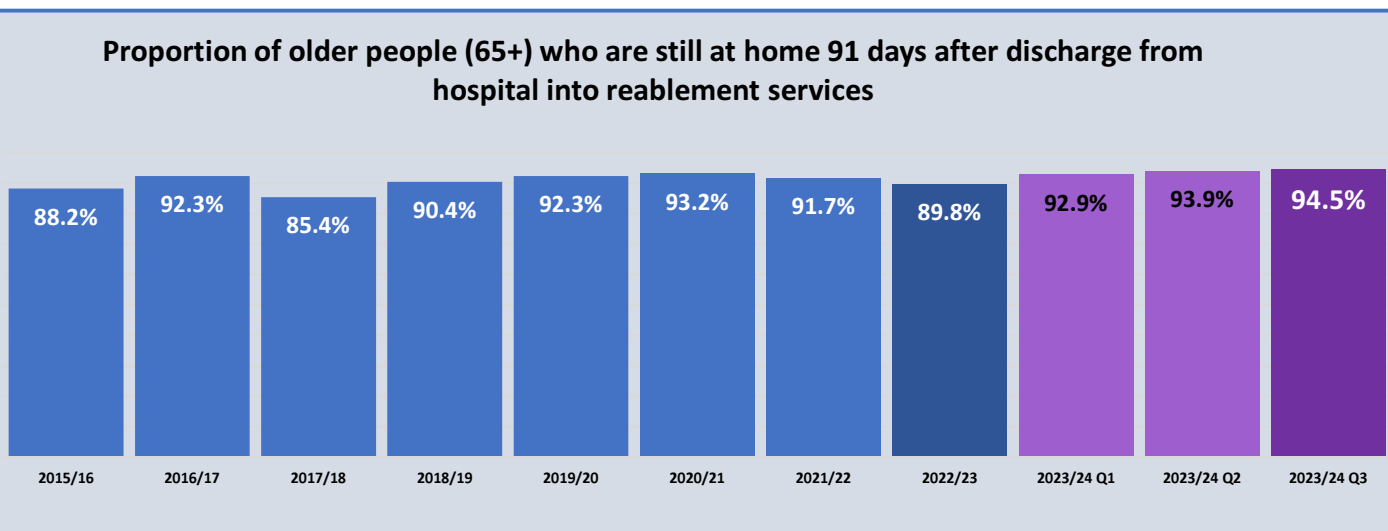


# Outcomes of short-term support



**Key Message:**

Q3 has seen a return to 'no ongoing support' outcomes. Reablement long term outcomes (91 days) remain very strong.



**2022/23 Comparator Data**  
(ASCOF definition – 3 months only)

Leicester	88.6%
East Midlands	81.2%
England	82.3%



## Appendix: C

### Reablement Service: Emily's Journey

<b>Background information:</b>	<p>'Emily' is an 80-year-old female who was living independently prior to a fall on the stairs.</p> <p>She was referred to the Reablement Service for initial support, consisting of 4 visits totalling 2.25 hours of care per day, following her hospital discharge.</p>
<b>Admission &amp; health conditions:</b>	<p>Reason for admission: Emily was admitted to UHL after a fall at home having sustained a left clavicle fracture (non-weight bearing for the next 4 / 6 weeks).</p> <p>Main diagnosis: Chest infection which was treated during admission.</p> <p>Background health: Diagnosed with Bipolar and Schizophrenia, Hypertension and Type 2 Diabetes Mellitus. No concerns raised regarding capacity and decision-making.</p>
<b>Reablement intervention:</b>	<p>Emily had soreness/redness on buttocks and central back area.  <b>Action:</b> Referral made to SPA (NHS Single Point of Access). Referral also made for pain patches to be changed once a week.</p> <p>Pharmacy &amp; GP surgery were not aware of hospital admission and medication changes.  <b>Action:</b> Discharge letter taken to surgery and new prescription sent to pharmacy.</p> <p>Emily was using carrier bags to line the commode bowl.  <b>Action:</b> Packet of commode liners provided.</p> <p>Emily had lost her confidence with taking medication.  <b>Action:</b> Reablement Assistants helped re-build confidence.</p> <p>Emily was unable to consume a hot drink safely due to hand tremors.  <b>Action:</b> Steady mug put in place for safer drinks consumption.</p>
<b>Outcome/s upon discharge from Reablement Service:</b>	<p>Reablement support was reduced gradually over her 4 weeks of service, and Emily regained her full independence and required no ongoing care.</p>

## Reablement Service: Mr Popat's Journey

<b>Background information:</b>	<p>'Mr Popat' is 81 years of age and was admitted to hospital, with disease progression (leukaemia) and reduced mobility. He was referred to the Reablement Service with 2 calls a day with one care worker and initially 2 weeks of support were allocated.</p>
<b>Goal setting:</b>	<p>The goals that were identified once on the Reablement Service were as follows.</p> <ul style="list-style-type: none"> <li>- To be able to carry out all care tasks independently.</li> <li>- To regain strength and confidence.</li> <li>- To regain confidence when accessing the bath, there was no equipment required.</li> <li>- To help reduce carer strain.</li> </ul>
<b>Actions undertaken upon assessment by the Allocated Worker:</b>	<p>The Allocated Worker struck a positive rapport with Mr Popat and through a telephone assessment managed to establish progression to date.</p> <p>Mr Popat also felt comfortable with a particular Reablement Care Worker, which helped improve his confidence levels when accessing the bath.</p> <p>Given the positive progress being made the support was extended for one more week.</p> <p>By the time the follow up call was made Mr Popat had accessed the bath, managed his own care needs and was feeling very confident and positive about his ability to manage without support.</p>
<b>Goals achieved:</b>	<p>Mr Popat has improved independence and increased confidence.</p> <p>Mr Popat is now managing to access his bath independently.</p> <p>He has established his own routine with personal care needs.</p> <p>This has reduced carer strain and increased awareness of support available.</p> <p>Mr Popat, being a private person, was supported by 1 regular Reablement Care Worker, which enabled his dignity and removed a barrier to accepting the support he needed initially.</p> <p>Mr Popat continues to live at home independently where he feels safe and most comfortable.</p>

<b>Outcomes for the Reablement Service:</b>	<p>A very high customer satisfaction rate, with all goals being met.</p> <p>No cost for ongoing commissioned services.</p> <p>Furthermore, given this particular outcome, there was no face-to-face assessment required by the Allocated Worker and equally no financial assessment, making it a much more efficient and an effective way of working in terms of productivity, without compromising on quality.</p>
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## Reablement Service: Anita's Journey

<b>Background information:</b>	<p>Prior to admission to hospital, 'Anita' was largely independent as a 76 year old, supported by her daughter-in-law with personal care. Anita is very close to her family and enjoys spending time with them.</p>
<b>Admission &amp; health conditions:</b>	<p>Anita was admitted to hospital following a fall, in which she fractured her left neck of femur and had a hemiarthroplasty. She also fractured her left proximal humerus and was placed in a collar and cuff and sling, and this was treated with conservative management. She was non-weight bearing on her left arm and left leg.</p> <p>Anita has type 2 diabetes, Raynaud's Syndrome, Arthritis and Hypertension.</p>
<b>Persons wishes:</b>	<p>Anita wished to remain at home with family support.</p> <p>She wanted to be able to use stairs confidently to access first floor facilities in order to access her bedroom and have some privacy.</p> <p>She hoped to be able to manage showering and personal care independently, to be non-reliant on carer support.</p>
<b>Situation on assessment:</b>	<p>Anita was discharged home where she lives with her son, his wife and their 3 children. A rotunda was put in place, requiring the support of 2 care workers with all transfers.</p>
<b>Reablement intervention:</b>	<p>Initially a package of care via a commissioned care agency was in place with 2 care workers visiting 4 times daily. This was reduced to 2 calls daily, still with 2 care workers.</p> <p>Following Anita's Fracture Clinic review, a referral was made to the Reablement Service where 2 calls daily were in place for support with supervision of transfers, mobility, personal care, emptying commode. This replaced the commissioned care.</p> <p>A referral was made to ASC OT Services, to request bathing assessment Anita's progress was discussed at the Home First Multi-Disciplinary Team (MDT) meeting - fracture clinic details were confirmed in order to inform therapy input.</p> <p>Home First Therapy input was offered to reduce support from 2 care workers.</p> <p>Equipment was provided to aid bathing and toilet transfers.</p>

	<p>Exercises were provided to build Anita's strength and range of movement.</p> <p>Low level equipment was provided – a long handled brush to enable Anita to wash her lower limbs and back without carer support.</p> <p>Input was offered from Community Physiotherapy (NHS) to progress from using the rotunda to a walking frame, to support stairs progression and confidence building.</p> <p>A referral made to the continence service for assessment.</p>
<p><b>Outcomes on discharge from Reablement:</b></p>	<p>Following a short period of Reablement, supported by the range of community services within the system Home First offer, Anita was fully independent with transfers, mobilising independently with the support of a walking aid and was building confidence to use the stairs to access her bedroom which was an important goal for her. Anita was able to manage her personal care independently and had returned to her initial abilities.</p> <p>This meant that Anita was not reliant on carer support which was her initial goal. No on-going need for statutory support was identified.</p> <p>This was achieved through MDT working, co-ordination from the Reablement Social Work Team, Therapy support, including the timely input from Home First professionals and the Reablement Service.</p>







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**Understanding the growing numbers of autistic adults being diagnosed and the possible impact on Leicester City Council's Adult Social Care (ASC) team.**

Adult Social Care Scrutiny Commission

Date of meeting: 07/03/2024

Lead director/officer: Kate Galoppi

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### **Useful information**

- Ward(s) affected: All
- Report author: Ester Vickers and Michelle Larke
- Author contact details: [Ester.Vickers@Leicester.gov.uk](mailto:Ester.Vickers@Leicester.gov.uk) and [Michelle.Larke@Leicester.org.uk](mailto:Michelle.Larke@Leicester.org.uk)
- Report version number: V2

## **1. Summary**

- 1.1. This report has been prepared following a request by our ASC Scrutiny Commission who wanted to understand the impact on ASC in Leicester of the growing numbers of autistic adults (18+) being diagnosed.
- 1.2. This report both summarises and analyses the available evidence around both prevalence and actual diagnostic rates of autism in adults 18+ in Leicester City alongside our own ASC data in relation to those we are supporting.
- 1.3. The report addresses how the impact is being felt, and what the implications are for social care and autistic people. It also highlights opportunities to further strengthen our work with partners around the current and prospective work taking place in relation to autistic adults.
- 1.4. The report also shares and seeks support for a series of recommendations listed below which could help address some of the impact to adult social care.

## **2. Recommendation(s) to scrutiny:**

Adult Social Care Scrutiny Commission are invited to:

- 2.1 Note the continued work of the system wide Leicester, Leicestershire and Rutland (LLR) Autism Strategy Group which are developing a response to the National Autism Strategy, agreeing to receive a report in due course which will specifically identify a range of actions that Leicester City Council might be prepared to sign up to.
- 2.2 Note the opportunity to work together with Public Health to refresh the Learning Disability and/or Autism Joint Strategic Needs Assessment (JSNA) for Leicester City, defining these new chapters through the lens of health inequity. This will under-pin the subsequent Autism Delivery Plan developed for Leicester City which the commission are invited to receive once developed.

## **3 Detailed report**

- 3.1. In responding to the question posed by the commission, this report attempts to understand the data in relation to autism prevalence rates and how this might

help us understand the impact on Adult Social Care in Leicester, of growing numbers of people (adults18+) being diagnosed.

- 3.2. The report also highlights where work is being undertaken to support autistic people earlier, as part of a system wide response to avoid unnecessary escalations into our mental health inpatient units. There has been a worrying trend of admissions from autistic individuals that has implications for health and social care; this needs to be both better understood and addressed.
- 3.3. Despite this worrying trend of increasing inpatient admissions for autistic people, there has been a focus on developing our autism services and support in LLR over the last few years.
- 3.4. This report will show that by working together, particularly with our care providers and social workers and our colleagues in health, we are strengthening our ability as a system to intervene early, providing support that can keep people safe, preventing any escalation into statutory support.

### Prevalence rates of Autism in Leicester City

- 3.5. In determining prevalence rates of autism, the [National Strategy for Autistic Children, Young People and Adults: 2021 to 2026](#), says that nationally there are 700,000 autistic adults and children in the UK – approximately 1.1% of the population. In addition, there are an estimated 3 million family members and carers of autistic people in the UK (source: [National Autistic Society](#))
- 3.6. The proportion of the population diagnosed as autistic in England is however growing significantly, and over recent years that rate of growth has accelerated, with rising diagnostic rates for both children and adults. However, whilst diagnostic rates are growing it is also strongly suspected that there are large numbers of autistic people who do not have an autism diagnosis, theories which are grounded in research (source: [The Lancet](#)).
- 3.7. In line with the trend being seen in England, using a nationally available prevalence tool, the figures for Leicester City suggest that the numbers of adults and children are growing too. The table below shows this in more detail:

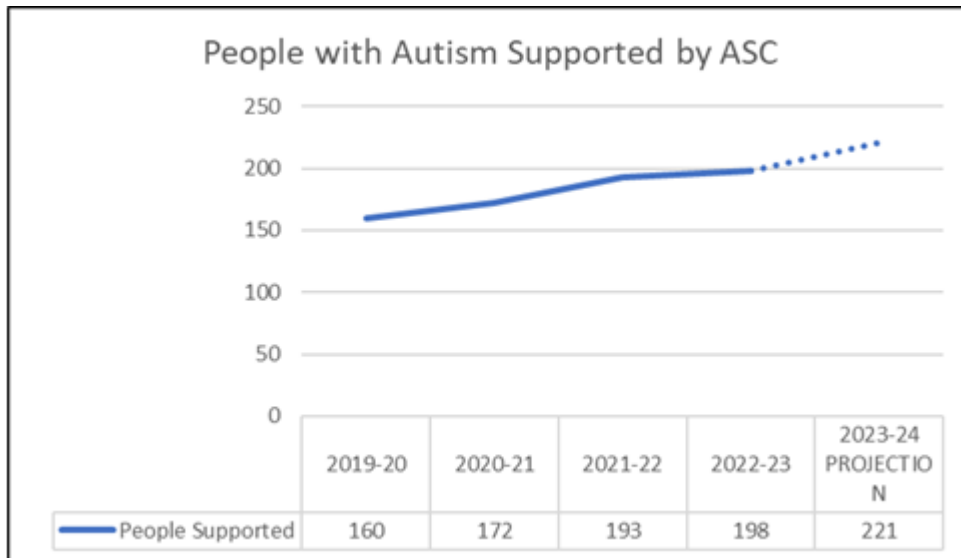
**1 Table showing prevalence rates 2020 -2035 for autistic people in Leicester City**

	Estimated population of autistic people calculated at 1.1% of resident population			
	2020	2025	2030	2035
<b>Total Population</b>	3,980	4,110	4,230	4,340
<b>Total Population - Children and Young People</b>	960	1,000	1,000	1,000
<b>Total Population – Adults</b>	3,020	3,110	3,230	3,350

- 3.8. In terms of how many autistic adults we are supporting in adult social care, Liquid Logic data below shows the numbers of people recorded on the system as autistic, regardless of whether they are recorded under the Learning Disability or Mental Health category. From this data it is evident that there is an increasing number of autistic adults being supported since 2019, with a

projection (via simple extrapolation and cross-referencing back to the last quarter in previous years) that this will continue through 2023-24.

- 3.9. It should be noted that this will not represent autistic people who are supported by ASC but who remain undiagnosed and for those whose diagnosis is not recorded.



- 3.10. To ensure we are really exploring what this data means to Leicester City, a request has been made to our public health colleagues to update the [2016 JSNA chapter for Learning Disabilities and Autism](#). This includes a request to separate the chapters, creating a new autism only chapter, which will properly assess the needs of this population as distinct from those with just a Learning Disability or autistic people who also have a Learning Disability.
- 3.11. At the time of writing, a revised JSNA was not available for this report, however, the request was made on the basis that it will enable important insights into the needs of these respective populations as our data and understanding grows. Though we are still unclear on timescales, Public Health colleagues are supportive of the request to develop and revise these new and improved chapters.
- 3.12. What is clear from the data available to us in adult social care is that whilst we are supporting more people, we are seeing some increases in the cost of services too. Whilst we are seeing fairly stable service provisions across residential and supported living services with limited growth - there is a marked increase in the provision of home care services and access to services through a direct payment.
- 3.13. Work has been done to try and understand this and the advice of the Heads of Service for learning disabilities and adult mental health, is that support is needed for families as a way to address gaps in other areas for example through short breaks or access to more preventative options that could work for autistic people.

- 3.14. This advice is backed up by the coproduction work that has happened through various strands of work connected to developing our (LLR) response to the National Autism Strategy.
- 3.15. Colleagues in the Adult Mental Health team also advised that a lack of specialist local providers with an expertise in autism is an issue for us locally. Anecdotally we know this can lead to placement breakdowns and in some cases, people being moved to mental health inpatient settings such as the Bradgate Unit.
- 3.16. Whilst there are commissioned specialist providers ready to provide care and support, they are experiencing difficulties acquiring suitable accommodation. This is driving some important work to bring forward accommodation in line with [building the right support](#) that can meet needs.

### **Addressing known health inequalities for autistic people**

- 3.17. As well as mental illness autistic people and people with a learning disability experience distinct health inequity compared to the general population. Research cited by The National Autism Strategy found that autistic people have a shorter life expectancy by 16 years compared to the general population and autistic adults with a learning disability were found to die more than 30 years before non-autistic people.
- 3.18. As part of the work of the LLR Learning Disability and Autism (LDA) Collaborative, there has been recent local investment in a system wide Health Inequalities Champion Network, to understand and address these inequalities. Whilst the work of this network is still developing Leicester City Council has a nominated health inequality champion.
- 3.19. [LeDeR](#), a national service improvement program which reviews people's deaths with an aim to reduce inequity, originally focused on people with a learning disability, however, in February 2022 the criteria changed to include autistic people, with no learning disability. Whilst this change was welcomed, referrals for autistic only individuals remains low and work is required to raise awareness locally.
- 3.20. Nationally there has been a need for standardised, co-designed and co-delivered autism and LD training. [The Oliver McGowan Mandatory Training on Learning Disability and Autism](#) is now the preferred and recommended training for health and social care staff, meeting the statutory requirements under the Health and Care Act 2022. This is the advice that is also being given to any registered care and support providers too.

### **Concluding thoughts**

- 3.21. Whilst pressure is being seen and felt in adult social care, particularly by the adult mental health team, supporting autistic people with no learning disability, building our capacity and ability to intervene and support people and families earlier is important. Likewise is our ability to have care and support providers

with the specialist skills and knowledge to work effectively and safely with autistic people.

- 3.22. This is recognised as a key priority and in that context is an area identified for continued development. This work is being built into our place-based action plan which is in development, and which will ensure a coherent response to the National Autism Strategy.
- 3.23. In line with findings shared in this report, work to address known gaps is being planned and actioned, a summary of this activity is given below. The intention is that a lot of this activity will be built into the city's place-based plan where it is relevant to our local need. This will ensure that any agreed actions are monitored appropriately, and officers are held to account for their delivery.
- 3.23.1. The commissioning team continue to work closely with the Adult Mental Health Team (AMH) for example training is being arranged around the newly refreshed Dynamic Support Pathway (DSP) <sup>1</sup>
- 3.23.2. Short breaks for unpaid carers is a priority area, which will be explored through a local engagement exercise commissioners are about to undertake.
- 3.23.3. Recognising the importance of meaningful employment, we continue to make the links with the Supported Employment project which offers opportunities and support for people with a learning disability and/or autism.
- 3.23.4. Following a well-attended drop in organised by commissioners in 2023 for Leicester City Council employees, the commissioner leading the autism work has started to develop an Autism Staff Network. This is a council wide specialist staff network providing peer-to-peer support, raising awareness of autism, and sharing good practice initiatives.
- 3.23.5. We continue to develop and strengthen the LLR Autism Partnership Board. This is now co-chaired by a person with Lived Experience, who brings a wider group of autistic perspectives to the board. There is also a wider membership including parent carers and the VCSE sector.
- 3.23.6. NHS Leicestershire Partnership Trust Directorate of Mental Health (DMH) have identified the growing need of people with a learning disability and/or autism requiring their services and the Head of Nursing is beginning to focus on this group of people to gain a greater understanding of the local picture.
- 3.23.7. Work is needed to understand and address why the number of autism only LeDeR notifications remains so low across LLR. This is a key

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<sup>1</sup> The Dynamic Support Pathway (DSP) has been developed to provide support for individuals of all ages with a learning disability, autism or both who are deteriorating in their health and well-being whilst living in the community. This was first introduced in LLR in December 2021.

feature of the LeDeR action plan which the Collaborative and our associated partnership boards continue to monitor.

- 3.23.8. Continued promotion and development of the Autism Space [webpages](#), as part of the 'Information Advice and Guidance' requirement under the Care Act will continue. Originally developed by Leicester City Council and coproduced with autistic people, the website is now managed by NHS Leicestershire Partnership Trust. This continues to be a resource both praised and welcomed by professionals locally and our autistic population.
- 3.23.9. There is an opportunity to work with our mental health partners to promote services that are being funded through the [Getting Help in Neighbourhoods](#) initiative.
- 3.23.10. An example of low-level social support which is valued by autistic people and their families is The Monday Club. This local charity provides a weekly peer-to-peer support group for autistic adults. Funding for this group continues to be short-term. Commissioners continue to appeal for sustainable funding through the system wide LDA Collaborative.
- 3.24. This list of activity and positive action is making important inroads into our local provision and collective understanding of both the gaps but also the opportunities. The LLR LDA Collaborative provides an important space for commissioners to develop and drive this work forward, coproducing solutions with autistic people.
- 3.25. Whilst we know that most autistic people will not require or meet the threshold for a statutory adult social care service, nonetheless they have told us they may still struggle with issues around employment, education, self-help strategies and independent living skills.
- 3.26. Alongside our strong Collaborative arrangements and the work to revise and update our JSNA, of key significance is the development of our place-based plans. These plans will ensure we consider what further actions are needed to help shift our focus more to prevention, responding to the support, information and advice autistic people are telling us they need.

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

##### **4.1 Financial Implications**

This report sets out different work strands that seek to develop the joint thinking and modelling of working practices to better support people with autism.

There are no known cost implications arising from this work at this time. However, should any of the proposed initiatives specifically identify a range of actions or outcomes that require an element of additional resource allocation then those initiatives should be costed

to allow for any decision to commit resources in terms of any wider cost implications to ASC.

Matt Cooper, Business Manager – Finance, Ext 2145

#### **4.2 Legal Implications**

There are no commercial implications that I can see.

Alex Powers, Principal Solicitor – Commercial, Ext 37 2489

The Council's statutory duties under the Care Act 2014 and Mental Capacity Act 2005 are observed within this report; there are no additional legal implications for the lead member to consider.

Mark Kamlow, Principal Solicitor, Social Care & Safeguarding, Legal Services.

Tel: 0116 454 0123

#### **4.3 Equalities Implications**

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

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

The report provides insights and key messages into the impact on ASC in Leicester of the growing numbers of autistic adults (18+) being diagnosed and the work that is being done to understand and respond to local need. Autism is a lifelong developmental condition which affects how people communicate and interact with the world. There are several names used to describe the autism spectrum, including Autistic Spectrum Disorder, Autism Spectrum Condition, and others which have been used to describe a part of the spectrum, such as Asperger Syndrome or Classic Autism. Autism affects people of all ages, ethnicities, and genders. It is important to recognise that not all autistic people see themselves as disabled. Inequalities experienced because of autism may interact with discrimination and barriers based on other protected characteristics. Reduction in health inequalities and improved health access can lead to improved quality of life for people and communities.

Surinder Singh, Equalities Officer, Ext 37 4148

#### **4.4 Climate Emergency Implications**

There are no significant climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon emissions, any impacts of changes to service delivery could be managed through measures such as encouraging sustainable staff travel behaviours, using buildings efficiently and following sustainable procurement guidance, as applicable to the service.



**5. Background information and other papers:** n/a

**6. Summary of appendices:** None



# Appendix E

## BRIEFING ADULT SOCIAL CARE SCRITINY COMMISSION

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### **External Workforce Strategy**

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Lead Member: Cllr Sarah Russell

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

Date 7<sup>TH</sup> March 2024

## Useful information

- Ward(s) affected: All
- Report author: Bev White
- Author contact details: [Beverley.white@leicester.gov.uk](mailto:Beverley.white@leicester.gov.uk)
- Report version number: 1.0

### 1. Purpose of Report

- 1.1. To present a draft of the External Workforce Strategy to the Adult Social Care Scrutiny Commission for comment.

### 2. Summary

- 2.1. A workforce strategy aimed at the external Adult Social Care market has been developed in parallel with the internal workforce strategy developed by the Principal Social worker.
- 2.2. The strategy is largely informed by data from Skills for Care and includes some intelligence based on stakeholder engagement but now requires wider socialisation.
- 2.3. An outcome focussed action plan is proposed under three priority areas: Valued, Sufficient and Confident and Competent
- 2.4. The Care Act 2014 states that it is the Council's duty to consider how to help foster, enhance, and appropriately incentivise this vital workforce to ensure effective, high-quality services, whether employed by private, voluntary, or independent organisations, or the Council itself.

#### Resource Implications

- 2.5. There are few direct resource implications of the strategy; we currently commission Inspired to Care and Leicestershire Social Care Development Group as partners in our work and the strategy recommends that this continues.

#### Governance

- 2.6. Governance of the strategy and its actions will be through the existing multi-agency Workforce Oversight Group – currently chaired by the Lead Commissioner, and DMT.

#### Next Steps

2.7. The strategy is subject to further engagement/consultation through our existing provider forums and partners through the Workforce Oversight Group during February/March 2024.

2.8. The draft will then be brought back through DMT/LMB for agreement in March '24 with a potential launch date following soon after.

### **3. Recommended actions/decision**

It is recommended:

3.1. Adult Social Care Scrutiny Commission comment upon and note the draft strategy.

### **4. Supporting information:**

#### **Background**

4.1. This is the first external workforce strategy produced by Adult Social Care. It covers the workforce employed within a range of external organisations - for example: residential and nursing care, home care, supported living, day services and VCSE social care organisations.

4.2. The strategy is informed by Skills for Care data and our own intelligence derived from years of close working with the external markets. It now needs to proceed onto final engagement/formal consultation with stakeholders including providers from all markets, people accessing support and staff.

#### **Key messages from the strategy**

4.3. The strategy itself contains detailed information about workforce demographics, employment overview, current and anticipated pressures and current and future projected demand. An action plan is set out.

4.4. Listed below are some key points for illustration.

4.5. The vision developed for the strategy is 'Making Leicester a great place to work and deliver high quality social care services'.

4.6. The vision is underpinned by the following:

- The social care workforce feels valued in their role.
- Care work is seen as a worthwhile and rewarding career, in which people can develop and progress, and potential workers understand the personal qualities necessary.

- Young people view the role as an attractive career.
- Terms and Conditions are appropriate to recruit and retain quality staff.
- Care services are operating with not just safe and sustainable staffing levels, but with staff motivated to provide excellent quality and consistency of care for people.
- There is increased staff retention in the sector as people choose to stay and develop their careers in care.
- Providers feel supported by the local authority to recruit and develop a sustainable and highly skilled workforce.

4.7. The strategic priorities are further expanded under three priority areas:

**1. Valued**

- Enhancing the professionalisation of staff.
- Bring in rewards and incentives.
- Set out clear career pathways and upskilling staff.
- Ensuring there is a fair pay offer.
- Develop a communications campaign that shows how we value carers.

**2. Sufficient**

- Supporting Recruitment and Retention.
- Learning from data from partners such as Skills for Care and using to focus our efforts.
- Moving towards an Integrated workforce strategy.
- Exploring how pathways into Social Care can be enhanced and publicised to all age groups.
- Working in partnership with internal and external colleagues to synergise and add value.
- Engaging with and consulting the workforce, and representing them as appropriate.

**3. Confident and Competent**

- Continuing to offer and support training provision either directly or through partners such as the LSCDG and Skills for Care.
- Linking with key work programmes to identify gaps and opportunities.
- Supporting our workforce through practical solutions and information sharing.

**Our high level actions**

**4.8.** Based on our understanding of the current and future social care workforce in Leicester, and the challenges it faces, we have devised these key actions for the next twelve months.

- Improve the usage of updated data and intelligence as a shared resource to support the social care workforce
- Promote available resources to providers more effectively, and engage with providers who need the most support to use those resources
- Develop improved pathways into work
- Strengthen our partnership approach to learning and development

- Improve the positive recognition of social care as a valued career
- Increase the level of capability to use digital and technology innovations
- Support improved practice across the sector in recruitment and business continuity planning
- Reduce the number of zero hours contracts, recognising that a mixture of contract types is desirable
- Making care a career that's attractive to younger adults

4.9. These actions are explored in greater detail in the action plan.

## **What we found – high level messages**

### **The Workforce**

4.10. In 2022/23, there were about 15,000 social care posts in Leicester with around 14,000 of those filled. 81% of these posts were employed within the independent sector.

4.11. 79% of the workforce is female and the average age of a worker is 42. About 2,5000 workers will be reaching retirement age in the next 10 years.

4.12. The nationality of the workforce in Leicester roughly matches Leicester's demographic profile.

### **Pay and Conditions**

4.13. 42% of the workforce is employed on a zero hours contract basis.

4.14. In March 2023, the average workplace hourly pay for a care worker in Leicester's independent sector was £10.07 – that's 57 pence more than the National Living Wage at that time.

### **Training and Qualifications**

4.15. 40% of the direct care providing workforce in Leicester hold a relevant adult social care qualification.

4.16. Of those workers without a relevant adult social care qualification recorded, 48% had five or more years of experience in the adult social care sector, 68% had engaged with the Care Certificate and 71% had completed training.

### **Engagement thus far**

4.17. The strategy has been developed by Adult Social Care Commissioning with the Workforce Oversight Group, and sets out an intention to continue to work with all our social care provider partners in the city, people drawing upon support, and with colleagues from across the health and social care sector and beyond, including:

- Those receiving care and their families

- Inspired to Care
  - The workforce – paid and unpaid
  - Skills for Care
  - The provider community – regulated and non-regulated
  - The local Care Associations, EMCare and Home Care Alliance
  - The Council as commissioners of care and support
  - Leicester, Leicestershire & Rutland Integrated Commissioning Board
  - Providers of accommodation and support
  - LSCDG (Leicestershire Social Care Development Group)
  - The Integrated Care System as a driver of integrated care
  - Organisations supporting those directly delivering social care
  - Leicester Employment Hub
- 4.18. The draft strategy will be further shared with the groups listed above to support its finalisation and will then come forward for final agreement.

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

### **5.1 Financial implications**

The report references continued support within the strategy via Inspired to Care and the Leicestershire Social Care Development Group (LSCDG), both of which are commissioned by Leicester City and Leicestershire County Council.

Training support available through LSCDG is available free at the point of delivery to independent and voluntary sector Providers. The Council contributes funding each year to enable LSCDG to offer a selection of fully funded core training courses to support workforce development.

The Council have also invested some funds to join 'Inspired to Care'. This gives care providers within the City geographical boundary the ability to get free advice and support with recruitment and retention activity. This initiative forms part of our use of ringfenced external grant funding from DHSC to support with market sustainability issues.

Continuation of these initiatives are wholly dependent upon financial resources available at the time. Should this funding support cease, then alternative support will need to be considered and any associated cost implications for any alternative provision of support at an appropriate time if necessary.

Overall management and governance of the strategy will continue within existing officer resources as at present.

Matt Cooper, Business Manager – Finance, Ext 37 2145



## 5.2 Legal implications

There do not appear to be any direct legal implications of the report, the recommendations contained in it or the draft external workforce strategy.

Given that a five-year strategy is envisaged there are elements of implementation that may require legal input going forward. For example, there are references to continued commissioning of services (through Inspired to Care and Leicestershire Social Care Development Group) and other partnerships with third parties as well as offering and supporting training provision either directly or through partners such as the LSCDG and Skills for Care. The current (or any new) arrangements may require review and/or extension to cover that period.

Similarly, the report talks about taking action to ensure “*Terms and Conditions are appropriate to recruit and retain quality staff*” and working with providers to reduce dependency on zero hours contracts. These aspects may necessitate specialist employment law advice.

**In summary, whilst there may be a need for legal support during implementation, there are no specific legal implications of this report.**

**Emma Young, Qualified Lawyer**

## 5.3 Equalities implications

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

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

The report seeks approval for engagement on an external workforce strategy aimed at the Adult Social Care market in parallel with the internal workforce strategy developed by the Principal Social worker. In order to demonstrate that the consideration of equalities impacts have been considered as part of the strategy and as an integral part of the decision-making process, it is recommended that an Equality Impact Assessment is undertaken. Leicester City Council aims to have a workforce, in all positions, that is reflective of the diversity of the city across all protected characteristics, and this should be factored in and considered as part of the workforce strategies.

Carrying out an equality impact assessment is an iterative process that should be revisited throughout the decision-making process and updated to reflect any

feedback/changes due to consultation/ engagement as appropriate. The findings of the Equality Impact Assessment should be shared, throughout the process, with decision makers to inform their considerations and decision making.

Where any potential disproportionate negative equalities impacts are identified in relation to a protected characteristic/s, steps should be identified and taken to mitigate that impact. The EIA findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the PSED, and to further inform the work being progressed on the workforce.

Kalvaran Sandhu, Equalities Manager, 454 6344

#### 5.4 Climate Emergency implications

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

Aidan Davis, Sustainability Officer, Ext 37 2284

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

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

#### **7. Summary of appendices:**

- 1) Draft external workforce strategy

**8. 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.**

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

# Leicester's Adult Social Care Workforce Strategy

Making Leicester a great place to work and deliver high quality  
social care services

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## Summary

### Our Vision

#### **Making Leicester a great place to work and deliver high quality social care services.**

- The social care workforce feels valued in their role.
- Care work is seen as a worthwhile and rewarding career, in which people can develop and progress, and potential workers understand the personal qualities necessary.
- Young people view the role as an attractive career.
- Terms and Conditions are appropriate to recruit and retain quality staff.
- Care services are operating with not just safe and sustainable staffing levels, but with staff motivated to provide excellent quality and consistency of care for people.
- There is increased staff retention in the sector as people choose to stay and develop their careers in care.
- Providers feel supported by the local authority to recruit and develop a sustainable and highly skilled workforce.

### Our Strategic Priorities

#### **4. Valued**

- Enhancing the professionalisation of staff.
- Bring in rewards and incentives.
- Set out clear career pathways and upskilling staff.
- Ensuring there is a fair pay offer.
- Develop a communications campaign that shows how we value carers.

#### **5. Sufficient**

- Supporting Recruitment and Retention.
- Learning from data from partners such as Skills for Care and using to focus our efforts.
- Moving towards an Integrated workforce strategy.
- Exploring how pathways into Social Care can be enhanced and publicised to all age groups.
- Working in partnership with internal and external colleagues to synergise and add value.
- Engaging with and consulting the workforce and representing them as appropriate.

#### **6. Confident and Competent**

- Continuing to offer and support training provision either directly or through partners such as the LSCDG, Inspired to Care and Skills for Care.
- Linking with key work programmes to identify gaps and opportunities.
- Supporting our workforce through practical solutions and information sharing.
- Embracing innovation and the use of technology.

### Our Actions

Based on our understanding of the current and future social care workforce in Leicester, and the challenges it faces, we have devised these key actions for the next twelve months.

- Improve the usage of updated data and intelligence as a shared resource to support the social care workforce
- Promote available resources to providers more effectively, and engage with providers who need the most support to use those resources

- Develop improved pathways into work
- Strengthen our partnership approach to learning and development
- Improve the positive recognition of social care as a valued career
- Increase the level of capability to use digital and technology innovations
- Support improved practice across the sector in recruitment and business continuity planning

## How did we develop our strategy?

This strategy has been developed in partnership and we will continue to work with all our social care provider partners in the city, people drawing upon support, and with colleagues from across the health and social care sector and beyond, including:

- Those receiving care and their families
- The workforce – paid and unpaid
- The provider community – regulated and non-regulated
- The Council as commissioners of care and support
- Providers of accommodation and support
- The Integrated Care System as a driver of integrated care
- Leicester Employment Hub
- Inspired to Care
- Skills for Care
- The local Care Associations, EMCare and Home Care Alliance
- Leicester, Leicestershire & Rutland Integrated Commissioning Board
- LSCDG (Leicestershire Social Care Development Group)
- Organisations supporting those directly delivering social care

## What does our current workforce look like?

This strategy covers a wide range of roles in the external workforce, such as staff in care homes, home care and community-based care, including extra care, supported living and day opportunities for adults aged over 18. Our information comes largely from the Skills for Care data gathered through completion of the Adult Social Care Workforce Data Set, completed by over 48% of Leicester’s Adult Social Care providers.

### Size and structure of the workforce

In 2022/23 the adult social care sector in England had an estimated 18,000 organisations with 39,000 care-providing locations and a workforce of around 1.79 million posts. The total number of posts in Leicester was around 15,000 in 2022/23. This was comprised of 14,000 filled posts and 1,000 vacancies. Since the previous year, the total number of posts has decreased by 1,200 (- 7%), the number of filled posts has decreased by 400 (-3%) and the number of vacancies has decreased by 750 (-42%).

There were an estimated 14,000 filled posts in adult social care, split between local authorities (6%), independent sector providers (81%), posts working for direct payment recipients (8%) and other sectors (6%). As at March 2023, Leicester had 268 CQC regulated services; of these, 98 were residential and 170 were non-residential services.

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

## Recruitment and Retention

Skills for Care estimates that the staff turnover rate in Leicester was 18.6%, which was lower than the region average of 29.7% and lower than England at 28.3%. Not all turnover results in workers leaving the sector, around half (51%) of starters were recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

It is estimated that the vacancy rate in Leicester was 7.50%, which was below the regional average of 9.9% and England at 9.9%.

Across England, the vacancy rate has decreased compared to last year and the number of filled posts has increased. During this period international recruitment increased substantially which has impacted these trends. Workers in Leicester had on average 8.1 years of experience in the sector and 68% of the workforce had been working in the sector for at least three years.

CQC (the Care Quality Commission) report that Care homes have found it very difficult to attract and retain registered nurses. They report nurses moving to jobs with better pay and conditions in the NHS. However, the ability to recruit overseas staff has alleviated this somewhat but nevertheless, a job in the NHS seems to remain a more attractive proposition for these staff than the adult social care sector.

## Employment Information

We estimate Leicester had 12,000 adult social care filled posts in the local authority and independent sectors. These included 950 managerial roles, 300 regulated professionals, 9,500 direct care (including 8,200 care workers), and 1,300 other-non-care proving roles.

The average number of sickness days taken in the last year in Leicester was 5.2, (7 in East Midlands and 5.9 across England). With an estimated directly employed workforce of 11,000, this means employers in Leicester lost approximately 58,000 days to sickness in 2022/23.

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

## Workforce Demographics

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

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

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

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

### Pay Levels

Many roles in the social care sector have a relatively low level of pay.

In March 2023, the average workplace hourly pay for a care worker in Leicester's independent sector was £10.07 – that's 57 pence more than the National Living Wage at that time. A senior carer's average hourly pay was £10.51. Other support and outreach roles were paid on average £9.76 an hour. In Leicester we ensure that our fee rates support payment of at least the national minimum rate and include additional components such as a travel time allowance, uniform, 5 days of sick pay.

### Qualifications, Training and Skills

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

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

## What challenges are we facing?

### Leicester's local employment market

The local economy has faced unprecedented changes over the last few years: Covid19; the war in Ukraine; the cost-of-living crisis. All of these have had significant impact on the local employment and skills landscape. Providers report that inflationary pressures continue to be a major risk to their businesses.

According to the [Office of National Statistics](#), employment in Leicester has increased compared with the previous year. Leicester's employment rate for working age adults was lower at 66.7% than across the East Midlands as a whole in the year ending March 2023. Unemployment (people looking for work) has fallen since a year earlier. The most recent unemployment rate for Leicester was higher at 5.1% than across the East Midlands as a whole. The number of people who are claiming unemployment-related benefits is higher at 5.2% than the previous year, and people who are neither employed nor seeking work (called economic inactivity) has decreased since the last year to 28.5%.

Within the adult social care sector, these statistics are mirrored so more people are employed so the number of vacancies and staff turnover are lower than the previous year, however, recruitment and retention of skilled staff remains a problem, particularly amongst nursing qualified staff. People may choose to work in the hospitality or retail sectors as these are perceived to have less responsibility. Promoting careers in social care continues to be an ongoing challenge.

Skills for Care tell us that across England, variables that influence the likelihood of a worker leaving their role were:

- Workers who travelled further were more likely to leave.
- Those under 25, and over 60 years old, were more likely to leave their posts.



- Turnover decreased with higher levels of experience working in the sector.
- Likelihood of leaving decreased as pay levels increased.
- Likelihood of leaving decreased with higher levels of experience in role.
- Likelihood of leaving decreased if workers had more training.
- Turnover decreased if workers had a higher number of contracted hours.
- Likelihood of leaving decreased if workers had fewer sickness days.
- Workers on zero-hours contracts were more likely to leave their posts.
- Likelihood of high turnover rates increased if the establishment had high turnover historically.

## What has the workforce told us?

*This section to be completed.*

## What has worked elsewhere?

Information from other councils and skills bodies tells us that the following good practice actions can lead to improvements:

- Values based recruitment
- Improved coordination of recruitment, training, and support
- Engaging with schools and colleges for the workforce of the future
- Using 'Ambassadors' to change public perception of the care sector's image
- Improving training and support for people entering the care sector
- Sector wide working to address skills gaps
- Establishing a clear career structure
- Recognising and rewarding length of service and experience
- Improving remuneration, employment terms and conditions, staff benefits
- Targeting support towards small and medium sized organisations

## What are our key issues and risks?

### Strengths

- Large and growing part of the local economy
- Most of the workforce find care a rewarding career
- The perception of care work has improved since the Covid19 pandemic
- Ethnic profile of the workforce largely matches our local population
- Staff choose to stay in the sector when moving jobs

### Weaknesses

- Large number of zero hours contracts
- Lack of sustainable investment into social care
- Lack of awareness of pathways into social care as a career
- Key skills shortages e.g., nurses in social care

### Opportunities

- New ways of working including technology and digital opportunities
- Strengths based working and greater emphasis on frontline staff

- Good cross sector partnership approaches

### Threats

- Competition with other sectors of the economy
- The impact of the cost-of-living crisis
- The number of staff reaching retirement age is not matched by the number of new entrants to the sector
- Zero hours contracts do not suit a younger workforce

## What are we doing to shape the future of social care in Leicester?

Our vision is to make Leicester a great place to work and deliver high quality social care services, using strengths-based ways of working and embracing innovation and technology. We want a workforce that is sustainable, that is competent, and which feels valued. We want to attract a workforce across every stage of their career, including new starters. Strategically we are an active partner in the LLR Integrated Care System's People Board, and the work that this supports, including provision of training opportunities through the LLR Academy, and other initiatives to work as one system to support the workforce across health and care.

To do this we will:

- Work collaboratively with providers to support them to recruit, retain and develop their workforce.
- Work in partnership to carry out targeted local recruitment campaigns, promoting the sector in schools and with potential job applicants, building consistent and co-ordinated local skills offer, and promoting the benefits of working in social care.
- Work alongside others to make a case for fair and sustainable funding for the social care sector.
- Work alongside our system partners to achieve a position of 'one workforce'.

We cannot address all the challenges facing our local workforce. Some require a consistent and sustainable long-term national funding approach. However, we will work together to do all that we can to make the difference to social care in Leicester.

## How will we know this is working?

### 1. Valued

Outcomes				Measures
1.1	A social care workforce that is, and feels, valued and rewarded	1.1a	The workforce feels valued by their employer	Improved percentage of the social care workforce who report that they feel valued by their employers and the public, and rewarded by their employers
		1.1b	The workforce feels valued by the public	
		1.1c	The workforce feels rewarded by their employer	

### 2. Sufficient

Outcomes				Measures
2.1	Workforce has the right capacity to manage predicted demand	2.1a	A workforce with the right types and numbers of roles to meet demand	Reduction in the number of vacancies
		2.1b	A workforce at full complement	Reduction in the level of turnover
		2.1c	A workforce where staff have skills to cover more than one role or to safely flex tasks within their existing role	Improvements in the timeliness of care packages being fulfilled.
		2.1d	A workforce willing and able to flex their working patterns to meet fluctuations in demand	
2.2	A social care workforce that is representative of the local population	2.2a	A workforce that is recruited locally	Closer match between the demography of Leicester and the demography within the social care workforce
		2.2b	A workforce that is representative of the diversity of the local population	
		2.2c	A workforce whose senior roles reflect the diversity of the local population	
2.3	Social care is a career aspiration across the whole life course	2.3a	More young people want to have care as a career aspiration	Closer match between the demography of Leicester and the demography within the social care workforce and in particular, the number of younger people in post.
		2.3b	Social care as a career is an opportunity, available for all ages of the population	

### 3. Confident and competent

Outcomes				Measures
3.1	A social care workforce that is competent,	3.1a	All social care roles have access to training and development opportunities	Improved percentage of the social care

	well trained and supported to be the best they can be	3.1b	All roles have access to career development and progression opportunities	workforce who report that they have sufficient training opportunities to support their career development
3.2	A social care workforce that operates in a strength-based and outcome-focussed way	3.2a	A workforce that uses strength-based practice to help those they support achieve their goals	Improved percentage of people who feel that their goals have been achieved
		3.2b	The right outcomes are achieved for those supported by the workforce	
3.3	A digitally/technologically skilled social care workforce	3.3a	A workforce that can use technology to do their job well	
		3.3b	A workforce able to support people to maintain their independence using technology	

## Our key actions to make a difference

The actions below show how we intend to work collaboratively to achieve our outcomes. Our focus will be on the first two years of the strategy, but some actions will be longer term and some actions may well be added during the life of the strategy.

Action	Detail	Outcomes
1	Accelerate our exploration of technology to support care work and to address gaps in the workforce	3
	Promote the adoption of digital working across the sector	
	Increase the availability of local high-quality training for digital and technology skills	
2	Support improved practice across the sector in recruitment and business continuity planning	1,2,3
	2.1 Continue our partnership with Inspired to Care who lead on the promotion of jobs and careers within the sector, including engagement with schools and colleges	
	2.2 Connect with local, regional and national recruitment campaigns	
	2.3 Continue to support Values Based recruitment and practices that support inclusion, equality and diversity	
	2.4 Continue to work with the sector to reduce the number of zero hours contracts	
2.5 Work with the sector to identify rewards and benefits schemes to recognise long service and good practice		

		2.6	Ensure that our fee rates are reviewed at least annually to reflect fair remuneration for providers and value for money for the council	
3	Improve the positive recognition of social care as a valued career, particularly amongst younger people	3.1	Across local and national networks, make the case for promoting social care as a valued career, and for a fair and sustainable funding approach for the sector	1,2,3
		3.2	Encourage the development of support networks and opportunities across all roles of social care	
		3.3	Connect with local, regional and national campaigns, including recruitment of Care Ambassadors, staff satisfaction surveys etc	
		3.4	Work alongside our NHS colleagues to develop a 'One Workforce' strategy	
4	Promote available resources to providers more effectively, and engage with providers who need the most support to use those resources	4.1	Continue to provide and promote coordinated training and staff development opportunities through the LSCDG (Leicestershire Social Care Development Group), Inspired to Care, the NHS, our provider forums and other providers as identified with local partners	1,2,3
		4.2	Promote the use of good practice toolkits and on-line resources	
		4.3	Support the further development of peer support and networking opportunities	
5	Improve the usage of updated data and intelligence as a shared resource to support the social care workforce	5.1	Measure progress against outcomes at least annually	1,2,3
		5.2	Review and agree priority areas at least annually	
		5.3	Update projections at least annually	





Leicester  
City Council

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## ***Carer Support Update for Adult Social Care Scrutiny Commission***

Lead Member: Cllr Sarah Russell

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

Date 7<sup>TH</sup> March 2024

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## Useful information

- Ward(s) affected: All
- Report author: Nic Cawrey
- Author contact details: [Nicola.cawrey@leicester.gov.uk](mailto:Nicola.cawrey@leicester.gov.uk)
- Report version number 1.0

### 1. Purpose of report

- 1.1 To provide updates on the commissioning review of the carer support service, an overview of the current carer support service contract and an update on other carer projects as part of our routine bi-annual briefing on carers matters for Adult Social Care Scrutiny Commission.

### 2. Summary

- 2.1 The report sets out information on a number of carer related pieces of work.
- 2.2 The contract for the carer support service is due to come to an end on 30 June 2024. As the carer support service has been subject to a high level of scrutiny in the past and due to our knowledge of the need for further improvements within adult social care and to the wider system locally, a full commissioning review has been undertaken.
- 2.3 This report seeks to provide an update on the progress of the commissioning review, the performance of the current carer support contract and other developments in the work around the carer agenda.

### 3. Recommendations

- 3.1 Adult Social Care Scrutiny Commission are asked to note and comment on the contents of this report.
- 3.2 The Commission is asked to note that the report will also be presented at the Health and Wellbeing Board to encourage members to 'Think Carer'.



#### **4. Report/Supporting information including options considered:**

##### **Carer Support Service Commissioning Review**

4.1 The Care Act 2014 requires local authorities to provide information and advice for individuals who are not eligible for statutory support. A 2018 review of preventative services primarily in the voluntary sector, funded by adult social care concluded that the carer support service is required to ensure that carers can continue to undertake their caring role however, the financial envelope was reduced from £252,563p/a to £154,063 p/a, reducing the support from 5 contracts with three organisations down to 1 contract with one organisation. The new contract went live on 1<sup>st</sup> July 2019 and the incumbent provider is Age UK Leicestershire, Leicester and Rutland. The new service has gone out to tender with the same contract value.

4.2 The carer support service tender went live on 1<sup>st</sup> February 2024. The model of support within the specification is largely unchanged from the existing service because when we engaged, those that knew about the service were happy with it, however the model has been refined to reflect the results of engagement which identified that carers still didn't really know that the service existed and the challenges presented by the current financial climate. Details of the engagement undertaken and the themes that were highlighted as part of the commissioning review can be found at Appendix 1. The new model seeks to increase reach and improve partnership working with adult social care by:

- Providing an accessible place where carers can expect to visit and find out about a range of preventative type services which include but are not limited to signposting to other appropriate services, signposting to universal services that carers may be able to utilise, information advice and guidance including information on care technology, and the financial support available, short breaks in the form of peer support and facilitated groups that will help carers to plan, prepare and provide care, carer learning, emotional support, navigation of the health and social care system, and referral for more formal support from Adult Social Care when other options have been exhausted
- Providing an outreach offer which seeks to encourage the early identification of carers in other local health and social care organisations using co-produced THINK carer resources (developed by carers in Leicester) and promoting the various strands of support that is offered by the service and representing the voice of specific groups of carers at the various partnership boards that meet in Leicester
- Administering and developing the Leicester arm of the Leicester, Leicestershire and Rutland Carer Passport scheme.

4.3 The tender submission deadline is 4<sup>th</sup> March 2024. Following this, the tender evaluation panel which includes a group of approximately 4-6 carers

from the city, will work to evaluate the tenders with a view to being able to make a contract award recommendation by 18<sup>th</sup> April, with the new service going live on 1<sup>st</sup> July 2024.

#### **The current carer support service**

- 4.4 Since the current carer support service contract commenced in 2019, they have supported approximately 2600 carers. The provider, as part of the quarterly monitoring information submits a register which includes demographic information about the carers that are utilising the service.
- 4.5 Carers that are reviewed within the service report positive individual outcomes in areas such as feeling more able to manage their emotional health and wellbeing, having the ability to make decisions and choices about the support they receive, feeling more knowledgeable and confident in their role as a carer and having increased confidence and ability to tell the public and local policy making authorities about the issues that affect them as a carer. At the end of Q2 2023/2024, 100% of the carers surveyed reported a reduced need for more intensive support.
- 4.6 Carers from across all wards of the city are in contact with the service. The largest numbers of carers accessing the service come from Rushey Mead, Braunstone Park & Rowley Fields, Belgrave and Abbey wards.
- 4.7 In terms of age, carers from across all age groups are accessing the service but carers aged 18-29 years are the smallest age group. The provider has already started to do more work with colleges and universities to raise awareness of informal family caring and to enable them to speak to young adult carers about how they might best be supported. The provider has also been working alongside the young carer co-ordinator to speak to young carers in transition about what would benefit them as they approach adulthood. Data is also collated in relation to the age of the person being cared for. 25% of the carers accessing the carer support service are caring for someone between the ages of 75 and 84 years.
- 4.8 Information relating to the ethnicity of the carers that are accessing the service has been provided. The current contract has supported people from all ethnic groups that are defined within the standard monitoring categories, but there are smaller groups where more work needs to be undertaken to understand the cultural belief system in relation to caring for those particular communities such as Black or Black British: Somali, Black or Black British: Any other background, Chinese, Chinese: Any other background, Dual/Multiple Heritage: White Asian, Gypsy, Romany and Irish Traveller communities and people that identify as any other ethnic group. Carer identification remains the biggest barrier to carers accessing support, and it is hoped that the emphasis on outreach, and partnership working within the revised model of delivery will go some way to reducing this.

## Other carer projects

### Carer breaks

- 4.9 Through the Public Health England Prevention and Promotion Fund for Better Mental Health, Leicester City Council were able to secure funding to provide access to respite opportunities for family carers through an organisation called Carefree. This was as a result of evidence suggesting that the combination of poverty with responsibility for caring for others can have a significant impact on physical and mental health, particularly since the pandemic when the opportunity to access appropriate respite reduced significantly. Since June 2022 the carer support service provider has partnered with Carefree to refer eligible carers to the scheme and to subsidise the break admin fee.
- 4.10 Eligibility for the scheme is defined by Carefree and to qualify a carer must be resident in Leicester or caring for someone who is, aged 18 and over, a full-time unpaid carer (30hours+ each week), be able to arrange interim care and pay for extras such as transport and food etc. They are not able to take the person they care for with them. Carefree is an organisation which seeks to improve the wellbeing of carers by enabling them to take time away from caring responsibilities. Carefree invites the hospitality sector to donate under-utilised accommodation supply to them, which they in turn offer to unpaid carers for a break admin fee of £25.
- 4.11 Referrals to this scheme have been low. A focus group held with carers who had been referred to the scheme including those that had taken a break and those that hadn't been able to yet, was undertaken by De Montfort University. The following feedback was provided:
- a. There wasn't much choice on the platform for local breaks where carers didn't want to be too far away from home.
  - b. Transport costs and additional costs of being away from home were a barrier to booking a break, particularly at the moment with the cost-of-living crisis affecting them.
  - c. For some carers, they wanted to take a break with the person they cared for.
  - d. Carers didn't always necessarily want an overnight stay away from home and would have preferred a day trip or a simple change of scenery with family and/or friends who lives further afield. This information has been provided back to Carefree.
- 4.12 As such, in liaison with colleagues in public health, the offer has been widened to provide a variety of other options for carers to take a break. These options could include:
- a. Other local short breaks booked by the carer (not including the cared for person)

- b. Group day outings / breaks to things like (but not limited to) Antiques Roadshow, Chelsea Flower Show, Christmas markets, spas, the coast, theatres, other places of interest (based on eligible carer preferences)
- c. A programme of other outings that would be organised by the Leicester Carer Support Service as part of the existing contract which carers may not be able to attend due to external factors
- d. Support for carers to be able to attend family events or celebrations.
- e. Transport costs to see family members who live further afield.

4.13 Further work is also being undertaken within the department in relation to flexible short breaks for families of people with a learning disability and/or autism.

#### Hospital Discharge Grant for Carers

4.14 The hospital discharge grant scheme for carers was originally set up from January-March 2023, funded from Leicester City Council's Adult Social Care Discharge Grant. The aim was to support carers by providing a one-off direct payment of up to £500 in recognition of the support they are providing to the cared for person on discharge, helping to maintain the person at home and achieve a safe, sustained hospital discharge.

4.15 Funding has been identified by the LLR Integrated Care Board and Leicester City Council's Homefirst team to the sum of £25,000 to extend this scheme for a period of 6 months from October 2023 – end of March 2024 in line with the offer currently available in Leicestershire across Leicestershire.

4.16 Between the end of October 2023 and January 2024, there have been 18 referrals into the scheme, with a total allocation of £5,400 leaving a budget of £16,800 for the remaining 2.5 months of the scheme. The average grant allocation per carer has risen by £20 to approximately £320 per carer. Further detail on this scheme is due to be provided to officers in mid-February and a further report will be provided in due course.

#### Accelerating Reform Fund

4.17 The Department of Health and Social Care launched the Accelerating Reform Fund which provides a total of £42.6 million in grant funding over 2023 to 2025 to support innovation in adult social care. Local authorities were asked to form a consortium with other local authorities in their integrated carer system geography, to select two or more projects (with at least one focusing on unpaid carers) around the department's priorities for innovation and scaling covering a broad range of areas under the three objectives within the 10-year vision for adult social care reform.

4.18 An expression of interest was submitted by Leicestershire County Council on behalf of the three LLR authorities on 12<sup>th</sup> January 2024, with two proposed carer projects (and one other project focused on Shared Lives) which aim to improve ways to conduct effective carer's assessments with

a focus on measuring outcomes, collaboration and contingency planning and the further development of the hospital discharge scheme for carers.

- 4.19 Leicestershire County Council will receive confirmation of the final funding amounts on 9<sup>th</sup> February 2024, but initial local authority indicative allocations suggest that across LLR, this will be in the region of an initial floor amount of £300,000 plus a minimum of £515,464 which is based on the adult social care relative needs formula.
- 4.20 Initial meetings have taken place between carer leads to ensure that appropriate governance arrangements are in place which includes senior managers to oversee the proportionate use of funding. Further reports will be provided on this in due course.

## **5. Financial, legal and other implications**

### 5.1 Financial implications

The current contract value of £154,063 has been used as the ongoing funding envelope for the new tendered contract. However, the bidding documentation does make reference that if any financial constraints are placed on the authority, this could result in a reduction (via a 3-month notice).

The risk is the removal of the S256 funding from health which is around £24k per annum.

Secondly, the report also highlights new initiative/funding – 4.17 onwards, referred to as “Accelerating Reform Fund” which is currently been led by Leicestershire County Council on behalf of LLR authorities, which has an indicative value of £428,867 for 2023-24 and £393,567 for 2024-25. There are no additional financial implications highlighted for this initiative.

Yogesh Patel – Accountant (ext 4011)

## 5.2 Legal implications

There are no adverse legal implications of this report.

The current procurement is already underway and in due course legal input may be required in terms of clarification questions and/or on award. In terms of future support, the reference to the Accelerating Reform Fund is noted. Legal support may be helpful in terms of reviewing the grant terms of any successful application and possible Subsidy Control ramifications.

**Emma Young, Qualified Lawyer**  
**12 February 2024**

The report is giving an overview on the progress of the commissioning review and update on the current carer support contract as well as an update on other carer projects. There are no specific employment law implications arising from it. Specific legal advice relating to the Carer Support Service contract has been given in respect of potential TUPE implications. Further support from legal should be sought as the process concludes.

The report has referred to other carer projects and further legal advice should be sought as these proposals develop.

Suraiya Ziaullah, Solicitor (Employment & Education) 0116 4541487

## 5.3 Climate Change and Carbon Reduction implications

Following the council's declaration of a climate emergency and ambition to reach net zero carbon emissions for the council and the city, the council has a vital role to play in addressing carbon emissions relating to the delivery of its services, and those of its partners, including through its procurement and commissioning activities.

Carbon emissions from commissioning and delivery of services should be managed through use of the council's sustainable procurement guidelines within tendering exercises, by requiring and encouraging consideration of opportunities for reducing emissions. This could include areas such as the use of low carbon and energy efficient buildings to deliver services, enabling use of sustainable travel options for staff and service users and reduced consumption and waste of equipment and materials, as relevant and appropriate to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

## 5.4 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, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report provides an update on the support available for carers, including progress of the commissioning review, performance of the current carer support contract and other developments around the carer agenda. These areas of work will impact on carers who will be from across a range of protected characteristics. Specific groups have been identified in the report, e.g. carers aged 18-29 years, ethnicity of carers relating to smaller groups, such as Chinese, where further work needs to be undertaken, through outreach and awareness raising.

An Equality Impact Assessment (EIA) is currently underway on the carer support service commissioning review and includes outcomes from the engagement across a number of relevant protected characteristics as cited in appendix 1. The engagement findings have been taken into account in the re-tendering of the service and included in the tender specification.

The report cites further work/developments currently underway and those being proposed for the future, all of which will impact on carers and the support available to them across the city.

Sukhi Biring, Equalities Officer

## Appendix 1 – Engagement findings and engagement log

Summary report of engagement – Recommissioning of the Leicester Carer Support Service 05/06/2023 – 25/06/2023

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### *1. Acknowledgements*

We would like to take this opportunity to express our gratitude and sincere thanks to everyone who has taken the time to speak to us and provide their views and feedback as part of the engagement process on the recommissioning of the Leicester Carer Support Service.

### *2. Purpose of the report*

This document provides a summary of the findings from engagement with family carers that live or care for someone in the City of Leicester between 5<sup>th</sup> June and 25<sup>th</sup> June 2023, on the recommissioning of the Leicester Carer Support Service, along with the findings from an online survey aimed at partners/professionals that work in the health and social care sector. The contract for the carer support service is due to come to an end on 30 June 2024, with procurement required from January 2024. As the carer support service has been subject to a high level of scrutiny in the past and due to our knowledge of the need for further improvements within adult social care and to the wider system locally, a full commissioning review is necessary. The engagement period included National Carers Week which ran from 5<sup>th</sup> to 12<sup>th</sup> June 2023, which enabled us to maximise the opportunities for engagement that national awareness raising campaigns provide.

### *3. Approach*

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

A full log of the engagement activity undertaken, and a summary of topics discussed, can be found at Appendix 1 but for ease some detail is provided here. Council officers attended sessions both virtual and face to face with staff working in carer support services, carers groups, sessions in University Hospitals of Leicester and Beaumont Leys Shopping Centre as well as online surveys, designed to help carers identify with the word carer and give their views about the type of support they might find useful as well as a survey targeted at partners and professionals across the Health & Social Care Sector. There were 119 responses from carers to the online survey and 19 responses to the partners/professional's survey – a much increased response when compared to the engagement undertaken in September 2021 in relation to the Leicester, Leicestershire & Rutland Carer Strategy.

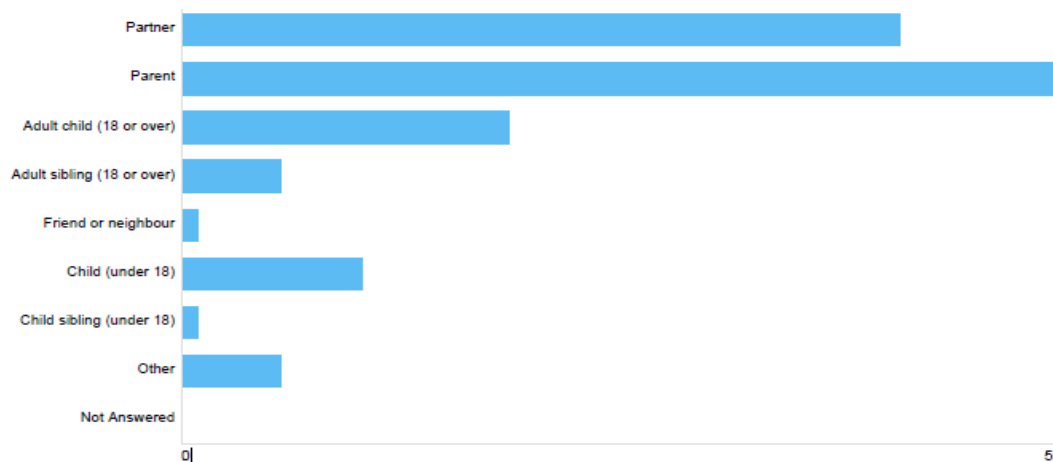
This report outlines the findings from the above methods, combining findings from the survey and face to face sessions using both quantitative and qualitative data.

Participants of the online survey and those visited by officers were asked the following questions:



### Who do you care for?

There were 143 responses to this question, demonstrating that some people are caring for more than one person.

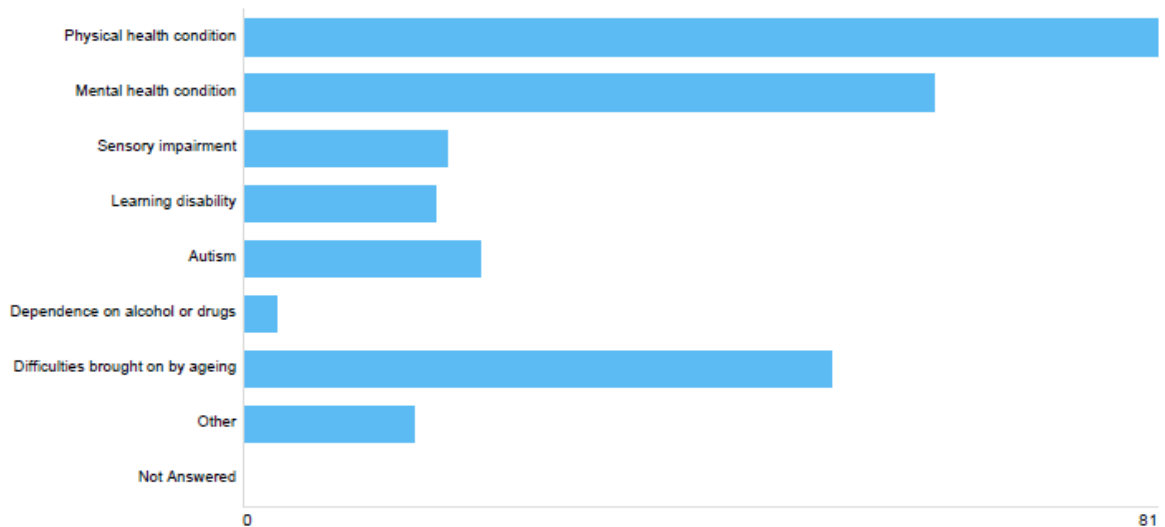


Option	Total	Percent
Partner	44	36.97
Parent	54	45.38
Adult child (18 or over)	20	16.81
Adult sibling (18 or over)	6	5.04
Friend or neighbour	1	0.84
Child (under 18)	11	9324
Child sibling (under 18)	1	0.84
Other – not specified	6	5.04

The largest proportion of people that completed the online survey were caring for their parent, shortly followed by their partner. This was also the case at the face-to-face sessions. The next largest cohorts were caring for an adult child or a child under the age of 18 and the findings from parent carers will be considered separately within this report, as feedback from recent engagement on the carer’s strategy identified that this group feel underserved.

### Why does the person (or people) you care for need your support?

There were 268 responses to this question which demonstrates that the person the carer is looking after is likely to have more than one type of need or condition, leading to much more complex caring responsibilities



Option	Total	Percent
Physical health condition	81	68.07
Mental health condition	61	51.26
Sensory impairment	18	15.13
Learning disability	17	14.29
Autism	21	17.65
Dependence on alcohol or drugs	3	2.52
Difficulties brought on by ageing	52	43.70
Other – not specified	15	12.61

68% of people that completed the survey were caring for someone with a physical health condition, 51% for someone with a mental health condition and 43% for someone with difficulties brought on by ageing. 68% of respondents were caring for someone with more than one condition, demonstrating some of the complex needs that carers in the City are managing.

**Are you helping the person you care for to deal with agencies or organisations involved in their health and wellbeing (such as GP’s, hospital staff, social workers or any other?)**

There were 119 responses to this question.

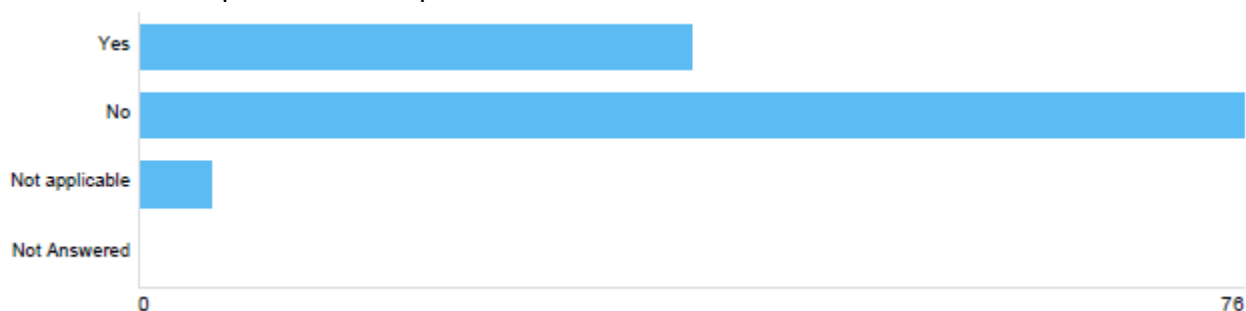


<b>Option</b>	<b>Total</b>	<b>Percent</b>
<b>Yes</b>	105	88.24
<b>No</b>	14	11.76
<b>Not answered</b>	0	0

88% of respondents are helping the person they care for to deal with agencies or organisations that are involved in supporting their health and wellbeing. This is significant for the health and social care sector in understanding their role in identifying carers.

### Has anyone such as a GP, staff working hospitals, paramedics or social worker, ever spoken to you about being a carer?

There were 119 responses to this question.

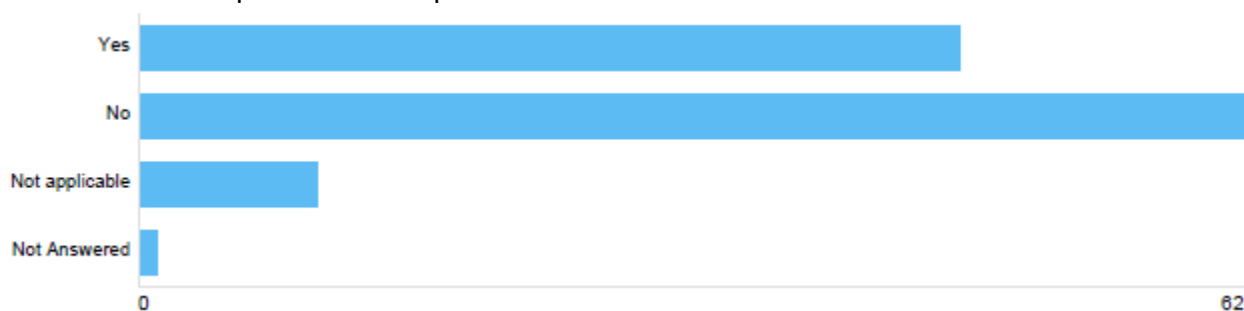


Option	Total	Percent
Yes	38	31.93
No	76	63.87
Not applicable	5	4.2

64% of people disclosed that no one involved in the care of the person they are looking after had spoken to them about their role as a carer in that person's life. 86% of those carers, were helping the person they care for to deal with the organisations and so were in regular contact with professionals across the health and social care sector.

### Have the agencies and organisations involved in the care and support of the person you look after ever advised or helped in your role as a carer?

There were 118 responses to this question.



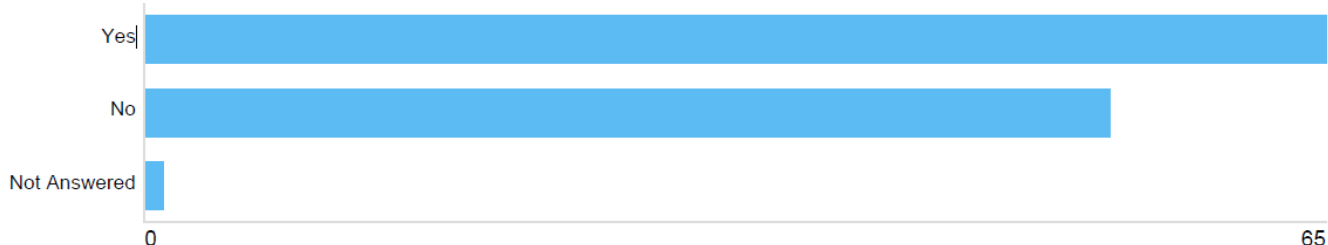
Option	Total	Percent
Yes	46	38.66
No	62	52.10
Not applicable	8.40	4.2
Not answered	1	0.84%

Respondents were asked to tell us more about this. Responses varied but the key themes from respondents seemed to focus on the need for there to be training for health and social care professionals in relation to identifying carers and what the varied role of a carer may entail, particularly for parent carers of children under the age of 18, and those caring for adults with long term or degenerative conditions. Respondents identified that there appeared to be a lack of support groups for people who were below retirement age, and in full time work and that often a need for information advice and guidance on many different aspects of their role appeared to be lacking. Of interest to note here, was that most of the people

that provided this feedback were not aware of what a carers assessment is and they had not used the commissioned carer support service, which suggests that feedback may have been different and experience improved, if the health and social care system had identified them and signposted them to the services that are available.

### Do you know what a carers assessment is?

There were 118 responses to this question.

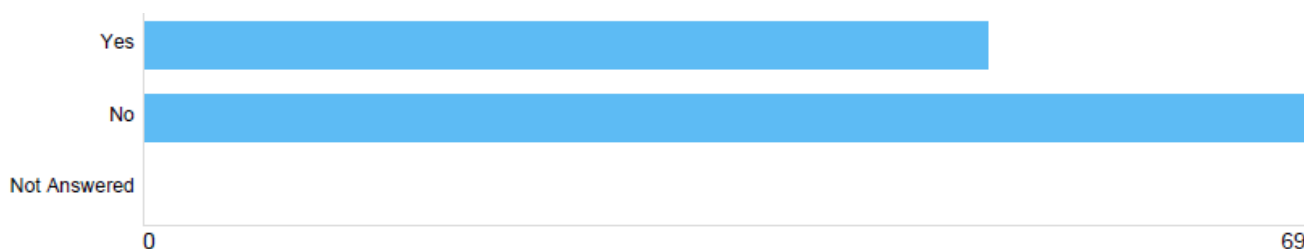


Option	Total	Percent
Yes	65	54.62
No	53	44.54
Not answered	1	0.84%

It is reassuring that over half of respondents are aware of what a carers assessment is, but as demonstrated by the findings from the previous question, there were respondents who felt unsupported who could be entitled to the support that may arise from a carers assessment. Of the 53 people that did not know what a carers assessment is, just under a quarter of them were also in contact with the commissioned service. It is unclear from the survey why this would be the case as the commissioned service is designed to ensure that carers are aware of their rights and should be a key feature of any future commissioned survey provision.

### Have you ever used the Leicester Carer Support Service provided by Age UK LeicesterShire and Rutland?

There were 119 responses to this question.



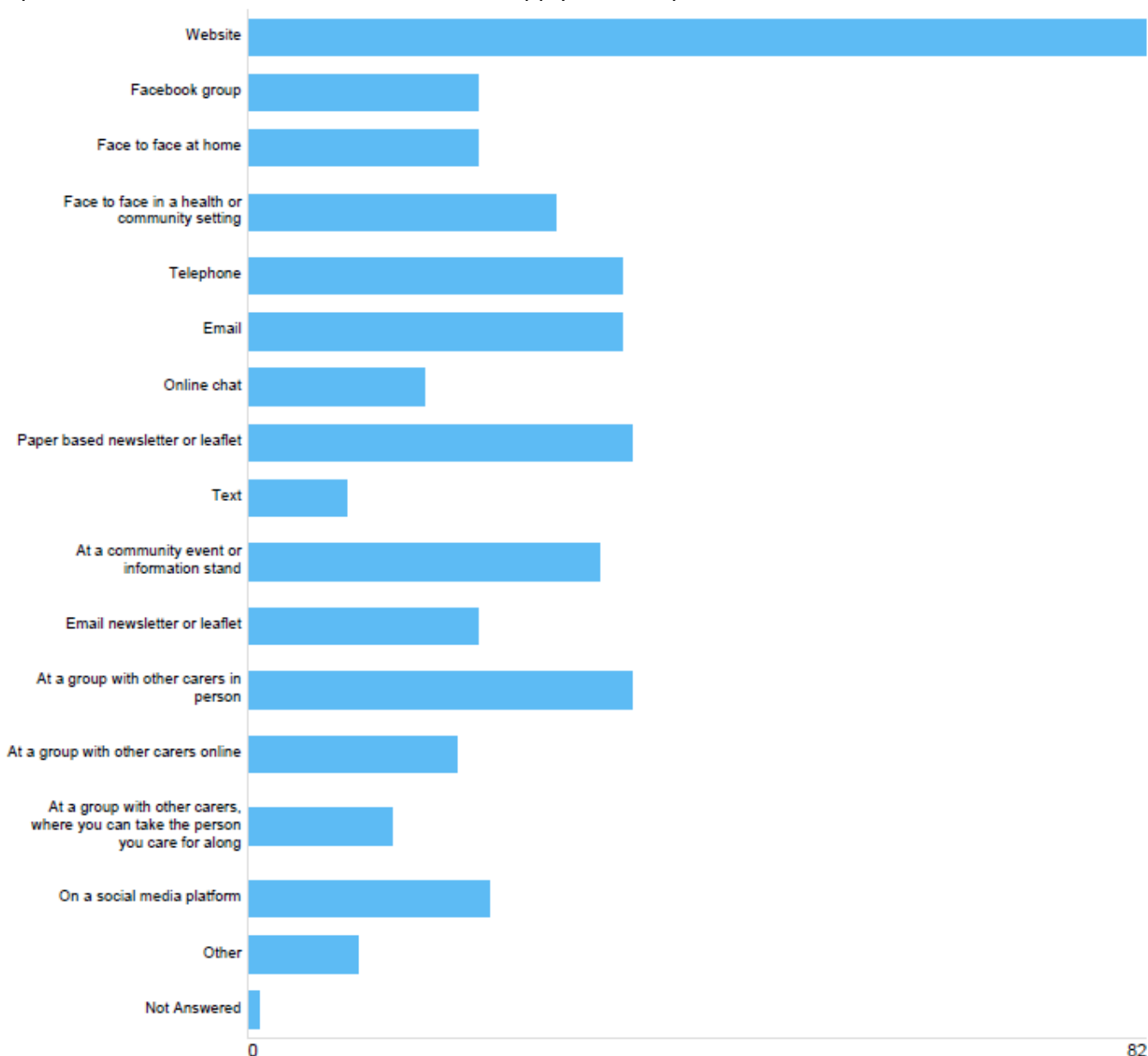
Option	Total	Percent
Yes	50	42.02%
No	69	57.9%

Although the majority of people that completed the online survey had not used the Carer Support Service, it reiterates what carers have told us through face-to-face conversations and wider engagement with the communities of Leicester. People have indicated that carers do not think of themselves as carers and are largely not going to look for support for themselves, as they are probably focusing on what the person, they are caring for needs. This stresses the importance of carers being supported to identify as such and to be signposted or given the information about the carer support service by others. It also highlights that the

next re-iteration of the service model ought to have a renewed emphasis on outreach and raising awareness of the carer support on offer in places where carers are likely to be such as hospitals, long term condition clinics and community places of interest. Continued work to support GP surgeries and primary care networks to identify, register and signpost carers will also need to continue. Previous models of carer support have sought to have carer support workers based in GP surgeries but with the introduction of social prescribers, care navigators and community wellbeing champions there are other ways of working with primary care. The service should also consider the demographic make up of the City's population when looking to promote the service.

### Where would you look to find out vital information about your caring role?

Respondents were able to select all that would apply for this question.

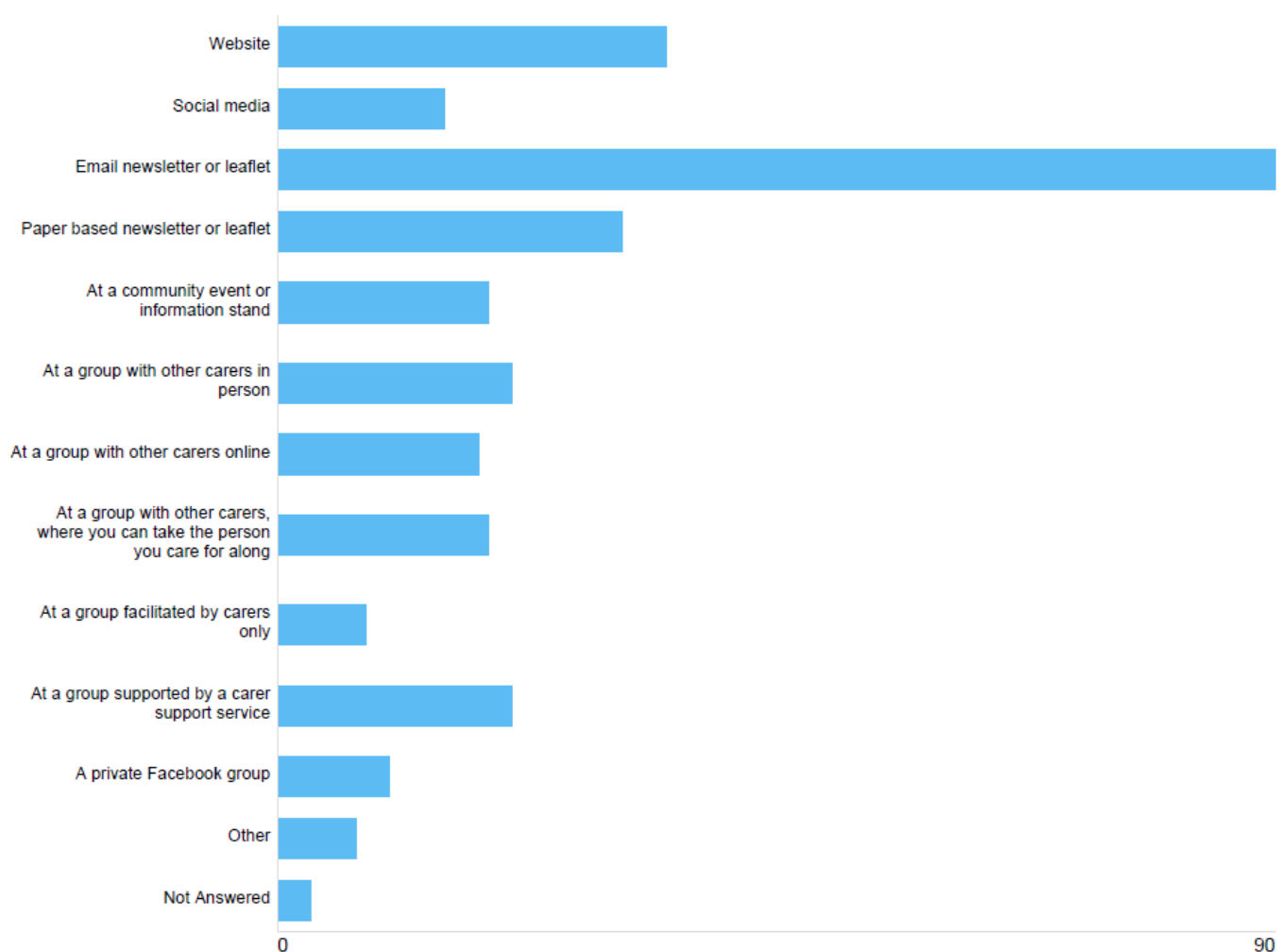


Option	Total	Percent
Website	82	68.91%
Paper based newsletter or leaflet	35	29.41%
At a group with other carers in person	35	29.41%
Telephone	34	28.57%
E-mail	34	28.57%
At a community event or information stand	32	26.89%
Face to face in a health or community setting	28	23.53%
On a social media platform	22	18.49%
Facebook group	21	17.65%
Face to face at home	21	17.65%
E-mail newsletter or leaflet	21	17.65%
At a group with other carers online	19	15.97%
Online chat	16	15.97%
At a group with other carers, where you can take the person you care for along with you	13	10.92%
Other: social care, friends/colleagues, other organisations/charities, internet, don't get the chance to look online, group where I volunteer,	10	8.4%
Text	9	7.56%
Not answered	1	0.84%

By far the most respondents said that they would first look online for vital information about their caring role, and it is therefore imperative that the online information and advice available to carers is adequate. It doesn't suggest however that this necessarily needs to be provided by the Carer Support Service, and as the local authority are currently working on improving its digital information, advice and guidance offer, including information available to carers. This feedback is timely and there are plans to set up a focus group of carers to help us improve the City Council's web offer. Fairly recently, there have also been amendments made to the website to ensure that links to the carer support service are available on every page, since carers in the past have told us that they are usually looking for information on behalf of the person they care for. It is also largely suggested that older people do not tend to access information online, however all age categories of respondents were represented in the group that suggested they would head to a website. By way of comparison, the age profile of people that suggested they would look for vital information at a group with other carers, was chosen by more people aged 56-65 years. Further information on the age profile of respondents to this survey will be provided on page 25.

## How would you prefer to receive the latest carer news and updates?

Respondents were able to select all that would apply for this question.



Option	Total	Percent
<b>Email newsletter or leaflet</b>	91	76.47%
<b>Website</b>	35	29.41%
<b>Paper based newsletter of leaflet</b>	31	26.05%
<b>At a group with other carers in person</b>	21	17.65%
<b>At a community event or information stand</b>	19	15.97%
<b>At a group with other carers, where you can take the person you care for along with you</b>	19	15.97%
<b>At a group with other carers online</b>	18	15.13%
<b>Social Media</b>	15	12.61%
<b>A private Facebook group</b>	10	8.4%
<b>At a group facilitated by carers only</b>	8	6.72%
<b>Other: I don't want any, great service but caring leaves no time for accessing things like those suggested here, groups need funding properly and staff knowledge, and need to be independent of cared for person, a group run by a charity that supports people under retirement age</b>	6	5.04%
<b>Not answered</b>	3	2.52%





- Breaks from caring.
- One off small grants.
- Information and advice including finance and benefit information that is easily accessible and available in other languages.
- Information that is specific to the condition of the person they're caring for.
- Information that is available over the phone and online.

### **Is there anything that you think the carer support service could do that might help you in the future?**

There were 82 responses to this question. The key themes from this question were as follows:

- Groups and peer support (from people who had not accessed the current service) that should be specifically for male carers and working carers.
- Support for parent carers of children with autism, and for parent carers when children are transitioning from children's services to adult services.
- Telephone support
- Financial support and support to continue working.
- Help with form filling, contingency planning and practical help.
- Online information and e-mails
- Outreach support
- Learning opportunities
- Preparation for life after caring

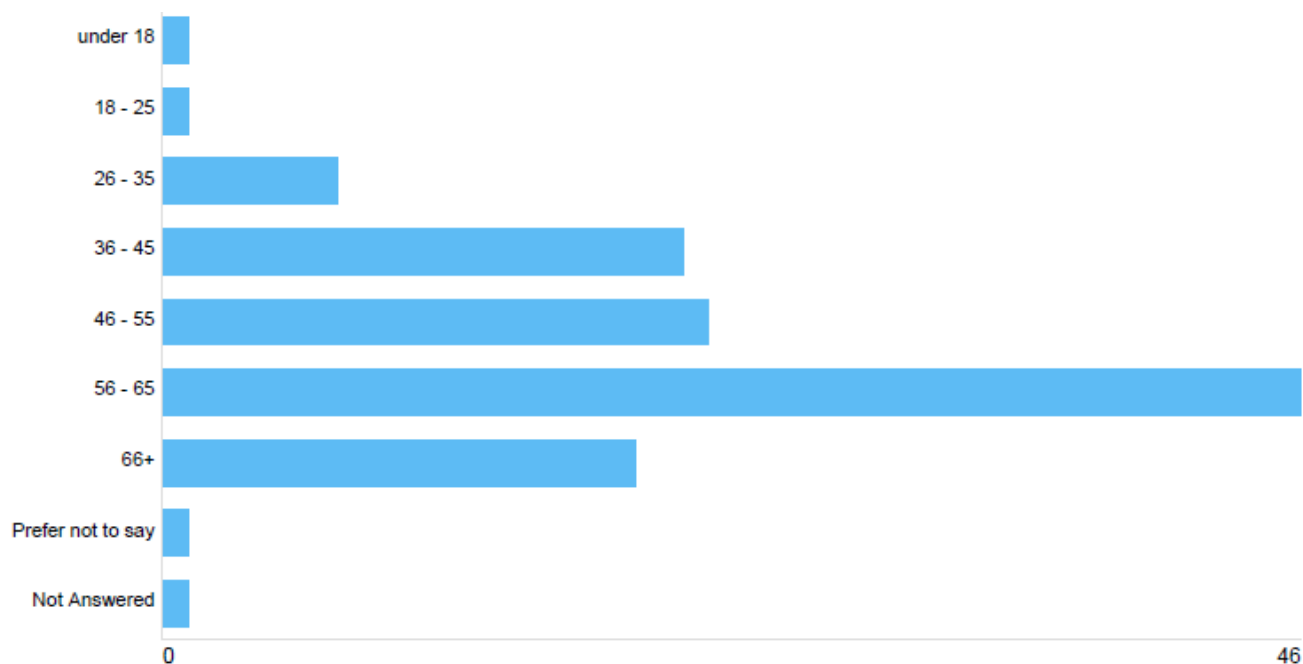
### **Some carer support services aren't attended by particular groups of carers, such as carers aged 18-25 years and male carers. How could we make this better?**

There were 69 responses to this question. The key themes from these responses are provided below:

- Advertise more widely including schools, community events, places of worship.
- Activity based groups as well as those that are set up for talking particularly for young people with caring responsibilities.
- Groups specifically for men that are caring and other underrepresented groups.
- Go to people where carers are such as supermarkets or garden centres.
- Marketing materials that demonstrated breadth of age groups supported
- More of an online presence
- Join up with other health promotional activities.
- Service must include parent carers of children.
- Support to liaise with social care services rather than group-based provision. Groups don't suit everyone.

#### 4. Demographics of carers that completed the online survey

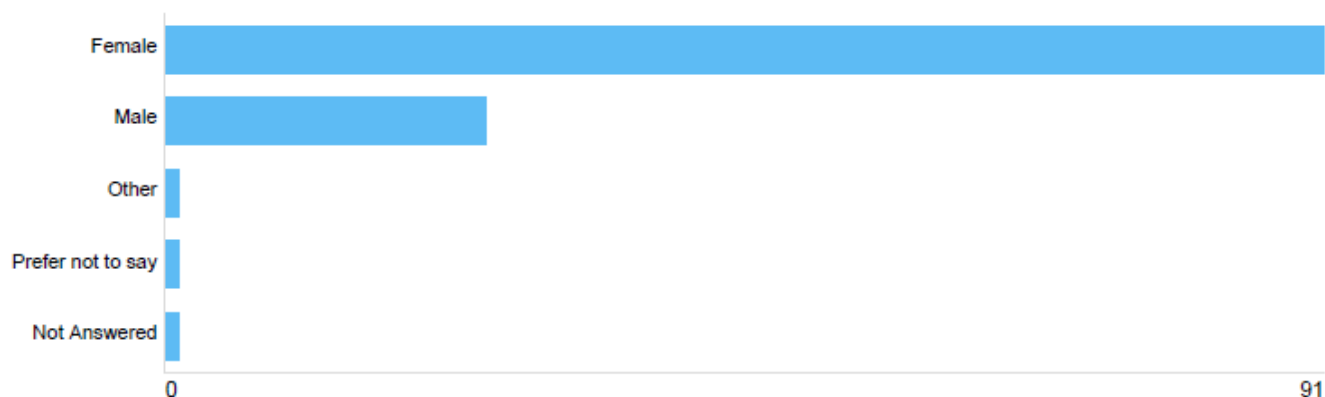
##### Age Profile



Option	Total	Percent	Census 21 % of caring population	Census comparable Category
<b>Under 18</b>	1	0.84%	1.7%	<b>Under 15</b>
<b>18-25</b>	1	0.84%	8.2%	<b>16-24</b>
<b>26-35</b>	7	5.88%	13.8%	<b>25-34</b>
<b>36-45</b>	21	17.65%	27.8%	<b>35-49</b>
<b>46-55</b>	22	18.49%	31.6%	<b>50-64</b>
<b>56-65</b>	46	38.66%		
<b>66+</b>	19	15.97%	16.8%	65+
<b>Prefer not to say</b>	1	0.84%		
<b>Not answered</b>	1	0.84%		

There were 119 responses to this question. The demographic categories relating to age in the survey are not directly comparable to those used in the census, however the largest population of respondents to the survey were carers who were aged between 36 and 65 years (74.8%). The largest age range of carers from the census information is 35-64 years at 59.4% of the caring population. Responses from the under 18 category are clearly very low but the survey was aimed at adult carers. Young adult carers were also underrepresented despite the levels of engagement undertaken. The current commissioned carer support service has already identified this as a gap in their service provision, and this is reflected in the recommendations made within the new service model.

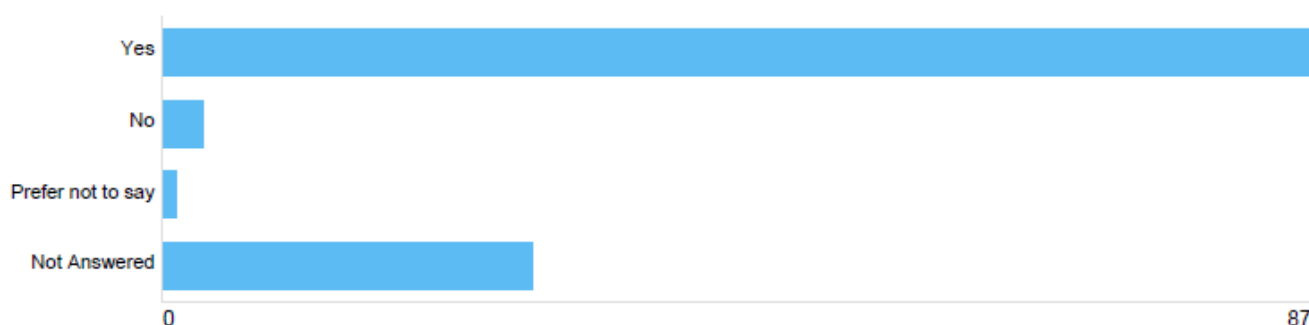
## Gender Profile



Option	Total	Percent	Census 21 % of caring population	Census comparable Category
Female	91	76.47%	57.4%	Female
Male	25	21.01%	42.6%	Male
Other – mostly male, sometimes female	1	0.84%	No comparable information	
Prefer not to say	1	0.84%		
Not answered	1	0.84%		

There were 119 responses to this question. Again, the census categories were not directly comparable, however responses from men in Leicester were far fewer when compared to the caring population represented in the census. We have identified from the existing carer support service, that there are fewer men accessing the service (approximately 31%) of all people that use it. Some of the comments that were made in response to other questions within the survey highlighted that men were unaware of the services on offer, with 17 of the 25 male respondents not having accessed the carer service, yet suggesting things that would be useful to them, that are already part of the service offer.

## Is your gender the same as the gender you were born with?



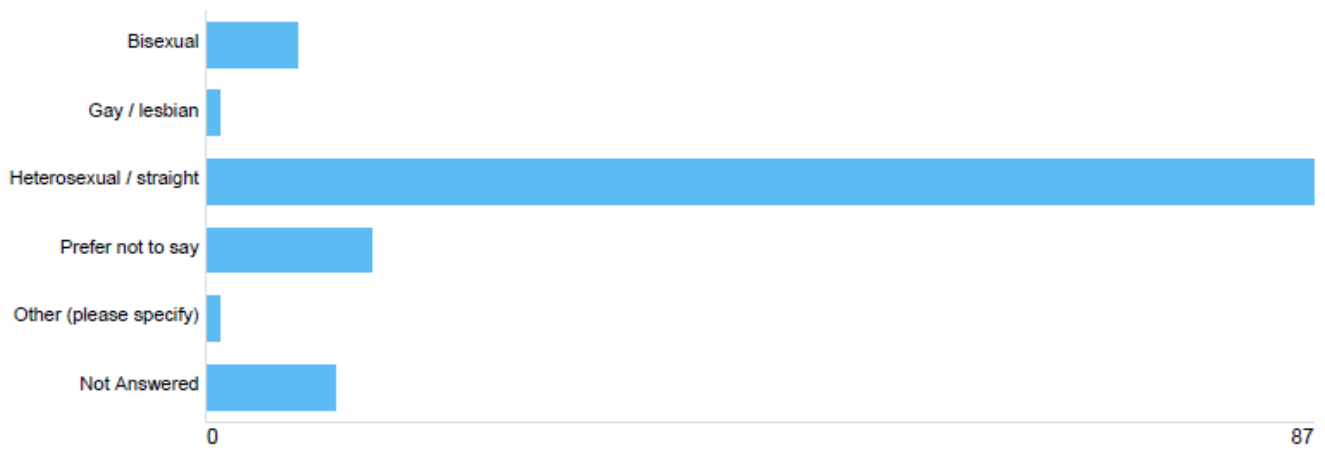
Option	Total	Percent
Yes	87	73.11%
No	3	2.52%
Prefer not to say	1	0.84%
Not answered	28	23.53%

Access to information in is not available as a

we do not ask this question in the performance monitoring information for the carer support service. This issue will be picked up as part of the equality impact assessment undertaken for the commissioning review.

relation to this question variable to report on and

**Sexual Orientation: Do you consider yourself to be:**



Option	Total	Percent
<b>Bisexual</b>	7	5.88%
<b>Gay/lesbian</b>	1	0.84%
<b>Heterosexual / straight</b>	87	73.11%
<b>Prefer not to say</b>	13	10.92%
<b>Other:</b>	1	0.84%
<b>Not answered</b>	10	8.4%

There were 109 responses to this question. Access to information in relation to this question is not available as a variable to report on from the census data in relation to unpaid care, but the overarching population of Leicester reports; 86% as Heterosexual / straight, 1.1% as gay/lesbian and 1.8% as bi-sexual with 10.5% preferring not to disclose their sexuality.

**Ethnic background:**

Option	Total	Percent	Census 21 % of caring population	Census comparable Category
Asian or Asian British: Bangladeshi	3	2.52%	1.19%	Bangladeshi
Asian or Asian British: Indian	25	21.01%	36.4%%	Indian
Asian or Asian British: Pakistani	2	1.68%	3.2%%	Pakistani
Asian or Asian British: Any other Asian background	1	0.84%	2.01%	Other Asian
Black or Black British: African	5	4.2%	3.76%	African
Black or Black British: Caribbean	1	0.84%	1.4%	Caribbean
Black or Black British: Somali	0	0	0.50%	Other black
Black or Black British: Any other background	0	0		
Chinese	0	0	0.33%	Chinese
Chinese: Any other Chinese background	0	0		No direct comparable
Dual/Multiple Heritage: White & Asian	0	0	0.66%	White & Asian
Dual/Multiple Heritage: White & Black African	1	0.84%	0.19%	White & Black African
Dual/Multiple Heritage: White & Black Caribbean	1	0.84%	1.26%	White & Black Caribbean
Dual/Multiple Heritage: Any other heritage background	3	2.52%	0.63%	Other mixed or multiple ethnicity
White: British	58	48.74%	41.0%	White: English, Welsh, Scottish, Northern Irish or British
White: European	5	4.20%		No direct comparable
White: Irish	3	2.52%	0.81%	White: Irish
White: Any other white background	3	2.52%	3.17%	Other white
Other ethnic group: Gypsy/Romany/Irish Traveller	0	0	0.2%	White: gypsy or Irish traveller & white Roma
Other ethnic group: Any other ethnic group	0	0	2.7%	Any other ethnic group

<b>Prefer not to say</b>	7	7	<b>No direct comparable</b>
<b>Not answered</b>	1	1	

(N.B Census data also uses the category: Other ethnic group: Arab 0.49%)

There were 111 responses to this question. There are some people from specific communities within Leicester who aren't represented in the engagement findings namely; Black or Black British: Somali, Black or Black British: Any other background, Chinese, Chinese: Any other background, Dual/Multiple Heritage: White Asian, Gypsy, Romany and Irish Traveller communities and people that identify as any other ethnic group. This is a much more diverse response rate than the engagement undertaken for the Leicester, Leicestershire & Rutland Carers Strategy but it is fair to say that there is still more to do in order to identify carers from some of the smaller communities within Leicester.

### *5. Findings from engagement with professionals working across Leicester*

There were 19 responses to the online survey specifically designed for professionals working with carers in Leicester. Just under half of the responses were from people working in adult social care (47.3%), with 31.5% working in health settings, and 16% the voluntary sector.

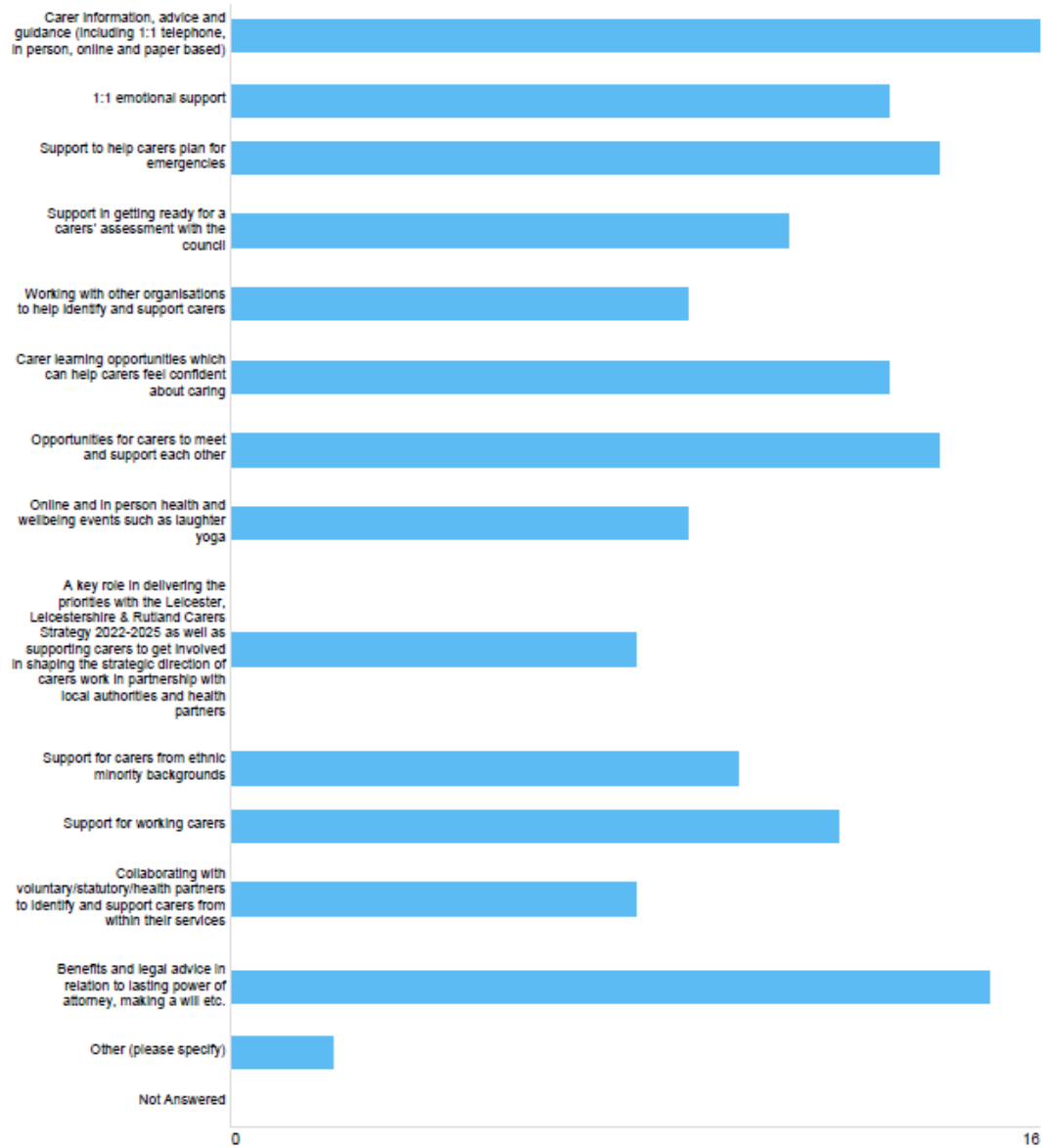
78% of respondents saw helping people identify as carers as part of their role. Of the people that felt that helping people to identify as a carer wasn't part of their role 50% were working in adult social care.

Those that did work to identify carers, appeared to refer directly to Social Care in the first instance with a smaller number sharing their knowledge of carer support services or dementia support services.






Respondents were asked if they had any experience of the current commissioned carer support service. Of those that said no (36.84%), just under 50% were from social care.





Professionals that were aware of the existing service felt that the following elements were of the most benefit to carers:





## Engagement Log &amp; Summary of Discussions – Carer Support Service

Date	Who	Where	Face to face or virtual	Record of discussion if appropriate
25/04/2023 – 12/05/2023	Soft market testing	Providers	Virtual	9 SMT responses received  Carers%20Support%20Service%20Soft9
23/05/2023	Managers of carer support organisations	Online	Virtual	Offer for officers to attend group
05/06/2023	Carers	UHL	Face to face	 UHL%205th%20June%20.docx
w/c 05/06/2023	Elected members		Letter from Cllr Russell	 Letter%20for%20Cllr%20Russell%20May
w/c 05/06/2023	General public	Social media	Online	Various tweets in relation to carers week activity and promoting surveys
06/06/2023	GP's	Training session	Online	  GP%20Carer%20Training%20GP%20Training%20ning_6th%20June%20;6th%20June%202022.
07/06/2023	LLR Autism Partnership Board		Online	Explanation of commissioning review and surveys online. Generated request for engagement surveys to be put onto Autism Space.
08/06/2023	Members of the CGT circulation list	E-mail	Online	Promoting engagement surveys

08/06/2023	Carers / social prescriber	Beaumont Leys Shopping Centre	Face to face	 Beaumont%20Leys %208th%20June%20
12/06/2023	Mental Health Partnership Board		Online	Explanation of commissioning review and surveys online shared. Generated request for engagement surveys to be put onto Mind LLR's website.
12/06/2023	Call from general public		Call	Linked to social prescriber who has developed 'Tips for Carer' document
13/06/2023	Carer Support Service	Eyres Monsell	E-mail	Request from carer support worker to send paper copies via post.
13/06/2023	Asian Carers Group	Clarence House, Leicester	Face to face	 CSS%2013th%20Jun e%20.docx
14/06/2023	Working Carers Group	Age Uk Leicestershire	Online	1 carer attended who had already completed the survey
16/06/2023	Carers Centre		Virtual	 CC%2016062023.do cx
21/06/2023	Staff	Age Uk Leicestershire	Online	 CSS%20Staff%2021 062023.docx
22/06/2023	Aylestone Medical Centre		Online	Confirmation received that survey links had been sent to all registered carers
22/06/2023	Call from the public		Call	F carer called as caring for 19-year-old daughter with autism. Needs age-

				appropriate respite for her and her daughter. Got telephone number from information sent via WhatsApp – gave carer support service telephone number and encouraged to fill in survey online.
20/07/2023	Learning Disability Partnership Board		Online	
03/08/2023	Introduction to coproduction and a commissioning review session with carers (1)	City Hall Room G.03	Face to face	Explaining the departments approach to co-production and what is involved in a commissioning review for those carers who expressed an interest in being involved after online survey completion
08/08/2023	Introduction to coproduction and a commissioning review session with carers (2)	Zoom	Online	Explaining the departments approach to co-production and what is involved in a commissioning review for those carers who expressed an interest in being involved after online survey completion for those who couldn't get to face to face session
09/08/2023	Introduction to coproduction and a commissioning review session with carers (3)	Teams	Online	Explaining the departments approach to co-production and what is involved in a commissioning review for those carers who expressed an interest in being involved after online survey completion for those who couldn't get to face to face session

17/08/2023	Looking at the current carer support service offer	City Hall Room G.03	Face to face	A drop in session looking at the current carer support service specification and discussions relating to Making it Real
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## Report to the Adult Social Care Scrutiny Commission

Date: 7<sup>th</sup> March 2024

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### Hasting Road Day Centre Update

Lead Director: Kate Galoppi

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Useful Information:

- Ward(s) affected: Charnwood
- Author: Kate Galoppi
- Author contact details Ext 2373

1. Summary

- 1.1 This report provides a final breakdown of the work achieved as part of the closing down of Hastings Road Day Service.
- 1.2 The information includes lessons learnt during the close down process. See [Appendix 1](#).
- 1.3 [Appendix 2](#) provides an anonymised summary of the completed transitions for individual people all who have now moved to alternative provision.
- 1.4 Each person's support package will be reviewed at four weeks and again at three months to ensure that they are settled and happy with the new support arrangements in place.



## **Closedown report**

### **2 Building and Staff**

- 2.1 Whilst several options were considered for the future utilisation of Hastings Road Day Centre building it has now been declared surplus to ASC requirements. The building has been handed back to Estates and Building Services who will follow due process to determine its future.
- 2.2 Most of the contents of the building which include kitchen equipment, specialist moving and handling equipment, furniture, and sensory equipment as well as other smaller items have been gifted to the Council's internal services including the children's homes, catering services and SEND schools. Specialist equipment and furniture has also been donated to Northfields Play Barn, Mosaic and other providers who have been able to make beneficial use of it for people with profound and multiple learning disabilities.
- 2.3 The Hastings Road Day Centre staff team which was made up of Enablement Officers and Enablement Support Workers, Kitchen Assistants and Assisted Employees (staff with additional support needs) have been supported by HR either to secure alternative employment via redeployment or have taken redundancy.
- 2.5 Three out of the five Assisted Employees who have learning disabilities and additional needs have been supported through the redeployment process by Hastings Road staff and the Supported Employment Service to secure alternative employment on a trial basis in Catering Services. Further job coaching support is being sought via Access to Work. Of the two other Assisted Employees one person is choosing to do more social activities and the other person is going to be referred into the Supported Employment Service to gain employment.

### **3 Individuals and their families**

- 3.1 All the eighteen individuals who attended Hastings Road at the start of this process have now moved on to alternative support services that meet their individual needs and interests.
- 3.2 Each person and their family have had support from an allocated worker to find and move to a new provider– it will be vital that each person has a review of their support at four weeks and again at three months to ensure that they are settled in their new place. This second review will be essential to ensure that any issues that arise are dealt with and that families continue to get the support they need - allocated workers will be available between reviews to support families.
- 3.3 This time of change has been emotionally challenging for families and their loved ones, but allocated workers have worked hard to build trust and ensure that people were able to choose from a range of suitable support options.

## Appendix 1 Lessons Learned Log

Item	Detail	Lesson learned	Status
Supporting Assisted Employees through the process of change	Three out of five of the assisted wanted to secure alternative employment with the Council.	<p>The Assisted Employees need additional support which they received from the Supported Employment team to go through the redeployment process including filling in applications and learning interview skills.</p> <p>Emotional and practical support was needed to help Assisted Employees cope with this change and Hastings Road staff and managers provided this.</p> <p>Job coaches will be sought through Access to Work to support employees with trial periods in their new roles.</p>	Completed
Supporting people and their families through the process of change	<p>Each person has had an allocated worker.</p> <p>Meet the Provider Events took place.</p> <p>Taster Days took place.</p>	<p>It has been essential to provide people and their families with an allocated worker to support them either from LLC or through Health for people that have CHC funded placements.</p> <p>Weekly meetings with allocated workers, Health workers and Commissioners, Transport and Team Leaders have taken place to coordinate the change and address issues as they arise.</p> <p>Meet the provider event was useful for families to meet and talk to different providers to make informed choices.</p> <p>Taster days were important to allow the people who draw on services to experience their new provider and see whether they like being there. This was also important to allow providers to</p>	Completed

		shadow and learn about the person and ensure that the service is right for the person.	
Decommissioning of the building and contents	Internal services have been happy to receive donations	Equipment has been shared with: Northfields Play barn. Childrens Residential Services SEND PMLD Providers	Completed

## Appendix 2 Transitions

<b>Step 1</b>	Social Worker identified
<b>Step 2</b>	Contact with people to commence discussion
<b>Step 3</b>	Review in progress
<b>Step 4</b>	Review process completed
<b>Step 5</b>	Start date agreed for new provision
<b>Step 6</b>	Follow up as part of review

Attendee NO	STATUS	TRANSITION STATUS	NEXT STEPS
1	Attendee (ASC)	Transition complete	
2	Attendee (ASC)	Transition complete	
3	Attendee (ASC)	Service identified, review completed, person on holiday until March 2024.	
4	Attendee (ASC)	Transition complete	
5	Attendee (ASC)	Transition complete	
6	Attendee (ASC)	Transition complete	
7	Attendee (ASC)	Transition complete	
8	Attendee (ASC)	Transition complete	
9	Attendee (ASC)	Transition complete	
10	Attendee (ASC)	Transition complete	
11	Attendee (ASC)	Transition complete	
12	Attendee (ASC)	Transition complete	
13	Attendee (ASC)	Transition complete	
14	Attendee (ASC)	Transition complete	
15	Attendee (Health)	Transition complete	
16	Attendee (Health)	Transition complete	
17	Attendee (Health)	Transition complete	
18	Attendee (Health)	Transition complete	

**Summary** – 17 people have transitioned – one person has a service identified but is on hold until they return from holiday in March.

## Adult Social Care Scrutiny Committee

### Work Programme 2023 – 2024

Meeting Date	Item	Recommendations / Actions	Progress
<b>18 July 2023</b>	<b>Introduction to ASC</b>	Items to be added to work programme: - future of domiciliary care - self assessment ahead of CQC inspection - quality of care provision - transition from children to adult social care - growing needs for autism - workforce (possibly at OSC)	Items added to work programme. Future of domiciliary care, self assessment and quality of care items listed for 24 August meeting. Transition from children to ASC and growing needs for autism suggested to be taken at same meeting – added on work programme. Workforce to be discussed at joint ASC and Public Health and Health Integration on 30 November.
	<b>Hastings Road Day Centre</b>	Call-In withdrawn.	



<b>5 October 2023</b>	<b>Hastings Road Day Centre Update</b>	The Commission requested to be kept informed via an anonymised report on the progress of attendee transition to alternative provision.	Listed on the work programme for regular updates to be provided.
	<b>Adult Social Care Improvement Journey</b>	The Commission requested to be kept updated on the CQC assessment as appropriate.	Listed on the work programme to be allocated to date when further information is known.
	<b>Adult Social Care Performance</b>	<p>The Commission requested comparable data on workforce sickness at a national and regional level and asked if there are issues with recruitment and retention if there are any trends of why people may leave roles and any incentives to recruit.</p> <p>The Commission requested data on male carers.</p> <p>The Commission requested a metric to be provided to monitor performance of average number of people waiting to be discharged from hospital to social care and length of wait.</p>	<p>Officers noted the requests from members in relation to the workforce and will be incorporated in a report on the topic at the next meeting.</p> <p>A metric has been created and will be used for performance reporting to the Commission moving forward.</p>
	<b>Work Programme</b>	The Commission requested that direct payments and reviews be listed for meetings in the New Year.	Listed on the work programme.
	<b>AOB</b>	<p>The Commission requested information to be shared in writing in relation to the financial impact of the Authority reducing the allowance made in the rates paid for home care for the provider to make a surplus.</p> <p>The Commission requested an update be provided following the consultation on the Charing Policy and before any decision.</p>	<p>Information shared with Members of the Commission.</p> <p>Added to the work programme.</p>





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	<p><b>Drug &amp; Alcohol Services</b></p> <p><b>Dementia Strategy</b></p>	<p>Death by suicide to be added to a work programme.</p> <p>Consideration to be given on evaluating the No 5 Wet Centre.</p> <p>Drink and Drugs News Article referenced in the presentation to be circulated to members.</p> <p>The Commission noted the report.</p>	<p>Added to the Public Health &amp; Health Integration Scrutiny Commission work programme.</p> <p>Officers reviewing.</p> <p>Article circulated.</p>
25 January 2024	<p><b>Draft General Fund Budget &amp; Capital Programme 2024/25</b></p> <p><b>Charging Policy</b></p> <p><b>Direct Payments</b></p> <p><b>Hastings Road Update</b></p> <p><b>Response to the Adult Social Care Scrutiny Commission Task Group – Understanding the increasing cost of care packages within Adult Social Care budgetary pressures</b></p>	<p>The Commission noted the report.</p> <p>Further reports to be shared with the Commission regarding budget monitoring.</p> <p>The Commission noted the report and requested the item remain on the work programme for an update of the consultation response.</p> <p>The Commission noted the report.</p> <p>The Commission to continue to be updated.</p> <p>The Commission noted the report.</p>	<p>Listed on work programme.</p> <p>Item listed to be discussed on 7 March 2024.</p> <p>Item listed for update on 7 March 2024.</p>

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7 March 2024	<p>Charging Policy</p> <p>Reablement Service</p> <p>Growing Needs of Autism</p> <p>Draft External Workforce Strategy</p> <p>Carer Support Service Update</p> <p>Hastings Road Update</p>		

#### Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Care Package Reviews	To be scheduled for the first meeting of the 2024/25 municipal year.	
Death by Suicide	Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item be listed on the work programme.	
Workforce	Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item remain on the work programme and there be particular tracking of apprentices.	

Drug & Alcohol Services	Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item remain on the work programme.	
Customer Services – ASC Enquiries	Commission to be updated specifically on ASC call handling following report at OSC.	
Cost of living re provision of care impacts update		
Assured Plans and Market Sustainability, including fair cost of care		
Assistive Aids and Technology		
ASC Budget Monitoring		
Winter Planning	Discussed at the Joint Meeting of the Public Health & Health Integration Scrutiny Commission and the Adult Social Care Scrutiny Commission on 12 September 2023.	12 September 2023
Healthwatch Annual Report		
Hastings Road Day Centre Update	Regular updates to be provided to the commission as appropriate.	
Adult Social Care CQC Assessment	Requested to be added to work programme at meeting on 24 August 2023. Reinforced at meeting on 5 October to be discussed at the appropriate time.	
Domiciliary Care Contracts	Requested to be added to work programme at meeting on 24 August 2023.	

