



ADULT SOCIAL CARE IN LEICESTER: JOINT STRATEGIC NEEDS ASSESSMENT

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSNA:

Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.

Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.

Provides a view of health and care needs in the local community

Identifies health inequalities

Indicates current service provision

Identifies gaps in health and care services, documenting unmet needs



Last updated 11-Dec-23

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1. INTRODUCTION

Adult social care (ASC) covers a wide range of activities to help people who are older or living with disability or physical or mental illness to live independently and stay well and safe. It can include 'personal care', such as support for washing, dressing and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities. Social care includes support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers.

Social care is often broken down into two broad categories of 'short-term care' and 'long-term care'. Short-term care refers to a care package that is time limited with the intention of maximising the independence of the individual using the care service and eliminating or deferring their need for ongoing support. Long-term services are provided on an ongoing basis and range from high-intensity services like nursing care to lower-intensity community support.

Services such as advice and information are available to anyone, however most publicly funded social care in England is only available to people with the highest needs and lowest assets. People with assets / income worth more than £23,500 are normally not eligible for local authority funded social care.

Local authorities are responsible for assessing people's needs and funding their care where they are eligible.

In England, local authorities individually decide what they will spend on social care. Although there is no 'national' government budget, local authorities receive some grant funding from central government. In 2021/22, the total expenditure on adult social care by local authorities was £26.9 billion¹.

Around half of this expenditure is on working-age adults, with the other half on people aged 65 years or over. For older people, the majority of spending (65%) is for those who need physical support, while for working-age adults, the majority (68%) is for those with learning difficulties.

Figure 1: Social care expenditure in England (£billions), 2021/22



Data: <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>

2. WHO'S AT RISK AND WHY?

It is important to note that this section deals with people using adult social care services that are either provided by or commissioned by the Adult Social Care (ASC) service within Leicester City Council. There will be more people using services within Leicester than are covered by the data in this section. For example, some people may choose to buy support to enable them to live at home without ever approaching the Council. These people will not be reflected in this part of the JSNA.

Support available from Adult Social Care can be offered to any adult over 18 years who is assessed as having an eligible need (see below for more information about eligible needs).

As people eligible to receive ASC services will have a need for extra support, those most likely to receive provision include:

- older people (65+)
- people with physical and/or sensory disabilities
- people with learning disabilities
- people with mental health difficulties
- people with HIV/AIDS
- people with drug or alcohol problems
- people with a long-term or terminal illness
- those caring for people who are in any of these groups

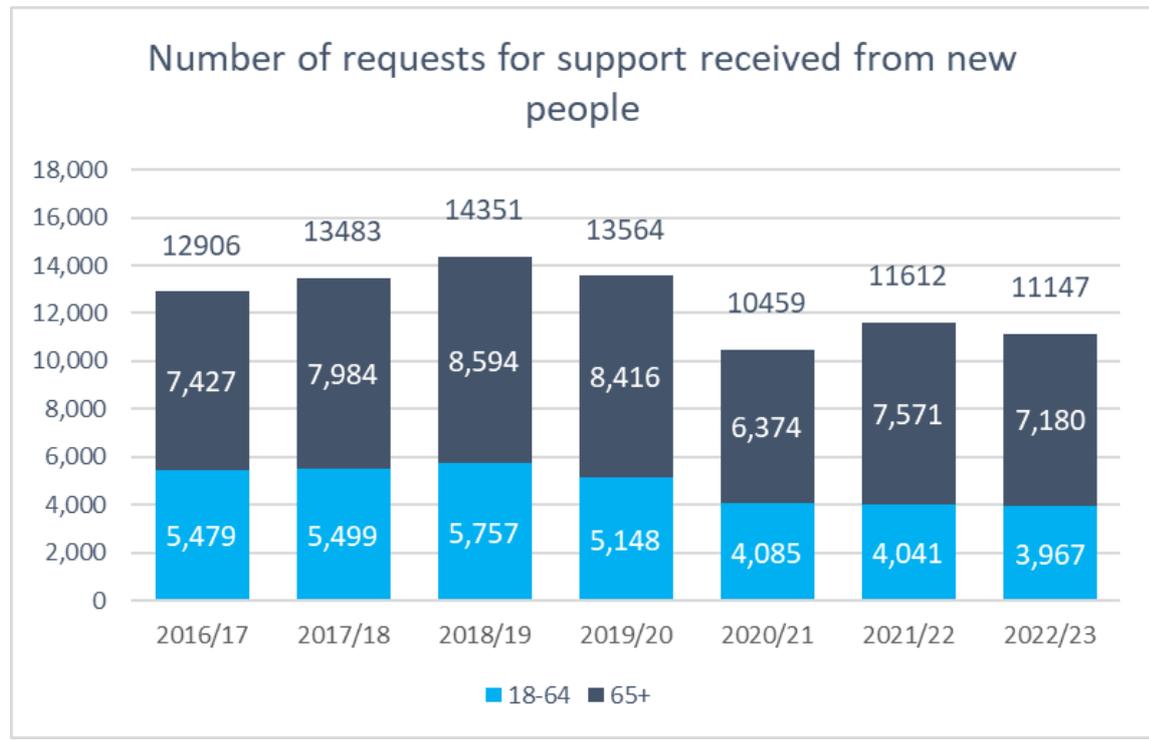
3. THE LEVEL OF NEED IN THE POPULATION

During 2022-23, Leicester ASC received **11,117** completed requests for support from new clients. Of these:

- **3,967** (36%) - aged 18-64
- **7,180** (64%) - aged 65 and over.

This marks a small reduction from 2021/22, with the number of requests still significantly lower than pre-pandemic levels.

Figure 2: Number of requests for support received from new people



Data: Short and Long Term Support Annual Statutory Return

During 2022-23, a total of **6,530** people accessed long-term support. A total of **5,144** people were receiving long-term support at year end (31st March 2023).

Demographic breakdowns for these **5,144** clients are shown below:

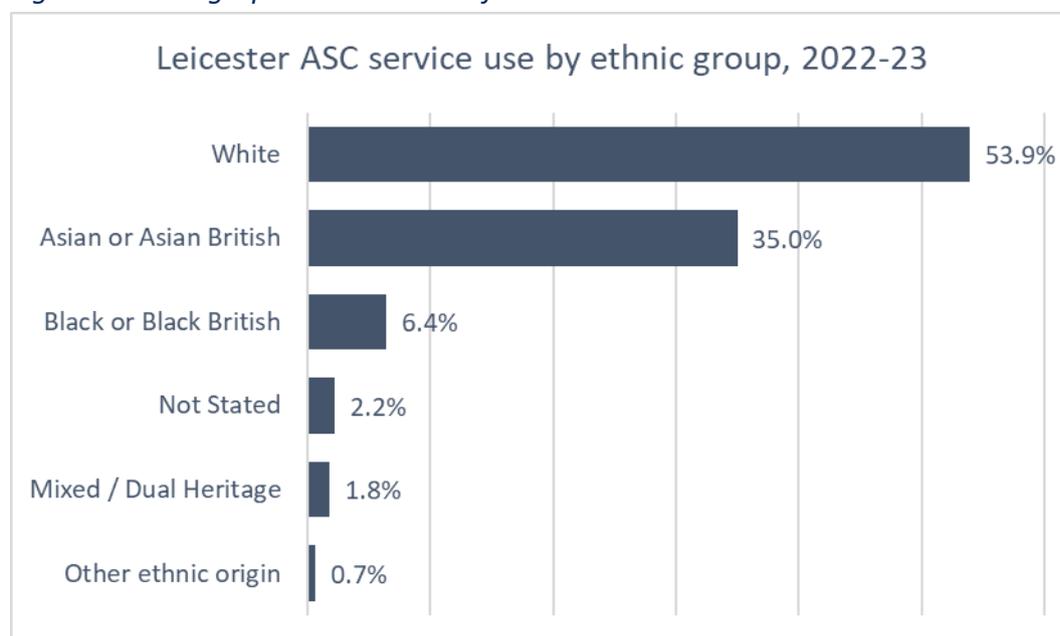
Table 1: Demographic breakdown of Leicester ASC services 2022-23

	Number	%
Female	2,918	57%
Male	2,226	43%
Total	5,144	100%

	Number	%
White	2,772	53.9%
Mixed / Dual Heritage	94	1.8%
Asian or Asian British	1,799	35.0%
Black or Black British	329	6.4%
Other ethnic origin	37	0.7%
Not Stated	113	2.2%
Total	5,144	100%

Data: Short and Long Term Support Annual Statutory Return

Figure 3: Demographic breakdown of Leicester ASC services 2022-23



Data: Short and Long Term Support Annual Statutory Return

While around 50% of Leicester’s population are from a Black Minority Ethnic (BME) background, the age profile of Leicester’s South Asian population (Indian, Pakistani, Bangladeshi) is younger than the White British population (excluding Irish and Other White). There are proportionately more people in the younger age groups and fewer aged over 60 years. We would therefore expect to see more than 50% of people aged over 65 in receipt of services, falling into the White British group.

Of the long-term clients, **2,264** were aged between 18 and 64 and **2,880** were aged 65 and over. The primary support reasons for these individuals were:

Table 2: Primary support reasons for people aged 18-64 receiving long-term support 2022-23

Age 18-64	Number	%
Physical Support	632	27.9%
Sensory Support	36	1.6%
Support with Memory and Cognition	31	1.4%
Learning Disability Support	788	34.8%
Mental Health Support	693	30.6%
Social Support (including substance misuse, asylum support and social isolation/other)	84	3.7%
Total	2,264	100%

Figure 4: Primary support reasons for people aged 18-64 receiving long-term support 2022-23

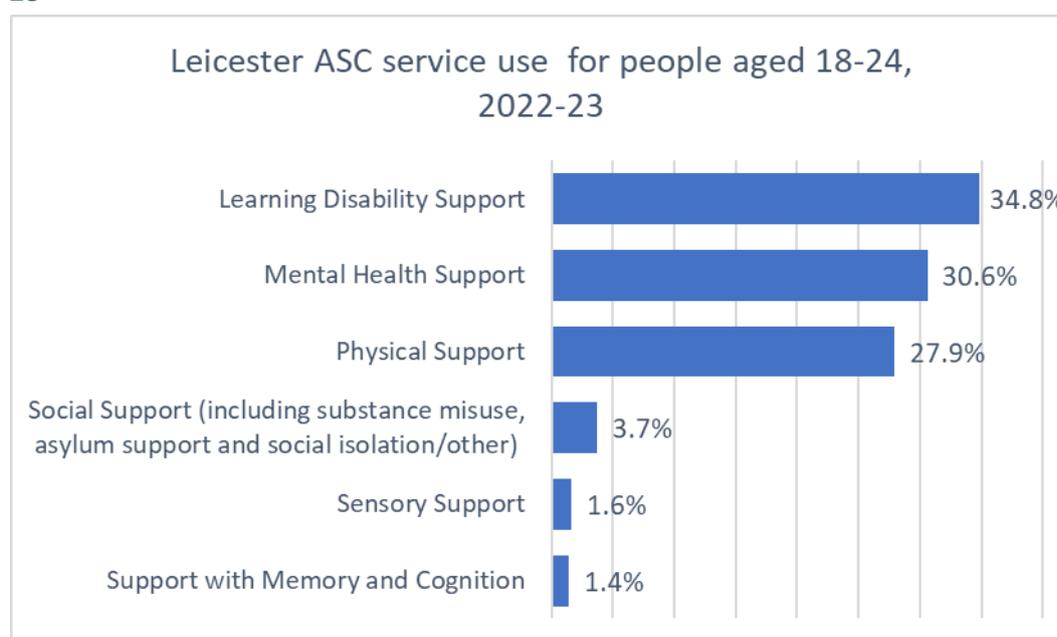
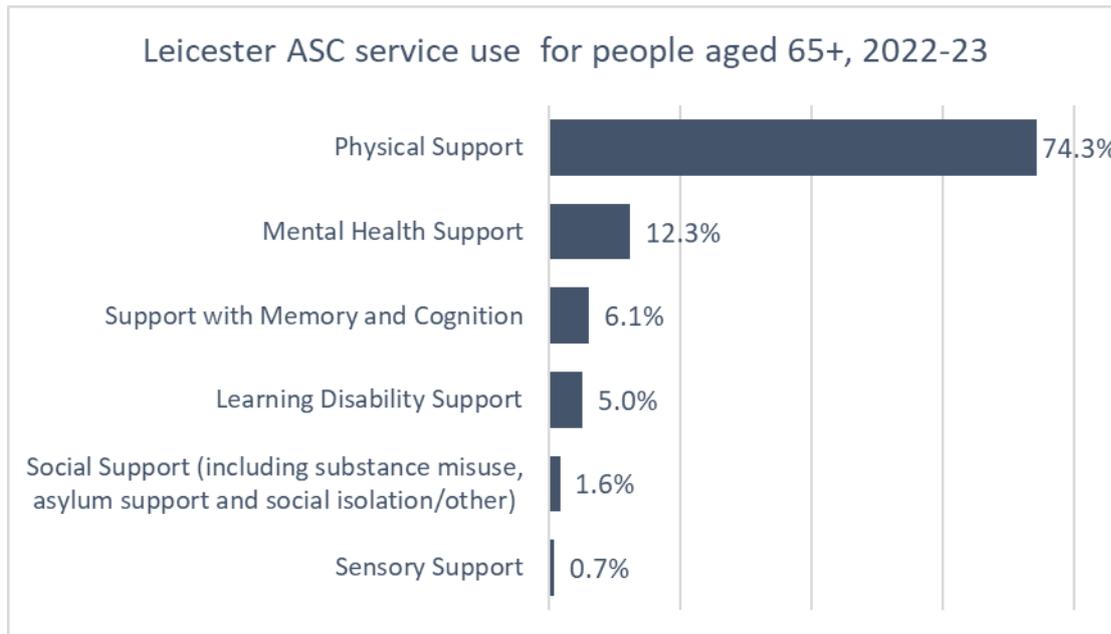


Table 3: Primary support reasons for people aged 65 and over receiving long-term support 2022-23

Age 65 and over	Number	%
Physical Support	2,138	74.3%
Sensory Support	21	0.7%
Support with Memory and Cognition	175	6.1%
Learning Disability Support	145	5.0%

Mental Health Support	355	12.3%
Social Support (including substance misuse, asylum support and social isolation/other)	46	1.6%
Total	2,880	100%

Figure 5: Primary support reasons for people aged 18-64 and 65 and over receiving long-term support 2022-23



Data: Short and Long Term Support Annual Statutory Return

4. CURRENT SERVICES IN RELATION TO NEED

Adult Social Care services are offered following an assessment of a person’s need. Where a resident of Leicester is over 18 and meets the threshold for services to be offered, a range of services are available. A financial assessment may also be carried out to see whether the resident will be charged for the service or not (this only applies to some services).

Services are designed to support the person to remain independent, living in their own home where possible, and reducing the need for intensive medical support (for example, a hospital stay). When a resident does not meet the threshold for services, they are provided with information and advice about alternative, often community-based provision that may be of help.

The principle measure of the effectiveness of ASC services is the Adult Social Care Outcomes Framework (ASCOF). Leicester’s performance for 2019-20 to 2021-22, along with the average scores for England is set out below. These measures cover all people who draw on our support (i.e. adults (18-64) and older people (65+)).

Table 4: Adult social care performance 2019-20 to 2021-22

Indicator	2019-20	2020-21	2021-22	2020-21 England average	
Social care-related quality of life	19.1%	N/A	18.5%	18.9%	
Proportion of people who use services who have control over their daily life	75.4%	N/A	79.7%	76.9%	
People who use services aged 18 or over receiving self-directed support as at snapshot date	100%	100%	100%	94.5%	
Carers receiving self-directed support in the year	100%	100%	100%	89.3%	
People who use services aged 18 or over receiving direct payments as at snapshot date	48.5%	45.9%	46.2%	26.6%	
Carers receiving direct payments for support direct to carer	100%	100%	100%	77.6%	
Carer reported quality of life	N/A	N/A	7.0%	7.3%	
Proportion of adults with a learning disability in paid employment	4.1%	3.8%	3.7%	4.8%	
Proportion of adults in contact with secondary mental health services in paid employment	2.0%	N/A	2.0%	6.0%	
Proportion of adults with a learning disability who live in their own home or with their family	78.7%	78.8%	80.5%	78.8%	
Proportion of adults in contact with secondary mental health services who live independently, with or without support	35.0%	N/A	11.0%	26.0%	
Proportion of people who use services and their carers who reported that they had as much social contact as they would like	Services	41.1%	N/A	34.3%	40.6%
	Carers	N/A	N/A	27.5%	28.0%
Adjusted Social care-related quality of life – impact of Adult Social Care services	0.432	N/A	0.453	0.407	
Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)	18.9	15.5	19.0	13.9	
Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good)	695.7	433.5	539.0	538.5	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.0%	91.6%	88.2%	81.8%	

Proportion of older people (65 and over) offered reablement services following discharge from hospital		3.2%	3.5%	2.9%	2.8%
The outcomes of short-term services (reablement) – sequel to service		72.0%	62.0%	75.0%	77.6%
Overall satisfaction of people who use services with their care and support		68.8%	N/A	65.6%	63.9%
Overall satisfaction of carers with social services		N/A	N/A	44.4%	36.3%
Proportion of carers who report that they have been included / consulted in discussion about the person they care for		N/A	N/A	71.3%	64.7%
The proportion of People who use services and carers who find it easy to find information about services	Services	68.2%	N/A	66.9%	64.6%
	Carers	N/A	N/A	50.0%	57.7%
The proportion of People who use services who feel safe		70.2%	N/A	62.4%	69.2%
The proportion of people who use services who say that those services have made them feel safe and secure		86.8%	N/A	85.9%	85.6%

Data: NHS Digital

Whilst this only gives a snapshot of performance from 2019-20 to 2021-22, the data here would suggest that Leicester has the following features in relation to people using the adult social care services:

- Leicester has a relatively high proportion of people receiving self-directed support and direct payments (100%) compared with England (94.5%)
- Leicester has a relatively low proportion of adults with a learning disability in paid employment (3.7%, England 4.6%) and a relatively low proportion of adults in contact with mental health services in paid employment (2.0%, England 6.0%)
- Leicester has a very low proportion of adults in contact with secondary mental health services who are able to live independently with or without support (11.0%) compared to the England average (26.0%)
- Leicester has a relatively high number of adults aged 18-64 admitted to residential or nursing care (19.0%) compared to the England average (13.9%), whereas the proportion of adults aged 65+ admitted to residential or nursing care (2.9%) was on a par with the England average (2.8%)
- The proportion of people using our adult social care services who feel safe and secure (85.9%) was on a par with the England average (85.6%)
- Leicester has a relatively low proportion of people who have as much social contact as they would like (34.3%) compared with the England average (40.6%)
- We have a relatively high proportion of people who draw on our support who find it easy to find information about services and who are satisfied with their care and support (66%) compared to the England average 64%).
- We have a relatively low proportion of carers who find it easy to find information about our services (50.0%) compared to the England average (57.7%).

This performance data gives some indication of where the adult social care department may want to make some improvements alongside areas where things are working well.

Adult Social Care User and Carer Surveys

Leicester City Council is required to carry out surveys to gauge the experiences of people who draw on our support and their carers. The survey of people who draw on our support is conducted every year. The carers' survey is carried out every two years.

The surveys provide a wealth of useful information about the experience and perceptions of the people who draw on our support and their carers. It also provides an opportunity to benchmark our users' experience against other local authority areas. The survey is also used to populate a significant element of the ASCOF.

There is no escaping the fact that the headline results of recent surveys do not reflect the outcomes we would hope the people drawing on our support would be experiencing.

In the user survey, we get a "social care-related quality of life" score. This measure provides an overarching view of the quality of life of users of social care and is a composite score derived from responses to eight questions in the survey which cover the extent to which respondents felt their needs were met in terms of: control over their daily life, keeping clean and presentable in appearance, getting sufficient food and drink, cleanliness and comfort of their home, feeling safe, having social contact, spending time as they want. The final question asks "how does the way you are helped and treated make you think and feel about yourself?"

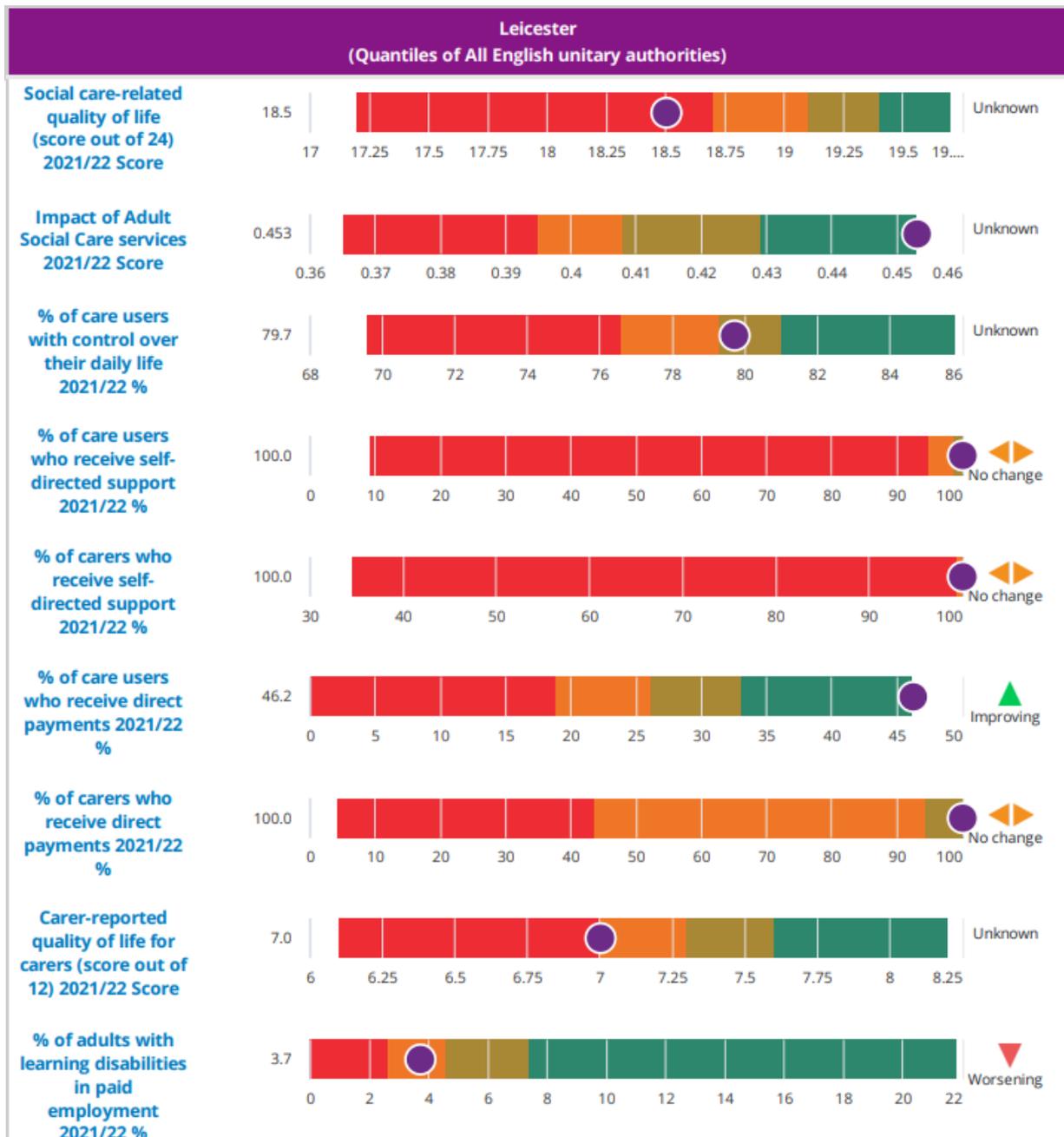
Overall, the "social care-related quality of life" score declined from 19.1 to 18.4 between 2019-20 to 2022-23 and is below the England average. Between 2021-22 and 2022-23, only two components saw an increase in score of 2.9% and 1.2%; these being 'Appearance' and 'Home' respectively. The component which saw the biggest decline in score by 5% was in relation to how a person felt they were helped and treated which is a concern.

We also get an "adjusted social-care related quality of life – impact of ASC services" score in the user survey. Leicester has seen this score reduce between 2019-20 and 2022-23 from 0.432 to 0.421 (a 2.5% reduction) which suggests that Leicester's ASC services are having a less positive impact on an individual's quality of life.

Figure 6 shows Adult Social Care outcomes for Leicester compared to all English Local Authority areas.

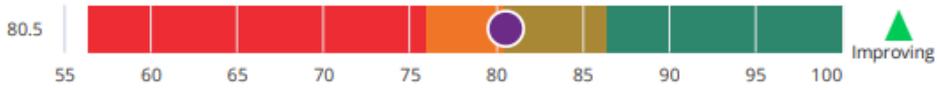
Figure 6: Adult Social care Outcomes framework for Leicester

Domain 1: Enhancing quality of life for people with care and support needs

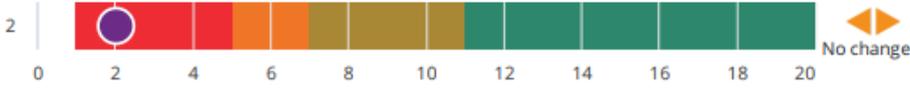


Leicester
(Quantiles of All English unitary authorities)

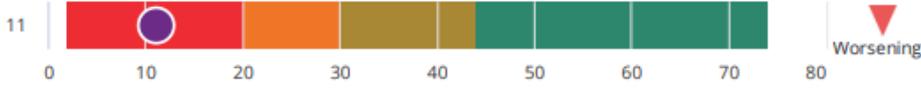
% of adults with learning disabilities who live in their own home or with their family 2021/22 %



% of adults in contact with secondary mental health services in paid employment 2021/22 %



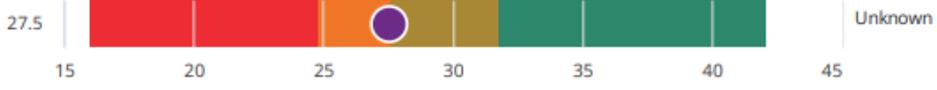
% of adults in contact with secondary mental health services who live independently, with or without support 2021/22 %



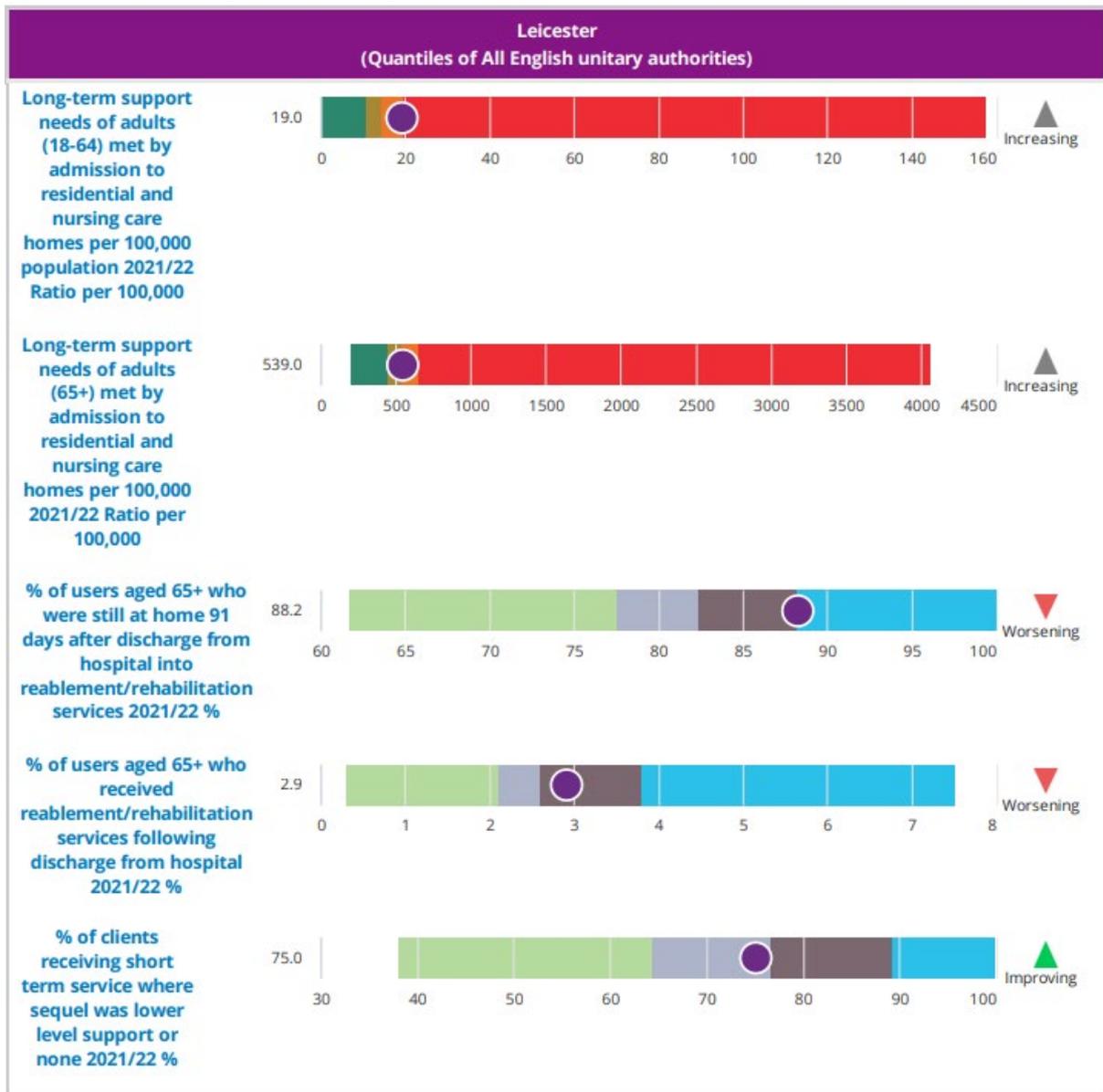
% of care users who reported that they had as much social contact as they would like 2021/22 %



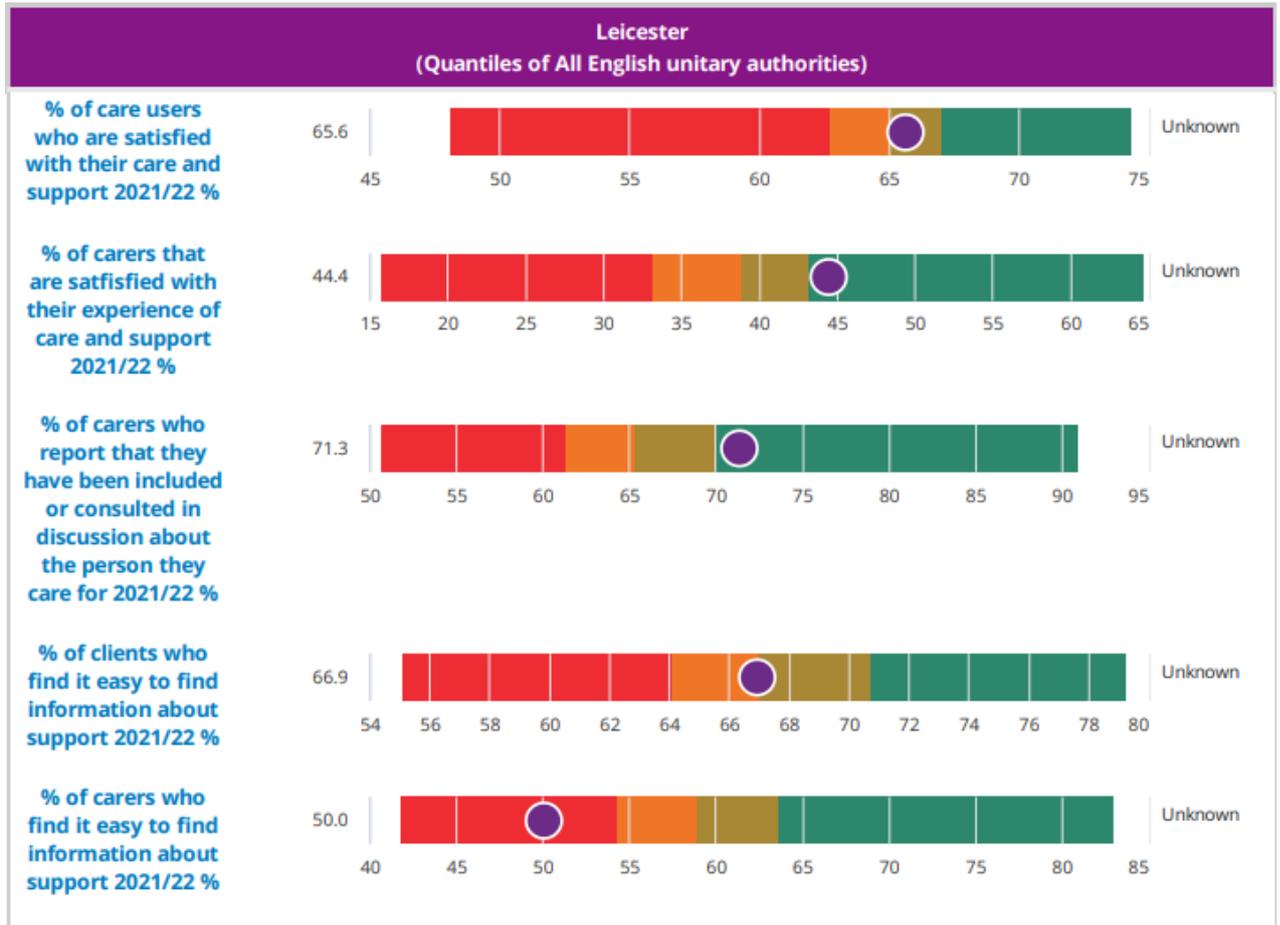
% of carers that had as much social contact as they would like 2021/22 %



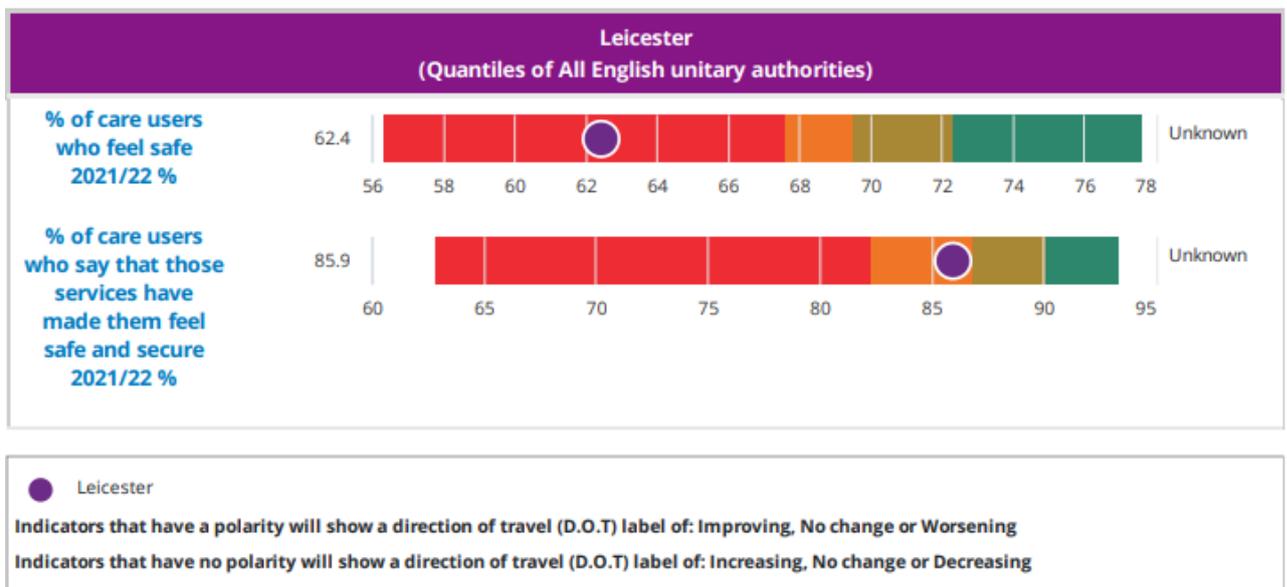
Domain 2: Delaying and reducing the need for care and support



Domain 3: Ensuring that people have a positive experience of care and support



Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm



Source: [LG Inform: Adult Social Care Outcomes Framework for Leicester:](#)

5. PROJECTED SERVICES USE AND OUTCOMES

Leicester's adult population is set to increase over the coming years. This is the case for the population overall and those that may need support from ASC. Like many areas across the Country, the Council will need to manage this increased need (and therefore predicted increased demand for services) with decreasing budgets available to fund services.

Between 2020 and 2040, adults aged 18-64 in Leicester are predicted to grow by around 16,100 to 60,100 and adults aged 65 and over are predicted to grow by around 12,700 to 244,600.

Table 5: Projected population estimates in Leicester

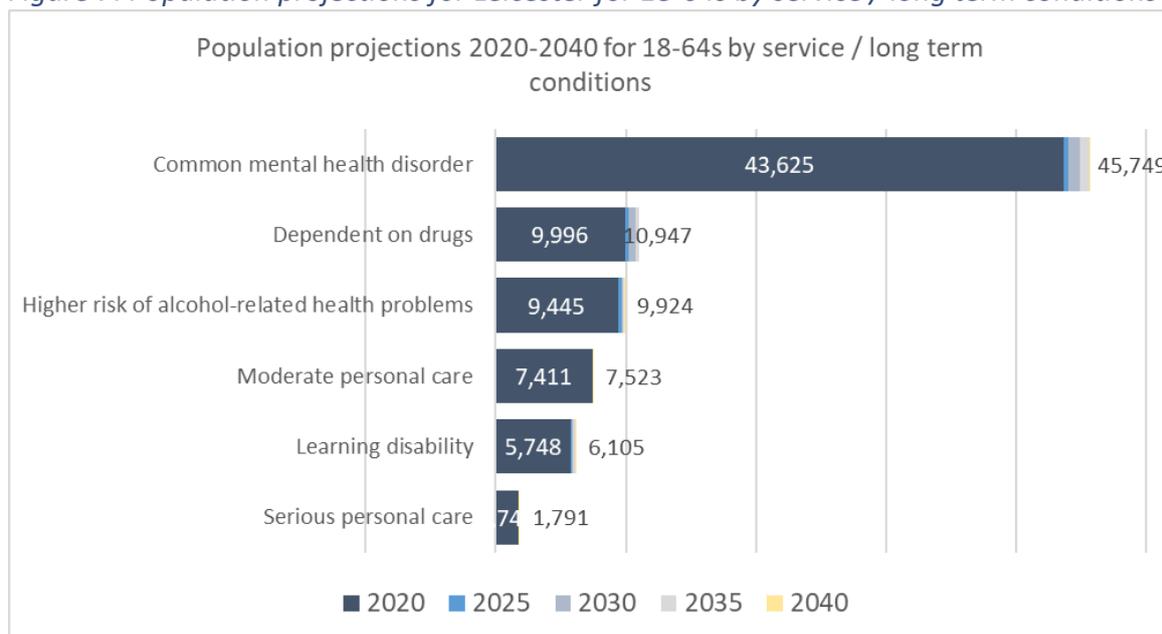
Year	2020	2025	2030	2035	2040	Change
Total population aged 18-64	231,900	234,600	239,700	243,800	244,600	12,700
Total population aged 65 and over	44,000	48,500	53,600	57,500	60,100	16,100

Table 6: Population projections – Impact that demography and certain conditions may have on populations aged 18 to 64 (Leicester)

Age 18-64	2020	2025	2030	2035	2040
Total population aged 18-64	231,900	234,600	239,700	243,800	244,600
People aged 18-64 predicted to have a common mental disorder	43,625	44,016	44,946	45,656	45,749
Total population aged 18-64 predicted to be dependent on drugs	9,996	10,253	10,736	11,035	10,947
Total population aged 18-64 predicted to be at higher risk of alcohol-related health problems	9,445	9,647	9,741	9,879	9,924
Total population aged 18-64 predicted to have a moderate personal care disability	7,411	7,434	7,423	7,427	7,523
Total population aged 18-64 predicted to have a learning disability	5,748	5,826	5,972	6,087	6,105
Total population aged 18-64 predicted to have a serious personal care disability	1,741	1,752	1,767	1,777	1,791

Data: Projecting Adult Needs and Service Information

Figure 7: Population projections for Leicester for 18-64s by service / long term conditions

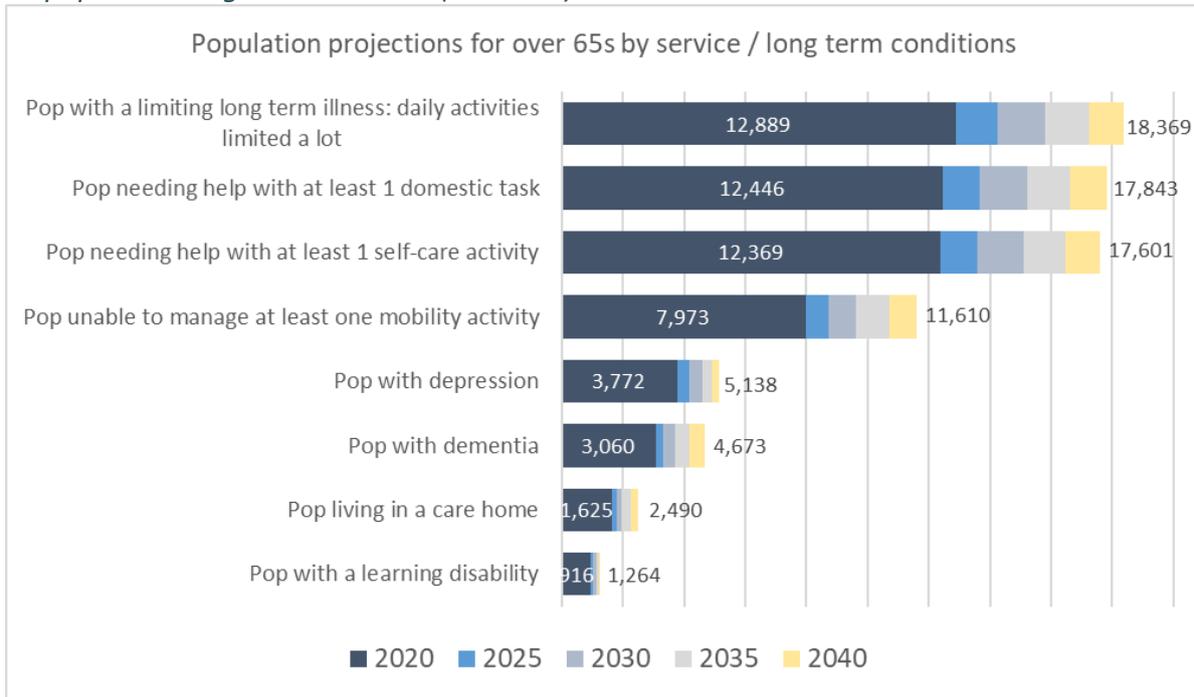


Data: Projecting Adult Needs and Service Information

Table 7: Population projections – Impact that demography and certain conditions may have on populations aged 65 and over (Leicester)

Age 65 and over	2020	2025	2030	2035	2040
Total population 65 and over	44,000	48,500	53,600	57,500	60,100
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	12,889	14,267	15,793	17,245	18,369
Total population aged 65 and over who need help with at least one domestic task	12,446	13,669	15,228	16,643	17,843
Total population aged 65 and over who need help with at least one self-care activity	12,369	13,596	15,125	16,489	17,601
Total population aged 65 and over unable to manage at least one mobility activity on their own	7,973	8,711	9,638	10,721	11,610
Total population aged 65 and over predicted to have depression	3,772	4,166	4,588	4,919	5,138
Total population aged 65 and over predicted to have dementia	3,060	3,313	3,708	4,185	4,673
Total population aged 65 and over living in a care home with or without nursing	1,625	1,783	1,959	2,248	2,490
Total population aged 65 and over predicted to have a learning disability	916	1,016	1,123	1,208	1,264

Figure 8: Population projections – Impact that demography and certain conditions may have on populations aged 65 and over (Leicester)



Data: *source: Projecting Older People Population Information*

This means that the Council will either need to restrict the number of people that can receive services, restrict the type or level of service on offer or work creatively to find lower cost ways of meeting needs or preventing escalation of need. An increased emphasis on supporting people to live independently and to use services within communities is one way of managing this.

6. UNMET NEEDS AND SERVICE GAPS

It is important to understand that there is a distinction between having a social care need (for example, having difficulty bathing or climbing stairs) and being eligible for support from ASC.

ASC will carry out an assessment to determine whether or not someone is eligible for services. This is sometimes called a needs assessment.

Until April 2015, a Council was free to determine threshold for eligibility. The government produced guidance on eligibility for ASC services. The guidance identified four levels of risk to a person's independence. These were low, moderate, substantial and critical. Leicester City Council set its threshold at substantial. This meant anyone whose risks to independence had been identified as substantial or critical could expect to receive services to help them.

From April 2015, a national eligibility criteria was established through the Care Act 2014. All councils are now obliged to apply the following criteria:

Needs which meet the eligibility criteria: adults who need care and support

An adult's needs meet the eligibility criteria if:

- the adult's needs arise from or are related to a physical or mental impairment or illness
- as a result of the adult's needs, the adult is unable to achieve two or more of the outcomes specified below
- as a consequence, there is, or is likely to be, a significant impact on the adult's wellbeing.

Outcomes for adults with care and support needs

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child.

An adult is to be regarded as being unable to achieve an outcome if the adult is:

- unable to achieve it without assistance
- able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety
- able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others
- able to achieve it without assistance but takes significantly longer than would normally be expected.

Where the level of an adult's needs fluctuates, in determining whether the adult's needs meet the eligibility criteria, the local authority must take into account the adult's circumstances over such period as it considers necessary to establish accurately the adult's level of need.

The same approach has been adopted with regards to eligibility for support as a carer, defined as follows:

Needs which meet the eligibility criteria: carers

A carer's needs meet the eligibility criteria if:

- the needs arise as a consequence of providing necessary care for an adult
- the effect of the carer's needs is either resulting in, or they are at risk of leading to, the deterioration of the carer's physical or mental health, and the carer is unable to achieve any of the outcomes set out below
- as a consequence of that fact there is, or is likely to be, a significant impact on the carer's wellbeing.

Outcomes for carers with support needs

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including recreational facilities or services
- Engaging in recreational activities

A carer is to be regarded as being unable to achieve an outcome if the carer:

- is unable to achieve it without assistance
- is able to achieve it without assistance but doing so causes the carer significant pain, distress or anxiety
- is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

Where the level of a carer's needs fluctuates, in determining whether the carer's needs meet the eligibility criteria, the local authority must take into account the carer's circumstances over such period as it considers necessary to establish accurately the carer's level of need.

If an adult who needs care and support or a carer meet the above criteria, services will be arranged by ASC.

People who are not eligible to receive ASC services will be provided with advice and information about how they can get support in the community that will help them to remain independent.

Having determined eligibility for support, a financial assessment will then be carried out to establish whether support will be provided free of charge, whether a contribution towards the cost of support will be charged or whether the full cost of support will have to be charged.

If someone has capital assets (not including the house someone is living in) of more than £23,250 (at current levels), they will be responsible for the full cost of the care they receive. A person with assets between £14,250 (lower capital limit) and £23,250 (upper capital limit) will pay what they can afford from their income, plus a means-tested contribution from their assets. A person with assets below £14,250 will pay only what they can afford from their income.

On 7th September 2021, the government set out its new plan for adult social care reform in England. This included a lifetime cap on the amount anyone in England will need to spend on their personal care. From October 2023, the government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. Anyone assessed by a local authority as having eligible care and support needs, either new entrants or existing social care users, will begin to progress towards the cap with effect from October 2023. Costs accrued before October 2023 will not count towards the cap. This means that once someone has paid £86,000 in care costs, they will become exempt from further charges, with the Local Authority picking up future costs.

In addition, from October 2023, the upper capital limit will rise from £23,250 to £100,000 and the lower capital limit will increase from £14,250 to £20,000. The upper capital limit of £100,000 will apply universally irrespective of an individual's care setting or circumstances. Anyone with capital assets over £100,000 will be a self-funder.

Leicester is currently reviewing the offer made to carers to ensure that its duties under the Care Act are complied with. This may lead to an increase in services provided to carers and work to project this is currently underway.

7. RECOMMENDATIONS FOR CONSIDERATION BY COMMISSIONERS

The predicted growth in people needing ASC support into the future coupled with the reduction in funds available to local authorities presents a major challenge. Commissioners will therefore need to support people in making positive choices about how they live their lives, in order to remain healthy and able for as long as possible and to find new ways of supporting them when they need some extra help. It is expected that more people will be supported to live at home into the future and services will increasingly be focused on helping them to remain independent and to gain or retain life skills and links with their local community. Encouraging and support families and the wider community to help provide care and support for those in need, will become increasingly important.

8. KEY CONTACTS:

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9. REFERENCES

¹ The Kings Fund: <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>