Leicestershire County Council

*Meeting:* **Cabinet**

*Date/Time:* **Wednesday, 23 November 2016 at 2.00 pm**

*Location:* **Sparkenhoe Committee Room, County Hall, Glenfield**

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**Membership**

Mr. N. J. Rushton CC (Chairman)

Mr. R. Blunt CC
Mr. Dave Houseman MBE, CC
Mr. J. T. Orson JP CC
Mr. P. C. Osborne CC
Mr. I. D. Ould CC
Mr. B. L. Pain CC
Mrs. P. Posnett CC
Mr. J. B. Rhodes CC
Mr. E. F. White CC

# APPENDICES TO REPORTS

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| 5. | Leicestershire Adult Social Care Accommodation Strategy for Older People 2016-2026 - Outcome of Consultation. | Director of Adults and Communities | (Pages 91 - 190) |
| 6. | Progress Report on Implementation Plan for the Communities and Wellbeing Strategy - 2016-2020. | Director of Adults and Communities | (Pages 191 - 218) |
| 7. | Annual Report of the Director of Public Health 2016 - Overview of Health in Leicestershire and the Role of Workplace Health in Improving Health. | Director of Public Health | (Pages 219 - 258) |

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Leicestershire County Council

# Leading Leicestershire:
# Transforming Public Services

## Leicestershire County Council
## Annual Performance Report 2016

# Annual Report Contents

## Introduction and Overall Performance Summary

It is approaching 3 years since the Council launched major new plans including its Strategic Plan to 2018, Transformation Programme, Communities and Commissioning Strategies and updated Medium Term Financial Strategy. Since that time the organisation and services have undergone significant transformation to focus services on delivering priority outcomes, target support towards vulnerable groups, enable more community delivery, move forward digital enablement and respond to austerity by delivering significant financial cuts and efficiency savings. There has also been significant partnership working to help achieve this.

The organisation has also been taking forward major plans and strategies to support business and economic growth including transport network improvements, enable the integration of health and social care and improve public health, support children and families with a particular focus on vulnerable children and ensure communities are safe with Leicestershire having a good environment and being a good place to live.

This Annual Report summarises progress on delivering on the changes and priorities set out in our Strategic Plans as well as other improvements to services over the last 12 months. Detailed comparative performance data and progress against our targets is set out in Part B of the report.

### Performance Summary

Overall analysis of the narrative shows strong examples of delivery and transformation across all the theme areas. There are good plans and governance in place supporting delivery and improvement. There has been improvement on a number of priority indicators (96) during the last year. Since the Strategic Plan and priorities were agreed there has so far been improvement in 86 of 120 indicators, 72% of those possible to report on. 73 of 115 have either currently met or on course to meet the targets set.

Some notable improvements during the year include:-

An increase in the number of people saying that the Council is doing a good job, from 55% to 59%, and delivery of £35m of efficiency savings. Continued strong economic performance, including 92% access to high speed broadband, increased value from tourism activity and lower levels of young people not in employment, education or training at just 3%. Continued good highways maintenance (98%) and delivery of significant major strategic highways network improvements.

In relation to social care and health supporting more people independently outside of residential and nursing care and through self-directed support from 91% to 97%, meeting targets relating to reablement, delayed transfers of care and falls prevention. Supporting more people with learning disabilities, from 65% to 77%, to live in their own home or with family. Reducing mortality from

common causes and late HIV presentation and reducing teenage pregnancies (18.5 per 1,000).

Increasing the number of families supported through the Supporting Leicestershire Families service and good outcomes for families. Reducing the length of time to place children for adoption. Improved GCSE 5 A*-C with English and Maths (57.2%), more good school places (87%) and more children getting their first choice school.

Reducing first time entrants to the criminal justice system to the lowest rate recorded at 124 from 190 and increased satisfaction that anti-social behaviour is being dealt with (92.7%), people feeling safer after dark (90%) and that people get on well together (97%).

Reducing CO2 emissions from Council operations, buildings and street lighting/signs and reducing staff business miles. Reducing the amount of waste sent to landfill (from 29% to 27.6%) and less waste produced from Council buildings.

**Fair Funding and Service Reductions**

Despite the strong overall delivery there is a need to maintain a continued delivery focus in a number of areas and take forward a number of agreed strategies and improvement plans. There are a number of areas where performance has not improved or has reduced. There is also some time lag in the performance data and now a high risk that reductions in government funding will in future make it difficult to maintain good delivery levels and target service improvements where required. Preliminary analysis shows a good correlation between those higher funded counties and higher overall service standards and performance levels. It is therefore important that the Council continues to press its strong case for fairer funding to ensure a more level performance playing field and mitigate the impact of further service cuts.

In light of the unfair funding situation and continuing funding reductions, as well as progress on delivering a range of areas within the existing Strategic Plan, the Council is now commencing work on reviewing and further targeting and reducing its priorities. A new Outcomes Framework has been commenced to guide future commissioning and service activity.

Areas for continued focus include:-

- Implementing an updated Medium Term Financial Strategy, Transformation Programme and Commissioning Plans. A stronger commercial focus and more digital delivery through a new digital strategy and IT service.

- Continuing to enhance our business intelligence, performance focus, contract monitoring and management and feedback processes so that service quality issues are detected and can be addressed.

- Analysis shows that Leicestershire, due to unfair funding, is now the lowest spending county in a number of service areas with enhanced risks to service delivery and improvement as a result. In addition there is a time lag in some of the service performance data, so continued close monitoring of performance is required.

- Taking forward a range of new plans to support economic growth including skills delivery, strategic planning and enhancements to the transport network. Continuing the focus on road accident reduction, tackling congestion and sustainable travel.

- Further work to support health and care integration and health Sustainability and Transformation Plans, including effective mental health and CAHMS services. Continuing to focus on key public health priorities including drug treatment and reducing child obesity.

- Improving satisfaction with the quality of adult social care services, social contact and quality of life and mitigating pressures on adult social care and health as a result of the ageing population.

- A continued strong focus on good children's social care services and safeguarding. Further analytical advice and support to schools to target improvements in educational attainment.

- Continuing effective partnership working with the Police and Crime Commissioner to pursue improvements in crime reduction, vehicle crime and burglary. Seeking to improve reporting of hate incidents and domestic violence.

- Partnership work with communities to support more volunteering and community work such as work on maintaining library provision and usage as well as other areas of community support for public services.

- Further progressing action plans to support workforce equalities, health and wellbeing and reductions in staff sickness absence.

# Part A – Theme Progress

## Leadership and Transformation

Over recent years we have been dealing with major funding cuts by transforming our services, targeting what we have got to support communities and vulnerable people and driving growth.

### Lowest Funded County and Further Cuts

Leicestershire is the worst funded county in England. We have already saved £135m over the last seven years. The latest national financial position with austerity extended into the 2020s will lead to further spending cuts. The Government has not protected council spending and government grant reduces to zero in 2019/20. We also continue to face a range of funding pressures including projected growth in the over-65 population by 40%, 53,000 over the next 15 years. Even if only 3.5% require major adult social care, that could add £50m to our spending. Social care costs for disabled people and other service users will cost an additional £50m on top over the same period. The living wage will increase the cost of social care provision and growth in the 0-19 population of 11,100 will require more school places. We will have to find extra savings of £30-£40m in addition to the £59m already identified. We face a serious and extremely challenging situation and radical thinking will be required.

In spring 2016 we agreed a Medium Term Financial Strategy and budget including £27m in efficiencies and £32m in service reductions as well as annual Council Tax rises of 3.99% (including a 2% rise to help support adult social care) over the next four years to balance the budget. This left a £19m gap where we have yet to identify options for reductions. We are already taking tough decisions including cuts to early help services, waste sites, public health services and rural bus subsidies. £34.96m of efficiencies and other savings were achieved in 2015/16. As a result of the tax increase and changes 73.8% of residents feel the council offers value for money, a comparatively good position but down slightly on the previous year. 59% of residents think the Council is doing a good job, up from 55.3% last year.

**Fair Funding Campaign –** as a result of the scale of our unfair funding we have joined forces with other councils in a fair funding campaign. We could reduce the cuts to services if the Government adopts a fairer funding formula. The current funding system is unfair and there is no logic in how funding is distributed, with a postcode lottery that will get worse. Under the Government's estimate of council spending power in 2016/17 Leicestershire is £14m per year worse off than Northamptonshire, £47m worse off than Oxfordshire and £385m worse off than Islington. Our model shows that Leicestershire could be more than £50m per year better off if funding was distributed in a fairer way. We have proposed a much simpler system that is transparent, fair and incentivises effective service delivery.

**Transformation** - due to the severe financial pressures, we have maintained a strong focus on delivering the projects within our Transformation Programme as well as designing new projects and plans. Our Transformation Unit has helped drive forward projects whilst ensuring a pipeline of emerging projects is converted into realistic business cases. Of the £44m savings in the four-year programme we have delivered £23m against a target of £20m to 2015/16. In April we agreed a new Transformation Programme approach linked to new commissioning intentions with the aim of saving a further £35m over the next four years through transformation activity. As well as ensuring delivery of a range of departmental projects, the programme is developing two major cross-cutting areas of work to deliver organisation wide change – a new digital council programme and commercialising our services.

**Leicestershire Traded Services** – our Commercial Services project aims to generate £2m by 2020 from traded services. We will do this by reviewing all services and products, understanding our markets, targeting new customers and developing relationships with existing clients. We have created Leicestershire Traded Services (LTS) and established a new sales group to develop a more coordinated approach to sales and account management. We are also raising the profile of LTS including developing our branding and introducing a new portal for our customers and developing our capability to tender for additional contracts.

**Strategic Commissioning** – transformation and savings needs required a new approach to commissioning services. In 2015 we approved a Commissioning and Procurement strategy setting out our commissioning approach. Our aim is to make the most use of all resources available, not just our own resources but those of our partners, suppliers and communities so that we can make the biggest impact. In doing so, promoting independence and community resilience whilst still being there when needed the most. We have delivered two government funded Commissioning Academies for senior public leaders and senior managers to ensure best practice commissioning approaches are adopted. We have also developed an authority wide training programme and commissioning toolkit to support all staff involved in the commissioning process. We have restructured our Commissioning Support Unit to develop effective commissioning strategies, sourcing in-house and externally and to improve our approach to provider and contract management. We are also reviewing business continuity plans for our business critical suppliers and simplifying our approaches to help small and medium size enterprises do business with us. £3.54m of procurement savings were achieved in 2015/16.

We have rolled-out e-tendering software to help us electronically manage our procurement activity. In the first few months of this year our Commissioning Support Unit secured £660k worth of previously unidentified savings. We have benchmarked ourselves against the National Procurement Strategy for local government and our performance is in line with and in many cases better than comparator authorities. For areas with scope for improvement we are setting out action plans to address these such as looking to exploit Dynamic Purchasing Systems. In April 2016 our first council-wide plan of

commissioning intentions was put in place. This set out proposals for future service change using four guiding principles: preventative measures; measures to reduce need; delaying the development of need; and meeting need. Over the next 12 months we will implement action plans to embed the commissioning approach, better supplier and contract management and a more commercially focused culture. In 2015 we held a number of workshops with public sector commissioners across Leicestershire to review how we could jointly commission services and will be taking a number of these areas forward with partners.

**Business Intelligence** – during the year a new Data and Business Intelligence Strategy was developed which will help the Council to improve its use of data and business intelligence to support decision making, strategic planning, commissioning and service delivery. The strategy builds on a strong culture of performance reporting and insight collection. The Business Intelligence Service was re-structured during the year to support the delivery of the strategy and provide efficiency savings. This new service went live on 1st April 2016. Over the next 12 months the BI Service will focus on implementing the strategy and working with services across the Council to meet their data and insight requirements. A key element of the strategy is to provide managers with a 'self-service' offer which will give them greater access to a wider range of information and analysis combined with an ability to explore their own data in an interactive and timely manner. This will be underpinned by new technical reporting arrangements and skills development across the organisation.

**Communities Strategy** – our Leicestershire Communities Strategy sets out our commitment to develop inclusive and resilient communities that are more self-sufficient, mutually supportive and make a positive difference for local residents. During 2015/16 good progress has been made such as supporting community managed libraries and empowering local volunteers to provide more flexible and responsive services in association with complementary activities such as community meeting space. Support for voluntary and community groups is commissioned by us from Voluntary Action Leicestershire (VAL). During the last year VAL have supported the sector through networking, collaboration and information sharing events, helping influence policy, leading the development of tendering partnerships, helping groups secure income and supporting people to volunteer. A range of community capacity building initiatives have also progressed including funding for the development of good neighbour schemes facilitated by the Rural Community Council, contracting with VAL to support communities to develop new initiatives that bring people together and develop resilience and resourcefulness, particularly in areas of economic disadvantage and providing a Local Area Co-ordination service to support people to access community resources and build capacity. In June 2016 a review of the Communities Strategy was initiated and implementation of a new Delivery Plan will commence this year.

**SHIRE Grants** – our SHIRE Community Grants help to deliver the Communities Strategy through providing funding for community projects. During 2015/16, 25 'large grants' of up to £10,000 were awarded, along with 83 'small grants' up to £2,500. The grants helped a range of voluntary organisations to deliver support for vulnerable and disadvantaged people, including vulnerable young people, adults with disabilities, and communities facing a range of challenges such as unemployment and mental health issues.

**Volunteering –** in June we promoted ways for people to get involved in public service delivery as part of Volunteers' Week. As well as helping others, volunteering can address issues of loneliness and depression leading to better physical and mental health. Opportunities available include being a 'meet and greet' volunteer at work clubs in libraries, driving older people to the shops and helping young people into work through our 'Get Set' scheme. Also being a mentor with the youth offending service, supporting adult learners, becoming a conservation volunteer or helping at a local community project. During 2015/16 work commenced to create a more co-ordinated strategic approach to volunteering. A review of volunteering related policies and procedures took place, a cross-authority volunteer managers network established and stronger links developed with Voluntary Action Leicestershire. Work to embed volunteering across departments including those not traditionally associated with volunteering has also begun and new volunteering opportunities created for example mentee placements with the Registrars service.

**Digital Strategy** – the internet has changed our lives and placed citizens more in control, as customers choose where and how they wish to access information and services. The potential of digital technologies is great and we have developed a new draft Digital Strategy to 2020 to harness the transformational benefits for Leicestershire. Digital will be at the centre of delivering our overall strategic priorities and ensuring residents can access information and support online when and where they choose. Our Digital Council Programme will introduce easy to use customer self-help tools to increase customer self-service and reduce the need for more expensive face to face and telephone contact. It will also help staff to adopt new technologies and move to simpler and cheaper technology components and services. The programme aims to save £2m by 2019/20. We are also promoting the development of digital skills so that the more excluded and isolated can benefit from the improvements. Our adult learning and library programmes are enhancing skills and opportunities for children, young people and adults. A network of volunteer digital champions has been created drawing from the private sector to help improve skills.

Last year we launched a new website focused on the needs of customers with 250 tasks online. The new site is built for mobiles and tablets and much smaller and easier to search meaning that more people are finding what they need 24/7. Since launching, 54% of the visitors have used their mobile or tablet to access the site. Our digital offer is also growing with increased use of e-books, magazines and e-learning. Additionally we are using digital tools

to enable improvements within the council to support better ways of working and allow the council to be more effective. A number of smarter working initiatives have been piloted during 2015 for example Virtual Desktop Integration (VDI) was procured, designed and built and rollout began and will continue through 2016. VDI supports the delivery of smarter working approaches and enhances opportunities for flexible working. Skype for business is also being piloted allowing instant messaging, internet telephone calls, conferencing and virtual meeting spaces.

**ICT Services** - our IT service manages 430+ software applications, 50Tb of data and 7000 devices with 5500 active users. Increasing demands include a changed technology landscape and emerging priorities include digital delivery, cloud usage, mobile services and analytics. Investment in our ICT infrastructure has replaced equipment that links the Council's two data centres enabling better balancing of ICT operational workload and enhanced resilience. There has also been a replacement of our corporate firewall hardware as part of improvements in information security provision. Our new fit for the future data centre will ensure data and systems are even more secure. We are also aiming to reduce cost and simplify our IT landscape. We are investing £4.1m over the next 4 years to support a more digital and agile organisation. In the autumn our new IT customer portal will provide staff with more control over finding IT solutions and support. A new intranet is also progressing to ensure that staff are better supported with key information and common tasks. Software will integrate with new staff collaboration tools. 94% of staff using the ICT Service Desk are satisfied.

**Customer Services** - our Customer Service Centre (CSC) handles around 350,000 customer contacts across a range of channels per year and over 300,000 outbound calls are made to resolve enquiries. 50,000 passes, badges and permits are issued to members of the public each year. We continue to explore ways to increase the number of customers accessing online digital services. In addition our CSC is playing a central role in supporting greater integration with the NHS and safeguarding vulnerable older people. The CSC continues to hold the Customer Excellence Award and is working with the Institute of Customer Service to explore accreditation. During October we marked National Customer Service week by revisiting our customer service standards and recognising excellent service by staff. Training led by the Local Government Ombudsman also took place on effective complaints handling. 81.2% of customers contacting the Customer Service Centre are satisfied.

**Communications -** our Communications Unit supports the Council with key challenges and campaigns. Our Central Print and Design service won first place for the Best Full Colour Digital Award with 'A children's guide to adoption.' at the Association of Print and Communications Managers conference. The Print Service was also runner up for the Best Environmental Award. The percentage of residents who feel informed increased again this year peaking at 70%. This has had a direct impact on how satisfied people are feeling which reached 62%. 83% said they trust the council. We continue

to use social media to improve the way that we work with customers, communities and partners.

**Asset Management** – we are implementing our Asset Management Strategy and have so far saved c£800k as well as achieving closer partnership working through locating staff into County Hall. The delivery of the County Hall Masterplan has included letting surplus space to around 450 staff from health partners. We are also reducing the ratio of desks to 8 desks for 10 people and reducing energy use outside of regular office hours through a new out-of-hours facility to support flexible working. Other projects include 4 academy transfers, delivery of new school places, new area special school, transfer of 17 libraries to community groups, property rationalisation and support with economic development and growth bids. The 2015/16 schools capital programme of £36m was one of the largest annual construction programmes ever set for the Council. A total of £30.9m was delivered compared with £13.3m the previous year with an anticipated spend of £29m in 2016/17. A revised Corporate Asset Management Plan was agreed in June and an Asset Management Delivery Plan has been agreed for 2016/17 setting out an ambitious set of property projects and tasks. £27.45m is estimated to be achieved from property sales during 2016-2020 supported by the release of development sites identified through proactive management and asset challenge processes.

**People Strategy -** our Human Resources and Organisational Development services aim to create a skilled and flexible workforce equipped to take the council beyond 2020. To support this we have developed smarter ways of working policies for flexible working, resulting in Timewise accreditation. We also promote the Council as an employer of choice and have improved the employment deal. We are updating our current set of values and behaviours to ensure that we have the right set which is reflective of customer and resident needs and the environment within which we operate. A corporate action plan has been developed and is being implemented in response to our 2015 Staff Survey. Over 100 ideas were also put forward through staff roadshows and focus groups. In June we launched a new learning management system, a one stop shop for staff to access training courses, e-learning and other resources. We also aim to create an increased number of apprenticeships and work placement opportunities. 91% of staff are satisfied with the Council as an employer.

**Absence Management and Wellbeing** – the number of days lost to sickness absence during 2015/16 was 9.32 per FTE, an improvement on 2014/15 but still higher than our target. Work to implement an Attendance Management Action Plan has seen the number of absence management cases increase steadily over the last 2 years with 243 cases ongoing. The number of referrals to the staff counselling service increased significantly towards the end of the year and was at the highest over the last 4 years. The number of counselling sessions provided was 266 also the highest of the past 4 years. We have now recruited 6 workplace wellbeing co-ordinators and 56 champions. Our health champions have been working hard to support people to improve their health and wellbeing. Work is also being carried out to achieve the Health and

Wellbeing Charter. Our relaunched cycle to work scheme has had a positive response from staff with over 50 signed up in the first few months. In winter 2015 our health, safety and wellbeing service was re-accredited following a detailed assessment of our approach.

**Equality and Diversity** - in June we agreed a new Equality Strategy to 2020. The strategy outlines how we aim to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations in the delivery of services, support communities and develop our workforce. We deploy resources where the risk to equalities is highest and the extent of disadvantage the greatest. We also agreed an Equality Action Plan 2016/17 to target work where it is most needed. We aim to improve our workforce representation, improve self-declaration rates for protected characteristics, tackle transgender inequalities, focus on disability, maintain a commitment to the equality and human rights impacts of our policies, foster good relations with the community and engage with communities such as travellers and the deaf community. In January it was revealed that we were the top council in equality charity Stonewall's list of the most gay-friendly places to work. The Council has climbed from 166th in 2009 to 7th place. The accolade recognises how we value diverse employees and deliver services which recognise the needs of all residents and staff. In February an initiative recognising those who have made a difference to the lives of gay, lesbian, bisexual and transgender people in Leicestershire was launched. Role models, nominated by the public, were chosen by a panel of judges.

**Scrutiny of Local Services** - a total of 113 reports were considered by our Scrutiny Function in 2015/16. Key achievements include a major piece of work to scrutinise the Fire Service's Integrated Risk Management Plan. Proposed cuts would have led to the closure of Kibworth and Central stations but were withdrawn following receipt of £2m from central government. Other corporate issues considered include support for tourism services, the combined authority and the budget. Regarding adult social care, consideration was given to a more user friendly way for people to manage personal budgets through use of direct payment cards. Scrutiny was also proactive in shaping changes to the way library services are delivered and in developing the support package offered to communities taking on libraries. In relation to children we were reassured by the positive work undertaken by the Virtual School in relation to better attendance and better educational outcomes for children in care. We also focussed on ensuring the Council was dealing with the issue of child sexual exploitation and improving our foster care service.

In the area of highways we received representations from the community concerning changes to Hugglescote Crossroads, which were put on hold following review. We also looked at road safety and people killed or seriously injured in road accidents and were reassured that actions were being taken including community speed watch teams and speed awareness courses. A review panel looked into Network Rail's proposals to straighten the tracks and improve the station at Market Harborough with longer platforms and improved disabled access. The review heard evidence from Network Rail and East

Midlands Trains. The findings were used to find a way forward for financing the Scheme. The Flood Risk Management Strategy was also scrutinised.

In relation to health we have looked closely at ambulance handovers and urgent care performance which have been an area of concern. We also looked at the improvement plan put in place by Leicestershire Partnership Trust following a Care Quality Commission inspection which considered that the Trust 'required improvement'. We have also been engaging with health leaders as they develop proposals for fundamental changes to health provision in the County.

# Enabling Economic Growth

Ensuring that we have a thriving economy underpinned by good infrastructure that creates jobs and prosperity is one of our top priorities. A strong economy enables local businesses to grow and local people to improve their standards of living. The Leicester and Leicestershire Economic Partnership (LLEP) Strategic Economic Plan to 2020 plays a key role in this and is being reviewed and updated in 2016/17 to reflect recent changes in the economy and the availability of updated evidence. Priorities continue to be improving low GVA per head, retaining the highly skilled, tackling road congestion and problem junctions, improving connectivity on the rail network and a better coordinated bus network.

**Economic Delivery, Combined Authority and Devolution –** in December 2015 formal proposals were submitted to the Government requesting creation of a combined authority for Leicester and Leicestershire. The move comes after we, together with the city and district councils, all endorsed proposals for creation of the authority. If Parliament approves the proposal, the Leicester/Leicestershire Combined Authority could be established by the end of the year. A combined authority will enable us to work more closely together and guide decisions on transport, planning, skills and other issues affecting the area. We also continue to work closely to develop a Devolution Deal for negotiation with the Government and good progress continues to be made on developing an ambitious and deliverable deal. Our Economic Growth Board (also acting as the Shadow Combined Authority) has approved the development of detailed business cases for a suite of devolved powers and funds to develop the local economy and related public services.

**Midlands Engine –** we are continuing to engage fully with the development of the Midlands Engine, raising the profile of the Midlands both nationally and internationally and securing increased government funding to boost economic growth. We have lobbied to support the Midlands Engine office being hosted at Loughborough University Science and Enterprise Park. Two schemes in the county have been submitted via the Midlands Engine for funding – the further expansion of Loughborough University Science and Enterprise Park, and further phases of the Leicester North West transport scheme. We are a member of the Midlands Connect Board which is the transport arm of Midlands Engine. Midlands Connect is developing a comprehensive long-term strategy for road and rail by March 2017 and the Government has provided £5m for development of the strategy.

**Strategic Growth Plan (SGP)** – we have committed to developing a new Strategic Growth Plan that will determine land-use strategy for the Leicester and Leicestershire sub-region and set out long term aspirations for development and the environment. In June 2016 we agreed a Strategic Growth Statement for consultation as the first part of the process to prepare the new Plan. Development of the draft plan, underpinned by a comprehensive Housing and Economic Development Needs Assessment (HEDNA), will be consulted on in summer 2017 with a final plan aimed to be completed in early 2018.

**Enabling Growth Plan and Infrastructure Plan –** we have produced our own Enabling Growth Plan which sets out how we will contribute towards the overarching economic vision and priorities for Leicester and Leicestershire. The plan sets out what we will do and what we will invest in to improve the economic prosperity of the county. In June 2016 the plan was reviewed by the Enabling Growth Board and updated. Our newly approved Infrastructure Plan sets out a more strategic approach to planning infrastructure across our departments by prioritising capital investment to achieve Leicestershire's spatial and economic aspirations in the short to medium term. Infrastructure investment is a key element of the Government's economic plan and fundamental to fulfilling local sustainable growth ambitions. The Infrastructure Plan sets out how we will invest in and secure investment for infrastructure critical to the economy, housing and communities. The Plan will be updated to align with growth requirements identified through the Strategic Growth Plan.

**Section 106 Contributions** – we are committed to supporting sustainable and coordinated growth across the county ensuring future development continues to enable a strong economy, quality environment and well supported communities. We play a key role in the planning process as a highway authority and service provider and work with local planning authorities to ensure that Section 106 developer contributions mitigate the consequences of planned developments; including helping to meet demands on services and associated infrastructure costs.

**EU Structural and Investment Funds (ESIF)** – approximately £103m of European Structural and Investment Funds were allocated to the Leicester and Leicestershire area in 2014 and we have been working closely with the LLEP and stakeholders to support prioritisation and allocation of the funding, Further details are provided under the relevant headings below.

# Investment in Place

## Employment Land and Development Sites

**Horiba MIRA Technology Park Enterprise Zone** – approved in the first round of Enterprise Zones, Horiba MIRA Enterprise Zone is the largest transport technology park in Europe and a National Centre for Automotive Excellence which aims to create 2,000 direct jobs, with a further 3,000 indirect jobs by 2020. In 2015 the Government approved a 90-acre extension to the Enterprise Zone which came into effect from April 2016, and working closely with the LLEP, Horiba MIRA has developed an Investment Plan for the further development and expansion of the site. Work has recently commenced on Phase Two of the development with the construction of a third multi-use building to accommodate 140 staff. Plans are also underway to develop an on-site Skills Training Centre via a partnership between North Warwickshire and Hinckley College, MIRA Academy, the University of Leicester, Loughborough University and Coventry University. Construction of the Skills Training Centre is expected to commence on site next year.

**Loughborough and Leicester Enterprise Zone** - the creation of the Loughborough and Leicester Science and Innovation Enterprise Zone, subject to business case approval, was announced in March 2016. It is anticipated that the new £180m Enterprise Zone will create nearly 25,000 jobs and welcome 300 new businesses to the area over the next 25 years. The EZ includes Charnwood Campus and the Loughborough Science and Enterprise Park developments and will help to position Leicestershire as the capital of science research, product development and innovation within the Midlands Engine. A final submission was made in July 2016 and it is anticipated that approval will be confirmed in the autumn statement in November 2016.

**Charnwood Campus** – the site of the former Astra Zeneca life sciences facility in Loughborough, now known as Charnwood Campus, is fast becoming a major economic development focus. A substantial new occupier of part of the campus, the pharmaceutical company Almac, announced a £16m investment in the site which is expected to create 180 new jobs over the next 5 years. The LLEP bought together a partnership of business, universities and local government to develop a proposal to become the UK's first Life Science Opportunity Zone which will provide the infrastructure and environment to encourage collaboration and accelerate business growth for the Med-Tech and Biopharma community.

**Loughborough University Science and Enterprise Park** – the Advanced Technology Innovation Centre located at the Loughborough Science and Enterprise Park opened in September 2015 and has now achieved over 95% occupancy. The centre provides 54 office, studio and laboratory units, designed to meet the evolving needs of early-stage to larger SME development. The County Council contributed £0.45m to the scheme. Further plans to progress a business investment opportunity with Loughborough University, involving the provision of business grow-on space, are in development.

**Town Centre Development** - a report has been completed on the economic value of Leicestershire's Market Towns. The combined value of the 11 towns is £1.1bn, compared to Leicester City at £168m and Fosse Park at £102m. Collectively the towns employ more than 25,000 people with a spending power of £2 billion. The study will inform the refresh of the LLEP's Strategic Economic Plan and provide an evidence base for future project development. The study identified four common themes to support market town economies: digital market towns, townscape improvement, business friendly market towns and market towns as tourism destinations. A number of related county-wide projects are being developed.

**Growth Deals** – the Leicester and Leicestershire Growth Deal aims to drive growth by securing additional government funding from the Local Growth Fund and leveraging investment for new homes, employment space, skills and training facilities and to deliver key transport improvements across the area. Growth Deals 1 and 2 were allocated over £100m for the operating period 2015-2021, and have supported a number of transport improvements including the A50 corridor, improvements in Hinckley, Coalville Growth

Corridor, Lubbesthorpe Sustainable Urban Extension and the Leicestershire Workspace Programme development of managed workspace, office and incubator facilities.

A further phase of funding, Growth Deal 3 (GD3), was announced in March 2016. Leicester and Leicestershire's GD3 submission to government totalling £144.2m has a focus on the following three themes - unlocking strategic growth sites that are linked through the proposed second Enterprise Zone and have a major focus on Space Technology, Science and Engineering (£56.4m); supporting skills development through the development of skills infrastructure which will support specific growth sectors (£15.3m); and strategic transport projects to unlock employment and housing growth and boost business connectivity with other growth hubs (£72.5m). Included in the bid are a number of county schemes where the Council is either the lead agency or a key partner such as: M1/J23 and A512 Improvements (£17.0m); A47/B582 Desford Crossroads (£6.1m); A47/B582 Desford Crossroads (£11.9m) and Loughborough Science & Enterprise Park (£14.8m). It is expected that an announcement on the GD3 submission will form part of the November Autumn Statement.

**Superfast Broadband –** the Superfast Leicestershire programme is supporting communities across the county to access high-speed fibre broadband. More than 68,000 homes and businesses throughout Leicestershire have already been reached and by 2018 this will increase by another 17,000. It is a huge civil engineering project with almost 400 new roadside fibre cabinets now installed and over 250 miles of fibre cable deployed. By July over 30% of homes and businesses who had gained access had signed up to a fibre broadband service. This compares to only 10% just 12 months ago, showing a strong increase in demand and use. The Council manages the project on behalf of a range of partners with funding provided from Government, County, District and City councils, European Regional Development Fund, LLEP Local Growth Fund and BT. 92% of the local population now have access to high speed broadband, up from 87% last year.

**Asset Investment Strategy -** our Corporate Asset Investment Fund saw a purchase completed during 2016 and provisionally let to businesses to generate income. Two further purchases are planned including the Airfield Farm employment site at Market Harborough in 2016/17. Opportunities for further acquisitions will be considered including a potential investment in the Loughborough Science and Enterprise Park. The programme of investments in new workspaces at Coalville and Lutterworth and other Council owned sites across the County is being progressed with on-site construction due to commence in early 2017. The investment portfolio continues to make a positive impact on the wider economy whilst delivering substantial financial benefits for the Council, with rental income in excess of £2.3m in 2016, a return of 6%. There have also been high levels of property development activity and the bringing forward of a number of large-scale housing development sites in the North West and North East of the county.

## Investment in People – Employment and Skills Support

Working closely with the LLEP and other stakeholders we are seeking to ensure that Leicestershire residents are adequately skilled to take advantage of growth opportunities and that skills match the demands of businesses in Leicestershire and attract businesses looking to locate to the County. Our Enabling Growth Plan supports employment schemes including employability skills in schools, work clubs, enterprise hubs and the wheels to work scheme.

**Employment –** the Leicestershire unemployment rate has followed a downward trend over the past 2 years and the latest result of 2.5% remains lower than the regional and national positions. The Job Seekers Allowance (JSA) claimant rate shows a downward trend since spring 2013 and at 0.7% also remains lower than the regional and national positions.

**NEET** - data for 2015/16 shows a Leicestershire figure of 3% for young people 'Not in Education, Employment, or Training' (NEET), which is the lowest recorded NEET level for the County, an improvement on last year and amongst the best recorded rates in the country.

**European Social Funds (ESF)** – the LLEP has released 12 project calls offering over £33.5m for the delivery of skills and employment activity across Leicester and Leicestershire. We have supported a number of bids for these funds and are successful delivery partners for *Financial and Digital Inclusion* via our Work Clubs within libraries and *Family Inclusion* via our Supporting Leicestershire Families team. A partnership bid to support *Rural Social Inclusion* is under appraisal.

**Leicestershire Work and Skills Forum -** the forum is a network of providers that are delivering initiatives aimed at getting people back into employment, including those furthest from the labour market and includes upskilling the existing workforce. The Council administers and jointly chairs the forum with Jobcentre Plus. A number of workshops have been held including barriers to employment for people with disabilities and health conditions. This is then translated into actions which relevant partners collectively take forward. The bids for ESIF funding involve many partners of the Work and Skills Forum. 77.5% of the population now have at least a Level 2 qualification, up from 75.8% last year.

**Careers and Enterprise Company** – is an employer-led organisation that has been set up to inspire and prepare young people for the world of work. Its role is to take an umbrella view of the landscape of careers and enterprise, supporting the programme coverage nationally. The Council provided funding to the programme locally and a Careers and Enterprise Coordinator was appointed in November 2015 to recruit, match and direct a team of 20 Enterprise Advisers (volunteers from the business community) to work with local schools and colleges on a one-to-one basis to help schools and colleges to improve their careers and enterprise activities and engage with the world of work. Also to make it easier for employers and the self-employed to engage with schools and colleges and focus efforts on programmes and activities that

are most effective in motivating young people, supporting independent choice and supporting positive outcomes for young people. A second Careers and Enterprise Coordinator was appointed in August 2016 to recruit a further 20 Enterprise Advisers.

**Further Education (FE) Review -** in the post-16 education sector a national programme of sub-regional reviews has been established as a result of a report which identified a lack of financial sustainability in current arrangements. Leicestershire has 5 FE colleges and 18 sixth forms, 16 of which are academies, which will be impacted by the review. We are working closely with the providers and City Council to ensure that changes that result from the review are to the benefit of the Leicestershire economy, workforce and learners as well as addressing the financial sustainability of FE institutions.

**Adult Learning and Digital Skills** – there were 9,435 enrolments for all Adult Learning Programmes during the academic year to July 2016, down slightly on the previous year's figure. In February free drop-in sessions to help people understand and make the most of digital technology were held in libraries. The events were supported by volunteer digital champions who share their technology know-how and support people to get online. Adult learning and library staff were also on hand to explain the digital services provided by the Council, including basic computing courses and access to e-books. More digital skills sessions are planned as part of the Moneywise Plus project which is being funded through the European Social Fund.

**Apprenticeships** - our Leicestershire Adult Learning Service (LALS) apprenticeship programme delivers apprenticeship training to a number of employers including the Council. The Council currently has 54 apprentices in roles such as administration, finance and customer services. The Adult Learning Service has a further 228 apprentices enrolled on apprenticeship programmes working for other public and private sector employers in Leicestershire. LALs also deliver a strong Traineeship Programme as a means of supporting pre-apprenticeships who often go onto mainstream Apprenticeship programmes. The government is aiming to increase the number of apprenticeships nationally from 500k to 3m per year by 2020. An apprenticeships levy and public sector apprenticeships target are to be introduced to help achieve this. We are considering a new approach to respond to the national requirements.

**Work Clubs -** have attracted 5448 visits from 780 individuals, averaging 105 visits per week from when the project began in November 2013 up to April 2016 and attendance at Work Clubs continues to increase. 28% of people who have engaged with the work clubs have achieved employment success with 46% referred into training. Business support remains popular with 179 business ideas given one-to-one support, leading to 9 new start-ups.

**Get Set -** supports young people aged 16-25 into 3-6 month voluntary work experience placements across a range of departments within the County Council. The aim is to tackle youth unemployment through bespoke

opportunities directly tailored to the individual's career aspirations and personal needs. To date the project has worked with and supported 149 young people, 100% of which have received 1:1 or group training around employability skills development (CV/application writing, interviews, confidence building etc.). 107 young people have successfully completed placements; of these 68% have successfully entered employment or apprenticeships, 22% have gone onto re-engage with further or higher education and 10% have progressed into other employability or training opportunities.

**Wheels to Work -** since its inception in 2011 the scheme has supported over 750 clients in accessing work or training. There are currently 205 scooters (including electric bikes and small motorbikes) in operation. Access to employment is by far the biggest factor for clients joining the scheme at 70%, with apprenticeships accounting for 15% and higher education also 15%. From April to August 2016 58 participants have benefited from the project across all districts.

## Investment in Business

Our Enabling Growth Plan sets out a range of actions including business grants which support development and jobs growth. This and other investments aim to make the county more attractive to investors, help local businesses become more competitive and create more and better jobs for local people.

**European Regional Development Funds (ERDF)** – we have worked closely with the LLEP to help ensure that European funding meets local economic need. We are funding and delivery partners for the following ERDF projects which are currently being appraised: *Collaborate for Business Growth,* led by the City Council, which aims to support the LLEP 8 priority sectors, inward investment support and provide a business grant programme; and *Digital Business Growth Programme,* led by the East Midlands Chamber of Commerce, which aims to stimulate the use of ICT and Broadband in business. We are currently awaiting approval of these projects from the Department for Business, Energy and Industrial Strategy, but it is anticipated they will commence in autumn 2016.

**Tourism –** Leicester and Leicestershire tourism is now worth £1.67bn, up 6.6% from £1.57bn last year, and is one of the LLEP's eight priority sectors, supporting growth in the sub-region's economy. Recent high profile events including the discovery of King Richard III and the success of Leicester City F.C. have opened up the city and county to a global audience and we are committed to making the most of the opportunities this gives us. We estimate there are 30,000 tourism-based jobs in the city and county and 25m visitors per year. The LLEP's Tourism and Hospitality Sector Growth Plan sets a target for another 10,000 jobs to be created and to boost visits to 35m per year. To help achieve this we commenced a review in November 2015 to consider new approaches for delivering tourism strategy, destination management and marketing. Through local consultation with businesses and

partners it is clear that we need to enhance local place marketing, connect better with other economic functions and develop a long-term strategic approach to destination management. We have proposed that the Combined Authority, when established, should govern tourism strategy supported by a private sector-led tourism advisory board. Proposals are currently being developed on future arrangements for the delivery of tourism and wider place marketing activity.

**Business Loans** – the Leicestershire Local Enterprise Fund provided loans to businesses between January 2014 and July 2016. Overall we invested £0.52m, supporting 51 businesses with a total loan value of £3.28m. Due to reducing demand these loans are no longer available. Latest data for 3 year business survival rates shows these increased from 57.6% to 63.1% between 2013 and 2014.

**Business Trading Standards Advice** – our Trading Standards Service provided advice and guidance to 980 businesses trading within the County to help them comply with their legal responsibilities. 85 start-up businesses requested and were given advice on how to make their enterprises grow. The service is represented on the 'Better Business for All' group which brings together businesses and regulators to consider and change how local regulation is delivered and received. Supporting businesses includes the rural economy, where animal health officers undertake inspections and other prevention work to minimise the risk of a major disease outbreak in the County.

**Social Enterprise** – we are keen to support the development of a thriving Social Enterprise sector across the county and have funded a Social Enterprise Support Service delivered by the Co-operative and Social Enterprise Development Agency (CASE) since 2011. In 2015/16 CASE provided direct advice and support to 94 different social enterprises as well as establishing 10 new social enterprises. Along with the support provided by CASE we also invested £20,000 in a Social Enterprise Grant Fund in 2015/16. The grant fund was delivered by the Leicestershire and Rutland Community Foundation and 13 different social enterprises were supported with small grants to a maximum of £3,000.

**Rural Economy -** east Leicestershire LEADER launched in 2015 is funded via the EU Rural Development Programme to support business and tourism in rural areas. LEADER aims to support more than 60 projects and create more than 60 jobs in East Leicestershire by 2020. The programme has so far issued 3 project calls addressing priorities including support for land-based businesses, small food and drink businesses and community projects which increase access to rural services. To date a total of 19 applications have been received and 6 approved totalling c£150,000 and a further 8 applications are being appraised. The Leicestershire Rural Partnership works closely with the LLEP to ensure that the county's European Agricultural Fund for Rural Development (EAFRD) allocation is prioritised to meet local rural economic needs. In November 2015 micro and small businesses were invited to apply for grants to support projects in the tourism and food and drink sectors, the

development of rural workspace and farm diversification. 9 projects totalling £975K of grant were invited to full application and 6 projects have been approved with a further application still in progress.

**Creative Leicestershire -** supports creative enterprises in Leicester, Leicestershire and Rutland and is funded through a local authority partnership hosted and managed by the County Council. Creative Leicestershire works to develop new and existing small creative businesses, principally in arts, media and design. In addition to providing 1-1 advice for 115 small businesses, over the past year the service has worked with Loughborough University to deliver 28 workshops aiming to increase student and graduate enterprise in the creative sector and delivered talks to De Montfort University Arts Management Students. Creative Leicestershire uses a range of successful methods to enable creative businesses to access their support including a new blog, e-bulletins, social media and resources showcasing creative businesses through videos, interviews and case studies. The Creative Leicestershire partnership has agreed a new business plan to 2019 which will ensure we continue to support creative enterprises and artists to develop, grow and be sustainable.

## Strategic Transport Infrastructure

An effective and safe transport network is an enabler of growth and vital to the economy. We continue to progress delivery of our local transport priorities to support economic growth, reduce congestion, increase road safety and support more sustainable travel. We are also playing a lead role in helping develop a unified strategy for investment in transport infrastructure in the Midlands through the Midlands Connect initiative to maximise the growth potential of the area by promoting regionally and nationally significant schemes. We are also being proactive with national government to communicate key messages on vital investment without which Leicestershire's and the region's economies will suffer and indeed where similar investment will benefit not just the East Midlands but other regions such as the Northern Powerhouse.

**Midlands Connect** – working with Leicester City Council and authorities in Coventry and Warwickshire we have identified and are seeking to promote through *Midlands Connect* a number of strategic rail and road projects. The projects include investment in the A5, M1, M69, A46 corridor and proposed M1 junction 20a which together will form part of a new national strategic link between North East England and the South West of the country; a direct link between the Midland Mainline and proposed HS2 at Toton to give us "classic compatibility" and restoration of a Leicester to Coventry direct rail link. These are estimated to generate £4bn+ to the economy and dramatically improve strategic transport connectivity.

**Strategic Transport Plan** – together with Leicester City Council we are working to develop a Strategic Transport Plan for the sub-region. Looking towards 2050 the Plan will set out priorities for transportation and the

investment necessary to ensure our transport system is capable of supporting future growth.

## Rail Improvements Supporting Growth

**Leicester and Leicestershire Rail Strategy -** in February in partnership with the City Council and the LLEP we unveiled a 25-year draft strategy which outlines rail priorities up to 2043. Proposals include seeking a connection onto the proposed High Speed 2 (HS2) route to improve links across the country and boost the local economy by £40m per year. The Midland Main Line is due to be electrified by 2023 and the HS2 high speed route is due to open by 2033. The strategy would lead to a range of improved and new direct rail services to and from Leicester including cutting journey times to London to under an hour and improved links to the north including Leeds, York, Newcastle, Edinburgh and Glasgow. It also opens up the potential for links to the Thames Valley and a new direct link to Coventry, and reducing journey times to Birmingham and Manchester.

## Current Transport Projects

A significant number of transport projects across the county have been constructed in the last year or are under construction. These projects have been designed to unlock housing and employment growth in support of Local Plans as well as address some key network and congestion issues. They have been funded from a number of sources including Council capital funding, the Government's Single Local Growth Fund, developers and other agencies such as the Homes and Communities Agency. A number of the transport projects outlined below form a major part of the Council's Infrastructure Plan.

## Major Transport Schemes Supporting Growth

**New M1 Bridge and Enderby -** along with our partners Balfour Beatty and Highways England we have progressed a new bridge that will link Thorpe Astley to the major New Lubbesthorpe development. The bridge has been funded with £5m from the Department for Transport and funds from the New Lubbesthorpe developers. The bridge forms part of a new link from the outer ring road to the A47 and supports the provision of extra homes for Leicestershire. The bridge is expected to be completed by December 2016. In September a new £2m road junction was commenced in Enderby to help access to over a thousand jobs as part of the New Lubbesthorpe Development while mitigating the impact of this growth. We have been awarded £3.25m from the Government's Local Growth Fund by the LLEP to deliver the project.

**Hinckley** - £3.3m was spent on the Hinckley Area Project Zones 2 and 3. The works have addressed many traffic related concerns including delivering speed limit reductions, parking restrictions in traffic hotspots and on street parking to support business. In April work progressed to reopen Regent Street to cars. The scheme allows cars to join buses and bikes on the road after 12

years of part-pedestrianisation. The £75k project helps boost the economy and attract greater investment into the area. Passengers are also now able to use the town's new bus station. In September we set out £15.5m plans to further improve Hinckley's transport network through the proposed Hinckley Zone 4 scheme. We have submitted a bid for £11.9m from the local growth fund via the Leicester and Leicestershire Enterprise Partnership. Zone 4 would include capacity improvements to help support development sites in Hinckley, parking and traffic management improvements, improved signage and further walking and cycling routes and crossings across Hinckley town centre. Proposals for a further £6m phase of work will also be developed.

**Wigston –** a trial to stop traffic using Wigston's Bell Street started in December 2015. The pedestrian scheme which is being trialled for up to 18 months sees all vehicles excluded from the area to enhance the visitor experience in the town. The pedestrianisation enables shoppers to move about safe in the knowledge there are no vehicles in the street.

**M1 Junction 22 -** in support of the delivery of houses and employment in and around Coalville, along with our partners Galliford Try we have recently completed an improvement scheme at M1 J22. The works including road widening and the introduction of traffic signal control have been part funded from a Local Growth Fund contribution of £4.6m and significantly improves the capacity of this key junction.

**A42 Junction 13** - proposals are well advanced to begin this scheme on site in early 2017. Through the provision of road widening and additional traffic signal control the project forms part of a package of measures to support growth not just in Coalville but also unlocking the delivery of houses in Ashby de la Zouch.

**Leicester North West project** - phase 1 of a £19m scheme to improve highways between the A50 and the A6 has been progressed. Work on the roundabout at Station Road and Gynsill Lane was completed in February 2016 delivering pedestrian and cycle improvements along with improved vehicle flow. Improvements to the junction at New Parks Way and Aikman Avenue were completed in May with improvements for pedestrians and cyclists incorporated. Connectivity for cyclists to the junction was significantly improved with the cycle facilities along the A50 from Blackbird Road to New Parks Way completed in summer 2016.

## Future Transport Projects

Average vehicle speeds at peak time reduced slightly last year and we continue to develop schemes to tackle congestion. In November 2015 the LLEP began to capture projects to create a pipeline of future transport schemes and funding opportunities. We have submitted expressions of interest for £350m worth of transport investment which would generate over £0.5 billion gross value added (GVA) for the local economy. We will continue with development work on these priority projects while funding will be sought from a number of sources including the Government's Single Local Growth

Fund, DfT funding mechanisms, developers and other agencies. This pipeline includes the following initiatives.

**M1 Junction 20a -** a new M1 J20a will operate to relieve congestion at J21, allow the motorway services to be relocated enabling Highways England to deliver Smart Motorways on this stretch, as well as opening up potential for significant development. A new junction is forecast to cost in the region of £86m, and a bid to the LLEP has been submitted for £8.6m to enable further development of the proposal, including the preparation of a full business case. While a new junction in itself will have major benefits for Leicestershire, it could also be the catalyst to the delivery of a new national strategic route stretching from the M5/A46 in the southwest to the A5 and then M1 and then around the south and east of Leicester connecting to the A46 and A1. This will provide a new national route potentially connecting the Southwest with the Northeast while also potentially providing relief to the Birmingham Box and M1, with the potential to generate a further £1.5bn GVA in addition to the J20a economic benefits.

**Melton Transport Strategy and Relief Road –** we backed proposals for an £83m eastern relief road for Melton Mowbray to help ease congestion which is constraining the town's growth and to benefit Melton's economy. Traffic already faces rush hour delays of up to three minutes per mile. Approved plans for 500+ houses off Leicester Road would contribute £4.5m to the strategic transport scheme, which also requires approval of a bid to the Government's Local Major Schemes Fund made by the LLEP. In July the bid for £2.7m was submitted to the Government to help develop plans that would boost the economy by £102m per year. The proposed eastern relief road would form part of a proposed Melton Mowbray outer relief road which would link the A606 Nottingham Road to the A607 Leicester Road and is part of a wider £100m transport strategy for the town.

**Market Harborough** - initial recommendations on helping Market Harborough's road network cope with future housing growth were considered in July and we are consulting on the proposals. The transport study was commissioned jointly with Harborough District Council. Once finalised it will set out transport improvements to help the town continue to thrive as it expands. Initial recommendations include considering the principle of a relief road, south east of the town, junction improvements to tackle congestion, prohibiting HGVs from some routes and improvements to encourage walking and cycling.

**M1 Junction 23 and A512 improvements -** this scheme would upgrade the M1 junction 23 and includes improvements to the A512, including changing 2.5km of single carriageway to dual carriageway and remodelling five junctions. The scheme supports 4,000 homes and over 5,700 jobs in the Loughborough area. This includes the Loughborough Science and Enterprise Park (LSEP) proposed Enterprise Zone and is one of the LLEP's Transformational Priorities. The scheme bid was for £12m. and the annual GVA benefit is estimated at £24m.

**A47/B582 Desford Crossroads (South West Leicestershire) -** this scheme delivers a signalised roundabout to improve capacity at the A47/B582 Desford Crossroads, a junction identified in the Strategic Economic Plan as a key pinch-point affecting a number of strategic housing and employment growth proposals in south-west Leicestershire. The scheme bid was for £5.2m and the annual GVA benefit is estimated at £60m.

**Coalville Growth Strategy (Transport Infrastructure) -** the Strategic Economic Plan identifies the Coalville growth corridor as an important east-west link that with sufficient transport investment could unlock significant housing and employment growth. 5,000 homes are planned around the Coalville corridor. In addition the logistics sector, heavily represented in the area, relies on high quality links to the A42 and motorway network. We are working in partnership with North West Leicestershire District Council (NWLDC) to develop and deliver a transport strategy that enables the town's successful future growth. Some elements of the transport strategy have already been completed, such as the major improvements to M1 Junction 22, or are planned to commence shortly, such as the improvements to A42 Junction 13. Other elements of the strategy are likely to involve unlocking key junctions on the A511 Stephenson's Way.

**Leicester to Coventry Rail Service Development –** this project proposes an ambitious step-change in rail's contribution to the Leicester-Coventry Corridor economy, including providing direct, faster Leicester-Coventry services, without changes at Nuneaton, sustainably supporting employment and housing growth in the M69-M1-M6 Leicester-Coventry 'Golden Triangle', enhancing labour market access for business and residents in a corridor forecast to see a population increase of 189,000 people by 2035, transforming business connectivity to other UK economies and facilitating 1 Nottingham-Leicester-Coventry train/hour (tph) from 2021, with 2-tph potential (Phase 3.2) and direct services to Reading and Leeds (Phase 3.3).

The project provides a connection at Nuneaton reinstating the direct Leicester-Coventry route severed in 2004. The proposition could successfully engage the rail industry in funding an enhanced scheme more swiftly offering Leicester-Reading connectivity. More locally it should enable significantly enhanced rail services to stations at South Wigston, Narborough and Hinckley. The scheme bid was for £51.3m in total with a bid of £15m through LLEP and £15m being sought by Coventry and Warwickshire LEP and the remainder being funded by Network Rail. The annual GVA benefit is estimated at £25.9m.

**Leicester North West Growth Corridor Improvements –** this scheme will build upon the objectives of Phase 1 of the Leicester North West Major Transport Project. It will provide improved distributor operation of the Outer Ring Road and improved radial connectivity between the A46 and the city centre, with associated improvements for sustainable transport. The core of the project consists of capacity improvements at three interlinked junctions on Anstey Lane and the A46, with a short section of dualling to reduce

congestion on the southern approach and associated improvements for sustainable transport.

**Loughborough Town Centre** - building on the £19.2m investment already made in the area (Loughborough Major Transport Scheme) this project represents an additional package of measures to support the regeneration of Loughborough Town Centre. Progress to date has seen the removal of traffic related problems from the centre of Loughborough, helping the town retain its competitive economic position. Specific measures are to be developed.

## Ongoing Highways and Transport services

**Road Safety –** the Council is committed to improving road safety. A review of the current and future approach to road safety and casualty reduction is taking place including reviewing the approach to the identification of cluster sites for possible road safety measures, exploring new ways of working with the Leicester, Leicestershire and Rutland Road Safety Partnership (LLRRSP), reviewing casualty reduction targets for 2020 to take account of demographic changes and a 'digital by default' approach to publications. Early discussions between the partnership members have been held with a view to creating a new delivery model for the LLRRSP.

Our road safety performance when benchmarked against statistical neighbours and national figures is good with the County achieving top quartile performance. Roads in Leicestershire are also significantly safer than they were in 2000, despite increases in traffic. Key points include a significant decrease for total and slight casualties in 2015 and total casualties reducing by 17% since 2010. In September we agreed to reduce the speed limit from 50mph to 40mph on the A50 Bradgate Hill and between the A46 and Glenfield Hospital following public concern after two recent accidents on Bradgate Hill. During Easter pre-driver courses were provided by the Council for 16 and 17-year olds thinking of learning to drive. The courses cover road safety issues, hazard awareness and the Highway Code and offer a practical off-road driving session with a qualified instructor. They play an important role in preparing and educating young people about safer driving. Road safety schemes were also completed at Roecliffe Crossroads, Queniborough, Oadby and Welford Road, Blaby.

**Park and Ride –** our park and ride service with 3 sites at Birstall, Enderby and Meynells Gorse continues to offer a quick and convenient way of getting into Leicester whilst avoiding parking charges. Changes were made to these services in February for users travelling from Enderby and Meynell's Gorse. All three park and ride services continue to run from 7am to 7pm however the three-minute reduction to the Enderby service frequency (from 12 to 15 minute frequency) will help save £120k. Leicestershire's park and ride service was highly praised by passengers taking part in the Leicester City FC victory parade in May with over 6,000 people using the service on the day.

**Concessionary Travel and Community Transport** - community transport remains an integral part of providing travel support to vulnerable members of the community. In December we agreed proposals for a fairer way of funding community transport which will also save £50,000. Groups are funded by c£0.5m to provide transport for mobility impaired passengers through community minibus services and volunteer drivers using their own cars. The new approach shares funding equitably between 13 transport providers, taking into account the areas covered and number of journeys provided. A phased introduction of the changes is helping reduce the impact on providers and passengers and offering time for groups to look at new ways to deliver their service and support communities.

**Sustainable Travel –** the £3.3m spent on the Hinckley Area Project has created a walking and cycling network in Hinckley as well as improving bus stop infrastructure to encourage a wider choice of travel modes. In June we agreed proposals for the phase 3 Walking and Cycling Link. The scheme provides physical infrastructure complemented by softer measures including "Wheels to Work", personalised travelling planning and adult cycle training. The measures provide residents with support and encouragement to choose more sustainable and healthy travel choices. Across Leicestershire there are numerous ways to get to and from places that don't involve a car or rush hour stress, and can be less expensive. With dedicated bus lanes, an expanding cycle network, and the Choose How You Move journey planner for walking and public transport routes.

In September the Council and Leicester City Council submitted a joint bid for £3.2m to the Government's Access Fund to encourage sustainable travel during 2017 to 2020. The work will support the LLEP's Growth Deal 3 strategic growth sites, along with 3 of the strategic transport programmes. It will link the planned business, housing and transport growth around Pioneer Park, Waterside, the City Centre and Grove Park to the employment need areas in central Leicester, New Parks, Braunstone and Belgrave. The type of projects the funding will support include Wheels 2 Work, personal travel planning, business engagement activities, car sharing promotion and a package of initiatives targeted at schools. Successful bids will be announced in the Autumn Statement.

**Walking and Cycling –** Leicestershire offers great opportunities for walking and cycling. We have a strong track record in supporting walking and cycling most notably in securing over £5m since 2011 through the Local Sustainable Transport Fund to promote sustainable travel. We are playing an active role in responding to the Government's Cycling and Walking Strategy. In March free health checks for bikes and travel advice were held at Hinckley train station. Two-wheeled commuters were also able to use the new tool station installed at the station and find out about more local details thanks to a cyclist information board. Residents needing confidence to get back on two wheels can sign up for one of our courses. The latest adult cycle training courses began in September. Qualified instructors teach cycle skills, how to safely cycle on the road with confidence and how to do basic bike checks. The courses are part of our 'Choose how you Move Initiative'. We launched our

own new employee ride to work scheme in August 2015 to encourage staff to cycle to work, keep fit and save money. We are the second highest rated county for satisfaction with cycle routes and facilities.

**Highways Maintenance** - £14.1m was spent on Highways Capital Maintenance during the year including £10.9m on roads, £1.2m on footways and rights of way and £1.6m on bridge maintenance and strengthening. We were successful in attracting an extra £717k for 2016/17 to support highway maintenance from the £250m national Pothole Action Fund and will also be receiving £789k of Incentive Fund money. The money is being used to support a range of activities including patching and surface dressing. Preventative maintenance has ensured that Leicestershire's roads are some of the best in the country, with just 2% of the road network considered as potentially requiring some maintenance work. Thanks to preventative maintenance the number of potholes has fallen from 8,478 in 2013 to 5,200 in 2015. The annual National Highways and Transport survey shows Leicestershire has the highest satisfaction rating for the condition of roads at 40%. More than a million square metres of local roads were treated this summer to help to prolong their life by 10 years and increase skid resistance. In April we launched consultation on the future approach to maintenance following changes to national guidance. Our new strategy will be introduced during 2017 and will potentially involve more partnership working with organisations.

**Midlands Highways Alliance -** in July over 100 construction and engineering professionals attended the Midlands Highway Alliance (MHA)'s event to address future challenges facing the highways and transport industry. The event was supported by the Midlands Service Improvement Group (MSIG) and showcased the work of the MHA. The MHA continues to overcome industry challenges and promote efficient working through collaboration. Members are provided with access to frameworks for both construction and professional services which allow them to make significant savings while being innovative with their solutions. We estimate an average saving from the frameworks of around £4million a year across all the authorities.

**Winter Readiness –** we confirmed plans for the arrival of winter with 17 gritters and 18,000 tonnes of grit to treat 1,200 miles of road and a 50-strong team of volunteer snow wardens on standby. There are also 700 salt bins across the county. The first snowfall of winter 2015 was in November and the last time gritters were out was 28 April 2016. Across the winter 8,076 tonnes of salt helped to keep roads moving and gritter drivers worked round-the-clock to keep the network up and running. Snow wardens also helped out to clear paths and farmers were on standby in case snow drifts needed to be cleared. When ice is forecast 45% of the county's road network is treated including most A roads, some B and C class roads, major commuter and bus routes and as far as is possible at least one route through all county villages. We also encouraged residents to prepare by familiarising themselves with gritting routes.

**LED Street Lighting –** following a major procurement exercise we are investing £20m+ to upgrade the entire street lighting network in Leicestershire with energy efficient LEDs and to help reduce our carbon footprint. The new lights will be controlled by a central computer management system and will reduce maintenance and inspection costs. By upgrading the 68,000 street lights by 2018/19 over £2m annual savings will be achieved and carbon emissions cut by 5,000 tonnes. In March the technology was installed in street lights across Shepshed and Loughborough in the first phase. In May the second phase of the project began with streets in North West Leicestershire benefitting.

**Vehicle Fleet –** a total of £1.2m was spent on renewal of our vehicle fleet last year which will enable long term efficiency savings to be made through reduced operating costs and fewer vehicles retained on hire.

**Grass Cutting** – in October 2015 we approved a revised approach to grass cutting which increases the number of cuts to 6 per year and introduces a variable frequency to deal with the peak growing season. The changes respond to a number of comments we have had about the previous approach and resulted in an improved service as demonstrated by the number of customer contacts being at its lowest since our records started in 2013.

**New Commissioning Strategy –** our Local Transport Plan sets out a long-term transport strategy with a vision to 2026. In April we agreed a new environment and transport interim commissioning strategy and action plan which replace the LTP3 implementation plan. Work is ongoing to develop the commissioning strategy which will include a new focus such as working more closely with communities on alternative delivery options. We have also restructured our highways operation to strengthen our commissioning approach and to achieve significant efficiency savings.

# Better Care - Health and Social Care Integration

Health and care integration continues to be a high local and national priority. We are working in partnership to transform health and care across Leicester, Leicestershire and Rutland and making a difference by pooling funding across NHS and local authority partners to integrate health and care.

**Better Care Fund** - in May we submitted a new Better Care Fund (BCF) Plan, which was approved by NHS England, and represents £39.4m of pooled resources. The purpose of the Plan is to improve the integration of local health and care services and achieve better outcomes for citizens. Each local BCF plan must evidence achievement against a range of requirements including reducing dependence on hospital services in favour of more sustainable integrated community services, improving hospital discharge, developing more seven day working, promoting person centred care planning, improving care coordination and implementing new ways of working across organisational boundaries including for data sharing and accessing electronic care records. The plan is structured around a unified prevention offer, integrated proactive care for long term conditions, integrated urgent response, hospital discharge and reablement and a range of supporting enablers.

**Unified Prevention Offer -** our Unified Prevention Board recognises that information and advice is a critical element of an effective prevention offer and is developing an approach based on a model of social prescribing. The model is based around First Contact Plus which aims to maximise the impact of a service user or carers contact with us. Work to ensure an effective prevention offer also includes Local Area Coordination, the Lightbulb Housing Support service, assistive technology, and the Carers Support service.

**Local Area Coordinators -** we have launched Local Area Coordinators in eight localities to support vulnerable people and extend the availability and take up of community assets. The LAC project supports people who are vulnerable through age, frailty, disability or mental health issues to achieve their vision for a good life through early support. It operates in local neighbourhoods, closely linked to housing and community health services and to recreational and social opportunities.

**Lightbulb Housing Offer -** has been implemented with pilots operating across three localities targeted to improving health and wellbeing. This includes redesigning aids and adaptation processes with district council partners and designing a new “housing MOT” focused on health and wellbeing outcomes. The ambition is to maximise the contribution that housing support can play in keeping vulnerable people independent in their homes, helping to avoid unnecessary hospital admissions or GP visits and facilitating timely hospital discharge. Lightbulb works with people who may be vulnerable because of age, disability, lack of life skills or risk of abuse or neglect and who are in need of practical housing support regardless of tenure.

**Assistive Technology –** in September we launched consultation on a new equipment, adaptations and assistive technology strategy to 2020 to streamline and improve the offer, provide practical solutions which prevent future dependency and improve peoples' outcomes toward greater independence.

**Carers -** carers are hugely important for society, helping out family members and friends. However they can often neglect their own health to put the person they are caring for first. Our Joint Carers Strategy was refreshed in 2015 and an interim plan developed to outline our continued support for carers in Leicestershire. The strategy ensures that the Care Act requirements are adhered to whilst the next longer term strategy is developed to reflect the new National Carer's Strategy to be released in late 2016. The Carers GP Health and Wellbeing Service rolled out countywide in 2015 continues to focus on preventing carers needing greater levels of social care support by early identification and targeted carer support within Primary Care settings. The service supports a whole system approach with carers receiving advice, information and support in their local community. This has recently been identified as a national exemplar by NHS England. We are also helping carers to look after themselves by signposting a range of free support and information including details on how to apply for an assessment. Support includes help from a community-based organisation 'Support for Carers Leicestershire' funded by the Council and available to anyone who provides full-time or part-time care.

**Falls Prevention -** in 2014/15, 2,354 people aged 65+ in Leicestershire were admitted to hospital due to a fall and apart from the pain and inconvenience the after effects for older people can be life changing. The cost to the NHS of treating patients following a fall is £28K per person. Joint working between health and social care funded by the Leicestershire Better Care Fund is working to reduce and prevent falls. Falls assessment clinics as well as a six week falls prevention programme are provided to those at risk of a fall. These focus on improving strength, balance and confidence to reduce the risk of falling and avoiding hospital admissions. Since the falls programme started the co-ordinators have successfully helped many patients from reaching crisis point giving them advice on how they can prevent themselves from tripping and falling.

**Integrated Proactive Care for Long Term Conditions -** work to ensure integrated care for those with long term conditions includes risk stratification, integrated case management/care plans, virtual wards and shared records. We have rolled out integrated locality working between community nursing and social workers for joint management of caseloads using shared operational practices and procedures. We have also implemented the Care and Health-trak data integration tool for Leicester, Leicestershire and Rutland (LLR) and adopted the NHS number for adult social care records so that 96% now have a validated NHS number. 63.6% of patients were satisfied with support to manage long term health conditions, meeting the BCF target of 62.2%.

**Integrated Urgent Response -** work has progressed to ensure an integrated urgent response in the community including a 24/7 Crisis Response Service, a falls non conveyance pathway working with East Midlands Ambulance Service, so that people who fall at home who do not need to go to hospital are cared for in the community instead, GP 7 day services schemes, an admissions avoidance scheme for cardiac and respiratory patients at Glenfield Hospital and a Rapid Assessment Unit for Frail Older People at Loughborough Hospital. Details of these schemes are given below.

**Integrated Crisis Response Service –** the Crisis Response Service has been developed funded by the BCF. It is a countywide service providing short-term support to help maintain people in their own homes when they are experiencing a health or social care crisis. The service is open to referrals from both health and social care settings and has built good relationships with health teams including staff in A&E, out of hours GP teams and EMAS. The teams deal with an average of 20-25 cases per week, focusing on facilitating earlier discharge from hospital or preventing admission to hospital. Work is being carried out to explore opportunities of integrating the CRS with Community Health's 'Rapid Response' provision.

**Night Nursing Service** - we have also implemented a night nursing service so that the existing integrated Crisis Response Service can operate 24/7, with 592 referrals and 559 avoided admissions achieved in the night nursing service during January 2015 to March 2016.

**GP 7 day services -** schemes in primary care were piloted across both CCGs during 2015/16. Evaluation of both pilots informed the new models which were launched in December 2015 and February 2016.

**Rapid Assessment Unit for Older People** - in order to avoid inappropriate admissions to UHL we have implemented the frail older people's Rapid Assessment Unit at Loughborough Hospital with 717 people referred and 469 avoided admissions between January 2015 and March 2016. We have also trained 81% of paramedics in the falls risk assessment tool so that an average of 46 people per month are now not conveyed to hospital but receive care and support at home instead. The unit provides an opportunity to undertake diagnostic assessment, care plan development and treatment closer to home. Through clinical audit it has been shown to reduce unnecessary admissions and improve quality of care for older people.

**Impact on Emergency Admissions -** whilst overall numbers continue to be higher than we want we have achieved 1,581 avoided admissions from BCF schemes from 1st January to 31st December 2015 against the target of 2,041. A further admissions avoidance scheme is being piloted in 2016/17 targeted to adults with cardio/respiratory conditions who attend at the Glenfield Hospital site, which will deliver a consistent ambulatory pathway to prevent a large number of short stay admissions. A rapid assessment clinic test cycle week took place in March 2016 to inform the design of the scheme. The 2016/17 plan also includes further improvements to the models of care and

pathway redesign for the four existing schemes implemented in 2015/16 based on evaluation findings.

**Improvements to Hospital Discharge/Delayed Discharges –** in relation to improving hospital discharge and reablement our work includes housing discharge enablers, residential reablement, a care packages review team and the new Help to Live at Home service. We have also introduced the safe minimum transfer data set for hospital discharge. In 2015/16 we achieved a significant reduction in DTOCs to 314.98 per 100k and met the BCF target of 350.48. A whole system hospital discharge summit was held in May for partner agencies. Five major work-streams have been identified, which should enable faster and more efficient discharge and a higher quality experience for patients. These are realigning internal hospital discharge processes within UHL; single assessment process; shared risk; workforce training and development and a single point of access. We are also progressing a number of shorter projects to improve discharge planning. Over the past 12 months, a number of actions have been implemented to change working practices and reduce the number of delays in transferring patients from acute and community hospitals back into the community. These have been funded from BCF budgets and from winter pressures allocations.

Actions taken include a “home first” philosophy, consistent definition of “medically fit for discharge” and “ready for discharge” between agencies and simplified discharge pathways. Other actions include review of home care packages two weeks post discharge to ensure service users are receiving the right level of support to promote independence, daily conference calls involving operational managers from health and social care to progress transfer of patients in UHL and Community Hospitals and ‘transfer home to assess” pilot – health and social care assessors working together in UHL to support patients who previously were transferred to a nursing home for a Continuing Health Care (CHC) assessment. Sustaining good performance achieved in 2015/16 relies on existing interventions continuing to maintain their impact and any additional actions. The National Audit Office in May 2016 highlighted that compared to similar authorities Leicestershire was the fourth best out of 22 for reducing delays attributable to adult social care in 2015/16.

**Reablement -** care in place through the council's Reablement Service is helping reduce hospital readmissions. The Reablement Service helps people to regain their confidence and skills following a hospital stay so they can continue to live independently in their own home. Care is put in place to meet the individual’s needs so they become less reliant on social services and this prevents re-admittance to hospital or a care home. The proportion of people who received reablement during the year and had no need for ongoing services once reablement ended was 76%, comparable to the previous year and above the 2014/15 national average. 87.5% of people aged 65+ were still at home 91 days after discharge from hospital via reablement services, beating the BCF target of 82%.

**Help to Live At Home (Domiciliary Care Services) –** in February procurement commenced to transform home care services across the County to better meet the needs of residents, improve hospital discharges and make best use of resources. The new Help to Live at Home service will support people to remain independent for as long as possible through assistance with personal care as well as providing help when they are discharged from hospital. The council oversees the service along with the East and West Leicestershire CCGs. The aim is to deliver improved outcomes for people who need care at home with a focus on helping people to regain skills to live as independently as possible at home. New providers will deliver home care across the areas where GP services, community nursing and adult social care teams already operate. It will meet the needs of around 3,500 people. Introducing Help to Live at Home will also save us around £1m over the next four years. At present the Council and CCGs have separate contracts with around 150 different organisations. The new arrangements are planned to start in November 2016.

**Integrated Points of Access -** during 2015/16 partners across Leicester, Leicestershire and Rutland have developed a business case which identifies opportunities to rationalise the numerous health and care call centres across the area so a more integrated response can be given and call handling targeted to ensure local people and professionals are directed to the most appropriate community based service(s) with good coordination across health and social care. During 2016 we are implementing the first phase of this work which involves setting core standards across existing call centres and then considering any early integration that can be achieved.

## Adult Social Care

We aim to have good quality social care services for older people, vulnerable adults, carers and people with disabilities. Meeting the needs of vulnerable people remains a key priority for us. Adult social care continues to be our largest item of spending with £127m set aside for 2016/17, representing more than half of council tax.

**Adult Social Care Strategy** - demand for services is rising and budgets need to grow by £23m, much of that down to the ageing population with an 11% increase in over 65s predicted by 2020. In February we approved a new Adult Social Care Strategy setting out plans to address rising demand for support. In adult social care rising demand for care from older people and people with disabilities means we have to invest £5.5m. The strategy focuses services to promote, maintain and enhance people's independence so they are healthier, more resilient and less reliant on care services. This includes putting the person at the centre of their care with the right support at the right time in the right place. Our new strategy focuses services on the most vulnerable and ways to help others to help themselves. The strategy focuses on early diagnosis of care needs, enabling them where possible to manage their own care and pull in the support of families and communities. The strategy also sets out how we will work more closely with the NHS to provide services.

People will be better signposted to services and resources which improve their wellbeing. In March we approved new commissioning intentions to support the strategy.

**Personalisation** - means a choice of help which is suitable for people's needs through a personal budget which people can use to buy services. The procurement of Direct Payment Cards has been identified as a mechanism for making Direct Payments more attractive and accessible to service users whilst providing a more cost effective business solution. Figures show that 1720 direct payment cards have been issued. There was a good improvement in the proportion of people receiving self-directed support from 91% in 2014/15 to 97% in 2015/16. In addition there was an increase in service users receiving direct payments up to 37.6%. A full review of the personal assistant support pathway is underway aimed at promoting self-service and independence as well as streamlining the process in order to make employing personal assistants more attractive.

**Integrated Community Teams -** a new model of locality team design was implemented throughout 2015 in Adult Social Care to facilitate alignment with co-ordinated Community Health Services and to deliver care centred on the individual. Locality teams have been re-aligned into teams with planned care and urgent care distinct pathways. Discussions are beginning to take place with CCGs, primary care and community health services to consider the development of new models of care including multi-speciality care teams based on GP federation areas.

**Older People - Draft Accommodation Strategy to 2026 –** our aim is to help people live in their own home for as long as possible and provide specialist accommodation for those who can no longer manage. In June we agreed to consult on a new accommodation strategy to meet the supported housing needs of older people. The strategy sets out the challenges from an estimated rise of c40% in 75+year-olds in the county over the next 15 years. Different types of accommodation available include extra care housing, assisted living schemes, houses which can be adapted to meet future needs and residential care. Proposals include that current extra-care housing contracts be extended or renewed so each scheme can be developed on a case-by-case basis and close work with the NHS to provide developments offering more preventative and rehabilitation services. We have identified further work to develop preventative interventions and raise awareness about maintaining independence and planning for the future.

**Extra Care Housing** – the Council currently commissions care and support services and has nomination rights for five extra care schemes in Melton, Lutterworth, Glen Parva, Loughborough and Blaby. The first new build scheme delivered as part of our Extra Care Strategy was Oak Court in Blaby, opened in October 2015 following a £1.2 m Council contribution. During the year agreement was also made to contribute £0.5m in 2015/16 towards the Loughborough Extra Care Scheme which is managed by East Midlands Housing Group. Further Council contributions totalling £0.4m are due to be paid. The contribution is for the provision of 60 units and is expected to be

completed in 2017/18. The scheme will bring the number of units available to the Council to 257 by 2017. We are working with partners to identify possible locations and funding options for future developments.

**Tackling Social Isolation –** working together we want to combat loneliness. Nationally 1 in 10 people aged over 65 report loneliness and 12% feel isolated. Local surveys show that only 41% of service users have as much social contact as they would like. To help combat loneliness we asked people to take part in a new social media campaign raising awareness of the issues and are signposting people to new resources through the NHS Loneliness in Older People webpage. Leicestershire libraries have also been working with public health staff to develop shared reading groups which improve wellbeing and provide company for residents. They run in the main town libraries and are weekly, free and open to all.

**Dementia Support -** the Memory Support Service aims to provide a single countywide service to support people with concerns about memory loss, an indicative or confirmed diagnosis of dementia or a diagnosis of mild cognitive impairment. The service provides help to access information and guidance from organisations that can offer support, through a variety of media including face to face visits, telephone, written information and web based support. The support group also includes the provision of memory cafes, carers and peer support groups where people can access information and advice on coping strategies and share their experiences and learn from each other. We are also working with CCG colleagues to increase diagnosis of dementia by General Practitioners (GPs) and on improving pathways for dementia sufferers and their carers.

**Learning Disabilities Support -** over the last 12 months we have co-located Community Life Choices and Short Breaks services in both Melton and Hinckley. Refurbishment works and an extension at The Trees, Hinckley costing £300K were completed in order to accommodate the Millfield Community Life Choices scheme. Similar works were completed at the Melton Learning Disabilities Respite Service costing £100K to accommodate the Mount CLC. Previously the same service users would need to go to different locations and different staff teams. By combining resources savings of approximately £105k have been generated. Community Life Choices are currently being retendered. The framework once complete will have fewer providers but will support the development of a more progressive approach to working with individuals, maximising independence and minimising reliance on local authority funded support. There was a marked improvement in the number of people aged 18-64 admitted to permanent care at 7.4 per 100K pop, in line with the national top quartile. Support to younger adults with a learning disability has improved both in terms of the proportion in settled accommodation increasing to 1108 out of 1430 (77.5%). The number of people aged 18-64 accessing long-term support at the end of March increased from 607 per 100k to 680 per 100k.

**Visual Impairment -** Vista's mobile support service for adults with a visual impairment aims to ensure that older people living in rural areas are able to access information about how to prevent sight loss in old age. This is one of 15 projects funded through the Council's Innovation Fund.

**Care Quality -** the latest inspection ratings show that 60% of Leicestershire homes are outstanding compared with 55% nationally. Less than 1% locally are rated inadequate compared with 8% nationally. However there are still a fair proportion of homes that require some improvement. The situation is monitored on a regular basis and support to drive up quality is in place locally through our Quality Improvement Team. Homecare service delivery has been difficult in rural areas and this is being addressed through the new service model. Issues relating to workforce recruitment, retention and skills to support our strategy and ambitions relating to integration are being addressed through the approach and wider workforce strategy. Overall satisfaction of people who use services with their care and support is 58% and remains an improvement priority.

**Adult Safeguarding –** there were 915 safeguarding enquiries investigated during 2015/16, 3% higher than the previous year. There has been an improvement in outcomes with 54% substantiated or partially substantiated compared to 49% the previous year. Our Adult Safeguarding Boards priority is that adults are safe. The majority (64%) of referrals continue to relate to adults in care homes. The most common type of risk was neglect and omission – accounting for 43% of all cases. The Board commissioned an independent review of referral patterns to understand year on year changes. Proposals progressing to address the review findings include improving staff understanding of risk categories, improving engagement with supported living and domiciliary care services and increasing safeguarding awareness in the community and within ethnic minority groups. In March we agreed a new Business Plan in relation to safeguarding adults including a variety of supporting actions and priorities. Responses to the recent adult social care survey show two-thirds of service users feel safe whilst nine out of ten (89.2%) say that the services they receive help them to feel safe - both similar to previous years.

**Peer Review –** our Adults and Communities Department was subject to a Peer Review as part of the Association of Directors of Adult Social Services (ADASS) Sector Led Improvement Programme. The process allows local authorities to receive challenge from their peers and to get support order to inform improvement and change. The initial feedback was very positive citing a number of key strengths such as committed and energetic leadership and workforce, having 'all the ingredients in place' for integrated services, staff with the right values and robust financial management with improvement in performance. The department has drafted a plan to take forward actions in response. The review team also saw evidence of a raft of strategies put in place in the last year for Adult Social Care which they feel will stand the service in good stead.

# Public Health

Our public health function plays a key role in contributing to our aim of a healthy population with increased life expectancy and reduced health inequalities. A number of public health issues have been prioritised in our Health and Wellbeing Strategy. During the year we have refreshed our JSNA and a new Health and Wellbeing Strategy is being developed to ensure we continue to focus on key local public health challenges, taking account of government funding reductions for public health services.

**Early Help and Prevention –** a focus on early help and prevention is fundamental to tackling the root causes of problems as soon as they arise and improving people's quality of life. We spend £48m per year on early help and prevention services to tackle people's problems before they get serious. Services include First Contact, Local Area Co-ordinators, assisted living technology, 36 children's centres and Supporting Leicestershire Families. We commissioned an independent review of these services and have produced a draft Early Help and Prevention Strategy and an outline implementation plan. Our vision is that by 2018 we will have a comprehensive offer for community based prevention for Leicestershire by bringing together all the resources available to local councils and partners. This will include a core menu of preventative services which will wrap around individuals and communities as an essential component of the model of integrated care. The review proposals will also save around £3m and better support outcomes through modern ways of providing early help and prevention.

**Health Checks -** as people age the risk of developing conditions like high blood pressure, heart disease or type 2 diabetes increases. The Health Check programme is designed to spot early signs of conditions and help prevent them happening. In Leicestershire health checks continue to be provided by all GP practices and 170,788 were delivered. In 2015/16 42.2% took up the offer of a health check compared to 48.6% nationally. Further work is underway to install a new software system in GP practices to assist improvement.

**Healthy Weight and Diet -** good nutrition is an essential part of a healthy lifestyle. Diet combined with physical activity can help people reach and maintain a healthy weight, reduce their risk of chronic diseases like heart disease and cancer and promote overall health. Unhealthy eating habits have contributed to the obesity epidemic in the United Kingdom. In 1993 53% of adults in the UK were overweight or obese and this increased to 64.7% in 2016. In Leicestershire in 2014/15 20.3% of 4-5 year olds and 30% of 10-11 year olds were overweight or obese. Whilst these figures are not necessarily worse than the England average, they are still too high. To help combat overweight and obesity we commission a range of services including Weight Watchers and Leicester Partnership Trust Nutrition and Dietetic Service. We are also working with CCGs to develop a more comprehensive multidisciplinary tier 3 service for people with more severe complex

conditions. We commission the Food for Life programme to work with schools across Leicestershire and the Master Gardeners programme to help people learn to grow nutritious food. There are also cookery programmes to help people acquire the skills they need to cook healthy food that is lower in salt, fat and sugar.

**Reducing the Harm of Substance Misuse –** improving drug treatment completions remains a priority. In July 2016 Turning Point, a national social enterprise, became the new provider of substance misuse treatment services. The new service is an integrated service proving support for people with drug and alcohol problems across Leicestershire and Leicester. The service is commissioned jointly with Leicester City Council and will be delivered from 'recovery hubs' in Loughborough, Coalville, Leicester city centre and many other satellite locations across the county. Dear Albert, a local social enterprise, continue to work closely with Turning Point delivering peer-led group-work programmes that increase engagement and involvement in mutual aid support for people recovering from substance misuse. In addition we supported the Recovery Week activities which included a variety of activities and open days for service users, their families, and professionals.

**Smoking Cessation -** in Leicestershire 17.4% of people smoke, similar to the England average. It is important people are encouraged to quit smoking as more people die every year from smoking related disease than the next 6 causes of premature death combined. Each year in Leicestershire smoking is estimated to cost c£162m including to the NHS, lost productivity and costs for smokers who require care as a result of smoking related illness. The way smokers want to access stop smoking support is changing. Data shows an overall reduction in the numbers of smokers accessing services nationally, including Leicestershire. The use of electronic cigarettes has significantly increased in popularity and evidence suggests the majority of smokers quit successfully without face to face support. Users of the current service have expressed interest in more technological support. In July we approved changes to our stop smoking service and are implementing a telephone based service providing more flexibility for people wanting to quit. Advisors will be trained to the same standard, nicotine replacement therapy will still be available but support will be via the telephone, internet and text messaging. The approach starting at the beginning of 2017 will help save £1m.

**Improved Sexual Health** – sexual ill health can affect all parts of society, often when it is least expected. The sexual health needs of the population are evolving. Over the past few decades there have been significant changes in relationships and how people live their lives. A comprehensive Leicestershire Sexual Health Needs Assessment was completed in autumn 2015 and confirmed that good progress has been made on key sexual health indicators and outcomes across Leicestershire. However, Leicestershire has an ageing and increasing population and sexual health services must respond. Sexual health services and commissioning have also become fragmented. In April 2016 we approved a new Leicestershire Sexual Health Strategy 2016/19 that sets an agreed direction for sexual health commissioning across Leicestershire which will streamline commissioning intentions, improve patient

pathways, efficiency and quality of care. The strategy includes better ways of co-ordinating the service across our public health team, NHS England and CCGs and new approaches to screening for sexually transmitted diseases such as chlamydia, teenage pregnancy, and community-based services. There is a continued focus on supporting schools in their work around relationships and sex education as well as increasing access to local services through the use of new technology.

**Warm Homes** - the 'Warm Homes, Healthy Homes' project was commissioned to tackle cold related deaths and ill health for vulnerable households across Leicestershire. It is delivered by the Papworth Trust in partnership with NEA, the national fuel poverty charity. The project provides telephone advice, as well as home visits to assess the energy efficiency of the property and the way the householder uses their energy. They also look at energy suppliers and tariffs to make sure people are getting the best deals. Advice on how people can live a healthier lifestyle and keep warm is also a key part of the service. Each home receives a personalised action plan with recommendations for improvements, advice about grants or benefits people might be entitled to, and support to get any work carried out. In addition the project trains front-line health and social care staff as well as community organisations to both recognise when someone might be at risk of cold related ill health and how to refer them to the project. During 2016/17 the service will focus on people with mental health problems as well as younger families with children with asthma. Public Health were also successful in applying for £325k matched by £175k from Lightbulb, to install a comprehensive package of heating and insulation measures into approximately 155 of the most vulnerable households across the county.

# Mental Health

The considerable burden of mental illness means that strengthening individual resilience and helping people with mental illness to recover and live rewarding and fulfilling lives remain key priorities for us. We are a key partner in the Better Care Together (BCT) Mental Health Workstream. The supporting programme for BCT incorporates a range of interventions aimed at helping people avoid becoming mentally ill and at mitigating the impact of mental illness in those who experience mental health problems. The focus is on building wellbeing and resilience through 'Five Ways to Wellbeing', reducing mental illness stigma and in building and strengthening community based recovery networks.

**Mental ill Health Prevention -** in May we joined agencies across Leicestershire to reach out and talk to people about their mental health through our RU OK? event. RU OK? has sought to raise awareness of how a kind word or quick conversation can help lift someone's mood and we have developed the RU OK? Website to provide information about sources of support. As part of the Leicester Leicestershire and Rutland Mental Health Partnership group we have developed policies and practices. The group is now offering Mental Health First Aid (MHFA) training to front line staff on a

multi-partnership basis. The MHFA programme is jointly funded with the Police and Crime Commissioner. During spring/summer, 2016 we supported 'Films to Make You Feel Good' a programme delivering screenings of feel good movies for people facing social isolation or mental health issues supported by advice staff. Our adult learning service has designed a number of new opportunities for adult social care users including ones for adults who are anxious, depressed or low in confidence. There are also courses for adults with learning difficulties or disabilities including advice about independent living and a course on Growing Older Creatively designed for people with early stage dementia.

**Children's Mental Health** – one in ten children aged 5 to 16 years has a mental health problem and many of these carry over into adulthood. Indeed half of adults with mental health problems first experience symptoms by the age of 14. A new blueprint for transforming mental health and emotional wellbeing support for children and young people across the area was launched in April, 2016. The 'Future in Mind' Plan aims to improve support across Leicester, Leicestershire and Rutland. It comes after the NHS, councils and voluntary sector secured an extra £1.9m for children's mental health last December. The funding is helping young people facing difficulties such as autism, self-harm, eating disorders and common mental health problems using a range of services from resilience training and prevention through to enhanced support for severe mental health problems. We have jointly commissioned a new service which offers advice, support and access to online counselling for young people aged 11-18. The service, 'Kooth', offers easily available professional support to young people who are experiencing a wide range of emotional and mental health issues. The number of 15-16 year olds frequently feeling anxious or depressed has doubled over the last 30 years, increasing the need for mental health information to be available. All our 16 major libraries have started to stock a range of books that GPs believe can help them manage common mental health conditions. Improving Child and Adolescent Mental Health Services (CAHMS) remains a priority.

**Adult Recovery and Resilience Services -** mental illness is the largest cause of disability in the UK and each year about 1 in 4 people suffer from a mental health problem. Physical and mental health are closely linked. Mental health contacts in Leicestershire are lower than the England average and the prevalence of depression higher than average. Mental health prevalence in older people is expected to increase in line with the increase in the older population. We have reviewed our mental health support services and identified that change is required to achieve future outcomes. We intend a new model of integrated preventative mental health services in line with the principles in our Adult Social Care Strategy. In July we commenced consultation on integrated commissioning of mental health recovery and resilience services. Our aim being to develop locality based mental health recovery and resilience hubs across the county to help people manage and maintain their mental health and to aid recovery. A proposed service model will come forward in November.

**Deprivation of Liberty (DOL)** - our DOL service is dependent on skilled administrators and with DOLS assessments only undertaken by appropriately qualified health or social care professionals. In 2013-14 there were 695 referrals rising to 2,030 in 2014-15 and 3191 in 2015-16. The local trend of increased referral rates is echoed nationally. At the end of March 2016 Leicestershire had 1699 DOLS cases that were not yet actioned and an additional 198 renewals in their wait list. We have developed a business case looking at options for meeting demand and recruiting more trained Best Interest Assessors.

## Physical Health, Sport and Physical Activity

The role of physical activity in improving our health and wellbeing is increasingly acknowledged, helping to reduce the major causes of premature death and illness as well as the prevention and management of up to 20 chronic diseases.

**Active Adults** - we have a well-developed strategic approach to sport and physical activity. Public Health and Leicester-Shire and Rutland Sport (LRS) work collaboratively to commission physical activity with partners such as district councils. This ensures the funding of a wide range of physical activity programmes. We are now focusing commissioning on addressing areas of inactivity and low level activity prevalent in the population in addition to targeting specific high risk populations such as younger and older adults. We have commissioned several new physical activity programmes to fill gaps in provision particularly targeting emerging high-risk or neglected groups. We also continue to expand and strengthen the community based Exercise Referral Programme. During 2015/16 there was public health investment of £923K into county Locality Sport and Physical Activity Commissioning Plans generating over 350,000 attendances.

The Workplace Challenge continues to encourage physical activity with 26k activities recorded during the 8-week activity log. Also over 8,200 individuals participated in sport and physical activity taster sessions as part of campaign weeks across the county. Over 4400 user visits were recorded at programmes delivered as part of the Sport England funded Inclusive Community Project, designed to increase access to inclusive sport and physical activity sessions across the county. Specialist coaches have been delivering sessions as well as mentoring and supporting other coaches and volunteers to enable them to deliver sessions to enable inclusive activities. The programme has delivered a diverse range of programmes, from boccia clubs in Charnwood for adults with learning disabilities to Motor Activity Training Programmes for those with severe physical disabilities. A total of 2,039 user visits have been recorded through the Activator programme in six months. Through the Better Care Together programme we are reviewing current obesity and physical activity preventative programmes. Work with the East Midlands Academic Science Network identified gaps in the obesity pathway, particularly around specialist care, that are now being addressed through partnership working with the local CCGs. Latest survey results suggest that 24.8% of adults are inactive in

Leicestershire, an improvement on the previous year and in the top quartile nationally.

**Active Young People –** we commission School Sports and Physical Activity Networks to deliver physical activity programmes to young people most at risk of being inactive. In addition we work with professionals in a range of settings to provide environments that are conducive to physical activity. £150k was invested to deliver 132 Sportivate projects attracting £105K worth of partner funding and resulting in 2,643 11-25 year olds participating in sport and physical activity. 5,327 young people participated in the Level 3 School Games Programme of whom 575 were disabled young athletes. £2.5m was also invested through Local Sport Alliances. All secondary schools across the County and City affiliated to competing in the new Team Leicestershire Competition Programme made up of 8 Leicestershire School Sport Associations across 50 competitions. 32 School Sport Apprentices were also supported and deployed into schools as part of the Loughborough College Apprenticeship Programme.

**Places to Play, Clubs and Pathways –** LRS is working with partners to ensure that every locality has a Sports Facility Framework in place to provide an evidence base to raise capital funds for new and improved sports facilities across the County. Last year over £527k was secured for 9 local clubs and organisations from the Sport England Inspired Facilities Fund. The Sport England Improvement Fund Project for a new sports facility at Rawlins Academy has been successfully completed and LRS is supporting a number of schools with improving community access and business cases for new sports facilities including at Wigston Academy, South Wigston High, the Cedars Academy and South Charnwood High. £49k has also been invested into local clubs and organisations from the Leicestershire Legacy Fund. In addition £61k was invested into the development of 32 LRS funded Satellite Clubs. 513 coaches and volunteers attended workshops organised by LRS and 20 talented young leaders received training and development opportunities through the ELITE Sports Leadership Academy.

**GO Gold -** rugby players Emily Scarratt and Megan Jones, rower Jonny Walton, archer Lizzie Warner and gymnast Andrew Stamp were all backed in their early days by Leicester-Shire and Rutland Sport's Go Gold programme. The programme, funded by the council along with the City and Rutland councils and all districts, provides financial support for talented county sportsmen and women who have the potential to compete at a higher level. This year 109 athletes from 25 different sports were successful in receiving grants worth £47k ranging from £100 - £1,000 to support their development. 14 individuals were supported by the GO GOLD Talented Coach Programme to achieve Level 3 coaching qualifications.

**Rugby World Cup –** England and Wales hosted the most successful Rugby World Cup to date and Leicester and Leicestershire played their part in this success. The King Power stadium hosted 3 games and attendance at each was approximately 30,000. Such international tournaments enhance the reputation of the City and the County. The County played an important role

with Leicester Grammar School in Great Glen hosting the Canadian team and Loughborough University hosting teams from Namibia, Tonga and Uruguay.

# Children and Families

Our aim is that children and young people in Leicestershire are safe and living in families where they can achieve their potential and have their health, wellbeing and life chances improved within thriving communities. We place a particular focus on vulnerable children and their families such as children in care, children with special educational needs and families with particular problems.

## Supporting Families

We provide high quality, targeted early help and prevention for families at the earliest point to ensure that children are safe, healthy and better prepared to achieve their potential. Early help describes the type of support given to families by a range of agencies to stop problems happening and to tackle them as soon as possible. We are working to join up early help across a range of services as well as targeting support to where it is most needed.

**Early Help Hubs -** multi-agency meetings take place regularly across localities to ensure families with more complex needs receive the most appropriate response from a range of agencies. There is good participation by all key partners and a pilot with health agencies has supported a more joined up approach for families with both health and social care needs. 94% of the cases considered by hubs each month met the target of a 28-day turn-around from point of referral to allocation.

**Contact Centres** - a board was set up to refurbish three contact centres in Coalville, Loughborough and Hinckley and to create three integrated service hubs to provide high quality space to work with children and families. The buildings have been fully refurbished and were in use by December 2015. The use of the buildings has changed how services are delivered to a more seamless and integrated way with teams co-located. Parents report a better overall service and that the support is excellent.

**Supporting Leicestershire Families (SLF) –** our team of workers is working with 797 vulnerable families made up of 3460 individuals to tackle a range of issues including drugs, truancy, domestic violence, health issues and anti-social behaviour, reducing the need for them to deal with several different agencies. SLF brings together the county and district councils, police, NHS and other agencies. 63% of the families worked with have made significant progress. The service is making a difference to families in Leicestershire and on track to support 3,000 families over five years. Feedback from families shows the scheme is having a real impact.

**Children's Centres –** our Children's Centre Programme seeks to improve outcomes for young children and families with a particular focus on the most

disadvantaged in order to reduce inequalities in child development and school readiness. This is supported by improving parental aspirations and parenting skills. The programme works with families with children between the ages of 0 and 5 with a particular focus on 0-2. More families are using Coalville's centre after it re-opened in November 2015 with larger and improved facilities. We are remodelling our overall Early Help offer to achieve savings and deliver better outcomes including reviewing the services provided at children's centres. The remodelled offer will see a particular focus on those needing extra help especially in the first 1000 days, those experiencing anxiety and depression during pregnancy and the first year and domestic abuse. The work being done around the centres will help to identify existing and future savings to be made. We are working with partners to ensure the services offered are appropriately targeted and to develop support.

**Remodelled Youth Offer –** our youth offer is part of the Early Help Service and a core part of keeping children safe and supported. During the year we have remodelled the offer to further embed youth work into multi-disciplinary teams throughout the county where they are needed. Using data on service usage and demand we have been able to achieve around £500k in efficiency savings.

## Ensuring Children and Young People Are Safe

We continue to work in close partnership with the local Safeguarding Children's Board (LSCB) to implement strong interagency arrangements for the protection of children from harm and provide a range of support services for children in need. In March we agreed a new Safeguarding Children Plan for 2016/17. In September 2015 we hosted a visit from Ofsted to help pilot a new inspection process. The new Joint Targeted Area Inspection process examines how local authorities and partners work together to deliver child protection services. The inspectors were impressed with the work they saw as well as outlining opportunities for improvement.

**National Child Sexual Abuse Inquiry** – in June we pledged full support for the national inquiry into child sex abuse. We outlined how we were preparing for the Inquiry and made provision for spend of up to £2m to support the process as well as manage historic abuse cases. We remain fully committed to co-operating with the inquiry to ensure that events are fully investigated and any lessons learned. Steps taken include gathering a significant amount of potentially relevant material following a request from the inquiry. The wider inquiry is expected to last until at least 2020.

**Child Protection** – our First Response Children's Duty Team operates 24 hours a day and is the front door to accessing children's services. The team deals with around 25,000 calls and 30,000 emails a year and includes urgent responses to those at imminent risk and an early response to stop concerns escalating. The team ensure families receive a quick and proportionate service and that fewer children have their lives intervened in by social care unless required. The team has reduced the numbers of cases to social care by appropriately identifying the correct outcome. In March our child protection

staff offered a glimpse into their work. The team behind our helpline highlighted a typical day ranging from a report about illegal drug use at a house where a child lives to concerns about the welfare of a baby.

**Child Sexual Exploitation** – awareness of child sexual exploitation (CSE) has never been greater due to high profile national cases. In 2014 we joined forces with Leicestershire Police to set up a joint CSE team and this is now being expanded to include other partners. We have contributed £500K to bolster the team and recently added 4 new recruits, which now consists of 8 staff and over 20 police officers, including the force's Missing from Home Team. It works closely with partners to help and protect children at risk of CSE and victims. In the past 12 months the team have received 303 referrals, a 64% increase. The CSE Team is making an impact - a recent case, Operation Quartz saw partnership working and a man who had groomed girls with drugs receive an eight-year prison sentence. In January we urged people to get behind a new initiative designed to tackle CSE. CEASE encourages people to pledge to combat child abuse and sexual exploitation and runs alongside the local awareness-raising drive 'spot the signs' launched in 2013. Since it began the number of reported concerns has more than doubled. CEASE builds on the progress already made to tackle CSE and is one of 12 separate multi-agency projects to protect vulnerable people. Over the past few years we've worked closely with partners to help people recognise CSE and hone the specialist support provided to victims. A thought provoking and powerful play toured more than 50 schools in the autumn encouraging young people to speak out about child sexual exploitation. More than 10,000 pupils watched the hard hitting performance which signs a light on CSE and where to go for help.

**Effective Child Care Placements -** there were 459 young people in our care in June 2016. In December 2013 we agreed a policy with the ambition that children who are 'looked after' are best placed with families as opposed to institutions. As part of this approach in February we agreed to close Greengate Children's Home to ensure more children are looked after in a family setting and to make £400k savings to help reinvest in family based services. The money saved has been used to develop a new dedicated support team within the Fostering, Adoption and Placements Service.

**Fostering and Adoption –** increasing the number of carers helps us place more children with families, develop the fostering service and reduce the amount spent with private fostering agencies. In January there was a recruitment drive for more foster carers as our fostering team visited Leicester City FC. The fostering and adoption bus was at the ground offering advice and information to potential carers. Also in January a new advert inspired by the classic board game 'Guess Who' was launched to encourage people to see themselves as potential foster carers. In May to support The Fostering Network's 'Time to Foster, Time to Care' campaign we asked people to find out how to make a difference to Leicestershire's children in care. Our team provide 24-hour support to the whole fostering family, offer bespoke training and encourage carers' development. In May we also sought to recruit people to help unite young people and their families and prevent them going into care

through a new foster carer role to take older children aged 11 to 17 into their homes for 8 to 12 weeks. The specialist carers work with a young person and their family to rebuild relationships so they can find a path forward and stay together and are supported by a dedicated team. Average time to place children with adopters has improved to 517 days in 2015/16 from 546 days the previous year.

**Looked After Children –** more looked after children are staying in the same placement for 2 years or more, increasing to 67.7% from 62% the previous year. We support 459 children in our care and care leavers in a wide range of ways including specialist social work support, accommodation, offering work experience, apprenticeships, access to computers, one-to-one tuition, mentoring and youth work activities such as Beacon Voices or the Beacon FC football team, which encourage children to raise aspirations, be more confident and strive to achieve. In January young people in care were honoured for their achievements. We hold the event to mark the wealth of achievement amongst children in care and care leavers. Every year our young people overcome obstacles to achieve and gain well-deserved awards.

## Supporting Children to Achieve Their Potential

**High Quality School Places** - our School Organisation Service has had a successful year in meeting demand for new school places as a consequence of increased births and new houses. A total of £23m was invested in our School Accommodation programme during 2015/16. Work was completed at a number of schools providing an extra 922 primary school places. Work has also supported the removal of the 10+ system in Wigston by developing additional classroom space in local Primary Schools. Further work is underway relating to the removal of the 10+ system in the remaining areas including Castle Donnington, Shepshed and Oadby in September 2017. We have supported four secondary schools to manage age range change to give all through status. We have also assisted the conversion of a number of schools to academy status where they wish to do so and help others consider options such as Multi Academy Trusts (MAT). Of the 283 Leicestershire Schools 146 are now academies many of these operating within one of 14 established MATs. Our Admissions Service has dealt with in excess of 7,400 first time admissions. A record number of Leicestershire pupils achieved their first choice of primary and secondary school place in 2015/16. 95.7% of pupils attained their first preference for secondary and 91.8% for primary, compared to 94.3% and 88.7% the previous year. More pupils are achieving a place at their preferred school because of our focus on providing more school places in areas of higher demand, and simplifying the application process online. Last year around 97% of all applications were made online.

**School Accommodation –** major schemes included work on a replacement for Wigston Birkett House Academy and conversion of Hinckley Mount Grace High School to create 210 additional primary school places. Other major school accommodation works included Hinckley Westfield Junior School, Coalville All Saint's C of E Primary School, Bottesford C of E Primary School, Ashby Willesley Primary School, Ibstock St. Denys Infant School,

Loughborough Robert Bakewell Primary School, Groby Martinshaw Primary School, and Glenfield Primary School. We also made contributions to support secondary academies to develop additional classrooms or specialist provision where there was need in the areas concerned. £3.2m was spent on works such as re-roofing, window replacements, replacement of boiler plants, lighting and ceilings and upgrades of fire alarms. The £4m state of the art Fossebrook School was built by the Council and in July officially handed over to the Discovery Schools Academy Trust which will run it. The state-of-the-art facility offers 210 places for pupils in Leicester Forest East and Braunstone Town and took its first pupils at the end of August. In June we noted expressions of interest from Academy Trusts to operate a new 210 place primary school to serve the Hallam Fields area in Birstall. We have also seen the development of a new 630 place primary school in Hinckley – Hinckley Parks Primary School.

**Changes to School Funding -** we are considering the implications of a national schools funding formula which is intending to implement significant changes over a period of years. There are pressures on the SEN budget as a result of growth in the number of children with additional needs and we are already reviewing these pressures as part of our transformation programme. There will also be significant financial pressures on many of our secondary academies where there is currently surplus capacity whilst waiting for the population bulge to work through the system. We are working with the academies to facilitate discussions between the Education Funding Agency and the Regional Schools Commissioner to find short term solutions.

**Education of Children in Care** - we hosted an event about the education of our children in care, led by the HMI Ofsted lead. She was extremely complimentary about our local work as well as the regional and national leadership that we are providing in this important area. The Council continues to have a high profile for the work that we do with children and their families.

**Good Early Learning and Child Care -** take up of the Early Years '2 year olds' offer was greater than envisaged and there was an increase in children accessing the free entitlement to early education for 3 and 4 year olds to 98%. The percentage of childcare providers in Leicestershire rated as good or outstanding by Ofsted was 85.3%. This maintained the improvement of the previous year. The percentage of children achieving a Good Level of Development (GLD) in reception year in Leicestershire was 67.5%. This is a rise of 3.8% from 2015 but behind the provisional national figure of 69.2%. There are 17 early learning goals (ELG) that teachers and practitioners observe children achieve. Children need to have 'expected' in 12 ELG's to achieve a GLD. Leicestershire is exceeding the national percentage for all children in 13 of the 17 ELG's, but there is a gap of 15.7 percentage points between girls and boys.

**High Standards in Primary -** end of Key Stage 1 assessments were changed significantly for 2016 and are therefore not comparable with 2015. Provisional results show Leicestershire to be lower than national levels for each individual subject of reading, writing and mathematics. The percentage

of children in Leicestershire meeting the expected threshold for all three subjects was 58.4% compared to 60.3% nationally. Key Stage 2 assessments also changed significantly in 2016 and are not comparable with previous year's data. The end of primary school measure is now the percentage of pupils meeting expected standards in each subject. The expected standard is far higher than the Level 4 used in previous years. The provisional headline benchmark is meeting the expected standard in reading, writing and mathematics (RWM). The percentage of children in Leicestershire achieving this was 52.5%, against a national figure of 53%. Leicestershire was below national levels for Reading and Maths but the same for Writing. The percentage of pupils eligible for Free School Meals achieving expected standards in RWM was 28.9%.

**High Standards in Secondary** – headline Key Stage 4 measurements have changed for 2016. Using the previous headline measure of 5 GCSEs A*-C including English and Maths shows improvement in Leicestershire in 2016. 57.2% of pupils achieved this benchmark compared to 56.8% nationally. Attainment in the key areas of English and Mathematics was also better in Leicestershire than nationally. A number of new and changed schools produced good results. However, achieving higher overall pupil progress continues to be a local school improvement priority. Leicestershire performance at Key Stage 5 was slightly below last year with pupils achieving an average Grade C at 'A' Level, with the average points score at 208.5 below the national average of 213.8.

## Support for Vulnerable Children

**SEN and Disability Reforms –** support for children with special educational needs and disability in Leicestershire has been transformed since the introduction of the SEND reforms in September 2014. During the year we have created a local SEND offer providing information about services available across agencies from birth to 25. We are developing systems to allow us to offer personal budgets to parents/carers and young people in the future. We have also introduced new Education, Health and Care plans and are reviewing how these can be improved. Three new education, health and care facilitators have been appointed to support the changes to SEND with the aim of ensuring that children sit at the centre of plans and that the multi-agency approach runs smoothly. A new club was launched for young people with Autism within the Hinckley and Bosworth area. The club is a new addition to the previously established specialist youth groups for children with SEND aged 11+ running in various locations. The groups support around 20/25 young people per session.

**Vulnerable Children -** in May work began on building a new £10m state-of-the-art special school in Wigston. The school's main Wigston site is being relocated to a brand-new building at the Wigston Academy campus and in September 2017 will provide places for up to 125 children aged 4-19, extending the number of pupils who benefit from this school which is rated by OFSTED as outstanding. Features within the new school include a hydrotherapy pool and sensory interactive rooms incorporating multi-sensory

technology. The scheme is part of a larger masterplan for the campus which is undergoing significant transformation as part of a £4m redevelopment to create the Wigston Academy.

**Primary Behaviour** - a Forum is helping schools gain advice and support about pupil behaviour. The forum is led by specialist practitioners' currently teaching and supporting pupils with very challenging behaviours in a pupil referral unit. Improved outcomes from the approach include a reduction in the need for fixed term and permanent exclusions and increased knowledge about SEND support and care plan writing.

**Bullying -** Stonewall has ranked our anti-bullying team in its top 10 for the third year running, praising its work to tackle bullying in schools. The Leicestershire team was ranked sixth – three places higher than last year. The new task force set up to tackle anti-homophobic, bi-phobic and transphobic bullying has been recognised as an example of good practice for its cross-border work. In addition we have redesigned our online anti-bullying hub making it easier for young people to use the site.

**Pupils Missing Education (PME) –** we have established an electronic process for the collection of PME data with a 100% response rate. A new PME operational framework has been developed and we are working with the Midlands Children Missing Education Consortium to share good practice and drive improvement linked with the East Midlands School Improvement Group.

**Children with Disabilities Service –** every year our service works with hundreds of young people to give them and their families the support they need. In April Leicestershire families were asked for views to help improve support for young people with disabilities. Current arrangements for the short break, domiciliary care, specialist summer schemes and early support and inclusions services come to an end in March 2017. Before re-commissioning services we invited comments on what is important to users and where improvements could be made.

**Young Carers –** in May we re-affirmed our support for young carers by signing a new pledge. The pledge takes the form of a 'No Wrong Doors' memorandum of understanding that young carers will be identified assessed and their families supported regardless of which council service is contacted in the first place. We currently support young carers by funding one-to-one support from Barnardo's and signposting sources of help from other agencies. All education providers in the county have also been encouraged to appoint a 'champion' to support young carers and their families.

## Improving Childrens Health and Wellbeing

**0-19 Healthy Child Programme** – following a health needs assessment in May we agreed a new service model for the Healthy Child Programme combining the existing health visitor and school nursing services. The service will prioritise the health of looked after children, children with special educational needs and/or disabilities, traveller families and children at risk of

exploitation. The new programme will come into effect in April 2017. The model will also contribute towards savings targets of £500k per annum. The new service will have better integration with other relevant services, clearer pathways and effectively targeted and accessible services and will include a 'digital' offer. All the universal contacts for health visiting will remain unchanged. A new Here4U project is helping improve the accessibility of health services. It is currently being considered by school nurses across 13 schools in the area with 5 other school services interested.

**Breastfeeding and Maternity Support –** breastfeeding has positive health benefits for both mother and baby in the short and longer term. Low breastfeeding rates are linked with inequalities in health, deprivation and reduced life expectancy. Breastfeeding peer support services are available in 6 areas and Breastfeeding Champions have been nominated in both health visiting and children centre teams. The 'Baby Buddy' App and 'Meals on Heels' App have been embedded across the County. Local CCGs are also funding a Perinatal Maternal Mental Health project to develop a Community Outreach Service to support mothers to help establish an attachment and an early relationship with their baby. The percentage of mothers initiating breastfeeding increased to 74.4% in 2015 from 68.7% the previous year.

**Early Years Health -** the Leicestershire Healthy Tots Programme provides a framework, based on the Healthy Schools framework, to support early year settings to be health promoting organisations. The core themes of the programme include emotional health and wellbeing, physical activity and healthy eating. Over a 100 settings in Leicestershire are participating in the programme and 60+ settings have achieved healthy tots status.

**Healthy Schools –** the Leicestershire Healthy Schools Programme provides the framework to support schools to be health promoting settings. At least 99% of schools and academies in Leicestershire are participating in the programme. 40% have achieved Enhanced Healthy School Status by achieving meaningful outcomes on a public health priority.

**Nutrition and Healthy Weight -** in January figures showed that county obesity for reception and year six children were below the national average. Around a third 33.2% of the children in year six across the country were obese compared with 30% in Leicestershire. For reception classes the figures were 21.9% and 20.3% respectively. Work is commissioned to encourage children to be more active and to eat healthily such as the Family Lifestyle Clubs. See public health chapter.

**Child Oral Health -** surveys assessing tooth decay in children are undertaken on a regular basis. From these we know that whilst levels of tooth decay in Leicestershire children have fallen recently the number of children experiencing tooth decay in most areas is still above the national average. Tooth decay is largely related to the consumption of sugary products. Insight work was commissioned to understand more fully the reasons for particularly higher levels of decay in some local areas. A key issue was found to be grazing on sugary products throughout the day. We are

using the results to shape our programme including 'Healthy Teeth, Happy Smiles' materials being used with parents to promote good oral health. Every child receives a free toothbrush and paste pack from their health visitor and supervised tooth brushing programmes are being established in pre-school settings. Training in oral health is available for staff working with families and a resource library to support them in promoting healthy teeth.

**Teenage Sexual Health and Pregnancies -** Leicestershire's teenage pregnancy rate continues to fall for the seventh successive year. The rate of conceptions stood at 18.5 per 1,000, significantly lower than the national average of 22.8 per 1,000. Work done by the Leicestershire Teenage Pregnancy Partnership includes a film 'Becoming Dad' which tells the stories of three young men and how they faced the realities of fatherhood. There was also a campaign raising awareness of the issue of consent.

**VOICE** – during September 2015 we ran our first voice festival to highlight the importance of listening to the views of children and families. During the week we launched the voice network to bring practitioners together to ensure child views are at the centre of our work. Three teenagers have also been elected to be UK Youth Parliament representatives, a demanding two-year role to champion young people's views and get involved in local decision making.

**Commissioning Intentions -** in April we agreed a new Commissioning Strategy and commissioning intentions for children and family services including a work programme over the next four years from April 2016 to March 2020. Priorities include that children are safe and living in families, achieving potential, have good health and wellbeing and living in safe and thriving communities.

## Safer Communities – A Better Environment/Place

We place high priority on keeping Leicestershire communities as some of the safest in the country by helping minimise crime and anti-social behaviour, reducing youth offending, supporting victims of crime, ensuring the safety of our roads and providing consumer protection services.

**Community Safety and Crime Minimisation -** overall there were more reported crimes in Leicestershire in 2015/16 than the previous year - 929 additional crimes, which is a 3% increase. Total crime overall was 1.4% higher. There were more reported vehicle crimes and more burglaries in dwellings in 2015/16. The number of reported sexual offences has continued to increase compared to last year with 31 more offences reported - an increase of 7%. The number of reported rapes was 9% higher than in 2014/15 - 19 more. The Police and Crime Panel is continuing to oversee and scrutinise the Police and Crime Commissioners Police and Crime Plan and has looked at a number of issues during the year including visible policing within the community and vulnerable victims of crime. In July we supported Leicestershire Police with the Safer Summer campaign which aims to ensure that people stay safe during the summer. The campaign focused on five key areas - online safety, burglary, anti-social and nuisance behaviour, personal safety and vehicle crime. The campaign was supported by our local Anti-Social Behaviour Delivery Group. The proportion of residents reporting they feel the police and local authorities are addressing antisocial behaviour and local crime and disorder has increased further to 92.7% this year.

**Youth Offending and Youth Justice** - in June we agreed a new Youth Justice Strategic Plan to 2019. The plan aims to prevent offending, reduce reoffending, increase victim and public confidence and ensure the safe and effective use of custody. Our Youth Offending Service is a multi-agency team that coordinates the provision of youth justice services. First time entrants to the criminal justice system reduced to 124 in 2015/16 compared to 190 in 2014/15. Reoffending by young people is showing reductions for the first time in several years. In relation to the proportion of young people receiving custody numbers remain consistently low. Performance in Leicestershire compares favourably to both regional and national figures. In terms of first time offenders and reoffending the YOS is in the top 10% of services and in the top 20% of services in relation to custody rates.

During the year we have been one of the first adopters nationally of a new case assessment and management system which will improve assessment and case planning. We have also been involved in the Young Adults Project which has introduced a new local transitions protocol between the YOS and national probation service and introduced the Y2A portal to enable electronic sharing of information with the National Probation Service. A pilot joint area inspection by Ofsted highlighted that YOS had made positive progress in the identification of child sexual exploitation. YOS has also worked closely with the local CAMHs service and as a result CAMHs support has been extended to prevention and out of court disposal cases.

**Anti-social Behaviour –** in June the Anti-Social Behaviour (ASB) Delivery Group made up of councils across the County, City and Rutland and the police asked football fans to avoid anti-social behaviour by recognising the effects that excessive drinking and anti-social behaviour have within the community. The Council's IMPACT team also met with young people to highlight how ASB can affect communities. Sessions included discussions on knife crime and drugs and alcohol. Community survey data shows that the proportion of people reporting they have been affected by ASB in the past year remains low at just over 5%. In the last 12 months the IMPACT team has worked in 31 areas with 943 young people. The team has also delivered assemblies to 28 schools. Reports of ASB have dropped in every area they have been deployed and partner agencies have given positive feedback from across the County. 78% of the young people with whom the IMPACT project has worked reported that the work was excellent.

A successful scheme aimed at encouraging more young people into sport and physical activity whilst teaching them about the impact of ASB launched again this summer. Aimed at young people aged 11 – 25, the scheme offered free weekly sports sessions run by qualified coaches to encourage young people to stay healthy and fit, meet new people and participate in positive activities in their community. Young people had the opportunity to play football, basketball, dodgeball, volleyball, tennis and football tennis. Funded through the Sportivate programme by Leicester-Shire and Rutland Sport and run by the Council's IMPACT Project which focuses on helping prevent youth related ASB across Leicestershire. Between June 2015 to March 2016 IMPACT delivered ten projects in Leicestershire in which over 200 young people participated. 92.7% of people feel the police and councils are successfully dealing with ASB and crime, up from 86.1% in 2014/15.

**Prevent** – over 130 workshops to raise awareness of 'prevent' have now been delivered across Leicestershire and Rutland with approximately 2650 people trained since the Prevent Officer took up post in October 2015. Many of these have been delivered in schools. The Schools Annual Safeguarding Survey shows that compliance with the new Prevent Duty is high across Leicestershire. Further plans are underway for the delivery of WRAP sessions to foster carers and parents and carers of people with learning disabilities. Work is ongoing with District and Borough Councils in order to support them in their local prevent duty with advice, guidance, updates and best practice.

**Community Cohesion and Hate Incidents -** reports of hate incidents have reduced further during 2015/16 although there was an increase in reports following the Brexit vote. An action plan has been devised by partner agencies to ensure an effective response to the hate incidents that occur across the area. It will also seek to raise awareness of hate and build increased reassurance and confidence in communities. It is acknowledged that hate crime is underreported. Current recording practices are being examined and a campaign is being undertaken to raise awareness of the importance of reporting. A year-long awareness raising campaign will be launched during National Hate Awareness week in October 2016.

**Domestic Abuse –** multi-agency risk assessment conferences (MARACs) share information on high risk domestic abuse cases between key agencies. The number of cases to MARACs has continued to increase, however the percentage of repeat referrals has remained level at 27%. Figures for domestic abuse support services for 2015/16 are not yet available but it is estimated that referrals were approximately 1400 based upon incomplete data. 87.5% of service users experienced a reduction. The waiting list for support in the County is down to 9 people compared to over 100 the previous year.

Our Leicestershire County and Rutland Domestic Homicide Review procedures are working well. We now have a common approach to learning lessons from tragic circumstances so that we can do as much as we can to prevent future homicides. We have developed guidance and delivered training with our partners to support any organisation to identify and respond appropriately to domestic abuse. Operation Encompass has been trialled in schools across Leicestershire over the last year. The aim of the project is that schools are made aware of any domestic abuse related call outs to the child's address in order for the school to provide appropriate support the following day. Initial feedback is that the project is operating successfully and the sharing of information is of benefit to both the school and the child.

**Safer Consumer Goods and Trading –** during the course of the year 367 samples of food were obtained either following complaints from Leicestershire residents or as part of the service's sampling programme to check that products were safe and what they were supposed to be, from their descriptions or labelling. 402 businesses selling takeaway food received advice about the requirements and importance of being able to supply accurate information about allergens contained in the food they supply. This year we are focusing our food business advice/enforcement around allergens following a recent tragic case in North Yorkshire. Our animal health and welfare team has carried out 143 visits to local farms to ensure compliance with legislation relating to feed hygiene and the health, welfare and traceability of farmed animals entering the food chain. As part of a nationally funded ports and borders project 430 imported consignments of consumer goods were examined at East Midlands Airport, many of these destined for sale on the internet. Over 17,000 dangerous items were destroyed worth over £500k, these included electrical goods such as chargers and hair straighteners that posed a fire and electrocution risk and cosmetic skin creams containing harmful chemicals.

**Tobacco Enforcement -** a team of sniffer dogs play an important role in helping Trading Standards Officers find illegal tobacco which is hidden in shops and cars in Leicestershire. With their help 25280 sticks of illegal cigarettes and 5100g of illegal tobacco has been found across the county**.** This work helps to protect legitimate businesses and young people by reducing the availability of illegal tobacco products which are sold substantially cheaper than legal tobacco.

**Age Restricted Products -** a new focus has been on preventing young people from acquiring a dependency on e-cigarettes, now an age restricted product. A recent project showed low rates of compliance across the region when 54% of the businesses sold to under 18s. Reducing availability of alcohol and cigarettes to young people continues to be a priority and advice and guidance has been provided on age restricted products to 116 businesses so far this year.

**Rogue Traders** - as part of Rogue Trader Week nearly 100 vehicles were stopped during three days of enforcement to crackdown on illegal traders. Two residents were able to provide trading standards with evidence of possible rogue traders operating in the area and were investigated further. The success of the operation reinforced close working with Leicestershire police to ensure that rogue traders are prevented from preying on the most vulnerable. We continue to build on this success through partnership working so that rogue traders know Leicestershire is a no-go area for their activities.

**Money Scams –** we have a service level agreement with the National Trading Standards Scams Team. This national team proactively through a range of enforcement activities identifies victims that are being targeted with scam mail. They hold details of 1300 potential victims who have appeared on lists used for mass marketing mail scams in Leicestershire. Trading Standards Officers are visiting these on a priority basis to establish the scale of how they are being targeted and supporting them to help prevent them from falling for further scams. National data shows that the average scam victim loses £1,121.66, so far the figures for Leicestershire victims are in line with these.

**Emergency Management -** we have a unique and strong multi-agency arrangement in place for emergency management services covering all the major public sector services hosted by the council. Our Resilience Partnership and LLR Prepared aim for more resilient communities and businesses that are able to help themselves in the event of an emergency. We are working to make sure that all communities in the area are prepared to cope in emergencies. Prepared Citizens are at the heart of our plans for community preparedness and resilience. Prepared Citizens participate in a Community Response Team when needed in their area, checking on neighbours, assisting families that have to be evacuated and providing practical assistance.

## A Better Environment

Protecting the environment and rural character of the county is an important issue and we are implementing a range of plans to do this including our Environment Strategy, Carbon Reduction Strategy, Climate Ready Plan and Waste Management Strategy. Our commitment to a better environment is demonstrated by our work to reduce our environmental impact. We continue to manage our environmental impact across a wide range of issues, including reducing energy consumption, business miles, paper use and office waste.

**Carbon Emissions -** the government has released the latest performance data on carbon emissions per person in each local authority area in the UK based on 2014 data. The East Midlands as a whole is average at 7.1 tonnes per person. Greater London leads the way at 4.2 t/p. Overall there has been a 29% reduction since 2005. Carbon emissions for the whole of Leicestershire have been monitored including those from industry, commerce, transport and households. DECC also provide carbon data based on those factors under the Council's influence. These show a steady decrease since 2005. The emissions per person have decreased from 8.5 tonnes per person (t/p) to 5.7 t/p over the ten years that we have data for. Three quarters of our street lights have now been dimmed, switched off in the early hours or turned off entirely. The project has reduced Leicestershire's carbon footprint and helped save more than £818k. Carbon emissions from Council operations, buildings, street lighting and signs and business miles decreased by 15% from 2014-15. 2015-16 saw a significant fall in energy consumption in council buildings compared to the previous year. Both electricity and gas use were notably reduced. We are now 23% ahead of the current carbon reduction target for energy use in council buildings.

**Renewable Energy Strategy** - £1.6m has been invested in our energy projects to reduce energy consumption across our property estate, to reduce carbon emissions and deliver savings. The investment includes upgrading lighting, boilers and new heating controls as well as implementing renewable energy initiatives such as installing 400Kw Solar Photovoltaics (PV) in December 2015. We completed phase 1 of RE:FIT including a biomass boiler and solar panels at County Hall, LED lighting, boiler and heating control upgrades at 5 other corporate sites and solar PV at 4 corporate sites including Coalville Area Office, Coalville Resources Centre and Roman Way. Completed Phase 2 of RE:FIT installing Solar PV at further 5 libraries, Oakfield School, Vulcan Court industrial units and Loughborough and Whetstone Civic Amenity sites. Assessments of other council properties are underway to identify up to 25 more installations during the year. We have also invested £3m into invest to save projects to deliver savings including boiler replacements and lighting upgrades to LED. Heating upgrades at Beaumanor Hall have recently been committed to. Our commitment to increasing renewable energy sources for our schools was demonstrated by investing £400k into Score+. The scheme is being piloted with Bosworth Academy who have successfully had solar PV installed and works will be completed in 2016/17. Furthermore, a biomass boiler and solar PV have been installed at the former Mount Grace School and there are a number of other schemes in the pipeline. Our investment in biomass and solar PV schemes has resulted in a rise in the amount of energy generated from renewable sources to 4.8%, above the target of 1% year on year.

**Community Energy Savings** - in January we agreed a new energy supply service available to residents. Cheaper power bills are available through our work with an existing energy supplier to offer cheaper tariffs to residents and businesses throughout Leicestershire. We operate the service as 'not-for-profit' and any funds gained are reinvested into energy efficiency measures or used to discount the price paid for energy by residents and businesses. There

is a strong emphasis on customer service, helping vulnerable customers and a green tariff for consumers.

**Climate Change - Grants –** in May Shire climate change grants of up to £5,000 were made available. 14 projects were funded a total of £33k to improve energy efficiency and reduce carbon emissions from community buildings. Schemes include energy audits, installation of heating systems, roof and cavity wall insulation and renewable systems. Groups supported include Fleckney Silver Band, the Glenmore Centre in Shepshed, and Cotesbach Village Hall.

**Climate Change - Flooding -** heavy rainfall in June caused flash flooding in several parts of the County. The Council played a key role in response including 2500 filled sandbags issued and 2000 unfilled bags sourced. We also provided support for affected primary schools, community centre and youth centre. Flood wardens provided invaluable information about local risks. The Council's highways teams responded by suppling 1,000 sandbags to North West Leicestershire District Council and dealt with problems caused by a number of flooded roads. This prompt intervention helped to alleviate the disruption and damage that severe weather events such as these can cause. In August flood victims from three North West Leicestershire villages were encouraged to share their experiences with flood agencies. Residents who were affected by flooding in June, or who are worried about future impacts, attended specialist flood recovery surgeries to discuss their concerns. The two partnership events were run by the Council alongside partners and LLR Prepared. In September 2015 we agreed a Local Flood Risk Management Strategy for Leicestershire to ensure the effective management and minimisation of flood risk across the County.

**Minerals and Waste Planning –** in June we began consultation on proposals to guide mineral extraction and waste developments in Leicestershire over the next 15 years through a new Minerals and Waste Local Plan to 2031. The plan balances protection of the environment and local communities with the need for a supply of minerals. It is proposed that priority will be given to the extension of existing sand and gravel operations, such as Brooksby, Cadeby, Husbands Bosworth and Shawell quarries. For other minerals a continuation of the temporary clay stocking and blending facility is proposed at Donington Island in Ashby Woulds and an extension proposed to the Marblaegis gypsum mine near Wymeswold. It is predicted that by 2031 the county will be producing 3.5m tonnes of waste per year. This will require up to three facilities for recycling commercial and industrial waste, up to three waste recovery facilities, one facility for landfilling construction and demolition waste and one small hazardous waste treatment facility.

## Sustainable Waste Management

**Recycling and Household Waste sites –** we have continued to maintain and review our operations at Recycling and Household Waste Sites (RHWSs) and Waste Transfer Stations. In 2015/16 we received over 1.5 million customer visits at the RHWS and diverted over 70% of waste from landfill. Solar panels were installed on the roofs of two Waste Transfer Stations, which should reduce electricity costs and provide green energy. We also consulted on different options for making savings from the RHWSs and secured approval for service changes that aim to save over half a million pounds each year. Following approval of the service changes we undertook detailed planning for revised opening hours for the sites, a refresh of the permit scheme and the introduction of charges for construction and demolition waste at the RHWSs. These changes were implemented in April 2016.

**Waste Prevention, Reuse and Recycling –** our progress against our waste reduction and recycling priority reached an important milestone this year. We reached agreement with five of the district councils and have moved away from providing credits that used to pay districts for green waste. We have also delivered over 55 classes and 35 talks on waste prevention and recycling across the county. We have also partnered with a group of national food retailers, manufacturers and local authorities to sign the Courtauld 2025 agreement which commits all signatories to help reduce food waste by one fifth by 2025. Wasting food currently costs household up to £60 a month, working out at over £700 a year. Total waste per household and the amount sent for reuse, recycling and composting saw a small reduction in performance last year, but the later remains better than the national average. The amount of waste sent to landfill improved from 29% to 27.6%.

**Composting –** we supported our sustainable waste priorities by continuing to offer cut price compost bins. These were made available to help reduce the amount of organic waste that goes to landfill every year in the county. Composting at home can help to improve the quality of soil in gardens whilst reducing the Councils costs.

## Natural and Historic Environment

**Environment Grants –** our Stepping Stone grants and the Stepping Stones project support community action on landscape and natural environment improvements through help to parish councils and community organisations. In the Stepping Stones Project area funding of up to £500 for schemes was available for environmental improvements with community benefit. In addition the Stepping Stones connecting people and wildlife grant offered funding of up to £2,500 for larger schemes that have significant community involvement and benefit for wildlife. In 2015 Steeping Stones helped 12 applicants plant 1.5km of new hedgerow alongside 375 new trees as part of the Woodland Trust partnership ‘Trees Make Hedges’ Scheme. The Project also awarded 15 applicants financial support through green infrastructure grants for works to improve green spaces and the farmed landscape.

**Countryside Walks** - more than 100 walks to suit all ages and abilities took place across Leicestershire as part of National Walking Month in May. This initiative promotes the health benefits of walking as well as the fantastic countryside, parks and urban areas of the County. The Council also continues to provide information on the 1,896 miles of rights of way in Leicestershire and the 75 mile National Forest Way.

**Country Parks –** our country parks are an asset to Leicestershire. The council manages 6 country parks alongside 5 woodlands, 2 trails, 1 nature reserve and 2 picnic sites. Our parks offer vital access to green spaces for people to explore and enjoy. Work to improve and enhance the arboretum at Market Bosworth Country Park is now in its 2nd phase. New specimen trees and shrubs have been planted to enhance the botanical and visual qualities of the arboretum. The work has been undertaken by country park rangers with support from our regular volunteer team. In addition a new natural children's play area has been opened adjacent to the upper car park at Beacon Hill Country Park. The new equipment offers play facilities for all ages of children and includes chainsaw carvings of local wildlife characters which double up as children's seats. Seating for adults has also been installed so whilst the children play, parents can sit and enjoy the magnificent views across the Charnwood Forest landscape. There are a number of fine walks of varying distances around and from our country parks which can be enjoyed by visitors.

**Forestry -** our Forestry Group manage all trees in our ownership and carry out a program of inspections to ensure that our highways, schools and parks remain safe for users and visitors. The Forestry Group also manages woodlands on Council sites and have developed a number of new woodland sites as part of the Council's contribution to the National Forest. The Forestry Group also administer the Council's tree planting initiative which last year supplied over 800 specimen trees for planting in Leicestershire's rural landscape. A formal assessment for the Arboricultural Association took place in February 2016. The assessor confirmed we have full approval and the Forestry Operatives on site were classed as 'excellent' in their approach.

## Cultural Environment and Better Place

We continue to seek external income and funding and maximise commercial activity to ensure that Leicestershire has a good cultural offer. In addition tourism is a priority sector for the LLEP and our better place work aims to underpin this approach. Our Communities and Wellbeing Service delivers a range of services including libraries, museums, heritage and archives and are valued by communities.

**Libraries –** the continued financial challenges mean we have had to look at innovative new approaches to continue good library provision. In 2014 we asked people for their views on whether communities could run their own libraries. Based on the feedback a new library model was agreed based on 16 County Council funded libraries, an online service, a mobile library service

and a support package that enables local communities to manage 36 local community libraries. The project has seen a very positive response from communities. Plans are in place or scheduled to be in place for 35 of the 36 community libraries. In June Hinckley library closed for refurbishment while three new rooms for learning and community use were created. Adding the extra classrooms means more space for our adult education classes and for community use and will increase income through room hire.

**Mobile Provision -** a revised mobile library service was rolled out in 2016 with two new mobiles replacing worn fleet vehicles. From January the new timetable runs monthly, bringing books and other library services to all Leicestershire communities. Books can now be borrowed for a month and can also be returned to town and village libraries as well as the local mobile service.

**Online Resources -** in June for the first time users of Leicestershire libraries had access to over 5,000 UK and worldwide digital newspapers and magazines. Available via the new PressReader service, readers have free access to digital copies of worldwide publications. The publications join thousands of titles already available digitally to all Leicestershire library members and online usage of the service continues to grow. Since January 2015 the number of e-Audiobooks borrowed through libraries has risen by 172% and there's been a 24% increase in e-Magazine downloads. With new and improved access to these digital services we continue to provide access to a wide range of digital titles available anytime from anywhere.

**Vulnerable People** - libraries continue to support more vulnerable people in accessing and gaining confidence with IT. Free drop in sessions were held in Melton, Loughborough and Coalville libraries in February to help people make sense of the web and the most of digital technology. In addition young people have been introduced to elementary coding through a successful programme across targeted libraries. As part of the national Reading Well 'Books on Prescription' library health offer, 16 libraries in Leicestershire rolled out the third instalment of self-help health resources. "Shelf Help" targets young people who may be dealing with mental health issues such as bullying. 16 major libraries across the county now stock a range of books that can be "prescribed" free of charge by health professionals as an alternative to costly medical prescriptions.

**Young Readers** - the annual summer reading challenge continues to engage thousands of young people in reading for pleasure during the summer break. Evidence has shown that taking part in the challenge improves reading skills and achievement at school.

**Museums -** in May Leicestershire's museums were nationally recognised. Bosworth Battlefield Heritage Centre, Donington Le Heath Manor House, Harborough, Melton Carnegie and Charnwood museums were accredited by Arts Council England. The accreditation is a national quality standard and looks at all aspects of running a museum from the quality of the visitor experience to how the collections are cared for. In August it was announced

that Melton Carnegie Museum will benefit from an £87,300 grant from the Arts Council England Resilience Fund. The investment will help us to continue to offer a celebration of local history and heritage and to enhance our visitor experience and reach a much wider audience. The investment aims to help museums become more sustainable businesses so their rich collections can be used for years to come. A plan, including working with other East Midlands museums, is currently being worked on.

**1620s House and Gardens at Donington Le Heath –** in May one of Leicestershire's oldest manor houses reopened after a major refurbishment to celebrate its connection to the gunpowder plot. The changes aim to boost its appeal, attract repeat visitors and reduce its overall funding subsidy and make the hall self-sufficient. Visitors can now explore the former home of Sir Everard Digby who was executed as a gunpowder plotter in 1606, and walk through the gardens as they would have been while the Digby family lived there. The restored period rooms offer the chance to see how people lived in the late Elizabethan and early Jacobean times, while the garden features a maze and 17th century-style plants and herb garden.

**Better Place -** heritage railways make a significant contribution to tourism. In June we agreed plans to support the extension of the Great Central Railway (GCR) to help boost the local economy. We agreed to support the GCR's major expansion plans by buying shares for £250,000 funded from reserves. The GCR attracts 130K visitors a year, delivering economic benefits of £6m. The GCR is now working on an £8m project to rebuild an embankment and bridge over the Midland Main Line at Loughborough and an £18m project to develop a railway museum, featuring exhibits from the national collection. Once the developments are complete the economic benefits could be up to £65m per year and 966 jobs through additional local spending and opportunities to regenerate east Loughborough as a heritage quarter.

The County Record Office was recently placed second in the Archives and Record Association's record keeping service of the year award. We are delighted to have won the silver medal despite stiff competition from elsewhere. The award is testament to the hard work staff put in as custodians and promoters of the County's history. In relation to the Registration Service, a new wooden gazebo has been added to the facilities available at Anstey Frith House Registration Office, Glenfield. We have also had a renewed focus on opening Beaumanor Hall to the public on Sundays and running events and improving residential bookings. This helped achieve a surplus of £120k in 2015/16. A newly established charity - the Leicester-shire Music and Cultural Trust - is aiming to inspire thousands of young people to sing and play musical instruments by accessing funding not available to the Council. The trust works alongside the Leicester-shire Music Education Hub and Leicestershire School Music Service supported by the Council. Events as part of last year's re-interment of King Richard III won a national tourism award this year. The King Richard III Partnership won a bronze medal in the tourism experience category of Visit England's awards for excellence.

**Green Plaques -** in December one of Britain's most famous engineers and inventors, George Stephenson, was honoured with a green plaque. The plaque was unveiled at the Ravenstone home he lived in from 1832 – 1838.
In March a Grand National winner beat competition to secure a green plaque in Loughborough. The plaque installed on Gainsborough House, Loughborough honours the horse, Sunloch, who won the 1914 Grand National. In June Physics Nobel Prize winner Sir William Henry Bragg was honoured with a plaque in his home town of Market Harborough. In April voting opened for the next people and places to be recognised with a green plaque.

**HM The Queen** – in September 2015 Her Majesty Queen Elizabeth II became the longest serving Monarch in our history. The day was celebrated with more than 70 local churches ringing their bells and a special service of Evensong at Leicester Cathedral. On 21st April 2016 The Queen celebrated her 90th Birthday, which we marked with a special party at County Hall for representatives of organisations who have special links to The Queen. The evening culminated with the lighting of a beacon, as part of a national chain, on the roof of County Hall. On 12th June the country came together to mark The Queen's birthday and in Leicester the City and County Council's jointly organised a party in Jubilee Square, which was followed by a service of celebration at Leicester Cathedral. We offered free road closure applications for street parties being held to mark the occasion and helped support villages and communities to organise celebration events.

**Armed Forces** - a wreath to commemorate the three Leicestershire servicemen who died during the Malta Air crash in 1956 was laid at County Hall in February. The Council Chairman laid the wreath on the 60th anniversary of the incident that claimed the lives of 45 servicemen and five crew members. Two nonagenarians were recognised in April for the role they played in the D-Day landings. In a medal ceremony at County Hall, RAF veterans Jeffrey Bird and Dennis Cayless were recognized for their bravery and involvement in the liberation of France during the Second World War. The pair were presented with the highest French award, the Legion d'Honneur, by the French Consul in front of distinguished guests. Armed Forces Day was again supported in Leicester with the City and County Councils working together to organise displays and a parade of more than 400 service personnel, veterans and cadets in the city centre, following a special service at Leicester Cathedral for 650 guests. Through our World War One Reference Group we have been instrumental in arranging a number of initiatives to mark the Centenary of the Battle of the Somme. The Council's Heritage Lottery funded 'Century of Stories' project continues to support individuals and communities to make new personal connections to World War One.

**Future Communities and Wellbeing Service –** with the continued financial challenges we've been considering how these services will be delivered in the future. In spring 2016 we consulted on a proposed new strategy for the service called "Providing Less, Supporting More". The service currently spends £5.7m per year and needs to reduce costs by £1.8m. Ideas consulted on include developing more online and digital services, using self-service technology to allow access to venues such as libraries and continuing to support local residents in playing a greater role in manging the resources. Results of the strategy consultation show that 96% of respondents value the libraries, museums and heritage services provided. Following feedback received the strategy has been amended to put a greater focus on enabling and supporting communities to access services and initiatives that prevent and reduce need. Key priorities include closer partnership working, building skills, and supporting children, families and older people.

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# Leicestershire County Council
# Annual Performance Report 2016

## Part B - Performance Data Dashboards



## Introduction

In order to measure our progress against our priority outcomes, we are tracking a number of key performance measures for each of the outcomes. These are summarised in a set of theme dashboards with ratings that show how our performance compares with other areas where known, whether we have seen any improvement in performance since the previous year and whether we have achieved our targets.

As well as this annual report we also publish theme dashboards on our website on a quarterly basis so that our overall performance and progress is transparent.

Overall the report shows continued good progress by the County Council and partners in delivering on local outcome priorities. 96 metrics have improved this year out of 161 metrics. 20 areas have similar performance levels to last year. 36 areas have lower levels of performance. Since the commencement of the Council's Strategic Plan, over the last three years, there has been improvement in 86 out of 120 indicators through focused activity in these areas.

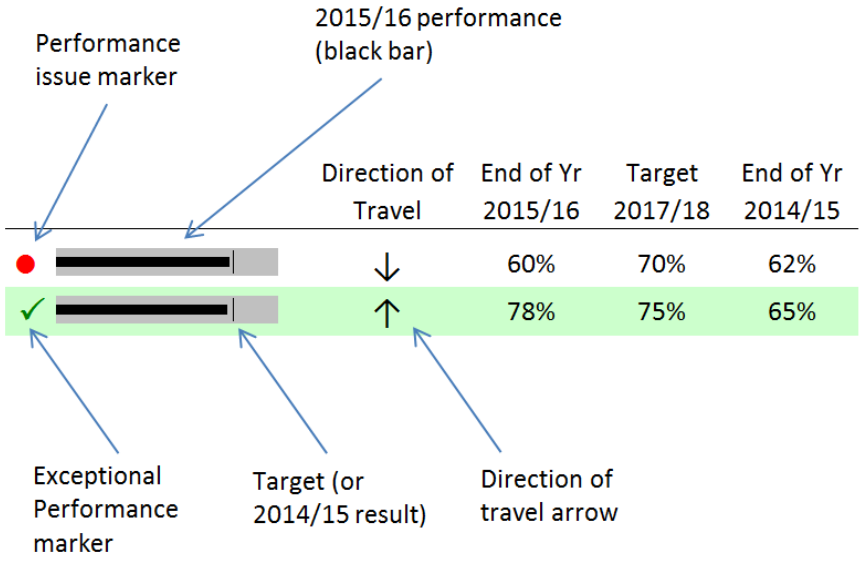
More information on service performance and progress is set out in the individual theme sections of the report.

## Explanation of Performance Indicator Dashboards

The performance dashboards set out year end results for a number of the performance indicators (PIs) that are used to help us monitor whether we are achieving our priority outcomes. These outcomes have been identified within our Strategic Plan. Many indicators relate to more than one theme, but in this report, each indicator has been assigned to just one theme.

Where relevant, the performance sections show 2015/16 year end outturn against performance targets or indicators (where applicable), together with comparative performance information where available and commentary. Where it is available, the dashboards indicate which quartile Leicestershire's performance falls into. The 1st quartile is defined as performance that falls within the top 25% of relevant comparators. The 4th quartile is defined as performance that falls within the bottom 25% of relevant comparators. Each dashboard uses different comparator groups and these are explained at the bottom of each dashboard. The polarity column indicates whether a high or low figure represents good performance.

The report uses performance dashboards for each theme to display performance data so that important information and risks can be identified more readily. A dashboard is a visual display of the most important information so that it can be monitored at a glance. The report uses 'bullet charts' to display performance against targets as shown below.




- The vertical black line shows our long term target (or the 2014/15 result where no target has been set).
- The black bar shows our end of year figure for 2015/16. Where the black bar extends beyond the vertical line, the target has been met.
- A red circle indicates a performance issue.
- A green tick indicates exceptional performance.
- The direction of travel arrows indicate an improvement or deterioration in performance compared to the previous result.

## Leadership & Transformation

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Customer Services & Digital Delivery** | | | | | | | | |
| % think Leicestershire County Council doing a good job | ✓ | ↑ | 59.0% | | 55.3% | Results show an improving trend over the past 5 years. | | High |
| % satisfied with the overall service from the Customer Service Centre (Cmetrix ratings) | | → | 81.2% | 80% | 81.2% | Results from CMetrix tool which measures customer satisfaction - findings are being used to further improve the service. Same results obtained for 2014/15 and 2015/16. | | High |
| County Council website star rating (SOCITM) | ● | ↓ | 2 | 3+ | 3 | A new website has been launched with additional functionality. Further development planned to meet 3 star standard. New Digital Strategy will enhance digital delivery across a range of services. | 3rd | High |
| Number of unique visits to the LCC website | | ↓ | 1.15m | | 1.35m | Work is underway to exploit web analytics to better target services and the digital offer. Comparative data is web visits per household (published by SOCITM). | 3rd | High |
| Number of complaints reported | | ↑ | 325 | | 293 | The aim is to maximise the reporting of complaints in order to learn from customer issues and improve services. 30% of the complaints were upheld during 2015/16 compared to 51% during 2014/15. | | High |
| **Procurement & Commissioning** | | | | | | | | |
| County Council procurement spend with SMEs | | ↑ | 52% | 45% | 50% | The Council is a member of the LLEP Procurement Taskforce, which aims to make successful procurement achievable for SME businesses based within the LLEP area. | | High |
| County Council procurement savings | ✓ | ↑ | £3.54m | MTFS | £3.33m | Figure excludes savings projects which may have a procurement element but which are not exclusively the results of procurement activity. Procurement savings met the 2015/16 target. | | High |

## Leadership & Transformation

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Finance & Value For Money** | | | | | | | | |
| % agree County Council provides value for money | | ↓ | 73.8% | | 77.0% | The Authority receives the lowest funding of all county councils. For 2015/16 the Authority increased Council Tax by 1.99% and levied the government's 2% adult social care precept. Results remain significantly higher than 5 years ago and are better than the England average of 51%. | 1st/2nd | High |
| Core Spending Power per head of population | ● | | £562 | | | Leicestershire is the lowest funded authority of 27 county councils nationally which poses a risk to service delivery going forwards - fair funding campaign proposing new funding model. | 4th | High |
| Net expenditure per head of population | ● | → | £531 | | £530 | Leicestershire remains an efficient, low spending authority compared to others. Leicestershire is the lowest funded authority of 27 county councils nationally which poses a risk to service delivery going forwards - fair funding campaign proposing new funding model. | 1st | - |
| Education - expenditure per head of population | | ↓ | £341 | MTFS | £348 | Education spend per head is the lowest of 27 county councils nationally. | 1st | - |
| Adult Social Care - expenditure per head of population | | ↓ | £214 | MTFS | £220 | Adult Social Care spend per head is the lowest of 27 county councils nationally. | 1st | - |
| Children's Social Care - expenditure per head of population | | ↑ | £77 | MTFS | £74 | Children's Social Care spend per head is the lowest of 27 county councils nationally. | 1st | - |
| Public Health - expenditure per head of population | | ↑ | £36 | MTFS | £35 | Additional responsibilities transferred to public health function from outside the county council with some associated funding. | 1st | - |
| Highways & Transport - expenditure per head of population | | ↓ | £46 | MTFS | £53 | Highways & Transport spend per head is the second lowest of 27 county councils nationally. | 1st | - |
| Environment & Regulatory - expenditure per head of population | | ↓ | £44 | MTFS | £51 | | 2nd | - |
| Culture - expenditure per head of population | | ↓ | £16 | MTFS | £17 | | 2nd | - |
| Efficiencies and other savings achieved | ✓ | ↑ | £34.96m | £68.4m | £21.25m | Significant transformation of services meant efficiencies and savings exceeded the target of £31.88m for 2015/16. | | High |

## Leadership & Transformation

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Equalities and People Strategy** | | | | | | | | |
| % staff satisfaction with County Council as an employer | ✓ | ↑ | 91% | 85% | 76% | The result from the 2015 Staff Survey shows a significant improvement on the 2012 result. | | High |
| Working days lost to sickness | ● | ↑ | 9.32 | 7.5 | 9.83 | Performance is slightly below the England average for local authorities of 9.0 days. An Attendance Management Action Plan and a workplace health and wellbeing strategy have been implemented. | 3rd | Low |
| Equality framework for local government | ✓ | → | Excellent | Excellent | Excellent | The authority continues to be recognised for its good equality and human rights practices. New Equality Strategy adopted 2016. | 1st | High |
| % of whole workforce from a BME background | ✓ | ↑ | 11.87% | 12% | 8.92% | Targets are designed to achieve the same level of representation of those from BME backgrounds as within the local population, based upon the 2011 census. 2015/16 result includes 'Irish' and is not directly comparable with 2014/15 result. | | High |
| % of whole workforce that is disabled | ● | ↓ | 4.23% | 7% | 4.29% | Targets are designed to achieve the same level of representation of those with disabilities as within the local population, based upon the 2011 census. The Council Equalities Board is closely monitoring this issue. | | High |
| % of employees graded 13 and above that are women | | ↑ | 57.94% | 61% | 54.30% | Work continues to support female manager development through the spring forward positive action programme. | | High |
| % of the workforce that feels that LCC is committed to equality & diversity | ✓ | → | 91.9% | 90% | 91% | The result from the 2015 Staff Survey shows a continued high level of performance. Previous result is from the 2012 Staff Survey. | | High |
| Stonewall Workplace Equality Index Ranking | ✓ | ↑ | 7 | | 17 | The Council remains in the top 20 for the 4th year running and is the best county result. | 1st* | Low |

**Notes:** Comparators are other county councils. * Comparators are all entrants in the Stonewall Workplace Equality Index

## Enabling Economic Growth

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2020 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Infrastructure for Growth** | | | | | | | | |
| Productivity and competitiveness (total Gross Value Added to local economy) (Leics, Leicester & Rutland) | ✓ | ↑ | £22.7bn | £23bn | £21.5bn | Continued growth in the local economy. Data shown is for 2014 and 2013. | | High |
| Productivity and competitiveness (Gross Value Added to local economy per head) (Leics & Rutland) | ✓ | ↑ | £22,053 | £23,500 | £21,105 | As above | 2nd | High |
| % of population with access to high speed broadband | ✓ | ↑ | 92% | 93.8% | 87% | There are now 68,000 additional premises with access to high speed broadband. 400 roadside fibre cabinets installed and 250 miles of fibre cable deployed. | | High |
| **Business Growth & Support** | | | | | | | | |
| Number of new enterprises per 10,000 population | | ↓ | 48.9 | | 49.4 | The result is similar to previous year. The Council has encouraged business growth and survival by investing in enterprises through allocating Regional Growth Funds to businesses, provision of business loans and setting up a business gateway that provides advice and guidance. Data shown is for 2014 and 2013. | 2nd | High |
| 3 year business survival rates | ✓ | ↑ | 63.1% | 57.1% | 57.6% | A range of business growth and business support initiatives continue to support business survival. (Data shown is for 2014 and 2013) | 2nd | High |
| Number of jobs supported by tourism activity (Leicester & Leics) | ✓ | ↑ | 21,441 | 21,564 | 20,716 | Sustained growth across a four year period. More than 1,800 additional jobs created in the tourism sector since 2012. (Data shown is for 2015 and 2014 calendar years). | | High |
| Economic impact value of tourism (Leicester & Leics) | ✓ | ↑ | £1.676bn | £1.533bn | £1.571bn | The value of tourism increased by 6.6% on the previous year. (Data shown is for 2015 and 2014) | | High |

## Enabling Economic Growth

| Description | | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2020 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|---|
| **Employment & Skills Support** | | | | | | | | | |
| % achieving a Level 2 qualification by the age of 19 | | | ↑ | 85.4% | 88% | 85.3% | Leicestershire saw a small increase of 19 year olds qualified to Level 2 but is slightly behind the statistical neighbour average. | 3rd | High |
| % of working age population with at least NVQ2 level qualifications | ✓ | | ↑ | 77.5% | | 75.8% | Equivalent to 5 GCSEs at A* to C - considered labour market entry qualification. Work continues to progress improvements in skills. (Data shown is from the ONS Annual Population Survey for year to December 2015) | 2nd | High |
| % of working age population with at least NVQ4 level qualifications | | | → | 34.5% | 35% | 34.7% | Data shown is from the ONS Annual Population Survey for year to December 2015. | 2nd | High |
| Unemployment rate (JSA claimant count) | ✓ | | ↑ | 0.7% | 1.1% | 1.0% | Rate has followed a downward trend since 2013 and is lower than the regional (1.4%) and national positions (1.5%). (Data shown is for March 2016). | 1st | Low |
| Employment rate | | | ↑ | 77.8% | 75.6% | 76.6% | Leicestershire's employment rate has improved and now exceeds the target. (Data shown is for year to March 2016). | 3rd | High |
| 16 to 18 year olds who are not in education employment or training (NEET) | ✓ | | ↑ | 3.0% | <4% | 3.1% | The NEET rate continues to be among the lowest in the country. This is the lowest recorded NEET level for the County. (November 2015 to January 2016) | 1st | Low |
| Participation in education employment or training (EET) at age 17 | | | ↑ | 95.6% | 97% | 92.3% | Leicestershire remains in the top quartile following a small increase. | 1st | High |
| **Housing, Infrastructure & Planning** | | | | | | | | | |
| 5 Year Supply of Deliverable Sites - housing units | | | ↑ | 23,679 | | 18,677 | Good supply of housing development being supported in Leicestershire. | | High |
| Net additional homes provided | | | ↑ | 3,008 | | 3,007 | 2015/16 result exceeds the previous year's total. Result excludes NWLDC figures. Good supply of housing development being supported in Leicestershire. | | High |
| Number of affordable homes delivered | | | ↑ | 678 | | 631 | 2015/16 result exceeds the previous year's total. Good supply of housing development being supported in Leicestershire. | | High |

## Enabling Economic Growth

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2020 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Strategic Transport Infrastructure** | | | | | | | | |
| Average vehicle speeds during the weekday morning peak (7am-10am) on locally managed 'A' roads in Leicestershire (mph) | ● | ↓ | 29.8 | 29.4 | 29.9 | We continue to target congestion hotspots through a number of road schemes and initiatives. Latest data is for period 2014/15. A very small shift of 0.1mph between 2013/14 & 2014/15 | | High |
| Total CO2 emissions in the local authority area originating from road transport (DECC) (kilotonnes). | | ↓ | 1,798 | <1894 | 1,764 | Continued work to reduce emissions through a variety of schemes. Latest data is for period 2014, previous data is for period 2013. Previous figure and target figure amended in line with DECC refinements to historical figures. 2014 figure is marginally above the target to remain below the 2010 baseline. Emissions per capita are reducing. | | Low |
| **Sustainable Transport & Road Maintenance** | | | | | | | | |
| % of the classified road network (A, B and C class roads) where structural maintenance should be considered (SCANNER) | ✓ | → | 2% | 5-6% | 2% | The condition of Leicestershire highways remains at a very good level and amongst the best in the country. | 1st | Low |
| % of network gritted | ✓ | → | 45% | 45% | 45% | We expect to grit all of our priority routes 1 and 2 (which cover 45% of the network). In 2015/16 we gritted all of these routes for each of 58 call outs. | | High |
| Overall satisfaction with the condition of highways (NHT satisfaction survey) | ✓ | ↑ | 40.0% | top quartile | 38.4% | Leicestershire was ranked as the best county for this indicator according to the NHT 2016 survey (compared to other participating county councils) (Oct 16 data). | 1st (2016) | High |
| Satisfaction with cycle routes/lanes & facilities | | ↓ | 40.9% | | 43.9% | Despite a decline in satisfaction since 2015 Leicestershire was ranked the second best county participating in the NHT 2016 survey for this indicator. (Oct 16 data) | 2nd (2016) | High |
| Number of bus journeys | | ↓ | 13.75m | 13.6m | 14.04m | Slight reduction in overall passenger journeys but remained above the current and longer term targets | 4th (2014/15) | High |

**Notes:** Comparators are other county councils

## Health & Social Care Integration

Note: 'ASCOF' refers to the Department of Health Adult Social Care Outcomes Framework

| Description | 2015/16 performance | Direction of Travel | End of Yr. 2015/16 | Target 2017/18 | End of Yr. 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Unified Prevention, Information & Urgent Response** | | | | | | | | |
| Permanent admissions of older people to residential and nursing care homes per 100,000 pop (ASCOF 2A Pt II) (BCF) | ✓ | ↑ | 593.6 | 630.1 | 711.8 | During 2015/16 there were 860 people aged 65 or older admitted to permanent care in either a residential or nursing setting. An improvement on the previous year. | 2nd | Low |
| Permanent admissions to residential or nursing care of service users aged 18-64 per 100,000 pop (ASCOF 2A Pt I) | ✓ | ↑ | 7.4 | 7.5 | 15.6 | During 2015/16 there were 36 people aged 18-64 admitted to permanent care in either a residential or nursing setting. This is an improvement on the previous year. | 1st | Low |
| Non-elective admissions to hospital per 100,000 pop per month (BCF) | | ↑ | 737.46 | 700.48 | 769.92 | Actual Emergency admissions to hospital continue to be higher than planned for and additional work is underway to tackle this. Actions progressing through BCF plan implementation. | | Low |
| Supporting schemes to achieve BCF non-elective admissions target. | | ↑ | 1581 | 2041 | | Actual figure and target are for 2015. Schemes include, Rapid Response Falls Service, 7 Day Working Primary Care, Rapid Assessment Older Persons Unit and Crisis Response. | | High |
| Admissions from injuries due to falls per 100,000 pop per month (BCF) | | ↑ | 144.95 | 140.47 | 150.52 | Actions progressing through new BCF plan implementation. Actual figure and target are for 2015/16. 2014/15 figure is from PHOF. | | Low |
| % of people who use services who find it easy to find information about support (ASCOF 3D part 1) | ● | ↓ | 67.1% | 69.0% | 73.7% | The proportion of service users who found it easy to find information fell by 6.6% points from the previous year. | 4th | High |
| **Long Term Conditions** | | | | | | | | |
| Patients satisfied with support to manage long term health conditions (BCF) | | ↑ | 63.6% | 62.2% | 61.6% | Actions progressing through new BCF plan implementation. Actual target is for 2015/16. | | High |
| **Improved Discharge & Reablement** | | | | | | | | |
| Delayed transfers of care from hospital per 100,000 pop per month (BCF) | ✓ | ↑ | 314.98 | 350.48 | 364.66 | This indicator measures the number of bed-days taken up due to a delay in hospital discharge. Delayed transfers of care showed significant improvement in 2015/16, with all four quarterly BCF targets achieved. Data shown is for the final quarter of each year. | N/A | Low |
| Delayed transfers of care - adult social care only - per 100,000 pop per month | ✓ | ↑ | 1.0 | 0.9 | 2.2 | There was continued improvement during 2015/16 in the number of delayed transfers of care attributable to adult social care. Performance remains better than the average of comparable and regional authorities. | 1st | Low |
| % of people aged 65+ still at home 91 days after discharge from hospital into reablement / rehabilitation services (ASCOF 2B Pt I) (BCF) | ✓ | ↑ | 87.5% | 82.0% | 83.5% | Performance improved by 4% points. Target is for 2015/16 - actions progressing through BCF plan implementation | 2nd | High |
| % of people receiving reablement with no subsequent long-term service (ASCOF 2D) | | → | 76.2% | 77.0% | 76.0% | ASCOF 2D measures the proportion of people who had no need for ongoing services following reablement. Performance in 2015/16 was similar to the previous year. | 2nd | High |

## Health & Social Care Integration

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| Description | 2015/16 performance | Direction of Travel | End of Yr. 2015/16 | Target 2017/18 | End of Yr. 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Personalisation** | | | | | | | | |
| % of people who use services who have control over their daily life (ASCOF 1B) | | ↑ | 74.9% | 80% | 73.6% | The proportion of service users stating that they have control over their daily life improved slightly from the previous year. | 3rd | High |
| % of people using social care who receive self-directed support (national, ASCOF 1C Pt 1a) | ✓ | ↑ | 97.0% | 97.0% | 91.3% | The proportion of people in receipt of a personal budget improved from the previous year and was 97% in 2015/16 | 2nd | High |
| % of carers receiving self-directed support (ASCOF 1C Pt 1b) | | → | 98.7% | 98.0% | 98.0% | The proportion of carers in receipt of a personal budget remained very high in 2015/16 | 3rd | High |
| % of service users receiving support via cash payments (ASCOF 1C Pt 2a) | ✓ | ↑ | 37.6% | 38.0% | 35.7% | As with the increase in the proportion of people in receipt of a personal budget, the proportion receiving support via a cash payment also increased during 2015/16 compared to the previous year. | 1st | High |
| % of carers receiving direct payments (ASCOF 1C Pt 2b) | | → | 94.3% | 95.0% | 95.0% | There was little change in the proportion of carers receiving a cash payment for their support during 2015/16. | 2nd | High |
| **Dementia** | | | | | | | | |
| Dementia diagnosis rate by GPs | | → | 58.50% | 67% | 57.15% | Small improvement in dementia diagnosis rate. Data is provisional and includes Rutland. Target shown is CCG set target for 2015/16. | 2nd | High |
| **Learning Disabilities** | | | | | | | | |
| % of adults with a learning disability who live in their own home or with their family (ASCOF 1G) | ✓ | ↑ | 77.5% | 73% | 65.0% | There was a marked improvement during 2015/16 in the proportion of people with a learning disability aged 18-64 who live in settled accommodation. | 2nd | High |
| **Care Quality** | | | | | | | | |
| % of people who use services who had as much social contact as they would like (ASCOF 1I pt 1) | ● | → | 41.0% | 42.0% | 40.0% | ASCOF 1I is sourced from the annual adult social care survey. 41% of service users responding to the survey stated that they had as much social contact as they would like; similar to the previous year. | 4th | High |
| Overall satisfaction of people who use services with their care and support (ASCOF 3A) | ● | ↓ | 58.0% | n/a | 66.0% | The level of satisfaction fell during 2015/16. However the proportion, which is taken from the annual survey, varies each year by approximately 6% points either up or down, and the change last year is part of that pattern. | 4th | High |
| Overall satisfaction of carers with their care and support (ASCOF 3B) | | | n/a | n/a | 41.2% | The figure is taken from the biennial survey of carers. There was no survey conducted in 2015/16 with the next due in the autumn 2016. | 3rd (2014/15) | High |
| % of Care Homes requiring improvement | | | 40% | n/a | | New indicator based on Care Quality Commission (CQC) data. | | Low |
| Social care related quality of life (ASCOF 1A) | ● | ↓ | 18.5 | n/a | 18.8 | This measure is drawn from a number of questions in the annual survey of service users including such topics as control over daily life, how time is spent, and social contact. | 4th | High |
| Carers reported quality of life (ASCOF 1D) | | | n/a | n/a | 7.4 | The figure is taken from the biennial survey of carers. There was no survey conducted in 2015/16 with the next due in the autumn 2016. | 4th (2014/15) | High |

## Health & Social Care Integration

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| Description | 2015/16 performance | Direction of Travel | End of Yr. 2015/16 | Target 2017/18 | End of Yr. 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Safeguarding Adults** | | | | | | | | |
| % of people who use services who say that those services have made them feel safe and secure (ASCOF 4B) | ✓ | → | 89.2% | 89% | 89.2% | The proportion of people stating that the services they receive help them to feel safe remains high at 89%. | 2nd | High |
| **Better Public Health** | | | | | | | | |
| Life Expectancy – Males (Leics) | ✓ | ↑ | 80.5 | 80.3 | 80.2 | Males in Leicestershire can expect to live 1 year longer than the average for England. To reduce health inequalities we are tackling the wider determinants of health through a range of projects/activity. Latest data is for the period 2012-14. | 1st (Eng.) | High |
| Life Expectancy – Females (Leics) | | ↓ | 84 | 84.6 | 84.1 | Females in Leicestershire can expect to live 0.8 year longer than the average for England. Latest data is for the period 2012-14. | 2nd (Eng.) | High |
| Slope Index of Inequalities – Males (Leics) | | → | 6.2 | top quartile | 6.2 | The gap in life expectancy between the best-off and worst-off males in Leicestershire for 2011-13 is 6.2 years. Ranked 4 out of 16 similar areas. | n/a | Low |
| Slope Index of Inequalities – Females (Leics) | | → | 5 | top quartile | 5 | The gap in life expectancy between the best-off and worst-off females in Leicestershire for 2011-13 is 5 years. Ranked 6 out of 16 similar areas. | n/a | Low |
| CVD Mortality (per 100,000 population) | ✓ | ↑ | 64 | 65.5 | 68.5 | A variety of work contributes to reducing cardiovascular disease. Latest data is for the period 2012-14. | 1st (Eng.) | Low |
| Cancer Mortality (per 100,000 population) | ✓ | ↑ | 128.4 | 133.1 | 131.1 | Various actions to help people to adopt healthier lifestyles and become more aware of cancer risk factors. Latest data is for the period 2012-14. | 1st (Eng.) | Low |
| Respiratory Disease Mortality (per 100,000 population) | ✓ | ↑ | 23.3 | 23.6 | 23.9 | Public health advice and support and wider prevention programmes for respiratory disease. Latest data is for the period 2012-14 | 1st (Eng.) | Low |
| Prevalence of smoking among persons aged 18 years and over | | ↑ | 17.4% | 16.3% | 18.0% | New stop smoking service to be in place in 2017. Since 2012 Leicestershire smoking prevalence has been similar to the England average and remains so, current England average is 16.9%. Latest data is for the period 2015. Data sourced from PHOF Smoking Prevalence in adults - current smokers. | 3rd (Eng.) | Low |
| Rate of hospital admissions for alcohol related causes (per 100,000 population - Leics) | | ↑ | 596 | 548 | 600 | As part of early intervention work, the alcohol brief intervention service has been extended to pharmacies in addition to GP practices. Leicestershire is better than England average. Latest data is for period 2014/15. | 2nd (Eng.) | Low |
| % who successfully completed drug treatment (non-opiate) | | ↑ | 40.2% | 48% | 36.7% | Data shows completions in 2014 with non re-presentations up to 6 months. A slight increase from previous year. | 2nd | High |
| % who successfully completed drug treatment (opiate) | | ↓ | 9.3% | 15% | 9.5% | Successful completions and non re-presentations of opiates remain within the top quartile for comparator local authorities. Data shows completions in 2014 with non re-presentations up to 6 months. | 1st | High |

## Health & Social Care Integration

Note: 'ASCOF' refers to the Department of Health Adult Social Care Outcomes Framework

| Description | 2015/16 performance | Direction of Travel | End of Yr. 2015/16 | Target 2017/18 | End of Yr. 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| Percentage of people offered a health check annually that have received a health check (uptake) | ● | ↓ | 42.2% | 61.0% | 46.6% | New health check service contract with the GPs has been agreed along with efforts to encourage pharmacies and GPs to work together to improve health check uptake. | 3rd (Eng.) | High |
| % of adults classified as overweight or obese (Leics) | | | 64.7% | top quartile | | Data sourced from Active People Survey. Latest data is for period 2012-14. No trend data due to change in definition. | 2nd (Eng.) | Low |
| % people presenting with HIV at a late stage of infection | | ↑ | 43.2% | 50% | 48.7% | The average for England is 42.7%. Latest data is for period 2012-14. The rate continues to fall and the value is within the LCC target. | 2nd (Eng.) | Low |
| **Better Mental Health** | | | | | | | | |
| % of people with a low satisfaction score | | ↑ | 3.4% | top quartile | 5.6% | We are a key partner in the Better Care Together Mental Health workstream, with a range of interventions aimed at helping people avoid becoming ill - focus on building wellbeing and resilience. Latest data is for period 2014/15. We are now better than England average. | n/a | Low |
| % of people with a low happiness score | ✓ | → | 7.1% | top quartile | 7.1% | We are a key partner in the Better Care Together Mental Health workstream, with a range of interventions aimed at helping people avoid becoming ill - focus on building wellbeing and resilience. Latest data is for period 2014/15. We are better than England average and within the target. | 1st (Eng.) | Low |
| % of people with a high anxiety score | ✓ | ↑ | 18.1% | top quartile | 21.5% | We are a key partner in the Better Care Together Mental Health workstream, with a range of interventions aimed at helping people avoid becoming ill - focus on building wellbeing and resilience. Latest data is for period 2014/15. We are within the target. | 1st (Eng.) | Low |
| Excess under 75 mortality rate in adults with serious mental illness | ● | ↓ | 437.1 | reduce | 384.5 | New transformation plan being progressed to strengthen community based support and access to specialist help. Latest data is for period 2013/14. The average for England is 351.8 | 4th (Eng.) | Low |
| Suicide rate (per 100,000) | | ↑ | 9.6 | top quartile | 9.8 | We are a key partner in the Better Care Together Mental Health workstream, with a range of interventions aimed at helping people avoid becoming ill - focus on building wellbeing and resilience. Latest data is for period 2012-14. The average for England is 10 | 2nd (Eng.) | Low |
| % of patients that received treatment in Child & Adolescent Mental Health Services (CAMHS) within 13 weeks - (routine) | ● | ↓ | 60.2% | increase | 83% | Better Care Together working group focussing on improvements to CAMHS services. Data shows the position at March 2016. 100% of patients were treated within target for urgent CAMHS referrals. | | High |

## Health & Social Care Integration

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| Description | 2015/16 performance | Direction of Travel | End of Yr. 2015/16 | Target 2017/18 | End of Yr. 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Better Physical Health, Sport and Physical Activity** | | | | | | | | |
| % of adults undertaking some physical activity | | ↓ | 15.3% | increase | 15.8% | Latest data derived from the 2015/16 Active People Survey results. | 2nd | High |
| % of physically active adults | ✓ | ↑ | 59.9% | increase | 57.8% | Latest data derived from the 2015/16 Active People Survey results. | 1st | High |
| % of physically inactive adults | ✓ | ↑ | 24.8% | reduce | 26.3% | This indicator has shown improved performance during the year moving Leicestershire into the top quartile. Indicator measured through Active People Survey. | 1st | Low |

**Notes:** ASCOF benchmarks are compared to all social services authorities

## Children and Families

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Supporting Families & Early Help** | | | | | | | | |
| Number of families supported by Supporting Leicestershire Families service | ✓ | ↑ | 2016 | 480 | 560 | A significantly higher figure due to an expansion of the SLF service | | High |
| % of Payment by Results (PBR) families outcomes met - SLF Phase 2 | ✓ | ↑ | 364 | 2799 | n/a | Phase 2, which runs until 2020, has now commenced and Leicestershire has already achieved 13% of the target. Leicestershire is one of the top performing local authorities at this stage. | | |
| Children's Centre clusters judged by Ofsted to be Good or Outstanding | ✓ | → | 100% | 100% | 100% | 5 of the 5 Children Centre clusters that have been inspected by Ofsted were judged to be 'Good.' | | High |
| **Ensuring Children & Young People are Safe** | | | | | | | | |
| Single assessments completed within 45 working days | | ↓ | 91.9% | | 95.6% | The national framework has a target of 45 days for completion. | 1st (2014/15) | High |
| Child protection cases which were reviewed within required timescales | ✓ | ↑ | 99.1% | 100% | 97.8% | Improvement on previous result. | 2nd (2014/15) | High |
| Children becoming the subject of a Child Protection Plan for a second or subsequent time | ● | ↓ | 30.5% | | 17.2% | Analysis of second and subsequent child protection plans (CPPs) undertaken. As a result of findings, management oversight has been strengthened, particularly over cases where it is proposed to end the CPP at the 3 month review stage. | 3rd (2014/15) | Low |
| **Children in Care** | | | | | | | | |
| Stability of placements - children in care with 3 or more placements in year. | | ↑ | 13.0% | <9% | 14% | Analysis undertaken to determine reasons for placement changes. As a result, work is underway to ensure that the first placement that a child has on coming into care is more successful. Provisional figure - to be confirmed by DfE in Autumn. | 4th (2014/15) | Low |
| Stability of placements - children in same placement for 2+ years or placed for adoption | | ↑ | 67.7% | 70% | 62% | See comment above. | 3rd (2014/15) | High |
| % children in care achieving level 4 in Reading, Writing & Maths at KS2 | | - | 17.6% | increase | | There has been a significant change to Key Stage 2 assessments in England and the 2015/16 figure is not comparable with 2014/15 result. | 1st (2014/15) | High |
| % children in care achieving 5+ A*-C GCSEs at KS4 (inc. English & Maths) | | | | increase | | There has been a significant change to Key Stage 4 assessments in England and the 2015/16 figure is not comparable with 2014/15 result. | | High |

## Children and Families

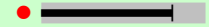
| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| Total average time in days to place with prospective adopters | | ↑ | 517 | reduce | 546 | Range of initiatives to improve fostering and adoption. Data shows 3 year average for 2013-2016. Provisional figure - to be confirmed by DfE in Autumn. | 3rd (2012-15) | Low |
| % children who wait less than 16 months for adoption | | ↓ | 56.4% | increase | 57% | This indicator always measures 3 years of performance. Annual target has been reduced from 18 months to 16 months. Provisional figure for period 2013-16 - to be confirmed by DfE in Autumn. | 1st (2012-15) | High |
| Care leavers aged 19, 20 and 21 in education, employment or training | ✓ | ↑ | 52.0% | top quartile | 48.0% | Improvement compared to previous year. Children in Care service working closely with Prospects to identify those in need of support. Provisional figure - to be confirmed by DfE in Autumn. | 2nd (2014/15) | High |
| Care leavers aged 19, 20 and 21 in suitable accommodation | ✓ | ↑ | 83.1% | top quartile | 82.0% | Improvement compared to previous year. Provisional figure - to be confirmed by DfE in Autumn. | 2nd (2014/15) | High |
| % Looked after children receiving dental checks | | ↓ | 65.8% | increase | 77.1% | Specialist nurse for Looked After Children progressing improvements | | High |
| % Looked after children receiving health checks | ✓ | ↑ | 90.6% | increase | 84.8% | Specialist nurse for Looked After Children progressing improvements | | High |
| % Looked after children receiving immunisations | | ↓ | 79.0% | increase | 86.5% | Specialist nurse for Looked After Children progressing improvements | | High |
| **School admissions and quality** | | | | | | | | |
| % of pupils offered first choice primary school | ✓ | ↑ | 91.8% | 90% | 88.7% | The number of pupils offered their first choice primary school increased in 2015/16 | 1st | High |
| % of pupils offered first choice secondary school | ✓ | ↑ | 95.7% | 98% | 94.3% | More pupils obtained their first choice for secondary school in 2015/16 | 1st | High |
| % of providers in early years assessed as good or outstanding | | ↑ | 84.8% | increase | 79.9% | Strong improvement during the year. The percentage of independent and voluntary providers rated as good or outstanding rose significantly during the year. | 2nd | High |
| % of schools assessed as good or outstanding | ✓ | ↑ | 87.0% | >84% | 84.7% | The number of good or outstanding schools has again increased. | 2nd | High |
| Secondary school persistent absence rate | | ↑ | 5.6% | 5.8% | 5.8% | There has been a reduction in persistent absence both nationally and in Leicestershire. | 3rd | Low |

## Children and Families

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Early Years** | | | | | | | | |
| % take-up of free early education by 2 year olds | | ↑ | 79.2% | 80% | 66.1% | Take up of free childcare places for 2 year olds has increased this year in Leicestershire due to raising awareness of the new entitlement. | 3rd | High |
| % take-up of free early education by 3 & 4 year olds | ✓ | ↑ | 98.0% | 95% | 90.3% | Take-up is now 98% using Department of Education methodology | 2nd | High |
| % Achieving Good Level of Development (early years) | | ↑ | 67.5% | 60% | 63.5% | Achievement in Leicestershire has risen for the third consecutive year. | 3rd | High |
| % Inequality gap in achievement across early learning goals | | ↑ | 28.2% | reduce | 30.3% | The gap between the lowest performance and the rest has reduced again for 2015/16. | 2nd | Low |
| **Child & Family Health** | | | | | | | | |
| Smoking at time of delivery (Leics & Rutland) | | ↑ | 10.3% | 10.8% | 10.7% | Small year-on-year reduction and continue to meet the target. Latest data is for the period 2014/15. | 2nd (Eng.) | Low |
| % Mothers initiating breastfeeding (where status is known) | ✓ | ↑ | 74.4% | increase | 68.7% | Latest data is for period 2014/15. Initiating breastfeeding is currently similar to the England average of 74.3% with increase to previous data of approx. 5%. Breastfeeding peer support services are available in six areas and breastfeeding champions nominated in health visiting teams. | Equal to Eng. avg 2nd (Eng.) | High |
| Prevalence of breastfeeding at 6–8 weeks from birth (Leics) | ✓ | ↑ | 47.2% | increase | 46.5% | Latest data is for 2014/15 and shows a small improvement. Better than England average. | 2nd (Eng.) | High |
| Percentage of 5 year olds who are free from obvious dental decay | ● | | 71.6% | reduce | | In April 2015 responsibility for commissioning oral health promotion transferred to local authorities. A new oral health promotion contract commenced in August 2015. The plan includes establishing a range of oral health promotion activities with additional funding agreed. | 3rd (Eng.) | Low |
| Excess weight in primary school age children in Reception (Leics) | ✓ | ↑ | 20.3% | 19.9% | 20.8% | Slight improvement in performance remaining in the top quartile and better than the 21.9% England average. Latest data is 2014/15 academic year. | 1st (Eng.) | Low |
| Excess weight in primary school age children in Year 6 (Leics) | ✓ | ↑ | 30.0% | 31.3% | 30.1% | Improved performance keeping us in the top quartile. England average 33.2%. Latest data is 2014/15 academic year. | 1st (Eng.) | Low |
| Chlamydia diagnoses (per 100,000 aged 15-24) (Leics) | | ↑ | 1889 | 1680 | 1616 | New sexual health strategy in place including new approach to screening for diseases such as Chlamydia. Moved to 2nd quartile. | 2nd (Eng.) | High |
| Under 18 conception (rate per 1,000 females aged 15-17) (Leics) | ✓ | ↑ | 18.5 | 24.2 | 20.9 | Leicestershire's teenage pregnancy rate has dropped for the 7th consecutive year - lower than East Midlands and England rates. Latest data is 2014. | 2nd (Eng.) | Low |

**Notes:** Comparators are other county councils, except where (Eng.) indicates that comparison is with all English local authority areas.
* Where indicated, Leicestershire's 2014/15 quartile positions have been used.

## School & Academy Performance

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Key Stage 1** | | | | | | | | |
| Key Stage 1 expected standard or above in Reading, Writing and Maths | | | 58.4% | increase | | New assessment criteria for 2016. National average figure is 60.3%. | | High |
| **Key Stage 2** | | | | | | | | |
| Achievement of expected standard or above in Reading, Writing and Maths at Key Stage 2 | | | 52.5% | | | There has been a significant change to Key Stage 2 assessments in England. The Leicestershire figure is similar to the national average of 53% | 2nd | High |
| % pupils eligible for Free School Meals achieving level 4 in Reading, Writing & Maths at KS2 | | | 28.9% | | | As above. The 2016 figure is not comparable with 2015. | | High |
| Reading progress between Key Stage 1 and Key Stage 2 | | | -1.04 | Above average | | New progress measures are in place for 2016. Leicestershire progress represents below expected levels. | | High |
| Writing progress between Key Stage 1 and Key Stage 2 | | | -0.73 | Above average | | See note regarding progress above | | High |
| Maths progress between Key Stage 1 and Key Stage 2 | | | -1.12 | Above average | | See note regarding progress above | | High |
| **Key Stage 4 &5** | | | | | | | | |
| Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths (Key Stage 4) |  | ↑ | 57.2% | 70% | 56.1% | Pupil attainment has improved in Leicestershire in 2016 and is slightly ahead of the national average of 56.8%. | 3rd | High |
| Attainment 8 (new measure covering attainment in 8 subjects at GCSE / Key Stage 4 level) | | | 49.4 | | | The national average for this new measure is 49.5 | 3rd | High |
| % pupils eligible for FSM achieving 5+ A*-C GCSEs (or equiv.) at KS4 (inc. English & Maths) |  | ↓ | 28.0% | | 28.6% | The attainment of pupils eligible for Free School Meals remains a priority in Leicestershire | | High |
| Progress 8 (new measure covering overall Key Stage 2-4 progress) | | | -0.11 | Above average | | The national average for this new measure is -0.03 | 4th | High |
| Average points score at 'A' Level (or equivalent) |  | ↓ | 208.5 | 215 | 209 | Leicestershire saw a slight decline in the average point score per pupil and remains below the national average of 213.8. | 3rd | High |
| **Vulnerable groups** | | | | | | | | |
| % of special schools assessed as good or outstanding |  | → | 100% | 100% | 100% | All special schools are now rated as good or outstanding. | 1st | High |
| Pupils with special educational needs achieving expected standard or above at KS2 (Reading, Writing and Maths) | | | 5.4% | increase | | Due to changes in assessment the 2016 figure is not comparable with 2015. | | High |
| Pupils with special educational needs achieving 5+ GCSEs (inc. English and Maths) |  | ↓ | 15.2% | increase | 16.7% | Slightly lower results than the previous year | | High |

**Notes:** Comparators are other county councils.

## Safer Communities - Better Environment/Place

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Crime Minimisation** | | | | | | | | |
| Total Crime rate (per 1,000 pop.) | | ↓ | 47.21 | 44.75 | 45.79 | Total crime rate was 1.4% higher than the previous year. | 1st | Low |
| Domestic burglary (per 1,000 pop.) | ● | ↓ | 3.53 | 2.99 | 3.10 | Domestic Burglary has increased with a significant increase from January to March. This increase has recently stabilised with improvements in Quarter 1. | 4th | Low |
| Vehicle Crime (per 1,000 pop.) | ● | ↓ | 7.07 | 4.91 | 6.35 | There has been a further increase in the number of reports of vehicle crime. Leicestershire has the highest vehicle crime rate when compared to all its comparable neighbours. This increase has recently stabilised with improvements in Quarter 1. | 4th | Low |
| Violence with injury rate (per 1,000 pop.) | ✓ | ↑ | 2.95 | 3.51 | 3.39 | The number of reported violence with injury offences was slightly lower than the previous year. Leicestershire has the lowest rate compared to neighbours. | 1st | Low |
| People who feel safe after dark | ✓ | ↑ | 90.7% | 95% | 82.1% | Data taken from Community Based Survey. Community Safety Partnerships continue work to ensure people feel safe. | | High |
| **Youth Justice** | | | | | | | | |
| % of juvenile offenders re-offending within 12 months | | ↑ | 32.1% | top quartile | 32.6% | Data includes proven re-offending relating to the cohort that offended April 2013 to March 2014. The Youth Justice Plan continues to target re-offending. | 2nd (2014/15) | Low |
| Number of first time entrants to the criminal justice system aged 10 - 17 | ✓ | ↑ | 124 | top quartile | 190 | Further reduction in first time entrants to the criminal justice system. The lowest rate since monitoring began in 2005. | 1st (2014/15) | Low |
| % of juvenile offenders given a custodial sentence | | → | 4.0% | >5% | 4.2% | The number of young offenders given a custodial sentence is 8 young people and is the same as during 2014/15. | | Low |
| **Anti-social Behaviour** | | | | | | | | |
| % of people stating that they have been a victim of anti-social behaviour | | → | 5.4% | reduce | 5.3% | The % of people surveyed that report they have been a victim of ASB has remained stable at just over 5% | | Low |
| Criminal damage rate (per 1,000 population) | | → | 7.03 | - | 6.62 | Criminal damage offence rate is similar to the previous year. | 1st | Low |
| % of people stating that they feel that the police and other local public services are successfully dealing with ASB and crime in their local area | ✓ | ↑ | 92.7% | - | 86.1% | Significant improvement on previous year's result. | | High |

## Safer Communities - Better Environment/Place

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Community Cohesion & Supporting Victims of Crime & Disorder** | | | | | | | | |
| % agree people from different backgrounds get on well together | ✓ | ↑ | 97.1% | 95% | 94.6% | We continue work to strengthen community cohesion, supporting communication with and across community groups. | | High |
| Reported hate incidents (per 1,000 population) | | ↓ | 0.58 | - | 0.68 | The Hate and Prevent Delivery Group will oversee a multi-agency action plan, the aim is to ensure an effective response to reported hate incidents, promote confidence in communities and encourage reporting. | | High |
| Reported domestic abuse incident rate (per 1,000 population) | | ↓ | 8.82 | - | 11.04 | Reduction in reports of domestic abuse since 2014/15. | | High |
| % of domestic violence cases reviewed at MARAC that are repeat incidents | | ↑ | 28% | - | 29.2% | MARAC referrals in the county have shown a steady increase throughout 2014/15. The current repeat rate of 28% is at the minimum threshold that SafeLives recommend. | | NA |
| **Road Safety** | | | | | | | | |
| Total casualties on our roads. | | ↑ | 1,765 | 1,494 | 1,915 | 2015 saw a reduction in overall casualties on Leicestershire roads. The figure is very slightly above the trajectory set to achieve the long term target of 1,494 in 2020 | 2nd (2015) | Low |
| People killed or seriously injured in road traffic accidents | ● | ↑ | 242 | 167 | 250 | Although 2015 saw a reduction in KSI with 242 compared to 250 in 2014, we remain above the trajectory set to achieve the long term target of 167 by 2020. We rated in the top quartile when comprared to other England County Councils. | 1st (2015) | Low |
| **Reducing Carbon Emissions & Mitigating the Impact of Climate Change** | | | | | | | | |
| Total CO2 emissions from LCC operations (excluding schools) (tonnes) | ✓ | ↑ | 24,363 | 26,120 | 29,020 | The council's carbon emissions have reduced this year by 16% compared to 14-15 and are now 7% ahead of target. | | Low |
| Carbon emissions from LCC buildings (tonnes) | ✓ | ↑ | 6,671 | 7,383 | 8,874 | Carbon emissions from our buildings have reduced by 24.8% compared to 14-15 and are on track for our longer-term targets. The most significant gain has come from the County Hall biomass boiler replacing gas use. | | Low |
| CO2 emissions from LCC street lighting & traffic signs (tonnes) | | ↑ | 11,502 | 10,305 | 13,558 | Carbon emissions from street lighting and traffic signs have reduced following the first phase installation of LED lighting and lighting management. | | Low |
| Total Business miles claimed ('000s of miles) | ✓ | ↑ | 6,583 | 6,591 | 6,905 | The number of business miles claimed continues to reduce and is on track for the long-term target. 2020/21 target | | Low |

## Safer Communities - Better Environment/Place

| Description | 2015/16 performance | Direction of Travel | End of Yr 2015/16 | Target 2017/18 | End of Yr 2014/15 | Commentary | Quartile position | Polarity |
|---|---|---|---|---|---|---|---|---|
| **Waste Management** | | | | | | | | |
| Total household waste per household (kg) | ● | ↓ | 1112 | decrease | 1104 | Total household waste has increased slightly this year. | 4th | Low |
| % of household waste sent by local authorities across Leicestershire for reuse, recycling, composting etc. | | ↓ | 50.0% | increase | 50.5% | Despite a slight decrease in the percentage of household waste sent by local authorities for reuse, recycling and composting (49.7% Q4) it has met its interim target of 50%. | 2nd | High |
| % of municipal waste sent to landfill | ✓ | ↑ | 27.6% | decrease | 29.0% | The proportion of waste landfilled remains low and improved compared to last year. | 3rd | Low |
| Waste produced from LCC sites (tonnes) | ✓ | ↑ | 507 | decrease | 623 | Waste produced at LCC sites has continued to reduce since 2014/15 due to a variety of improvement work and has met its interim target. | | Low |
| % waste from LCC sites recycled | ● | ↑ | 57.4% | 70% | 54.4% | The internal recycling rate for the Council is not on track at 57.4% to achieve its interim target of 65%. Although the recycling rate at County Hall is very good (around 80%), other County Council buildings, particularly those with community use, are only achieving recycling rates of less than 50%. Work is underway to visit these buildings and to work with staff to address this. | | High |
| **Leicestershire's Cultural Environment** | | | | | | | | |
| Tourist visitor numbers (Leicester & Leics) | ✓ | ↑ | 32.81m | | 30.41m | Overall in 2015 there were 32.81m visits to Leicester and Leicestershire. (2015 STEAM data). | | High |
| Bosworth Battlefield - total visitors | | ↓ | 42,342 | | 44,171 | 2015/16 result is slightly lower than the previous year but significantly higher than 2012/13. | | High |
| Library total issues | | ↓ | 2,033,595 | | 2,451,125 | National trend of reduction in library issues. E-loans and online issues continue to increase. | 3rd (2014/15) | High |

**Notes:** Comparators are other county areas.

Leicestershire County Council

# Leicestershire Adult Social Care

## Accommodation strategy for older people 2016 – 2026

# Contents

# Foreword:

## By Councillor Dave Houseman MBE,

## Leicestershire County Council cabinet member for adult social care

A long-term adult social care accommodation strategy is very important for older people in Leicestershire.

Firstly, we have to recognise it takes time to change the range of support and accommodation available for local people so they can retain their independence for as long as possible.

Decisions about where older people live – or modifications they might make to their home – are best planned in advance, rather than at a time when pressures may abound. As a council, we also need to start planning and taking action

We have to celebrate the fact that people are living longer but there are challenges as a result of a growing older population. Latest figures show there will be an estimated increase from 59,900 to 94,400 of people aged over 75 years between 2015 and 2030 – that's an increase of 39.74 per cent at a time of reduced public sector resources.

It is hoped that this strategy will help start the debate locally to encourage people to plan for their later lives, to enable them to have more autonomy, choice and control in the way they manage their homes and be able to live the lives they want.

Retirement housing needs to be a positive choice which enables older people to feel part of the community they choose, and provide the lifestyle that supports their wider health and wellbeing.

Accommodation significantly impacts, positively or negatively, on people's wellbeing and is an integral part of the county council's social care assessment and support planning responsibilities under the Care Act 2014.

It is vital that advice and information is provided as to how people can reduce the risks associated with dementia, loneliness and reduced mobility.

There is support there through equipment and adaptations, assistive technology, warm home schemes, re-ablement and the right choice of accommodation which can help people to remain safe, active and independent.

For people who need more specialist accommodation, such as residential care or extra care housing, we need to ensure it is provided in ways that best meet people's needs and promotes independence.

We want to increase our provision of extra care housing. However, to be viable it needs to be a real alternative to either residential care, or for people who would otherwise be requiring large packages of support in the community.

We want to ensure people receive information about their options so they clearly understand what is best for them.

We will work with our district and borough council partners with a view to boost house building suitable for older people and secure accommodation that offers different options and tenures.

Prevention is at the heart of this strategy and we will strive to find new ways of managing the demands of an increasingly older population by finding ways to support the older people of Leicestershire to gain the most out of their later years.

# Executive summary

This high level strategy reflects the Adult Social Care vision to prevent need, reduce need, delay need and meet the need for health and social care services. It considers the demands of an increasingly older population; the aspirations of older people; and considers cost effective models of accommodation alternatives to support the older population over the coming years. The strategy is intended to guide, co-ordinate and facilitate Adult Social Care's contribution to developing different types of accommodation support for older people.

As highlighted in the attached outline delivery plan (Appendix 4), although a number of key actions can be taken forward within Adult Social Care, success is absolutely dependent on further collaboration with partners. It is hoped that the strategy can be used to help inform and influence local plans.

The Care Act 2014 recognises the importance of accommodation in promoting an individual's wellbeing. It expects housing factors are part of the assessment and that the local authority takes account of the suitability of the persons living accommodation in meeting the individual's long term conditions and need for personal care and support. The Act identifies the requirements and the procedures where a local authority is responsible for meeting a person's care and support needs in relation to accommodation. Specific work regarding residential and nursing care provision is being undertaken and so is not dealt with in detail in this strategy. This strategy aims to identify alternatives to residential care to ensure that provision of residential care will be sustainable for those where it is the most appropriate option.

This strategy is not intended to be a 'housing strategy' where the perspective is housing based but given the important role housing plays in an individual's health and wellbeing, and therefore on their need for health and social care services, the strategy recognises the value of working in a preventative and integrated way with the housing sector, health partners, and the voluntary sector, to deliver a flexible and co-produced plan that achieves the required outcomes for partners and citizens. The implementation of this strategy intends to build on the many successful partnership approaches already delivered locally and provide further opportunities to develop approaches that not only meet the priorities of Adult Social Care, but can also support the delivery of joint local strategies such as the Sustainable Transformation Plan.

The successful delivery of this strategy will provide improved outcomes for older people by enabling more people to remain living in their home of choice, with greater levels of independence and reduced risk to their physical and emotional wellbeing, thus having an improved quality of life in their older age.

The development of this strategy involved a 12 week consultation with key partners and stakeholders, including focus groups and an on-line survey. The outcomes of the consultation reinforced the need to make sure that older people themselves are at the forefront of the housing debate. Having clear and accessible information and the opportunity to discuss options and what that means for them is vital to help people plan for their later life in a timely way, or be able to address the circumstances they already find themselves in. The strategy recognises that older people shouldn't feel obliged to move and there are many things that can be done to support independent living in general purpose housing, if this is the person's wish. However, the consultation has indicated that some people would want to downsize or move to more specialist retirement living if there were attractive and affordable options for them to move to.

It is clear that the delivery and promotion of Leicestershire County Council's Accommodation Strategy for Older People will require on-going multi-agency collaboration to achieve real change. The outline Delivery plan will be further developed in the coming months alongside key partners to ensure alignment with other key strategies and plans relating to older people's accommodation needs.

# Introduction and background

Older people want the same as everyone else from their accommodation i.e. shelter, affordability, somewhere they feel safe and autonomous, have privacy, are able to relax and be with family and friends. In general they may want to feel part of a community and have accommodation that can give them a sense of financial security, pride and status. The exact expectation or reality of what that accommodation looks like, where it is located and how it is financed will vary but in the main people want to reside somewhere they feel they have choice and control to say "this is how I want to live and be treated in my own home".

Older people may see remaining or 'staying put' in their current home as a sign of independence. It is important that older people are well informed about the various options that are open to them regarding accommodation when determining the best way to maximise independence and maintain health and wellbeing.

On average older people spend more time at home than other generations, making them more susceptible to the effects of poor-quality housing. According to Age UK[1], over-65s spend around 80 per cent of their time in their own homes, with over-80s spending 90 per cent of their time at home. Due to increasing life expectancy older people are now more likely than ever to be resident in housing that may not best meet their needs either due to the property size, design or the person's ability to maintain. It is also more likely that families do not live locally, so may be less able to provide some of the practical support their older relatives may need.

Older people are especially vulnerable to loneliness and social isolation and it can have a serious effect on their health. According to Age UK, more than 2 million people in England over the age of 75 live alone, and more than a million older people say they go for over a month without speaking to a friend, neighbor or family member. People can become socially isolated for a variety of reasons, such as deteriorating health or mobility, no longer being the hub of their family, leaving the workplace or the deaths of spouses and friends. Insight work undertaken by the Frail Older People's Work stream, as part of Leicester Leicestershire and Rutland's Better Care Together Programme, has identified accommodation based support as a key factor in addressing loneliness and isolation.

Older people's accommodation is a complex picture because there is no fixed definition of what constitutes 'old age', some older people's housing schemes have entry criteria of 55 years of age but may have people living in them over the age of 100 years. People's choice of accommodation varies significantly and can be determined by personal circumstances or attachment to a property or community, rather than purely practical decisions which considers both current and future needs such as health, accessibility, running and maintenance costs. Older people therefore sometimes find themselves having to make decisions about their accommodation at a time of crisis, rather than in a planned way.

The scope of this strategy is in connection to the statutory responsibilities of the County Council to meet the wellbeing and social care needs of older people with either a physical or mental impairment, to enable them to achieve specified outcomes such as maintaining personal hygiene and a habitable home environment. The approach is to work in a preventative way with partner agencies, to consider how the accommodation people live in and the practical housing support available can help people to live independent, active lives for longer.

This strategy is being developed at a time of unprecedented reduction in public expenditure. It is vital that cost effective ways to enable older people to maintain/adapt their accommodation or move to more suitable accommodation where they can maximise their independence are developed.

[1] Age UK Housing in Later Life, 2014

# Legislative and Strategic Drivers

The Council is committed to the principles of the Care Act[2] 2014, including personalisation (i.e. enabling older people to exercise control over how they are supported and cared for), prevention, promoting wellbeing and integration.

This strategy recognises that Leicestershire County Council (LCC) and it's service providers must ensure that:

- The county council serves a diverse population.
- Everyone should have access to the resources and facilities which the county council commissions.
- Full account is taken of people's views and expectations when designing and delivering services.
- Resources are distributed in such a way as to ensure that equality of access and opportunity is maintained as a priority and a right.
- The County Council will, when necessary, target delivery of services to individuals and groups;
- The Council fulfils its responsibilities, as required by the Care Act, for market shaping and sustainability and ensuring the market reflects a strong local focus.
- The needs of carers and the importance of advocacy are recognised.

The Care Act states that the local authority must take into account the suitability of living accommodation in meeting individuals long term conditions and need for personal care and support and expects that housing factors are part of all assessments. If a person has been assessed as requiring a certain type of accommodation to meet their needs, then they have the right to the choice of options available for that type of accommodation. If that choice is out of the local authority's area the responsibility for meeting that person's needs still remains with the 'placing authority'. This principle does not apply where the person moves to accommodation in a different area of their own volition without the local authority making the arrangements.

The Care Act established the universal deferred payment scheme, which means that people can delay selling their house to pay for their care at a point of crisis or during the transition into care. Leicestershire County Council already had these arrangements in place.

The National Dementia Strategy[3] identifies the importance of providing housing and housing support options for people with dementia and their carers. Housing should be part of a jointly commissioned strategy, including assistive technology and other health and social care support that deliver improved outcomes and end of life care for people with dementia.

If people living in residential care or supported living (including extra care) and in some cases in their own home, lacks mental capacity and are being deprived of their liberty, through continuous supervision and control and are not free to leave, a Deprivation of Liberty has to be authorised. This is to ensure they are looked after in a way that is in their best interest and does not inappropriately restrict their freedom.

[2] Statutory guidance to support local authorities implement the Care Act 2014
[3] The National Dementia Strategy, 2009

Equality and diversity considerations are also important when considering accommodation needs. As the composition of the older population diversifies in terms of interests, ethnicity, marital status, living arrangements, religion, it may become more challenging to provide environments that will meet everyone's preferences but every effort should be made to help address people's preferences, for example the inclusion of multi-faith prayer rooms in shared accommodation.

The Better Care fund (BCF) is required to achieve specific performance measures in relation to avoiding admissions to hospital and residential care, preventing delayed transfers of care, preventing readmissions to hospital for people discharged from hospital and undergoing reablement, reducing injuries in people over 65 years as a result of a fall and improving the customers experience.

There is a strong recognition locally of the value of joint initiatives between District and Borough councils, health and social care to achieve these measures. Specific housing related schemes have been piloted under the 'umbrella' of the Lightbulb Project funded through the BCF. Pilot projects focusing on adaptation processes across the County and districts, improving self- help options through advice and information, exploring opportunities for smarter procurement, targeting housing support services to link with primary and secondary health services have started to build a strong evidence base around the contribution housing can make to the wider health and care economy. A small Hospital Housing Enablement team have been very effective in quickly addressing housing related issue that could have delayed discharges from hospital.

Leicestershire District Councils 'Housing Offer for Health and Wellbeing Report'[4] describes the 'Housing Offer' that Leicestershire's district and borough councils can contribute to the delivery of the local Health and Wellbeing Strategy's objectives and includes a range of support for older people.

Lightbulb is a partnership programme supported by the seven District Councils, health partners and the County Council to bring together a range of practical housing support into a single point of access or referral. A business plan has now been produced to establish this way of working going forward and will form a key part of the delivery of this strategy.

[4] Leicestershire District Councils 'Housing Offer for Health and Wellbeing Report', September 2013, by Domini Gunn and Trish Nixon

# Current demand and supply of accommodation for older people in Leicestershire

The older person population of Leicestershire is projected to increase significantly up until 2036.The Leicestershire Joint Strategic Needs Assessment (JSNA) predicted that between 2015 and 2030 the number of people aged over 75 years is expected to increase by 39.74% (from 59,900 in 2015 to 94,400 in 2030).

Pensioner households make up between 21% and 25.7% of all households in the various districts of Leicestershire.

*See appendix 1 (page 28) for projected demographic information.*

Accommodation that older people occupy includes;

- General purpose housing
- Lifetime homes
- Sheltered/retirement schemes
- Homeshare schemes
- Shared Lives Services
- Extra Care housing
- Residential and nursing care

*For further descriptions and details of local supply please see appendix 2 Page 29)*

There is a need for local data to evidence the need for different types and tenures of accommodation in relation to the forecasted demographic changes to inform planning and policies. Leicester and Leicestershire Housing and Economic Development Needs Analysis (HEDNA) 2016 is currently being prepared that will help to identify the areas of Leicestershire where there are higher numbers of older people and predicted changes in supply and demand for older person's accommodation. Current data available is from the Strategic Housing Market Analysis (SHMA) 2014.

Age is used as an indicator for modelling services, however it must be noted that age does not necessarily correlate to health and wellbeing status, the need for support or the cost to the public purse. The majority of older people are able to live healthily and independently in general purpose housing without the need for moving or specialist adaptations. However, for some people their accommodation will either positively or negatively impact on them as they experience the natural effects of ageing, long term health conditions or acute illnesses.

Consideration is also being given to the accommodation needs of working aged adults who have long term health conditions, including physical and mental health conditions and learning disabilities. Although outside of the scope of this strategy, ensuring alignment with accommodation developments relating to those of working age will be key.

The majority of the current older generation in Leicestershire are owner occupiers.

**Proportion of population aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2011 (SHMA 2014)**

| | People aged 65-74 | People aged 75-84 | People aged 85 and over |
|---|---|---|---|
| Owned | 85.04% | 81.63% | 72.11% |
| Rented from council | 6.80% | 8.65% | 13.44% |
| Other social rented | 3.47% | 4.50% | 7.06% |
| Private rented or living rent free | 4.70% | 5.22% | 7.38% |

The data available does not show the numbers of older people who have moved to live with families or are sharing properties with family and friends, either intergenerational or from the same generation. It is also difficult to identify older people living in the private rented sector.

A toolkit has been developed by Housing Learning and Information Network(Lin), in association with the Elderly Accommodation Council (EAC) and endorsed by the Department of Health, to identify potential demand for different types of specialist housing for older people and model future range of housing and care provision.

The definitions of these 3 types of housing has been defined by the Housing Lin is as follows;

*Sheltered Housing;* where some form of scheme manager (warden) service is provided on site on a regular basis but where no registered personal care is provided. An on-call service only does not qualify. In most schemes there will be some shared facilities such as a resident's lounge and possibly a laundry and garden.

*Enhanced Sheltered Housing*; Staffing provision is higher than for sheltered and there may be additional shared facilities and some meal provision but below extra care provision.

Extra Care Housing; Registered personal care is provided 24/7

The toolkit suggests per thousand people over 75 years there should be:

**125 x conventional sheltered housing properties**

**20 x enhanced' sheltered housing properties**

**25 x extra care properties**

This equates to 170 specialist units per thousand people over 75.

The analysis below shows there to be a total of 91 specialist units per 1,000 people aged 75 and over in Leicestershire in 2012[5]

| Locality | Affordable | Market | Total | Supply Per 1,000 aged 75+ |
|---|---|---|---|---|
| Blaby | 900 | 34 | 934 | 120 |
| Charnwood | 802 | 352 | 1,154 | 88 |
| Harborough | 517 | 349 | 866 | 120 |
| Hinckley & Bosworth | 479 | 191 | 670 | 76 |
| Melton | 298 | 21 | 319 | 74 |
| NW Leicestershire | 411 | 85 | 496 | 68 |
| Oadby & Wigston | 264 | 211 | 475 | 85 |
| **Leicestershire** | **3,671** | **1,243** | **4,914** | **91** |

[5] Strategic Housing Market Analysis (SHMA)2014.

Local searches have identified the following privately owned (market) retirement property in Leicestershire, some of which have been built since 2012;

| | Schemes | Individual Units |
|---|---|---|
| Age Exclusive- Alarm only | 14 | 348 |
| Sheltered -Visiting warden | 17 | 682 |
| Enhanced Sheltered - On site warden | 20 | 683 |
| Extra care housing with 24/7 care | 3 | 215 |
| **Total** | **54** | **1928** |

The Geographical Spread of identified Private Retirement Properties in Leicestershire by Area is as follows;

| | | |
|---|---|---|
| Blaby | 7 | 260 |
| Charnwood | 12 | 398 |
| Harborough | 12 | 434 |
| Hinckley | 9 | 448 |
| NWL | 4 | 117 |
| Melton | 3 | 81 |
| O & W | 7 | 190 |
| **Total** | **54** | **1928** |

Along with housing partners work is required to have a common understanding of definitions so that there is a consistent understanding of what can be expected to be provided in different categories across Leicestershire. This could be extended to also make the description of the accessibility standards provided clearer. This would mean that when discussing provision with developers or with potential tenants there would be greater clarity.

There are many more sheltered housing schemes around the County than Extra Care schemes. Some districts have reviewed their sheltered housing provision and undertaken a refurbishment and/or decommissioning programme; however some schemes still provide outdated facilities that do not meet the required current space and accessibility standards and lack facilities, on-site support and have minimal social activities for meeting the needs and aspirations of current older people. Local experience indicates that current conventional sheltered housing stock is often difficult to fill.

Some districts have a significant number of properties that have adaptations or are supported by lifelines, assistive technology and 'warden' services that would make them suitable for older people but they are officially classified as 'general needs'. Some districts have extended their lifeline and support service to non-council tenants. There is an opportunity to further enhance the use of assistive technology within specialist accommodation and general needs accommodation.

As the criteria for moving into sheltered housing is generally only based on age there are often people within the scheme who are able and willing to support some of the less able residents. Encouraging tenants 'sense of community' should be promoted.

During the development of the strategy engagement was undertaken with Strategic Housing Officers who identified that there are a number of under-utilised older persons housing schemes across the County that could provide opportunities for meeting the needs of the increasing older population. The Districts and boroughs are already working with developers to bring forward developments for extra care/ retirement housing, where it meets identified need, in line with their Core Strategy policies.

The roles and responsibilities for leadership, quantifying the demand for different types of housing, future investment (capital and land transfer) and attracting and agreeing development needs to be determined between the County Council and the District and Borough Councils at a senior level. The local knowledge of the districts and boroughs is essential but a county wide approach is needed so that officers can work together to shape facilities. Adult social care needs to work closely with policy officers in strategic planning and economic growth departments within the County Council to ensure this strategy influences planning policies and decisions for the benefit of our service users.

## Residential Care

Nationally residential care living is reported to account for approximately 4% of over 65 year olds[6]. Based on the figure of there being 134,000 people over 65 years in Leicestershire and there currently being 180 Care Homes registered with the CQC in Leicestershire, totaling 4,818 beds, this equates to 3.6% if all available beds are occupied. The Adult Social Care Outcomes Framework (ASCOF) shows that permanent local authority commissioned admissions to residential care has been decreasing in Leicestershire, despite the increasing older population. Residential care is an expensive resource for individuals and for the local authority. Research suggests that in many cases older people would prefer alternative options to residential care. It is therefore important to ensure alternative approaches and options are found.

| Permanent admissions to residential care of people over 65 per 100,00 population - Leicestershire | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|---|---|---|---|---|
| | 798.1 | 756.2 | 711.8 | 593.6 |

Bottom national quartile = 768.2, Average national quartile = 631.0, Top national quartile = 513.3

The market position statement produced by Leicestershire County Council identifies that of the 180 Care Homes registered with the Care Quality Commission in Leicestershire (total of 4,818 beds); 151 are registered as residential care, (3,297 beds) and 29 are registered as nursing homes (1,521 beds). The market position statement shows the spread of homes are in the following districts;

| Locality | Number of residential homes | Total number of residential beds | Number of nursing homes | Total number of nursing beds |
|---|---|---|---|---|
| Blaby | 21 | 426 | 3 | 137 |
| Charnwood | 47 | 831 | 10 | 489 |
| Harborough | 14 | 354 | 3 | 246 |
| Hinckley & Bosworth | 27 | 615 | 3 | 159 |
| Melton | 9 | 276 | 1 | 61 |
| NW Leicestershire | 19 | 376 | 5 | 234 |
| Oadby & Wigston | 14 | 383 | 4 | 195 |
| **Total** | **151** | **3,297** | **29** | **1,521** |

[6] Homes and ageing in England, Helen Garett and Selina Burris, Building Research Establishment ref Source ONS 2011

A survey carried out by Leicestershire County Council in September 2015 identified that the homes were running at between 90 to 95% occupancy. This includes a mixture of self- funded places and places commissioned by health and social care.

The population in care homes are predominantly aged over 75. Charnwood has the largest growth in its population aged 75 and over. However, in percentage terms the largest growth, between 2011 to 2036, is projected to be in Harborough (126%), Melton (111%) and North West Leicestershire (110%)[7].

Specific work regarding residential care provision is being undertaken and so is not dealt with further in this strategy.

[7] Strategic Housing Market Analysis (SHMA) 2014.

# Local Research and Consultation

The research and consultation undertaken as part of developing this strategy indicated that the level of familiarity with different types of housing related support is variable and more information is needed. Respondents stated they would be most likely to use search engines such as Google, Yahoo or Bing or go to family and friends as well as council websites if they needed more information about how to improve theirs or their families' home environment. However it was also highlighted that although many are, the perception was that not all older people have access to or are familiar with using the internet. Respondents indicated that making sure information is available to families, the development of wider community support networks and more staff being able to provide advice on housing support would help people plan for older age. Some Parish Councils are already actively offering assistance through e.g. Libraries, parish newsletters, 'village watch' etc and showed an interest in doing more.

Information and advice needs to be available for older people regarding potential housing for all tenures, including affordable or private sector housing for rent, outright or shared ownership. Respondents to the consultation said that help to understand legal jargon and financial information is needed.

Respondents suggested a proactive and direct approach to encouraging people to plan for later life whilst recognising that many people have the capabilities to manage their own decisions. The consultation showed that there is confusion about where to get information and advice and a 'one stop shop' was suggested. People identified estate agents, GP surgeries, patient participation groups and chemists as opportunities for providing more proactive advice and information about housing issues and planning for later life. Retirement classes and community groups such as U3A (university of the third age) and other charity and voluntary organisations were suggested as being able to be ambassadors for sharing information.

The consultation highlighted that information and support regarding housing related support and housing options does need to be available to people at times of crisis as sometimes, even if the person has tried to plan for their later life, circumstances can sometimes happen that means the person still needs to make further changes.

Discussion at the focus groups identified that although people value their privacy social contact is important. People's aspirations are changing and voluntary and community sector groups need to offer something different to traditional services, seen as being 'for older people' and activities that link older people to the wider community and offer choice are valued.

Residents consulted with from existing sheltered schemes identified that as the cost of private rented properties has increased they think the cost of living in sheltered accommodation has become more attractive. They said that they would like some of the properties to have a more modern feel and title as people think they are living in a residential home and the décor in some schemes is very dated. They highlighted the need for regular activities that are open to the wider community as well as the tenants. They identified requirements for things like space for scooters as older people are now frequently using them to get about.

Some residents groups are already organising activities such as outings, falls prevention and exercise groups, walking groups, film nights, etc The schemes are supported to be self-sustaining but can be facilitated by the voluntary sector or the local district/borough council leisure services or housing support services to make the schemes more vibrant and attractive to let and to enhance the quality of life of the tenants. Residents in the focus group commented that they have had experience of feeling 'told off' for helping fellow tenants e.g. when providing a meal for someone.

Feedback from the consultation highlighted that loneliness; isolation; transport; maintaining the home and dementia are issues that people feel needed to be considered.

The focus groups indicated people's aspirations were often to remain in their current home for as long as possible and put off considering alternatives. People were afraid that if they identified they were 'struggling' families or professionals would think they 'needed to go into a home'. They were also fearful of losing money or assets they had worked hard for.

It was noted during the consultation that going forward the value of people's pensions may not be as much as some had anticipated and some are drawing down on their pensions to pay off mortgages and other loans. This will have an impact on their accommodation options.

The practicalities of moving can be a barrier to people wanting to move. People responding to the survey were generally supportive of suggestions including;

- Part exchange or bridging loans
- Help with independent legal/financial advice
- Well-designed properties, including bathrooms and kitchens to meet specific mobility needs
- Inclusion of 'smart home' features e.g. easy-to-use controls, including heating controls, electric door and window openers, remote controlled curtains, motion activated night lighting
- Help with removals, moving phone, utilities, 'decluttering' previous property and explanation of the controls and appliances on day of move and follow-up support if needed.
- Handyman shortly after the move to fit e.g. grab rails to suit the individual's needs, rather than providing a standard set of fittings
- Providing accommodation that has communal spaces to act as health and social hubs for the residents and the wider local community.
- Clearly advertised and transparent information from the outset about exit fees, event fees or buy back options, with details provided in the purchasers pack in line with Standards for retirement communities September 2015 provided by the Association of Retirement Community Operators (ARCO)

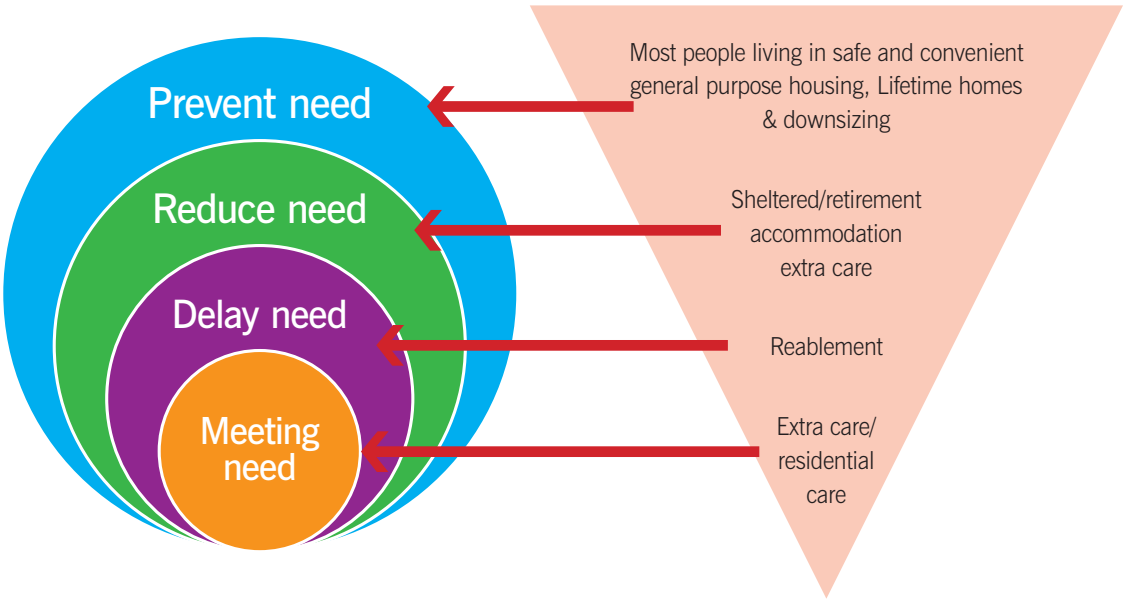
One respondent said the suggestions "shows an understanding of the stresses and worries felt by older people when they have to make a major move".

Extra care housing was a particular focus of the consultation. There was a high level of support for this type of provision and numerous examples of positive outcomes achieved for individuals. It was evident that many people did not understand the unique nature of extra care, to provide self-contained accommodation and provision of care and support that is available 24 hours per day, unless they had personal experience of it.

The feedback from the consultation suggested people would like to see stricter planning regulation in terms of the provision of a mix of housing in new developments which includes bungalows and restrictions on buy to let.

# Leicestershire Adult Social Care Strategic Approach

Leicestershire's Adult Social Care Strategy is the proposed plan for the next four years to put in place a new, more cost-effective approach to delivering adult social care. The model, which is a 'layered' approach (see diagram below) will meet our obligations under the Care Act 2014 and is designed to ensure that people can get the right level and type of support, at the right time. This strategy looks at how, by working with partner agencies, our approach to housing for our older population can contribute to achieving the change required. There is clearly overlap and accommodation related services can contribute in different ways to prevent, reduce, delay and meet need.




Each domain will now be examined in turn with specific consideration of the accommodation need of older people.

## Prevent need

**People are able to make informed choices about their present/ future accommodation needs to maintain good health and wellbeing**

The Chartered Institute for Housing and other representatives from the housing sector have worked with the key NHS and social care bodies to produce a Memorandum of Understanding (MoU)[8] to aid the integration of housing, health and care. The MoU demonstrates to the health sector the central role of the home and related support services in improving the health and promoting the wellbeing of tenants and residents. It identifies key features of the right home environment (both permanent and temporary) are:

- It is warm and affordable to heat;
- It is free from hazards, safe from harm and promotes a sense of security;
- It enables movement around the home and is accessible, including to visitors;
- There is support from others if needed.

[8] Memorandum of Understanding(MoU) to support joint action on improving health through the home Dec 2014

## Advice and information

Providing co-ordinated advice and information to the whole population about making homes safe and convenient and supporting people to plan for their future needs, will enable older people to remain independent and within their chosen community.

Whilst social care practitioners would not be expected to deal with housing issues per se it is important that professionals across health and social care consider the impact of housing issues on the person's current or future wellbeing. More front line workers need to be supported to understand what accommodations options are available locally and who to contact so that the range of alternatives that are appropriate to meet people's needs is fully considered with the person.

Housing support services such as advice and information services, housing options advisors, in-reach housing support into hospitals and primary care services can help people to cope with issues relating to their tenancy and keeping their homes warm and in good repair that could be causing them emotional stress or practical difficulties. People need opportunities to talk about their worries and options as well as just receiving information. A project, run by the Bridge in Loughborough, to provide specialist advice and advocacy for people over the age of 60 years and practical support to access appropriate housing has resulted in better utilisation of social housing stock within Leicestershire and has helped improve the knowledge of local adult social care teams.

Ensuring people have access to independent advice, including independent financial advice, to enable them to make informed decisions is vital.

## Developing a sense of community and neighbourhood support

A study commissioned by the Leicestershire Housing Partnership undertaken by SITRA recommended a focus on improving the local environment to support older people. Focusing on the communities' strengths, assets, skills and aspirations to deliver the services the community want and support. The Local Area Co-ordinator programme, being developed by Public Health, and the multiagency Community Hub pathway work aims to achieve this.

A report entitled 'Living well in old age – Supporting mental health and wellbeing in later life'[9] describes the importance for older people to have opportunities to contribute to their local community, as well as receive support from the community if required, and opportunities to expand networks and develop new trusted friendships.

Social prescribing describes a means of enabling primary care services to refer people with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary or community sector, to help people adopt healthier lifestyles or improve social aspects of their lives. First Contact Plus is the service championing this work by co-ordinating and helping people to navigate support available.

## Adaptations and Equipment

Older people's housing needs can mostly be accommodated through simple alterations to their current homes such as modernising heating systems, good home maintenance, handrails, raised sockets, easy reach storage areas, low maintenance gardens, good lighting, raised toilet seats, walking aids, bath hoists, replacing baths with showers. Design guides and 'trusted contractors' who understand the needs of older people could be developed.

[9] Living well in old age – supporting mental health and wellbeing in later life. Kings College London, Meredith Fendt-Newlin et al

Telecare, telehealth and other assistive technology systems that alert an individual, a carer or a call centre through alarms and sensors can be adapted to suit each individual within their own home as part of their care needs assessment regardless of accommodation type and tenure. Assistive technologies can include helpful devices such as medication reminders, property exit or movement sensors and flood detectors (for those with low level dementia), falls detectors and environmental control systems for those with mobility difficulties and health monitoring systems for those with long term conditions. Evidence relating to the cost effectiveness of assistive technology is still limited but it is generally considered that, if delivered in a preventative way, telecare and telehealth can substantially reduce mortality, reduce the need for admissions to hospital, lower the number of bed days spent in hospital and reduce the time spent in Accident & Emergency.

## Accommodation Choice

Working with housing partners to facilitate increased availability of Lifetime homes and bungalows will result in people having homes that can meet their needs as they get older and experience changes to their health and social circumstances, so delaying the need for them to move to alternative accommodation. A number of neighbourhood plans have identified a need for suitable older people's accommodation in their area. It was suggested that social care professionals could be used as consultants on planning applications for older person's schemes.

A study of 1,500 people over 60 years in 2013 showed over half are interested in moving[10] (88% of those who didn't was because they felt their current accommodation already suited their needs). The study showed more people were interested in downsizing than in purchasing specialised property.

Downsizing can be attractive to individuals as a way of cutting outgoings and releasing funds to help them enjoy a more comfortable retirement and prevent difficulties with home maintenance, heating a large property etc. Older people also recognise the benefit of freeing up accommodation for the younger generations they care about.

A survey carried out among retireeasy.co.uk subscribers, found the average age at which people envisage downsizing is 65. However it needs to be recognised that when considering downsizing many older people may still want access to a garden, keep pets etc. Two bedrooms appeared to be the preferred choice, providing space for family, carers, storage, hobbies or separate bedrooms for a couple. Bungalows were found to be very popular with older people downsizing but it is clear that there remains an inadequate supply and consequently increases prices. District and Borough Council strategies will be considering providing bungalows in locations where a specific demand for bungalows can be established and bungalows on smaller plot sizes may make them more affordable to provide and afford. Working with developers to understand the issues for them would also help.

The practicalities of moving can be a barrier to people wanting to move and a number of opportunities to overcome this, including bridging loans, help with removals and inclusion of shared space to host social events and dedicated parking features are more likely to encourage people to consider it.

For those who do downsize a forced move, either due to rules being imposed by a housing provider or because of a life event such as illness or bereavement, is likely to have a negative impact on older people's health and wellbeing. A voluntary and planned move will be far more likely to improve the person's wellbeing and sense of choice and control.

[10] The top of the Ladder, Wood 2013.

The equity release market is reported to have hit an all-time high supporting the development of high-quality residential developments for older people[11]. However Elderly Accommodation Counsel (EAC) findings[12] shows some owners may want to relinquish the responsibility and move into rented property as they grow older but that people are wary of leaseholds and service charges. (See appendix 3, page 32 for further details)

## At present;

The importance of the home environment in supporting good health and wellbeing is not as well understood as it could be within adult social care and clear information and advice about what people can do for themselves is not readily available within teams to be able to share with service users.

## We will;

- Work closely with housing organisations, providers and partners to take a more proactive approach to providing advice and information which relates to housing, to enable people to take more responsibility for maintaining their homes, make changes and plan for their older age.
- Explore delivery of a more co-ordinated approach to the provision of easily accessible and consistent advice and information, in different formats.
- Promote the development of community, neighbourhood support and social prescribing and identify opportunities within local communities where people can be supported to consider their future accommodation needs.
- Utilise evidence from local projects to enable older people to access advocacy and advice and practical support to access appropriate housing related support that people find useful.
- Agree a common language for describing specialist accommodation for older people locally.
- Work with local planning authorities to influence the types of homes delivered to better meet the needs and aspirations of older people in response to the evidence of need and demands.
- Empower frontline staff to encourage people to take responsibility for their housing needs in order that they can maintain their health and independence.
- Share and promote new learning on how the home and housing interventions, e.g. dementia friendly housing and housing adaptations can deliver health outcomes and improve wellbeing.
- Support older people with dementia, learning disabilities and mental health problems to live in homes that support their wellbeing and that of carers.
- Identify innovative solutions through individual and community networking to address transport issues that enable older people to remain active and independent and connected to their local community, including those living in specialist retirement accommodation and extra care housing.

[11] Housing an Ageing population (England) House of Commons Library Briefing Paper number 07423
[12] Should I stay or should I move EAC 9th December 2015

## Reduce need

**By working with individuals and partner agencies we will identify those people most at risk of needing support in the future and intervene early to help people to stay well and prevent decline.**

Council's and some social landlords provide adaptions in their tenanted properties and local authorities administer Disabled Facilities Grants (DFGs) in other tenure properties, to fund home adaptations such as stairlifts, level access showers(LAS) and ground floor extensions, in order to facilitate access into and within the home for older and disabled people. The Disabled Facilities Grant allocation is now part of the integrated Better Care Fund.

A study in 2015 by the national body for home improvement agencies Foundations has shown that elderly people who had adaptations made to their home via the DFG move into residential care around 4 years later than those who have not[13]. Many people will not be eligible or want to apply for a DFG but could benefit from adapting their homes to enable them to retain their independence or just incorporating design features that make life easier as they get older.

**DFG's completed in Leicestershire between 1.4.15 and 31.1.16 (10 months)**

| All | lifts | LAS/toilets | >10K e.g ramps, door alterations | Children |
|---|---|---|---|---|
| 473 | 123 | 275 | 39 | 36 |

Adaptations can sometimes take a considerable time to be provided. Reducing waiting times and speeding up the delivery of home adaptations is essential to ensure people's housing needs are met in a timely way and anticipate future needs if the person has a progressive condition. Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice[14] recommends timescales for each stage of the process. The Lightbulb Programme is already having a positive impact on achieving this.

Homeshare schemes are another way of reducing the needs of older people for health and social care services. Limited research currently exists into the outcomes achieved from these relatively underdeveloped opportunities for older people. Currently there is no Homeshare scheme in Leicestershire, but there is potential for development particularly in areas with a high student population such as Loughborough.

Significant progress has been made locally in developing techniques that effectively identify those that may be at a high risk of increasing health and social care needs by analysing their medical history (known as risk stratification). This provides the opportunity to target services to reduce the risks.

[13] Foundations, Public Sector Executive 8.12.15
[14] Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice 2013

## At present;

Adaptations, services are generally limited to people who identify themselves to social care services, although they are provided in a preventative way without the person needing to be Care Act eligible.

## We will;

- Work alongside the Lightbulb programme to develop a stronger partnership approach to aid the integration of housing, health and care.
- Explore opportunities to develop a more proactive and innovative approach to develop the private housing adaptation and daily living equipment market, including use of trusted assessors and accreditation schemes.
- Utilise health risk stratification tools and patient management and tracking systems, to identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation.
- Maximise the use of assistive technology to develop services across the county, in line with emerging evidence.
- Explore evidence and opportunities to develop homeshare schemes.

# Delay need

**We will focus on support for people who have experienced a crisis or have an illness or disability by providing accommodation and housing related services in a way that makes them resilient to avoiding a crisis in the future, or able to manage effectively if it does happen again.**

Housing schemes linked to supporting recovery and reablement, for those who have experienced a crisis or who have defined illness or disability, has received policy support from the Department of Health as one means of prolonging and regaining independence[15]. Reablement can enable patients/service users with physical and mental health needs to stay in their own homes for longer, reduce the need for home care or residential care and improve outcomes for users.

Reablement can be used to help individuals to maintain or regain their independence and avoid unnecessary admissions to hospital. Reablement includes a range of therapeutic interventions including; developing skills, confidence and stamina; problem solving including finding new safer techniques for doing things and ways of conserving energy; using adaptive approaches including use of equipment, assistive technology and adapting the environment.

Leicestershire hospital pathways work[16] has identified 'Pathway 2' as home based reablement for people to maximise their independence following a hospital admission and 'Pathway 3' as being for patients who are medically fit for discharge from hospital but deemed not to be initially safe to return to their home. Residential reablement schemes provide a safe environment for optimising health and well-being and undertaking further assessments and reablement prior to the person returning home. This can help to make significant improvements in the timeliness and effectiveness of discharge from

[15] The NHS Outcomes Framework for 2014/2015
[16] Better Care Together Leicester, Leicestershire and Rutland Pathway redesign

hospital, especially for frail older people, reducing length of stay and thus avoiding the negative impact that may occur as a result of a longer stay in hospital.

The Hospital Housing Enabler Project (part of the Lightbulb Programme) has been liaising with housing providers who have been able to identify 'hard to let' properties that are suitable for people waiting to be discharged from hospital on either a temporary or permanent basis. The housing providers have been flexible regarding their admission criteria and tenancy agreements. If required health and social care support can then be provided to facilitate the person's reablement in this environment. There may be opportunities to extend this provision further.

### At present;

Although there has been a number of developments locally, including the commissioning of bed based reablement (including extra care units) by health colleagues, increased use of assistive technology, development of falls prevention strategies and the introduction of Local Area Co-ordinators, there is still a need for further integration of services, ensuring new ways of working are thoroughly evaluated and that effective approaches are embedded into 'business as usual' delivery models.

### We will;

- Review the evidence and opportunities to establish if it is beneficial to utilise sheltered and extra care schemes to provide opportunities for reablement.
- Support the development of residential reablement opportunities.
- Review our contracts to include incentives for domiciliary/sheltered/ retirement/extra care and residential care providers to re-able customers and reduce packages.
- Promote greater use of telecare and telehealth to support recovery.

## Meeting need

**For those assessed as eligible for funding and needing support that can't be provided to someone by their family and community, services will be provided in a targeted and innovative way that ensures affordability, maximise the use of the individual's assets and community resources and maintains the person's optimum level of choice and independence.**

A person-centred approach by staff developing 'health, housing and care packages' with older people in any accommodation will benefit from inclusion of activities and opportunities for social relationships to prevent social isolation and loneliness. Communal facilities, such as restaurants, activity rooms or health facilities, either in sheltered schemes, extra care schemes or care home settings, should be encouraged to be available for usage by older people from the wider community.

## Shared Lives

Shared Lives schemes support people and/ or their Carers, by helping people to feel able to continue managing for longer and identify support before they hit crisis. The Share lives scheme run by the Council is mainly for people with a learning disability, although this does include some older people. It has been difficult to effectively use the scheme for older people in many cases due to finding people whose homes are suitable to accommodate the physical needs of older people, or people who are able to manage older people with more complex needs such as advanced dementia.

## Extra care

National evidence suggests that extra care housing can help to reduce levels of social isolation and loneliness, which are known to affect people's emotional and mental wellbeing. Studies have concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing and can therefore help to reduce the risk of older people needing greater levels of health and social care support associated with mental health decline[17].

Extra Care is regarded as an effective alternative to residential care as a way of meeting needs of people who can no longer manage living in general purpose or sheltered/retirement housing, even with adaptations or a support package. In 2012/3 East Sussex County Council commissioned an independent evaluation of its extra care housing that concluded that when assessing where residents in the schemes would live if they were not living in extra care housing, 63% were judged as needing residential/elderly mentally ill/nursing care[18].

There are currently five extra care housing schemes in Leicestershire, that are funded or commissioned by Leicestershire County Council, plus a further development being built in Loughborough that is due to be available during 2017. These schemes have been set up under differing arrangements and so it is difficult to demonstrate cost effectiveness, therefore it is recognised that the current extra care model may not be achieving the savings originally forecast. The cost of extra care compared for both the individual and the local authority varies considerably dependent on the person's level and type of needs and their personal and financial circumstances. The non-financial outcomes or indirect financial savings therefore also need to be taken into consideration in determining the benefits of extra care.

Extra care schemes are intended to be a person's 'home for life', so schemes need to be able to support people with complex health and social care needs, with the support of the local services. This includes supporting people with long term conditions, people with acute illnesses, supporting people following discharge from hospital or when they are palliative or end of life.

The International Longevity Centre undertook a study of 3 extra care schemes and found extra care does delay the need for transfer to institutional care, when compared to a matched group in the community[19]. About 10 per cent of residents in extra care housing in this study enter institutional accommodation from extra care housing after five years of residence compared to 19 per cent of those living in the community in receipt of domiciliary care. The difference improves for people entering extra care aged over 75 years when their chances of entering institutional care are reduced by 47% in the first two years and by 35% in the first five years, when compared with a matched group in the community.

[18] Extra Care Housing in East Sussex, Evaluation Report, Georgiana Robertson Consultant, Social Care and Housing, June 2013
[19] Establishing the extra in extra care housing Kneale 2011

Evidence[20] shows that extra care residents are potentially less likely to call upon emergency, out of hours and routine health care advice and assistance, than older people living alone in the community, due to the support and reassurance available from support staff and neighbours within their scheme. Extra care schemes also offer opportunities for cost effective delivery of therapeutic, treatment and health promotion activities, such as flu jabs, lunch clubs, nutrition, exercise and general wellbeing advice sessions. No evidence has been found to show if this same level of prevention could be achieved in other forms of sheltered or retirement accommodation but this could be achievable depending on the ethos and role of the scheme manager.

One study[21] of 3 extra care schemes found it does appear to reduce the number of admissions to hospital by one day a year for people aged 80 years plus, when compared to a matched group in the community, but it does not appear to impact materially on the lengths of stay once admitted. This research also found lower levels of domiciliary care were required.

Extra care schemes can greatly help to reduce carer strain for older couples, especially for a carer who is looking after someone with dementia.

Some people do have a level of physical or mental health need that exceeds that which can be reasonably met or managed by the extra care provider or have needs that have the potential to lead to serious risk or disruption to others. This has been identified where;

- they require regular night time attention that can't be provided by the resources available within the scheme.
- the person has advanced dementia.
- their required level of nursing care exceeds that of the community nursing service.
- they require specialist health services which cannot be met in a community setting.
- they cannot meet criteria that the Housing Provider may have such as capacity to enter into and maintain a tenancy and financial ability to pay rent and service charges, even with the support available.

The consultation explored and gained support towards the proposed change to the eligibility criteria to the schemes where the Council commissions the core support service. It was recommended that people must be assessed in accordance with the Care Act guidance and identified as a result to have care needs that are eligible to be appropriately met by the provision of an extra care housing scheme.

Characteristics of suitable applicants will include the following;

- Those who may otherwise be placed into residential care but where there is a realistic chance that the person could live in a more independent setting. This could include people with physical or mental health conditions, people with communication difficulties, people with sensory difficulties, people at risk of exploitation or abuse, people with a learning disability.
- Those likely to need increased care services in the future and it is considered that extra care could prevent, reduce, delay or meet the needs of the person, e.g. people with a recent diagnosis of dementia or other long term conditions.
- Those whose accommodation is severely affecting their health, wellbeing or independence (including where current housing is resulting in isolation).
- People who have health care needs which can be met by the Primary Healthcare Team or other community health services.

Currently applicants must usually be either 55 years and over or aged 60 or over, depending on the eligibility criteria determined by the landlord, although in exceptional circumstances, for example if

[20] Housing Learning and Information network – A discussion paper on the cost effectiveness of Extra Care Services. Gerald Pilkington Associates
[21] Establishing the extra in extra care housing, Kneale 2011

the person has early onset dementia, people under 55years may be considered. There was general agreement through the consultation that the age criteria should be applied flexibly although this may increase the demand on places and need for more places.

To date extra care has not generally been considered for people with a learning disability. However it has been identified that there are an increasing number of mature people with a learning disability who are currently living with ageing parents that extra care may provide suitable future accommodation for. Some people with learning disabilities encounter issues related to ageing at an earlier stage in their lives and are more likely to continue to need support and care as they grow older. As long as the accommodation remains suitable for them, people with a learning disability living in a Supported Living schemes should not be expected to move from their home just because of their age, however as the person becomes an 'older person with a disability' extra care may be a better option for them to consider. This would continue to allow people to be part of their existing community and possibly prevent or delay a more costly move into residential care.

To accommodate the rising prevalence of older people with dementia, all extra care schemes should be 'dementia friendly' by providing an enabling environment and suitably trained and consistent staff. There was significant discussion during the consultation about the ability of extra care schemes to accommodate people with advanced dementia and some residents expressed that they found it difficult having people in the scheme with dementia. However it was generally felt that schemes need to do all they can to meet everyone's needs for as long as possible and that creating supportive and caring communities and understanding amongst residents to be able to accommodate each other's needs should be positively supported by the staff and plans for managing risks put into place.

Ensuring a balanced community of people with differing needs is key to the successful delivery of extra care schemes and needs to be understood by the allocations panel.

Estimating the need for extra care housing is dependent on how it is perceived by the general public (especially those in the target market) the local authority and other public service commissioners. Location has been identified as a key determinant of success. Schemes ideally need to be accessible to the local community including access to; transport links, local shops, supermarkets, banks, Post Offices, GPs, community and leisure facilities, social amenities, places of worship, libraries. The development of any future schemes should be seen as an opportunity to enhance the locality and existing services and for extra care schemes to operate as a community hub.

## Residential care

Residential care and residential nursing care can be provided for both permanent and respite placements in accordance with Leicestershire Social Services Eligibility Criteria and Practice Guidance. The care home market is reasonably stable in that occupancy is not so high that the council is unable to find places when they are needed (although sometimes not as close to home as they would want and issues relating to top up fees were raised during the consultation), but not so low that it threatens the financial viability of care homes in Leicestershire. It is important that when people move into residential care there is still a focus on maximising and maintaining individual's independence and wellbeing.

## At present;

Sometimes alternative housing options, such as adaptations and the use of assistive technology, Shared Lives or extra care housing needs to be more carefully considered before a move to residential care is arranged. Systems such as Just Checking[22] may not be as widely used as they could be and the use of the current extra care schemes in the county need to be relaunched to ensure they are being used appropriately and are delivering the required outcomes.

## We will;

- Explore opportunities to develop the Share Lives scheme run by the Council. Introduce revised eligibility criteria for new applicants to extra care schemes where the Council has nomination rights.
- Ensure comprehensive assessments and robust allocation protocols are in place to ensure extra care schemes are used appropriately and that individuals are being reviewed and packages of care adjusted in a timely way.
- Review and further develop our approach to 24 hour on site care and support provision for extra care to ensure value for money for individuals and the council that can deliver specific health and social care outcomes and added social value.
- Utilise information from the Housing and Economic Needs Analysis, and localised analysis being undertaken by some Borough and District Councils, to identify the needed for extra care accommodation in different locations and tenures.
- Work with partners to identify potential locations and funding options, including attracting investment from mainstream builders to provide new extra care/ retirement accommodation in areas where required.
- Work with partners to ensure combined property assets used effectively to develop accommodation for older people.
- Utilise evidence from other areas to inform size, scope and design of new extra care schemes.
- Clarify ratio of residential care to extra care housing required and increase the balance of extra care provision.
- Ensure existing assets are being fully utilised to act as 'community hubs' to provide additional support to older people in their community such as opportunities for acting as equipment and wheelchair loan store, site for visiting chiropodist, hairdresser, optician, social and voluntary activities etc, providing assisted bathing/showering facilities, providing temporary support in times of crisis.

[22] www.justchecking.co.uk

# Finance

It is essential that implementation of this strategy delivers a preventative approach to support the delivery of the Medium Term Financial Strategy. Investment can only be made if there is evidence that outcomes will be delivered and assurance given that cost effective models of accommodation are being used. It is expected that savings can be realised but further work to understand this is required.

Leicestershire County Council need to understand and keep abreast of the impact of proposed changes to housing benefit payments, rent rates and caps, right to buy schemes and other policy or legislative changes, introduced nationally or locally, affecting people living in private rented properties or in social housing and the impact on providers to maintain existing properties and invest in new stock.

# Conclusion

The majority of older people live independently in general purpose housing. Supporting people to make their homes safe, accessible, warm, secure and convenient and to make informed choices about moving to more suitable accommodation where relevant, can prevent, reduce and delay the need for health and social care services.

The strategy fits with feedback received through the consultation process from the wider public and with our partners and other stakeholders. The implementation of the strategy will support the delivery of the overarching Adult social Care Strategy and the Sustainability and Transformation Plan. Local activity, particularly in relation to the Lightbulb programme, developing advice and information and community and neighbourhood developments, will strengthen the offer to enable older people to remain active, independent and safe.

Co-ordinated advice and information is key to supporting people to take responsibility to plan for their future housing needs, including financial advice, information about daily living equipment, adaptations and assistive technology. Front line health and social care workers need to be confident to discuss with older people and, where relevant, their carers about maintaining healthy housing and planning for older age. Information and advice needs to be available for older people regarding potential housing for all tenures, including affordable or private sector housing for rent, outright or shared ownership. Available accommodation options needs to be available to people from all tenures but desirable opportunities are especially needed for the majority of older people who are home owners.

Evidence exists that, provided well, extra care can reduce need for health and social care services. Some of the same benefits can potentially be achieved from enhanced retirement/sheltered schemes depending on the level of support available from assistive technology, visiting health, social care and support staff. Schemes that act as a hub and maintain close links with the local community deliver greater outcomes. It is anticipated that future sheltered and extra care housing developments will be mixed tenure to meet the diverse needs and financial resources of our ageing population.

Housing schemes linked to reablement, including adaptations and other housing support services, can delay the need for people to move to alternative accommodation and delay the need for more costly health and social care services.

For people who can no longer manage living in general purpose or sheltered accommodation extra

care can provide not only a more cost effective alternative to residential care but also achieve more positive outcomes in terms of optimising independence and reducing loneliness for some people. Some evidence exists that shows people with medium to high needs that have entered aged 80 years plus are most likely to provide the best financial return on investment in developing and providing this type of accommodation. We have review the local situation to ensure the current strategy is effectively delivering outcomes and providing value for money and that we maximise the opportunities extra care can offer going forward.

Our current provision of specialist older person's housing (including sheltered and extra care) in Leicestershire is still significantly below the anticipated demand to meet the needs of the increasing numbers of older old people based on the toolkit endorsed by the Department of Health.

There is a need to ensure accommodation for older people is given high priority for housing strategy decisions through working with partners to review the adequacy of the current provision and identify potential locations and funding options, (including securing private investment) for improving the existing stock or increasing capacity to meet projected demands.

Specialist accommodation needs to be targeted and it is vital that clear contracts and protocols are developed and understood that ensure allocation of places in schemes is used appropriately, kept under review and where relevant care is adjusted in a timely way.

# Appendix 1 Demographic Projections

**The numbers and proportions of the population in Leicestershire aged 65 and over will continue to increase (JSNA)**

| POPPI projections 2015 | 2015 | 2020 | 2025 | 2030 | % increase from 2015 to 2030 |
|---|---|---|---|---|---|
| People aged 65-69 | 42,400 | 38,600 | 41,200 | 47,900 | 11.48% |
| People aged 70-74 | 31,700 | 40,200 | 36,900 | 39,600 | 20.00% |
| People aged 75-79 | 24,400 | 29,000 | 37,100 | 34,300 | 28.86% |
| People aged 80-84 | 17,800 | 20,500 | 24,800 | 32,000 | 44.38% |
| People aged 85-89 | 11,100 | 12,900 | 15,500 | 19,100 | 41.88% |
| People aged 90 and over | 6,600 | 8,300 | 10,700 | 14,000 | 52.86% |
| **Total population 65 and over** | **134,000** | **149,500** | **166,200** | **186,900** | **28.30%** |
| **Total Population 75 and over** | **59,900** | **70,700** | **88,100** | **99,400** | **39.74%** |

**Projected number of people with dementia for 65+ year olds in Leicestershire from 2010 to 2030 JSNA**

| | 2015 | 2020 | 2025 | 2030 |
|---|---|---|---|---|
| **65 – 69 year olds** | 525 | 477 | 510 | 584 |
| **70 – 74 year olds** | 876 | 1,092 | 999 | 1,075 |
| **75 – 79 year olds** | 1,455 | 1,711 | 2,148 | 1,978 |
| **80 – 84 year olds** | 2,186 | 2,532 | 3,016 | 3,797 |
| **85 + year olds** | 4,169 | 5,134 | 6,432 | 8,159 |
| | (45%) | (47%) | (49%) | (52%) |
| **Total for people with dementia 65+ yr** | **9,211** | **10,946** | **13,105** | **15,593** |
| **Total of All 65+ yrs** | **136,000** | **151,500** | **168,000** | **188,300** |

**Projected number of people aged 65 and over with a limiting long term illness JSNA**

| | 2015 | 2020 | 2025 | 2030 |
|---|---|---|---|---|
| **65 – 74 year olds** | 26,974 | 28,467 | 28,176 | 31,343 |
| **75 – 84 year olds** | 22,512 | 26,307 | 32,286 | 34,262 |
| **85 + year olds with** | 10,324 | 15,586 | 15,776 | 19,894 |
| **Total for people with LLTI 65+ yr** | 59,810 | 67,360 | 76,238 | 85,499 |
| **Total for All 65+ yrs** | 136,000 | 151,500 | 168,000 | 188,300 |

**Pensioner households by local authority area: (Census 2011) SHMA 2014**

| | Blaby | Charnwood | Harborough | Hinckly and Bosworth | Melton | NW Leics | Oadby & Wigston |
|---|---|---|---|---|---|---|---|
| **Single pensioner** | 4,741 | 7,980 | 4,368 | 5,608 | 2,692 | 4,706 | 3,031 |
| **2 or more pensioners** | 4,141 | 6,371 | 3,841 | 4,683 | 2,218 | 3,678 | 2,461 |
| **All households** | 38,686 | 66,516 | 34,898 | 45,377 | 21,490 | 39,128 | 21,339 |
| **Total % pensioner households** | 23% | 21% | 23.5% | 22.7% | 22.8% | 21.4% | 25.7% |

## Appendix 2 Accommodation that older people occupy

**General purpose housing;** either owner occupied or rented, that isn't specifically designed for older people.

**Homeshare** is an intergenerational housing scheme which looks to match an older person with living space with another person, who provides an agreed amount of support in exchange for a low rent level. The other person is often a student, or a younger person undertaking an internship. Specific and qualified care is not provided. Rather, companionship and general help e.g. domestic tasks, shopping, help to use the computer and gardening are the primary means of support offered. For significant numbers, the real benefit of homesharing is the security of having someone in the house at night

In the UK, the Homeshare Association is administered by Shared Lives Plus, who maintains a record of all programmes running across the UK. In June 2015, Lloyds Bank Foundation and the Big Lottery Fund each invested £1m in the Homeshare National Programme with pilot schemes taking place in Oxfordshire and greater London. There currently doesn't appear to be any scheme in Leicestershire (Leicester City do have a scheme).

A high proportion of UK homesharers are from Australia, New Zealand, Eastern Europe and other countries and are visiting the UK to broaden their experience. Some are mature students but many are working.

Evidence from the UK and overseas suggests Homeshare is most successful in urban areas where:

- There are significant numbers of older people living alone;
- Property is expensive to rent or buy;
- Transport links are good;
- There are significant student populations including mature and overseas
- students.
- Some new rural schemes have identified large groups of young people at the bottom of council house waiting lists.

The costs of Homeshare are those of advertising the programme and employing one or more co-ordinators and administrative support staff. Some programmes recoup some or all of their costs from charges made to participants. For a Homeshare programme to be established in an area, there will be a need for it to spend some time awareness raising, advertising and recruiting participants. Unit costs are likely to be high initially but to reduce once the scheme has reached a 'critical mass' of participants to be able to make timely matches between compatible people.

Homeshare is not a regulated service and there are no legal restrictions on which people or organisations could set up a programme. However, some of the more successful programmes are embedded within established not for profit organisations working in the field of adult services or supported housing.

Safeguarding is a key consideration in all of the UK schemes. Homesharers, the suitability of the home and the needs of the Householders are assessed before any introductions are made. This is done face to face by most schemes. All schemes have a verification process that includes DBS, reference checks and interviews for the Homesharer. Structured support is also seen as essential during the first few weeks by all schemes in order to support the transition for both participants and help resolve any initial issues and refine and clarify, where necessary, the support being provided by the Homesharer. Most schemes operate a trial period for the Homeshare relationship with regular telephone contact, face to face meetings and end of trial review. The average monthly charge is around £140 for the Householder and £160 for the Homesharer, some schemes charge VAT and some have additional administration and matching fees. In all but one of the UK schemes the Homesharer pays no additional rent but commits up to ten hours of support to the Householder per week.

**Shared Lives services;** offers long term support, short breaks and daytime support in and from the homes of local families. The Shared Lives Service run by Leicestershire County Council is registered and inspected by the Care Quality Commission (CQC). Carers are trained and are all approved and monitored and paid for the services they provide which can include helping with personal care, encouraging independent living skills, joining in leisure activities. Issues faced by the service are finding people whose homes are suitable to accommodate the physical needs of older people or people who are able to manage older people with more complex needs such as advanced dementia.

**Lifetime homes;** this is accommodation that meets a set of standards which make properties more accessible, safer, more convenient and adaptable to changing needs, such as being suitable for the fitting of a stairlift or vertical lift or having space for a bedroom downstairs, having doors and halls wide enough for a wheelchair and space to turn a wheelchair, walls able to take an adaptation etc.

In October 2015, new national housing Optional Space Standards were introduced which largely put the Lifetime Homes Standard in place. Building Regulations M(4) Category 2, 'accessible, adaptable dwellings' included a new standard for accessibility, higher than the current national minimum standard, which a local authority can apply where needs and viability tests are met.

The cost of building to the Category 2 standard for a 3-bedroom property was estimated by the Housing Standards Review to be £521 more than building to current Part M. However, this has been disputed as not fully reflecting both space and process costs that make the actual additional costs higher than this. However the estimated £521 cost could be met by just one week in residential care.

A positive partnership with local planners, who have responsibility for deciding if proposed development go ahead or not and the standards applied is key to ensure accommodation for older people is viewed as a priority.

The core capital finance for new housing schemes is:

- Social Housing Grant – available to Registered Providers (generally housing associations) through the Homes and Communities Agency (HCA) has been a funding source but will cease for any schemes not already agreed.
- Developers own resources, either for outright sale or shared ownership.
- Adult Social Care or Housing Authority resources
- Clinical Commissioning Group
- Section 106 agreements

**Sheltered / Independent Living/ Assisted Living/retirement schemes;** accommodation that provides older residents independent living with a limited level of support, provided by registered social landlords and the private housing sector, either for sale or rent. Nationwide there has been a move away from their being resident wardens and most schemes are now just connected to a lifeline call centre with a visiting scheme manager. One feature of this type of accommodation is the concept of promoting the mutual support residents can offer each other, practically and emotionally. Design of this accommodation varies considerably but some of the older schemes tend to have small rooms and narrow corridors, creating problems for people requiring wheelchairs, equipment or someone present to help with care and may only be suitable for single people rather than couples. Conversion cost for some of these schemes can be expensive and attract value added tax, making new build a more attractive option as the tax does not apply there. By comparison some private modern schemes can provide a very high specification and facilities. Private schemes may not have admission criteria, other than possibly related to age and accept people for lifestyle or pre-emptive reasons with no care needs on admission or for many years.

Some private schemes have exit fees, event fees or buy back options. The Office of Fair Trading recommends these should be clearly advertised and transparent from the outset with details provided in the purchasers pack. This shouldn't put you off but ensure you are aware of the Standards for retirement communities September 2015 provided by the Association of Retirement Community Operators (ARCO)

**Extra Care Housing;** is defined as well designed accessible housing, primarily for older people, that provides self- contained accommodation and offers care and support that is available 24 hours per day. It generally includes some communal facilities and should be able to accommodate people's changing needs by providing flexible and responsive services. Extra care should be underpinned by an ethos and culture that promotes wellbeing and independence.

Sheltered/retirement and extra care housing providers will not be registered as a care home with the Care Quality Commission . The provider of any domiciliary care has to register. In practice, it appears that as long as individuals are free to choose who provides their planned care and support using their own money or personal budgets, availability of care around the clock – the core 24/7 service – can be packaged together with housing services and so far has not resulted in needing to be registered as a care home.

**Residential and nursing care;** Institutional settings where a number of people, usually living in single rooms, have access to on-site care, generally for people with high dependency needs; registered with CQC under different categories including residential, nursing, dementia.. Generally, care is expensive but varies from home to home and can be funded through a mix of individuals fully funding or receiving financial support from health or social care.

## Appendix 3 Equity Release

In order to make funds available to help pay for the cost of care, to adapt or maintain their homes, and to support their incomes for other living expenses many older people have turned to equity release as a means of supplementary pensions and other assets.

There are a range of products that let people access the equity (cash) tied up in their property as a lump sum, in smaller amounts or a combination of both.

There are two main types of equity release plan available: lifetime mortgages and home reversions.

Lifetime mortgage plans provide a loan secured against the home of the recipient. The loan accumulates compound interest over time and must be repaid from the sale of the recipient's home; either at death or when moving into long-term care.

Home reversion involves the older person selling their home, or part of it, to a reversion company who will in turn provide a lease allowing the older person to remain in their home rent-free (or for a token rent), either until death or movement into a care home.

Concern has been highlighted due to the compound interest attached to equity release loans, which can reach 'staggering' sums after a number of years; particularly given that equity release packages can be made available to people as young as 55, hence the need for independent financial advice is always recommended.

# Appendix 4 Outline Delivery Plan

This section identifies key actions that have been identified through the development of the strategy, however as the implementation is absolutely dependent on working with partners; before anything can be taken forward decisions are needed to determine governance arrangements, leads and timescales for delivery. Further co-production with partners and stakeholders is required to develop this outline action plan.

| | What we will do | How we will achieve this | By whom/when |
|---|---|---|---|
| | **Prevent Need** | | |
| 1 | Work closely with housing organisations, providers and partners to take a more proactive approach to providing advice and information which relates to housing, to enable people to take more responsibility for maintaining their homes, make changes and plan for their older age. | Develop a Communication and Engagement plan including targeted and proactive approaches to prompt people to consider their future accommodation needs in a timely way and be aware of the options available to them | |
| 2 | Explore delivery of a more co-ordinated approach to the provision of easily accessible and consistent advice and information, in different formats. | Ensure housing related support issues identified in the strategy are addressed in the advice and information strategy, including access to independent financial advice.<br>Develop relevant sources of information through local schemes such as, First Contact Plus and Lightbulb. | |
| 3 | Promote the development of community, neighbourhood support and social prescribing and identify opportunities within local communities where people can be supported to consider their future accommodation needs. | Work across the council and with health to identify opportunities for people to talk about their worries and options in relation to their current or future accommodation needs and receive practical advice and support. | Possible links to 'making every contact count' |
| 4 | Utilise evidence from local projects to enable older people to access advocacy and advice and practical support to access appropriate housing related support that people find useful. | Consider evidence in relation to the developing Lightbulb approach to remove barriers to accessing information, advice and advocacy | |
| 5 | Agree a common language for describing specialist accommodation for older people locally. | Draft to be develop by the Housing Services Partnership Group to agree and endorse | |
| 6 | Work with local planning authorities to influence the types of homes delivered to better meet the needs and aspirations of older people in response to the evidence of need and demand. | Utilise the HEDNA to inform the Local Infrastructure plan, Local Neighbourhood plans and work with Districts and Boroughs to effectively meet the needs of older people in Leicestershire | |
| 7 | Empower frontline staff to encourage people to take responsibility for their housing needs in order that they can maintain their health and independence. | Provide training for relevant staff to understand the impact of housing on individuals wellbeing and what accommodation options are available and how to signpost people to relevant support. | Lightbulb have already started doing some work with the LCC Customer Services Team |
| 8 | Share and promote new learning on how the home and housing interventions, e.g. dementia friendly housing and housing adaptations can deliver health outcomes and improve wellbeing. | Develop a network of 'champions' to cascade relevant information e.g. from the Housing Lin<br>Set up a Special Interest Group/Action Learning Group (virtual or real) | |

| | | | |
|---|---|---|---|
| **9** | Support older people with dementia, Learning disabilities and mental health problems to live in homes that support their wellbeing and that of carers. | Consider specific housing needs of people living with these conditions and identify appropriate solutions to meet the individual's needs and share good practice examples.<br>Ensure housing issues are integral to relevant strategies relating to these service user groups. | |
| **10** | Identify innovative solutions through individual and community networking to address transport issues that enable older people to remain active and independent and connected to their local community, including those living in specialist retirement accommodation and extra care housing. | Work with stakeholders including providers, voluntary sector groups and Local Area Co-ordinators to explore if they can help individuals and communities to find local solutions to transport issues and opportunities for people to contribute to their local community as well as receive support and expand networks. | |
| | **Reduce Need** | | |
| **11** | Work alongside the Lightbulb programme to develop a stronger partnership approach to aid the integration of housing, health and care. Engage with the developments of Lightbulb to maximise the opportunities to reduce the need for social care services. | Engage with the developments of Lightbulb to maximise the opportunities to reduce the need for social care services.<br>Develop and expand the role of Occupational Therapists (OT's) and 'Trusted Assessors' to be able to provide assessments and interventions that maximise people's safety and independence. | |
| **12** | Explore opportunities to develop a more proactive and innovative approach to develop the private housing adaptation and daily living equipment market, including use of trusted assessors and accreditation schemes | Review in partnership our approach to adaptation and provision of daily living equipment, including trusted assessors. | OT's and Lightbulb have already started developing a training programme for trusted assessors. |
| **13** | Utilise health risk stratification tools and patient management and tracking systems, to identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation. | Work alongside the Research team and Leicester University to examine national evidence and explore local opportunities. | |
| **14** | Maximise the use of assistive technology across the county, in line with emerging evidence including promote greater use of telecare and telehealth. | Work with key stakeholders to examine national evidence and explore local opportunities to deliver innovative services.<br>Identify 'responder services' that can prevent un-necessary admissions to hospital.<br>Raise public awareness of what technology enabled care is, potential uses and benefits, where it can be obtained.<br>Training and competencies developed for relevant staff.<br>Identify local 'champions' to work across different agencies | Public health, Assistive Technology Team LCC. |

| | | | |
|---|---|---|---|
| **15** | Explore evidence and opportunities to develop homeshare schemes. | Further national and local research required. | |
| | **Delay Need** | | |
| **16** | Review the evidence and opportunities to establish if it is beneficial to utilise sheltered and extra care schemes to provide opportunities for reablement. | Work with partners to monitor outcomes from current housing related reablement projects and consider options for further pilots.<br><br>Develop the general public's understanding of reablement as an intervention that requires active participation to achieve recovery, resilience and choice and control. | |
| **17** | Support the development of residential reablement opportunities. | Work with partners in relation to the Sustainability and Transformation Plan to ensure housing solutions are integral to future strategies to develop a comprehensive approach. | |
| **18** | Review our contracts to include incentives for domiciliary/sheltered/ retirement/extra care and residential care providers to re-able customers and reduce packages. | Ensure all relevant contracts are outcome focused and include added social value in connection to delivering housing related support and acting as community resources. | |
| | **Meet Need** | | |
| **19** | Explore opportunities to develop the Share Lives scheme run by the Council. | Identify possible solutions to help more people to offer placements for older people. | |
| **20** | Introduce revised eligibility criteria for new applicants to extra care schemes where the Council has nomination rights. | Re-launch the revised eligibility criteria and processes with relevant front line workers, Extra Care Providers and Allocation Panels and wider stakeholders.<br><br>Undertake a marketing campaign to inform the wider public about extra care housing and other types of specialist housing provision, across tenders to encourage appropriate nominations.<br><br>Explore appropriate nominations for people who have disabilities and are getting older, where extra care may provide the most appropriate accommodation choice to meet their needs. | |
| **21** | Ensure comprehensive assessments and robust allocation protocols are in place to ensure extra care schemes are used appropriately and that individuals are being reviewed and packages of care adjusted in a timely way. | Establish multi-agency steering group for the new Derby Road scheme to develop 'blue print' for policies and procedures.<br><br>Proactively market and develop processes to ensure extra care schemes are able to demonstrate that they are meeting the needs of people with protected characteristics reflecting the diversity of the population served.<br><br>Develop an Extra Care Forum to share learning between schemes.<br><br>Hold Extra Care Stakeholder events to facilitate future developments. | |

| | | | |
|---|---|---|---|
| | | Ensure schemes are equipped to meet the needs of people who have or develop dementia and manage people who are 'end of life'.<br><br>Ensure schemes are well integrated with local health services.<br><br>Explore opportunities for health partners to enhance and maximise the delivery of health outcomes and develop methods for capturing outcome data. | |
| **22** | Review and further develop our approach to 24 hour on site care and support provision for extra care to ensure value for money for individuals and the council that can achieve specific health and social care outcomes, and added social value. | Work with stakeholders to develop a new contract that promotes the required 'community balance', supports people with long term conditions and people with acute illnesses and delivers a flexible, personalised service that maximises individuals independence. | |
| **23** | Utilise information from the Housing and Economic Needs Analysis, and localised analysis being undertaken by some Borough and District Councils, to identify the needed for extra care accommodation in different locations and tenures. | Develop a priority list of locations considered most suitable for future developments.<br><br>Explore opportunities for developing 'enhanced sheltered housing'. | Work already underway in some districts.<br><br>Lightbulb Hospital Enable Team have a task and finish group to explore opportunities with some Registered Social Landlords |
| **24** | Work with partners to identify potential locations and funding options, including attracting investment from mainstream builders to provide new extra care/ retirement accommodation in areas where required. | Identify the requirement for mixed tenure/shared ownership retirement accommodation and work with partners to promote new developments.<br><br>Utilise evidence from other areas to inform size, scope and design of new schemes. | |
| **26** | Work with partners to ensure combined property assets used effectively to develop accommodation for older people. | Consider options in relation to the Sustainable Transformation Plan. | |
| **27** | Clarify ratio of residential care to extra care housing required and increase the balance of extra care provision. | Use demand modelling and market shaping information available.<br><br>Analyse details of people being admitted to residential care to see if alternative accommodation options have been explored and reasons why they were/ were not suitable | |
| **28** | Ensure existing assets are being fully utilised to act as 'community hubs' to provide additional support to older people in their community such as opportunities for acting as equipment and wheelchair loan store, site for visiting chiropodist, hairdresser, optician, social and voluntary activities etc, providing assisted bathing/showering facilities, providing temporary support in times of crisis. | Consider opportunities with relevant partners and stakeholders.<br><br>Work locally to develop innovative options. | |

# Appendix 5 Risk Log

## Risks to achieving the Accommodation Strategy for Older People

| | Risk | Mitigations |
|---|---|---|
| 1 | Resistance to respond to proposals for preventative services due to competing priorities and financial constraints. | Identify where evidence exists and share with decision makers.<br><br>Strong leadership from all partner organisations, including Public Health.<br><br>Regular engagement with Members to raise awareness and promote benefits. |
| 2 | Information from HEDNA not defining requirements at a local enough level or providing details that can be translated into meaningful data to inform future strategic decisions. | Combine with local knowledge held by districts and boroughs and local research and intelligence e.g. applications through choice based lettings, intelligence from local estate agents etc. |
| 3 | Not properly understanding what people want regarding their future accommodation, resulting in schemes invested in being under occupied | Adequate engagement and demand modelling. |
| 4 | Advice and information not co-ordinated leading to confusion about where to get information from and confusing messages given to the general public, people needing services and front line staff. | Work within the agreed advice and information strategy.<br><br>Develop a clear communication plan |
| 5 | Lack of capacity for front line staff to engage in training | Incorporate into wider communication strategy. |
| 6 | Insufficient funding to deliver adaptations to those who are eligible in a timely way.<br><br>Private contractors expensive and not delivering customer focused/ age friendly services | Protect funding for home adaptations, particularly through Disabled Facilities Grant (DFG) allocations.<br><br>Maximise the efficiencies being identified through the Lightbulb programme e.g. development of approved list of contractors and schedules of rates.<br><br>Explore opportunities to support people to undertake private home modifications and adaptations and work with contractors to deliver services that people have confidence in and feel provide value for money. |
| 7 | Delays in the implementation of the Lightbulb programme | There is a separate risk log and mitigations plan for this as part of the Lightbulb business case. |
| 8 | Providers not delivering services in ways that promoting activity and independence. | Support plans need to be specific and agreed so result in the required outcomes.<br><br>Ensure contracts are outcome focused and performance managed. |
| 9 | Sheltered/retirement housing and extra care schemes not providing the 'vibrancy' or facilities that people want or paying for. | Ensure there is a competitive market for retirement housing.<br><br>Ensure extra care schemes adhere to the ethos of providing a mixed community of people with differing care needs. |
| 10 | Lack of resources to develop opportunities within sheltered housing schemes to enhance offer to people moving in, living in the wider community, in need of reablement | Work with residents and housing providers to find innovative solutions through individual and community networking.<br><br>Undertake selected pilot schemes to develop robust evidence of what are the costs and benefits.<br><br>Partners to combine assets and commissioning |
| 11 | Those who are lonely or socially isolated or have disabilities may not have the resources or desire to move home in later life | Explore and promote service which help with the practicalities of moving |

| | | |
|---|---|---|
| **12** | Extra care schemes not having sufficient nominations or being financial viable. | Ensure assumptions made in financial modelling are fully understood and allocations are in line with agreed model.<br>Ensure clear communications with stakeholders and the wider community. |
| **13** | Shared lives scheme not identifying sufficient opportunities for older people | Identify target numbers.<br>Promote specifically for older people's hosts.<br>Monitor supply and demand and issues when can or can't meet people's needs to inform future planning |
| **14** | Continued high demand for residential and nursing care placement | Maintenance of services and approaches that have helped to reduce demand over past year. Further analysis to understand what is making the difference. Further demand modelling and market shaping. Implementation of new ideas and services contained within the strategy and ongoing monitoring and analysis. |
| **15** | Planning Practice Guidance may affect the development of new schemes. | Need Planning decisions and local Community Infrastructure Levy schedules to be sympathetic to the housing needs of older people and acknowledge the benefits communal areas can deliver to all older people in the community proportionate to the value and size of the development. |
| **16** | Changes to housing benefit affecting people's ability to afford accommodation required to meet their housing needs | Understanding the proportion of people receiving housing benefit and impact of changes. |
| **17** | Availability and affordability of land for new developments | Need to ensure all Partners are engaged and utilising available resources. Partnership working with Planners, Suggested retirement housing should be treated as affordable housing and given 'enhanced planning status' |
| **18** | Engagement of private housing development market – competition with other types of housing e.g. affordable family housing. | Need to have good communication mechanisms with local developers and share evidence of demands.<br>Partners to be flexible and innovative to maximise use of opportunistic private developments. |
| **19** | Criticism if inconsistent available choice for families and prospective service users in different parts of the County or for different minority groups.<br>People not wanting to move to different parts of the County.<br>People from out of Leicestershire taking up the local provision.<br>Unable to control disproportionate opportunistic developments by the private building market in different locations. | Clearer evidence of demands in different areas of the county to be well publicised.<br>Allocation policies and protocols to extra care housing schemes will give priority to Leicestershire residents and strengthen access across all Leicestershire residents. |
| **20** | Extra care schemes not genuinely provide homes for life so people still having to move into residential care. | Monitor and analyse numbers of people who need to move. |
| **21** | Local communities and volunteers not responding to need to support older people living in their communities. | Maximise use of communications plan to reach as many people in the community as possible. Work with stakeholders and local area co-ordinators to identify opportunities and share good ideas. |
| | Lack of effective partnership working to deliver the objectives of the strategy and related strategies | Consider opportunities to incorporate activities into existing meetings and agendas where relevant.<br>Clarify governance responsibilities and ensure senior management sponsorship |

## Appendix 6 Abbreviations used in this report

Adult Social Care Outcomes Framework (ASCOF)

Association of Retirement Community Operators (ARCO)

Care Quality Commission (CQC)

Better Care fund (BCF)

Disabled Facilities Grants (DFGs)

Elderly Accommodation Council (EAC)

General Practitioners (GP's)

Homes and Communities Agency (HCA)

Housing and Economic Development Needs Analysis (HEDNA)

Joint Strategic Needs Assessment (JSNA)

Learning and Information Network (Lin)

Leicestershire County Council (LCC)

Level access shower (LAS)

Memorandum of Understanding (MoU)

Occupational Therapists (OT's)

Projecting Older People Population Information (POPPI)

Strategic Housing Market Analysis (SHMA)

U3A (university of the third age)

Leicestershire County Council

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Leicestershire County Council

# Leicestershire adult social care

## Draft extra care annual review, June 2016

# Contents

# Introduction

Extra care housing is defined as well-designed, accessible housing, primarily for older people, which provides self-contained accommodation and offers care and support available 24 hours per day. It generally includes some communal facilities and should be able to accommodate people's changing needs by providing flexible and responsive services.

Extra care will only be successful if it is underpinned by an ethos and culture that promotes well-being and independence. It is critical that staff adopt a person-centred approach, and they are well trained in how to problem solve, identify and manage risks in a positive way. They should also have skills in promoting independence and providing choice and control.

Extra care will only be successful if it is underpinned by an ethos and culture that promotes well-being and independence

Extra care housing should create opportunities for social interaction and 'natural observations' so that support staff can pick up early signs of any health or social difficulties and can take a proactive, preventative approach.

Ideally, by acting as a community hub, this preventative approach can be extended to the wider community. Some schemes provide communal facilities such as cafés, hair salons and wellbeing suites, a base for home care and health services as well as the renting out of space in the same way as a village hall for community activities from which both residents and the local community can benefit.

The cost of extra care, compared to other options for both the individual and the local authority, varies considerably depending on the scheme size, funding arrangements, tenures, the individual's level and type of needs and their personal and financial circumstances. The non-financial outcomes or indirect financial savings also need to be taken into consideration in determining the benefits of extra care. These can include;

- Individualised outcomes through people having greater choice and control, quality of life and improved independence, health and wellbeing;
- Extra care schemes can greatly help to reduce carer strain for older couples, especially for a carer who is looking after someone with dementia;
- Reducing need for and the cost of residential care, freeing up availability for those who require that level of care. In turn, this can prevent difficulty with delayed hospital discharges, due to lack of available residential care placements.
- Reducing pressures on capacity and cost of domiciliary care;
- Reducing demands on acute hospitals regarding admission rates;
- Reduced use of primary health services;
- Reduced need for home adaptations;
- Freeing up availability of family sized housing

# Leicestershire's approach

The current Leicestershire extra care housing strategy for older people was approved by Leicestershire County Council's cabinet in December 2009 and covers the period 2010-2015.

The strategy aimed to offer a reform programme of current housing, care and support provision to better meet the needs and aspirations of the citizens of Leicestershire. In 2010 there were 166 extra care tenancies.

The report included an analysis which suggested that to make a significant impact on the number of residential care admissions, around 500 additional extra care places would be needed by 2015. The outcome of a consultation demonstrated strong support for extra care housing from respondents and from the district and borough councils. The preferred model was for mixed tenure provision.

The strategic needs analysis 'Meeting the need for extra care housing in Leicestershire' March 2012 reviewed where future extra care housing schemes might be developed in order to best meet the needs of the people of Leicestershire and to ensure cost-effectiveness.

The report identified indicative locations considered most suitable for future extra care housing and ranked in order of preference (this ranking is based on projected increases in population of older people in the boroughs/ districts, access to services and access to public transport).

The locations identified in 2012 were;

1. Loughborough
2. Shepshed
3. Market Bosworth
4. Hinckley and Barwell
5. Lutterworth and Broughton Astley
6. Market Harborough
7. Coalville
8. Ashby-de-la-Zouch and Measham
9. Melton Mowbray and Asfordby
10. All areas bordering the boundary with Leicester City (Principle Urban Area – PUA)

# Current position regarding extra care housing provision in Leicestershire;

## Current schemes

Leicestershire County Council currently commissions care and support services and has nomination rights in five extra care housing schemes in Leicestershire. They are:

- Gretton Court, Melton Mowbray , 42 units – the housing provider is Melton Borough Council, who also provide the housing support. The care is provided by Help at Home;
- St. Mary's House, Lutterworth (Harborough District) 28 units – the housing provider is East Midlands Housing. The care and support provider is Help at Home;
- Birch Court, Glen Parva (Blaby District) 33 units – the housing provider is Hanover Housing. The care and support is provided by Help at Home;
- Connaught House, Loughborough (Charnwood Borough) 38 units – the housing provider is Places for People. The care and support is provided by Help at Home;
- Oak Court, (Blaby District) 50 units,– the housing provider is East Midlands Housing (EMH). The care and support provider is Enable (part of the EMH Group).

In addition there are a number of assisted living schemes for which the county council doesn't have any nomination rights. They include:;

- Welland Place, Market Harborough, Methodist Homes have 103 'living with care apartments'.
- Glenhills Court, Glen Parva, 50 assisted living apartments, a McCarthy & Stone private development.

The first new build scheme to be developed as part of the LCC extra care strategy is Oak Court in Blaby, which opened in October 2015. This included an allocation of £1.2m as a capital contribution and £0.1m of New Homes Bonus (NHB).

The Housing and Communities Agency's funding application was also supported by a capital contribution of £0.1m from Blaby District Council. A formal agreement has been signed between the county council and East Midlands Housing (EMH) group, setting out terms to support the county council's capital contribution.

This agreement includes a nominations aspect detailing eligibility criteria and the basis upon which the county council will nominate service users to the development and secure long-term usage of the building as an extra care facility to meet the needs of older people of Leicestershire. At the time of opening, the scheme included five residential reablement units funded by East Leicestershire and Rutland Clinical Commissioning Group (CCG), to allow the testing of a new integrated bed-based model of reablement for the county. The pilot finished at the end of March 2016 and the five units are now available for rent.

A further scheme is currently being developed at Derby Road in Loughborough by EMH with capital support from the county council and the Homes and Communities Agency, in partnership with Charnwood Borough Council. The scheme will accommodate county council customers via a formal funding and nomination agreement. This scheme, consisting of 62 one and two bedroom flats and enhanced communal facilities, is due for completion in 2017.

On 15 July 2014, Cabinet authorised a capital contribution of up to £1.56m towards the cost of the Loughborough scheme, funded through £1.3m from the capital receipts following the sale of the council's nine care homes and £260,000 of the County Council's NHB for 2014/2015.

This contribution was subject to a number of conditions - primarily that the provider secures a grant from the Homes and Community Agency (HCA) of 16% from the total estimated build costs of £9.5m. This HCA grant was approved along with an additional contribution from Charnwood Borough Council of £150,000 towards the scheme which allowed its expansion from 60 to 62 units.

This scheme will bring the total number of units available with county council nominations' rights to 257 by 2017.

Further developments are also being explored. This will include marketing the Catherine Dalley/ Silverdale site in Melton Mowbray as a potential extra care development opportunity.

Interested developers will be invited to submit proposals to the council about how to make best use of the site, and these will be evaluated to determine options for Cabinet to consider in due course.

# Review findings – issues and opportunities

## 24 hour on-site care and support

Following the strategic review of extra care in 2012, a combined care and support service was re-commissioned in four schemes (Birch Court, Connaught House, St Mary's, Clover Court) and the new contracts began on 7 April 2014. Clover Court was identified as not being fit for purpose in the longer term as an extra-care scheme and was jointly decommissioned by the landlord, Seven Locks Housing and the county council in October 2015.

The contracts with Gretton Court and Oak Court were brought into line so that the contract end date for all schemes is currently October 2016. These contracts are to deliver 24 hour on-site care and support service to residents, enabling people to remain active, healthy and independent for as long as possible in a supportive environment. Care and support should include, as required;

- Assistance to establish and maintain social contacts;
- Ensuring the person's personal safety and security;
- Monitoring the person's health and wellbeing and supporting them to keep healthy;
- Provision of support at times of crisis or urgent need;
- Assistance to keep alert and active and maintain independence;
- Support to maintain the tenancy conditions;
- Assistance to access other services, which promote their well-being and independence;

It is assumed that all people moving into extra care have eligible support and care needs, and it is expected that all schemes will deliver the outcomes required, however individuals use the care and support service. How the outcomes are met will vary from person to person. The cost of providing 24 hour on-site care and support service is passed on to the tenants as a 'well-being cost'. Following a non-residential financial assessment, this cost, or part of it, may not be charged, dependent on the person's financial circumstances.

This charge was introduced in October 2015, following a consultation process and is being phased in over three years for existing tenants in 'legacy schemes' at Birch Court, Connaught House, Gretton Court and St Mary's Court, so annual income will gradually increase.

This has caused some difficulty in introducing as some tenants have felt unclear on the difference between the 24 hour on-site care and support charge paid to the council, the charge for care either as a commissioned or private service, and any staffing element of the service charge paid to the housing provider.

If the person in extra care housing is assessed as eligible for social care support, to achieve specific outcomes identified in the Care Act 2014 such as assistance with managing and maintaining personal hygiene and maintaining a habitable home. - required in addition to the core support provided - this is funded through a personal budget following a financial assessment. This care can be provided through either a direct payment or a commissioned service and the person has a choice in who provides their support.

Within extra care schemes, it is often the case that the same care provider delivers the individualised commissioned package of care and/or care privately funded by the individual, as well as the 24 hour on-site care and support service.

That happens because, when tendering for the domiciliary care service, the agency is able to achieve efficiencies by using the workforce in a more flexible way and having reduced premises and travel costs, compared to other agencies.

In addition to the reduced cost, this can also be regarded as an advantage as it allows care and support to be provided in a flexible and integrated way and can improve communication with residents and families and the housing provider.

There is a need to ensure all residents are offered a choice of care provider for their assessed support needs through their personal budget so it is not possible to provide a guaranteed number of hours. However, it would be expected that if they are providing a good quality service, this would be the service of choice for most people within the scheme.

It is important there is transparency regarding the charging process and that the various care, support and housing costs are clearly explained to prospective applicants and their representatives.

It is part of the housing provider's responsibility to explain the charges when people make enquires to them - and at the point of signing tenancy agreements.

However, the responsibility is shared with the allocated social care worker, to ensure the person fully understands their financial commitments, including the care costs and associated extra care housing costs, before accepting the offer of a tenancy within the scheme.

The importance of a comprehensive assessment and clear support plan is vital, as are timely reviews and clear communication with the individual or their representative so they understand their rights and responsibilities and the outcomes that they wish to achieve.

## Nomination and allocation processes

To be eligible to move into any of the schemes the person will have been assessed to have eligible care needs as defined in the care Act 2014 i.e.

- Have needs due to a physical or mental impairment;
- Those needs affect the person's ability to achieve two or more specified outcomes;
- As a consequence of being unable to achieve two or more outcomes there is, or is likely to be, a significant impact on their wellbeing;

Understanding the individual's present health needs, likely prognosis and future care needs should be part of the consideration made by the allocations panel. Some people have fluctuating conditions, sometimes requiring high levels of care and at other times being able to manage on less.

Applicants will usually be either 55 years and over or aged 60 or over, depending on the eligibility criteria determined by the landlord, although in exceptional circumstances, for example if the person has early onset dementia, people under 55 years of age may be considered. The average age of current residents at Oak Court is approximately 85 years old and this is similar across the schemes.

To date, extra care has not generally been considered for people with a learning disability.

However, it has been identified that there are an increasing number of people with a learning disability who are living with ageing parents and that extra care may provide suitable future accommodation.

Some people with learning disabilities encounter issues related to ageing at an earlier stage in their lives and are more likely to need support and care as they grow older.

The allocation panel is made up of a county council representative, a representative from the housing provider and sometimes a representative from the borough or district council and the care provider. The panel is tasked with selecting a suitable applicant from the eligible nominations and they are expected to reach a consensus by using the nominations criteria.

In some instances, due to there being no nominations from Leicestershire residents, the places have been given to non-Leicestershire residents who have a local connection, as defined by the sub-regional choice-based lettings scheme. If the person moves of their own volition, they are deemed to have become an 'ordinary resident' of Leicestershire, and entitled to services following an assessment of their social care needs, resulting in potential additional costs to the council and the unavailability of a place for someone who is already a Leicestershire resident when needed.

## Community balance

The principle of extra care is that it provides a home for life and has a community of people with mixed abilities and needs, so facilitating a vibrant atmosphere and an ethos of people within the community being able to offer each other companionship and support. The current intention is for the allocation of accommodation to be based on the following community balance;

- 45% of service users will have high needs: i.e. assessed as needing over 14 hours of care per week;
- 35% of service users will have medium needs: i.e. assessed as needing 7-14 hours of care per week;
- 20% of service users will have low needs: i.e. assessed as needing 3.5 – 7 hours of care per week;

Maintaining the balance requires a regular review of the tenant's care needs so that when units become vacant they can be filled by someone in the required bracket and when tenant's' care needs change significantly they can move into an appropriate banding.

A review of the five schemes during February 2016 appeared to show wide variation and that none of the schemes had the preferred balance. All schemes had a greater number of people in the low or medium categories.

# Current use of residential care in Leicestershire

Data[1] shows that there were 1,971 people over the age of 65 accessing long term support in a residential setting supported by social care during 2014/15.

Further analysis is required to understand if some of the people currently being admitted to residential care could be suitable for extra care schemes and if so the reasons why referrals are not being made.

Residential care is widely used to provide a 'step down' provision for older people being discharged from hospital, either for a period of convalescence or reablement, and as respite placements to give informal carers a break. It is considered that extra care could offer a preferred alternative for some people as it would provide the person with greater opportunities to maintain their independence during their convalescence, reablement or respite.

# Future considerations for extra care development in Leicestershire

Estimating the need for extra care housing is dependent on how it is perceived by the general public (especially those in the target market), the local authority and other public service commissioners. This is linked to the overall accommodation strategy for older people and whether extra care is seen as a desirable option to older people.

It needs to represent a cost-effective preventative means of meeting housing needs providing choices for older people and shifting away from residential care or remaining at risk, isolated and in need of high-cost health and social care at home and a risk of recurrent hospital admission.

Ensuring future social housing provision for rent requires the provision of free or low cost land in order to make new developments economically viable, particularly in view of the limited amount of grant now available from the Homes and Communities Agency (HCA) or Department of Health (DH). It is anticipated that many future sheltered and extra care housing developments will need to be of mixed tenure including rented / shared equity / shared ownership / outright ownership.

Location is identified as a key determinant of success. Schemes ideally need to be accessible to the local community including access to: transport links, local shops, supermarkets, banks, post offices, GPs, community and leisure facilities, social amenities, places of worship and libraries. It may be that these facilities are not present within the immediate locality, but measures are instead proposed to provide the required range of services, for example by means of a visiting library service. The development of a scheme should be seen as an opportunity to enhance the locality and existing services and for extra care schemes to operate as a community hub.

To accommodate people's changing needs and the rising prevalence of older people with dementia, all sheltered and extra care schemes should be 'dementia friendly' by providing an enabling environment and suitably trained staff. The use of extra care housing has been shown to help with achieving the aims of improving the rate of diagnosis and delivering improved outcomes at a lower cost for people with dementia[2]

1 LCC Short and long term (SALT) return 2014/15
2 Dementia; finding housing solutions, National Housing Federation 2013

It is important to ensure the workforces within schemes are competent to deal with people with complex health and social care needs, adequately supported by the local housing, health and social care services including GP's, community nursing and therapy services and mental health services for older people.

They need to provide sufficient night time cover if they are genuinely to act as a safe alternative to residential care. The use of assistive technology and equipment, such as the Mangar Camel lifting devices, alongside protocols for safely managing falls, are important to ensure schemes can really respond to situations to have a real impact on demands for other services, including able to appropriately manage a person who has fallen rather than calling for an ambulance if not necessary.

The general public's knowledge of extra care housing may be limited or inaccurate if they haven't had personal experience of schemes, so they may not identify it as an option for themselves or their family members.

Identifying sufficient nominations for new schemes or nominating appropriate people at time when a vacancy becomes available can be difficult for social care workers, as they are often only working with people at a time of crisis or have limited contacts with people to build up sufficient rapport to feel comfortable to discuss the issue of moving house.

Opportunities for short stays either for convalescence or reablement or respite stays can provide an opportunity for people to find out about extra care. The customer services centre, health colleagues, occupational therapists, home improvement agencies and housing option services, housing providers and district councils may be better placed to be able to signpost people to the nominations process.

# Recommendations

**Change the admission criteria** so that , following a social care assessment, the person has eligible needs that have been judged as 'being appropriately able to be met by extra care housing', instead of using a nominal minimum of 3 ½ hours of care per week as the minimum entry requirement, which could potentially be provided in the person's current home.

That means the person has been assessed as needing care and support to enable them to achieve identified outcomes, the extra care environment and 24 hour care and support provision will assist to meet those needs and that extra care is recommended because it is either a real alternative to residential care or will provide better outcomes for the individual than other housing options.

Clarify decisions regarding the use of extra care by people who are not yet Care Act eligible, but where extra care is considered to be an appropriate preventative option, to ensure there is a transparent and consistent approach.

Ensure the age criteria is applied flexibly, so that relevant younger people with a learning disability, early onset dementia or other disabilities can benefit from the unique provision of independent living, with a level of support, that extra care can offer.

Identifying if the person's needs are low, medium or high would still be required in relation to managing the community balance within the scheme. This needs to reflect the amount of support received through the provision of the 24-hour care and support service or through private and informal care arrangements in addition to commissioned care hours. The person's support plan should identify these needs and how they are being met. It is recognised that maintaining the community balance is an important aspect of extra care housing and will still form part of the allocations process.

Extra care housing may offer a positive alternative to residential care or supported living schemes for adults with a learning disability, physical disabilities or mental health needs. This needs to be considered on an individual basis but admission criteria related to age should not be too rigid.

**Include the 24 hour care and support charge as part of the person's personal budget** to help to make the charging and outcomes clearer. The person would not be able to take a direct payment but options could be to continue to provide the 24 hour care and support as part of a block contract commissioned by the council for all tenants, or for the service users to use their personal budget or private income to pay for the service directly to the provider. This option could give more control to the service user.

**Establish systems to monitor the overall dependency levels** do not rise too high or fall too low within individual schemes. This will be part of the function of the allocations panel and locality manager responsible for reviews as well as the compliance team.

**Ensure all schemes have dementia-friendly facilities** (including appropriate training for staff and environmental design features to support people with dementia). Consider incentivising schemes to deliver specific outcomes for managing the needs of people with dementia.

**Ensure schemes are well integrated with health services** and able to deliver and evidence specific outcomes, such as reducing the incidence of falls resulting in admissions to hospital andincreasing the uptake of preventative health services such as exercise referral schemes, flu jabs, use of telehealth andmedicine compliance.

Explore opportunities for health partners to enhance and maximise the delivery of specific health outcomes  such as undertaking falls prevention work, supporting people with dementia, and undertaking health screening. This could possibly be delivered across schemes, link with other types of specialist housing and act as a hub for delivering primary care health services to the wider community if evidence can be identified as to a cost-effective delivery model.

**Explore the opportunities** to use extra care facilities for respite, convalescence and reablement.

**Utilise information and demand modelling** provided by the Leicestershire and Leicester strategic housing market analysis, due to be available in the Summer/Autumn 2016 and that localised analysis be undertaken by some borough and district councils, to inform future planning of the need for additional extra care and level of future residential care..

Review the locations identified in the 2012 needs analysis to ensure there is an up to date priority list of locations considered most suitable for future extra care developments.

**Explore options with borough and district councils** for developing 'enhanced sheltered housing schemes' and clarify what this model would look like.

## Next Steps

In order to progress these recommendations, several activities need to be undertaken to ensure the current services and processes are robust and can be built on. This includes the following actions;

**Clear written information be provided for all current and potential residents**, that is consistent across the schemes and a protocol established for who will discuss this with potential residents or their representatives. It is important that it is clear what is expected to be provided as part of the 24 hour on-site care service and the difference between this and the other  services being provided and charged for, whether funded by the individual or by the council following a financial assessment.

**Undertake a robust financial audit and review of cases** to evaluate the current profile of residents, usage of schemes and actual financial income and revenue costs and comparison with likely alternatives if the person was not in extra care.

**Analyse admissions to residential care** to establish if any admissions could be better diverted to extra care and, if so, identify reasons why this is not happening and explore opportunities and dependencies with the fee review work currently being undertaken in connection to residential care.

**The nominations and allocations process and guidance needs to be relaunched** to ensure that allocations are prioritised in a way that ensures the schemes are meeting the right outcomes for individuals and partner agencies, will deliver the required savings and which are consistently applied between the different localities.

**Procurement of a new 24 hour on site care and support contract.** The contract must provide value for money for individuals and the county council and should be outcome based, including validated outcome measures to show the schemes are providing engaging personalised support that promotes activity and independence and which are not risk averse. The contract should include expectations for the schemes to provide the recommended 'community balance', staff training, offer low level in-reach and outreach support to local vulnerable older people in the wider community and other added social value such as offering volunteering options.

It is recommended that future contracts maximise the opportunities of models which combine the 24 on-site care and support service with the individualised care service for residents in an integrated way.

The contract needs to incentivise the provider to deliver as much assistance as possible through the 24 hour on-site care and support service to reduce the need for additional care hours being needed as part of the person's support plan at a cost to either the individual or the public purse. This also allows for adequate resources to be included in the 24 hour care and support contract to guarantee that sufficient staff can be on site 24 hours per day. A cost benefit analysis is required to develop a clear delivery model.

**Develop an extra care forum** to facilitate support and sharing best practice between schemes.

Recommend all schemes maximise the use of their on-site restaurant facilities, as part of the contracted provision and ensure a range of activities are available and provided in a personalised way to help maintain the individual' level of function and well-being.

**Ensure the full use of assistive technology** is integrated into the schemes offer and individuals support plans.

**Introduce the use of a standardised and validated outcome tool** across the schemes.

**Develop a marketing strategy** to raise awareness about extra care among the general public and health, social care, the voluntary sector and housing workforce to increase the likelihood of appropriate local nominations. Ensure concept of extra care and individual schemes all have identified 'champions' across organisational structures.

**Establish a multi- agency steering group to support the successful implementation of the new extra care provision at Derby Road, Loughborough.** This should include local social care, health, housing and voluntary sector staff to facilitate early identification of suitable nominations.

# Conclusion

In the short term, there is a need to ensure existing schemes are working well and can demonstrate the benefits extra care can deliver. There are lots of actions identified to enhance the use and outcomes provided by the existing schemes. Once these outcomes can be evidenced there will be a clearer remit for further expansion. This requires management and operational backing if we genuinely want to provide accommodation choices which allow greater independent living opportunities for older people and  move away from the only options for older people being residential care or remaining at home at risk and dependent on services coming in.

# Appendix A: Illustrative case scenarios

## Scenario 1

A 77 year old gentleman, suffering with mood and anxiety problems, had some mobility, using a stick indoors and for short distances outdoors. He felt very isolated and neighbours contacted adult social care with concerns for his wellbeing as they felt he was vulnerable and was having difficulty managing his three-bedroom rented house and finances since his wife passed away three years ago.

His landlord was complaining about the state of the property and his GP was concerned because he was losing weight.

He had started going to a lunch club which he enjoyed, but always arrived in an unkempt and distressed state. He had a 30 minute daily call from HART but there was a risk of him becoming dependent on people coming in as he always wanted the workers to stay for longer than planned. While there was someone with him he could manage most personal and domestic activities but became anxious again when they were leaving

He was identified as having eligible care needs and took up a tenancy within an extra care scheme. His needs were identified as low needs (between 3.5 and 7 hours of care needs per week). With observations and prompting from the care staff, provision of a daily meal and social activities, he felt reassured and responded well to the new environment. The care and support staff are able to support him to manage his finances, for example, if he becomes anxious or needs help and no other care package is needed. The option was for him to have an ongoing care package, day care and meal provision or a move to residential care were being considered. He has pension credits and housing benefit entitlement.

| Costs to him if remained at home | Services to support to remain at home | Cost to LCC per week if remained at home | Cost if went into residential care | Cost to LCC in extra care | Cost to him in extra care |
|---|---|---|---|---|---|
| Rent less Housing benefit.<br><br>Daily living costs<br><br>Utility bills<br><br>Council tax | Domiciliary care package 30 mins per day (and likely to increase)<br><br>Daily meal<br><br>Day care<br><br>Minor equipment and adaptations including some stand- alone assistive technology devices | 3.5 hours x £11.50 =£39.20<br><br>£7 per day x 7 = £49<br><br>£37 x 2 days = £74<br><br>Following non-residential assessment has a nil contribution | Band 3<br><br>£404 per week<br><br>Following a residential financial assessment has a contribution of £130.70 | £53.51 care and support cost.<br><br>Following a non-residential care assessment he was assessed as having a nil contribution | Rent and service charge, less housing benefit.<br><br>Utility bills<br><br>Daily living costs less cost of main meal compared to living at home.<br><br>Council tax |
| | | **£162.00** | **£272.30** | **£53.51** | |

Potential savings for adult social care between staying at home and move to extra care in this scenario are £5,641.48 per year. Potential savings between going into residential care and moving to extra care is £11,377.08 per year.

## Scenario 2

An 83 year old woman with moderate dementia living with her 86 year old husband who has mild respiratory problems and gets occasional chest infections.

The woman is mobile and, with her husband's supervision and prompting she is able to manage to get washed and dressed and use the toilet, but needs help to have a bath or shower daily as she is occasionally incontinent and she wears pads.

Her husband is able to manage simple meals and drinks but stated during his carers assessment that he was struggling with managing all the domestic chores as well as looking after his wife. This was making him rundown and prone to getting more frequent breathing difficulties. They are supported by their two daughters. They lived in their own property and both have an occupational pension.

One of their daughters heard about the scheme and made enquires for them to move so that they would be closer to her and she would be able to offer more support, especially when her father is not well. The woman was assessed as having eligible needs as she is unable to complete more than two identified outcomes. She was identified as having medium needs as, although she only needed a 30 minute daily call to help with showering, she also received significant additional informal support from her family.

| Costs to them if remained at home | Services to support to remain at home | Cost to LCC if remained at home | Cost if went into residential care | Cost to LCC in extra care | Cost to them in extra care |
|---|---|---|---|---|---|
| No mortgage<br><br>Daily living costs<br><br>Utility bills<br><br>Council tax<br><br>Cost of care package 5 ¾ hours care x £15.44 per week = £88.78 | 45 mins daily call to assist with personal care.<br><br>Carers personal budget £250 per year used for sitting services. | Following a financial assessment identified to pay full cost. | Band 3<br>£404 per week<br><br>Following a residential financial assessment has to pay the full cost.<br><br>Husband would retain his costs of being at home | £53.51 care and support cost plus cost of 5 ¾ hours care<br><br>Following a non-residential care assessment she was assessed as having a full cost contribution upon sale of their property. | Rent and service charge (varies from scheme to scheme but based on a 2 bedroom flat at Oak Court the rent is £140.20 per week and service charge is £251.19 per week).<br><br>£53.51 Support charge.<br><br>Cost of 5 ¾ hours of domiciliary care x £13.50 from EMH<br><br>Daily living costs less cost of main meal compared to living at home.<br><br>Council tax |
| | | **Annual £250 carers allowance** | **Nil** | **Nil** | |

There are no real potential savings to the council in this scenario unless the person's resources diminish and then a new financial scenario would exist or there is a change to the health condition of either of the couple.

## Scenario 3

A 79 year old woman with severe arthritis living alone in a two- bedroom rented terraced house in which she is struggling to manage. She is finding the stairs virtually impossible and sleeps downstairs most of the time. She has become quite isolated recently and although she has a lot of friends who keep in contact, they are also becoming elderly so their visits are becoming less frequent. She is having a care package three times per day to help with personal and domestic tasks.

Some of the calls are 45 minutes to an hour long as due to her pain she has to move slowly and has to have a strip wash as she can't access the bathroom.

Following a fall and recent admission to hospital for three weeks she has been considering moving to residential care, but is reluctant to give up her home and autonomy.

Her needs are identified as high as she has a total of 16 hours support per week. Extra care is being considered as an alternative option which could offer her a comparable level of autonomy to living in her current home, with the added benefit that it is more accessible with the added assurance of the on-site care team. The level of commissioned help with daily activities would remain approximately the same as if she remained at home.

| **Costs to her if remained at home** | **Services to support to remain at home** | **Cost to LCC per week if remained at home** | **Cost if went into residential care** | **Cost to LCC in extra care** | **Cost to her in extra care** |
|---|---|---|---|---|---|
| Rent less Housing benefit.<br><br>Daily living costs<br><br>Utility bills<br><br>Council tax<br><br>£79.15 towards cost of care package.<br><br>Lifeline charge | 2 ½ hours daily calls to assist with personal care. | 21 hours domiciliary care x £11.20 = £235.20<br><br>Following a financial assessment identified to pay a contribution of £79.15<br><br>Home adaptations amounting to approx. £15,000 | Band 3<br>£404 per week<br><br>Following a residential financial assessment has to pay £126.30 towards cost | £53.51 care and support cost.<br><br>21 hours domiciliary care x £11.20 = £235.20<br><br>Following a non-residential care assessment she was assessed as having a contribution of £79.15 | Rent and service charge, less housing benefit.<br><br>£79.15 towards Support charge and cost of care package.<br><br>Daily living costs less cost of main meal compared to living at home.<br><br>Council tax |
| | | **£156.05 + DFG** | **£277.70** | **£209.56** | |

In this scenario the costs to adult social care of this person moving to extra care, rather than staying at home are £2,782.52 per year, less the cost of any adaptation work. The cost of adapting the home is likely to have been greater than this but may have allowed the care package to be reduced slightly. The landlord would need to give permission for any adaptations to be undertaken and, depending on the nature of adaptation required, the service user could have remained at risk in her home for a number of months while the works were planned and carried out. Potential savings between her going into residential care and moving to extra care is £3,543.29 per year.

# Appendix B: Evidence base for extra care housing

In 2012/13, East Sussex County Council (a two-tier authority) commissioned an independent evaluation of extra care housing[3]. This tested two key hypotheses with the aim of providing a clear evidence base to inform future decisions related to financial investment in extra care housing. The most significant findings were the following:

- Extra care housing is a preventative model, supporting independence and avoiding admissions into residential care;
- The financial impact of the findings was considerable, with the evaluation indicating that the cost of extra care housing was on average half the gross cost of the alternative placements including residential care and care in the community.
- When analysing the individual client data, it became clear that, using the financial framework developed in East Sussex, the best impact and financial returns were delivered by clients at the high end of the medium dependency care band, i.e. between 10 to 14 hours per week of care at the point of entry;
- Capital invested in the schemes by the council was recovered, depending on the scheme and size of contribution, between 1.5 and 3.3 years;
- When assessing where residents in the schemes would live if they were not living in extra care housing, 63% were judged as needing residential care /Elderly Mentally Ill care/nursing care;
- The enabling design and accessible environment of extra care housing supported self-care and informal family care, thus increasing independence;
- The importance of the on-site restaurant was emphasised, not only for nutritional and health impacts, but also as a social hub and springboard for social activities.
- Extra care housing schemes need to be carefully managed with close attention paid to initial and ongoing allocations to ensure that overall dependency levels do not rise too high or fall too low.
- Ongoing vigilance is needed to keep a scheme's residents able enough to form and shape a vibrant community, but sufficiently in need of care to recoup the financial gains. If dependency levels are too low, people do not utilise the enabling benefits of extra care housing, while if overall levels of care are too high a residential care resource may emerge by stealth.

Discussions with East Sussex revealed that their view remains that extra care housing still delivers savings but to make them viable the projects are getting bigger, with the latest developments being between 80 to 100 units, with an increasing percentage being for outright sale or shared ownership.

There are separate care and housing contracts awarded through block contracts and agreed nomination rights as part of the deeds but ensuing the level of assessed need is the priority criteria to ensure a balance of 20% low (5 to 10 hours care), 50% medium (10 to 15 hours care) and 30% high (15+ hours care).

3 The Business Case for Extra Care Housing in Adult Social Care: An Evaluation of Extra Care Housing schemes in East Sussex.

They found that the tender to provide the care is usually lower if it is from the housing provider, as they are able to provide the care in a more flexible way, as they have less 'down time', no travel costs, and the service users feel able to attempt to be more independent because they know there is someone 'on hand' if required.

They suggested people do still get admitted to residential care when extra care could be an option because it is easier to admit people to residential care than sort out a tenancy agreement. Their current work is jointly with the CCG to undertake an evaluation of the impact of extra care on cost savings to health.

Other evidence that exists is consistent in suggesting that extra care housing can help to reduce levels of social isolation and loneliness. Studies have concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing.

Extra care can therefore clearly help to reduce the risk of people needing greater levels of health and social care support associated with mental health decline in older people[4].

The Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust undertook a three year study, published in 2015[5], which showed significant savings for NHS budgets (including GP visits, practice and district nurse visits and hospital appointments and admissions). Over a 12 month period, NHS costs reduced by 38% for extra care residents compared with a matched control group. NHS costs for 'frail' residents had reduced by 51.5% after 12 months.

Use of the core extra care service, which provides accessible, relatively informal support, for preventative health-care and ongoing day-to-day chronic illness care increased over the period at the same time (although not directly related on an individual level), resulting in a significant reduction in pressure on local GP surgeries, with a 46% reduction in residents' routine or regular GP appointments in year one.

In this study, they found the extra care model is associated with a significant reduction in the duration of unplanned hospital stays, from an average of 8-14 days to 1-2 days. It is considered that extra care housing could have a significant benefit for people who have frequent and moderate admissions to hospital, but this would need further research.

Some studies[6] have indicated that the demand for social care increases after the move into extra care, but argue that this reflects the support of unmet needs in the

community, particularly when the person was previously living on their own and was unknown to statutory services. The study suggested that on moving into extra care settings some informal care is replaced by formal care.

4 Housing Learning and Improvement Network
5 Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Care Charitable Trust, all materials available from www.aston.ac.uk/archa.
6 Baumker, Netten, Darton 2010 Journal of Housing for the Elderly

Recent evidence from a national longitudinal study of almost 4,000 extra care residents identified that a small number of people needed to move into residential care, but in most cases they were able to continue to live in the extra care community.[7]

Evidence is still quite limited and there are inconsistencies between different reports. Overall, evidence shows that extra care does appear to be cost effective but this is more evident in people who have entered aged 80 years plus[8].

Paul Smith, formerly extra care housing commissioner at Staffordshire County Council, and now director at Foundations, says Staffordshire has gone from 7 to 20 schemes, with more on the way. He identifies that location is crucial to the success of a scheme and says that, as a rule of thumb, he uses a notional five- year pay-back period from investing in extra care housing based on the number of nominations[9].

7 Improving housing with care choices for older people: an evaluation of extra care housing Ann Netten, Robin Darton, Theresia Bäumker and Lisa Callaghan
8 International Longevity Centre – UK Gerald Pilkington associates discussion paper
9 Housing LIN Viewpoint no 75 December 2015

Leicestershire County Council

**Appendix C**

**Adult Social Care Accommodation Strategy for Older People 2016 -2026**

**PUBLIC CONSULTATION SUMMARY**

## 1. Introduction

A formal 12 week consultation on the draft Adult Social Care Accommodation Strategy for Older People commenced on Monday 4 July and ran until 23 September 2016. The consultation aimed to understand the level of support for proposals as outlined in the draft strategy and identify any areas that may not have been considered. The aim of the strategy is to support people to plan for their future accommodation so that they can remain active, independent, safe and healthy and thus prevent the need for health and social care services.

The consultation was specifically interested to find out what people know about housing related support services for people in their own homes and views about accommodation options for people in later life. The focus was on gathering feedback about ideas in the following areas:

- to improve information and advice to keep people independent;
- for encouraging more people to plan for later life;
- to make best use of extra care housing and the development of other accommodation options for older people;

The consultation documents; including the questionnaire with supporting information, the draft strategy and the annual Extra Care Review, were made available on the County Councils' website and available as a paper copies on request. Paper copies of the questionnaire were also distributed to all residents living in the extra care schemes where the council has contracts and at various events arranged during the consultation period. Supporting information was provided within the consultation document and participants were prompted to read the supporting information prior to completing the questionnaire.

## 2. Communication Plan

A Member's Briefing was sent to all Members of the County Council to launch the consultation and a press release was circulated.

Throughout the consultation period, a broad range of audiences were targeted and considerable efforts were made to raise awareness of the consultation and support opportunities to gather people's views. The target groups broadly consisted of:

- The people of Leicestershire (i.e. members of the public) especially those over the age of 55 years

- Customers/carers with experience of using or accessing Adult Social Care and/ or housing related support
- Partners/stakeholders especially agencies working with older people in relation to health, housing and social care.
- Providers/ organisations that could be directly or indirectly affected by the proposals.

In addition to the promotion of the questionnaire based method of responding, a number of focus groups were undertaken where people were invited to have their say and encouraged to complete the questionnaire, either online or in hard copy format (i.e. printed paper versions).

Tweets from the @LeicsCountyHall and @LeicsHWB accounts were made during the consultation period.

In total 326 customers, carers, staff, partners and other stakeholders attended 21 face to face meetings/ workshops where the strategy was discussed and a total 166 completed questionnaires were submitted either on line or postal.

**3. Partner/ Stakeholder Engagement:**

Due to the nature of the draft strategy and the need to join efforts with partners, engagement was undertaken during the development phase and requests for feedback with and through partner agencies prior to the launch of the formal consultation period were undertaken. Further communication with key partners took place in the early weeks of the consultation period with the aim of raising awareness of the strategy and further promotion and wider distribution of the consultation. Organisations were provided with posters, flyers and web-links and e- communications requesting distribution to anyone they though would be interested in responding.

Partners who received correspondence included:

- District and Borough Councils across Leicestershire
- East Leicestershire and Rutland Clinical Commissioning Group (CCG)
- West Leicestershire CCG
- GP Surgeries
- National and local registered social housing providers and other housing providers.
- Various voluntary groups including; Age UK, The Bridge, WRVS, VASAL, Alzheimer's Society, VISTA, Centre for the Deaf, LAMP, Red Cross, British Legion, Voluntary Action Leicestershire, Citizen's Advice Bureau.
- Leicestershire Healthwatch

- Parish Councils across Leicestershire
- Community groups, churches and faith groups
- University Hospitals Leicestershire and Leicestershire Partnership Trust Communication Teams
- Residential Care Providers
- A service user, care, provider and staff engagement group (Making it Real)
- Local extra Care providers

A dedicated Extra Care Housing Stakeholder event was held and attended by 22 representatives from District and Borough Councils, Housing and Support providers, Health and Social Care (including GPs, CCGs and Leicestershire Partnership Trust) and Local Area Co-ordination. The event was used to explore issues around roles and responsibilities for the delivery of extra care, nomination and allocation procedures, what additional partnership working and social value extra care housing can potentially provide.

The Accommodation Strategy was presented to the Health and Wellbeing Board, West Leicestershire CCG Board and the Health and Housing Members Advisory Group.

The Housing Services Partnership Group and Chief Housing Officers Group have been involved throughout the development of the draft strategy and the consultation period.

An event was organised with the District/Borough Strategic Housing Officers which particularly focused on their comments on the draft strategy in relation to;

- 'Current Supply and Demand' and developing accommodation options for older people.
- Comments on draft strategy in relation to proposals for 'Preventing Need'
- Views on Extra Care Housing annual review and recommendations
- Strengths, Weaknesses, Opportunities and Threats to inform the Final Version of the Strategy

Formal responses were received from Charnwood Borough Council and North West Leicestershire District Council which reinforced the discussions at the event.

The importance of joined up approaches and working between the County Council and the District/ Boroughs has been highlighted as necessary in order to make the most of the potential opportunities.

A meeting with Managers of Age UK and a workshop held at the Annual Parish Council Liaison event, attended by 22 people from various Parish Councils, helped to identify what they think are some of the key concerns for older people and their families and ideas for addressing these.

4. **Staff engagement:**

Internal promotion of the consultation included an article in Staff Matters, which is circulated to all staff electronically, and regular promotion throughout the consultation on the internal staff website.

Individual e-mails were sent to relevant teams within adult social care. Twenty of the 166 (12%) completed questionnaires were received from staff who work in Adult Social Care.

Other key staff groups were contacted including Public Health, The Better Care Fund Integration Service, the Lightbulb Team, Communities and Places Team, Local Area Co-ordinators, Strategic Property Services.

5. **Public and customer/ carer engagement:**

During the consultation period a total of 6 meetings were held with customers / carers and three meetings for members of the public, with a total of 132 in attendance. The majority of questionnaire distribution and requests were made to customers (197) and members of the public (52) totalling 86 per cent of all paper questionnaires distributed.

76 (47 per cent) of questionnaires were completed by over 55s either living in their own home **(**26%) or in specialist retirement accommodation (21%). In addition 9 completed questionnaires were received from a family member/carer or friend of a person living in extra care housing and 34 (21%) from interested members of the public.

In addition to the arranged meetings and questionnaire responses, four written responses were received, three of which were from individuals and one was from Leicestershire Campaign to Protect Rural England (CPRE).

6. **Scrutiny:**

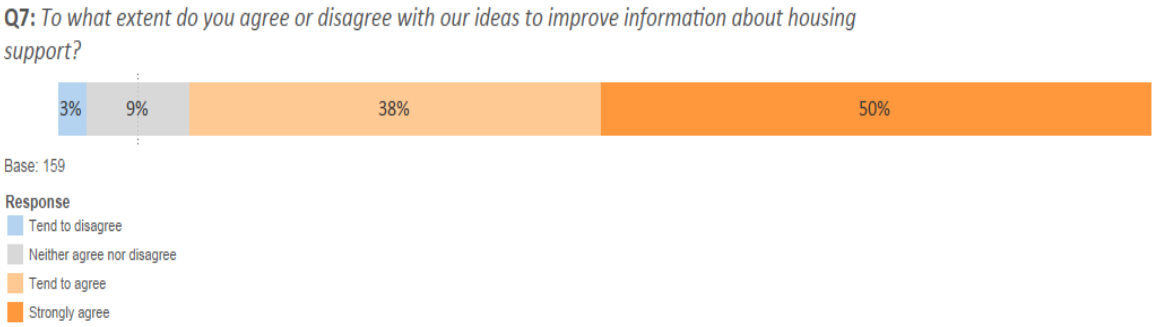
A report was delivered to Scrutiny Committee on 6th September 2016 to update members on the progress of the consultation.

7. **Analysis of responses**

All feedback in workshops and meetings was recorded and key themes were identified. Not all respondents answered all the questions, analysis percentages are for those that did respond to each question: these statistics are contained in the tables in Appendix A.

8. **Housing related Support Awareness / Information**

Responses about awareness varied depending on the type of housing related support. Familiarity was highest for daily living equipment and home adaptations and lowest for shared lives and reablement support. The percentages of people who agree that they would like more information about the same housing related support did not vary significantly across type of housing related support.




When asked about preferred sources when looking for information about how to make home improvements, or about accommodation options, search engine was the most popular, talking to friends or family came close second. Libraries, Council Offices were least popular when 'other' was discounted. A search engine was also the source that the majority of respondents said that they would go to first.

The majority of respondents (87%) agreed with our ideas to improve information about housing support. When asked for further detail about the response given, 43 per cent of comments expressed support for the proposals.

"*There is not enough accessible information about available housing support for changing needs of the older population".*

*"Most older people and their relatives are not well informed about the plethora of support available. It is a complex web. What's needed is a one-stop shop…."*

*"This is a very common sense approach to meeting increasing needs".*

18 per cent of the comments received related to the challenges associated with increasing awareness, promotion and/or ideas of how this could be achieved.

*"People don't know enough and make do."*

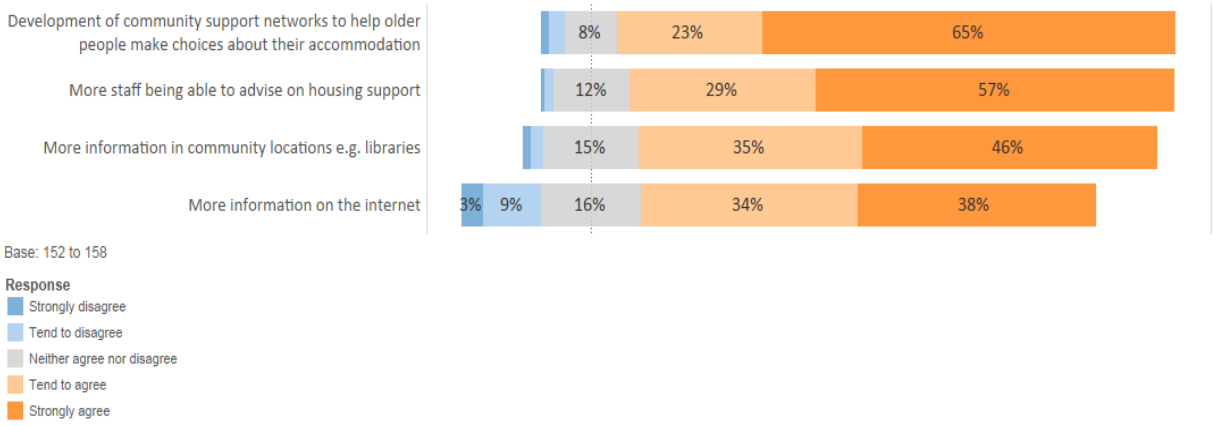
*"I think the need is around persuading people to have the conversation and making the options attractive. The options listed recognise this, and appears designed to meet this need, but the work will be developing how this happens effectively."*

## 9. Planning for Later Life

Meetings held with people who attend Age UK services and OPEN (Older People's Engagement Network) were generally in agreement with the proposals and highlighted the challenges associated with planning for later life due to the negative perception of ageing. They had strong views that people should have the right to choose to stay in their own home rather than feel they should move, particularly where homes were deemed to be suitable (e.g. already living on one level).

A high proportion of questionnaire respondents agreed with all of our ideas to help people plan for older age. The most popular idea was the development of community support networks to help older people make choices about their accommodation. All ideas received high levels of support but the highest level of disagreement was for more information on the internet (12%), when all results for all of our ideas where compared.

**Q9:** *To what extent do you agree or disagree that the following options would help people plan for older age?*




77 per cent of all responses included further ideas, including the targeting of efforts and recognition of the value and current limitations of the internet.

*"I think the internet is an emerging source of information; more and more people in this age group are using it and, of course, this seems only likely to increase, but it is not yet the go to option for the majority."*

Respondents were able to appreciate that older people are likely to need increased support and identified using GP and other data to detect which citizens are likely to need further support.

Responses about downsizing highlighted the need for sensitivity. Some respondents saying people shouldn't be made to feel obliged to downsize whilst others saying they would want to downsize if there were more available options but cost and protecting assets is a key consideration.

10. **Extra Care Housing**

Events held at the 5 extra care schemes in Leicestershire covered all aspects of the consultation about accommodation for older people, however they particularly focussed on understanding tenants views about;

- The thinking and reasons behind their decision to move into extra care.
- Their perceptions then and their perceptions now of extra care.
- What might have helped them when they moved and help others to think about this move in a more planned way, rather than at a time of crisis?
- Who could and could not benefit from extra care accommodation.

Respondents were overall positive about their move to extra care, could identify benefits to their lives associated with reduction in isolation after the move and would recommend extra care to others. However, perceptions of extra care housing prior to moving were generally negative; and some cases extremely so. In most of the cases discussed a professional or a family member introduced the concept of extra care and individuals were reluctant to make the move and only when a visit took place did people start to feel positive about the option to move.

“I was lonely at home but since living here I am not lonely now. Extra Care has helped me to stay independent”.

“I’ve been here one month and I love it, I should have done it a year ago but I didn’t know it existed. I’ve gained weight now I’m having a meal everyday”.

Location and having a connection to the local community was identified as a negative by tenants in some schemes.

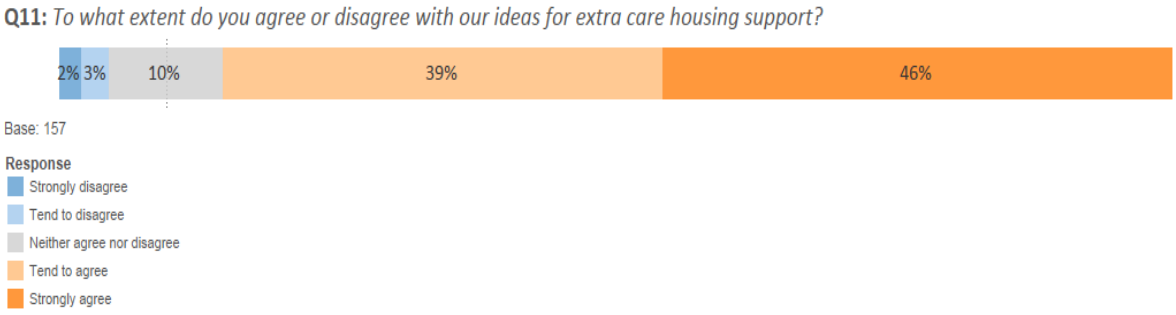
Discussions around dependency levels, particularly in relation to people with dementia, were explored with tenants. Views ranged from those feeling confused residents should be in residential care to people identifying the need for extra support for people so it can remain a home for life wherever possible.

People felt there needs to be a better process for people moving in to explain all of the charges. Most of the residents don’t appear to know or understand what their contribution is or how it’s broken down.

A meeting with Extra Care Stakeholders made the following comments in relation to the Strategies proposal to make best use of available extra care housing:

- Develop Residents Champions and utilise personal capital, especially family support where available
- Clarifying care and support roles/responsibilities e.g. continence management.
- Try before you buy; invite for lunch/ use of guest flat etc
- Clarity about eligibility criteria is need.
- Tension arises if person with high needs can only be supported for short term.
- Challenges of filling large new schemes
- Training is needed for staff and tenants regarding dementia.
- Extra Care would benefit from range of health integration

The majority of questionnaire respondents (84%) agreed with our ideas for extra care housing and support and responses to the question asking for more detail demonstrated further support for the use of extra care housing and support.




### 11. Developing Accommodation Options for Older People

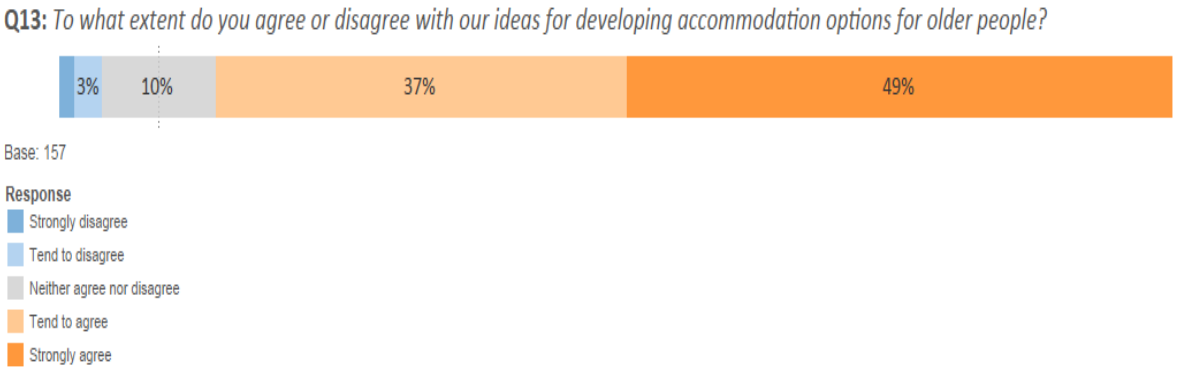
Meetings with District and Borough Council representatives highlighted the challenges associated with developing suitable housing for older people including the resistance from developers to build housing that would typically be suitable for older people including bungalows. There is lack of evidence of what accommodation is required and this is something that is required to support policy for development. The benefit of developing attractive accommodation options that encourage older people to downsize is the freeing of larger properties to the housing market.

It was also recognised that currently there is no agreed definition for specialist accommodation; a definition would benefit and facilitate discussions and enable the collection of data and the development of an evidence base.

The meeting demonstrated a strong need for partnership working for successful planning, decision making and development, recognising that social care and housing work to different legislation and so solutions need to be jointly agreed. A number of specific suggestions were made, such as the use of sheltered schemes for the provision of re-ablement. Any specific recommendation would require partnership evaluation to determine viability and potential impact and effectiveness.

The importance of involving housing developers early in the process was recognised.

The majority of questionnaire respondents (84%) agreed with our ideas for developing accommodation for older people.




Support for our ideas was further demonstrated with the comments made when more detail was requested.

*"We need more housing for our ageing population and there should be more choices not just "homes" as so many people refer to them. Extra care is the way forward but I believe they should provide things such as overnight care so that they really can be a home for life."*

**12. What's changed in the strategy as a result of the consultation?**

Overall the comments from the survey and the consultation events were supportive of the ideas presented in the draft strategy and have greatly helped to develop the thinking and endorse the need for a proactive approach that is integrated and preventative but recognises that people's needs and aspirations are very individual.

The comments received have helped to inform the action plan that has been developed to implement the strategy going forward. The importance of promoting the development of local community networks and support has been strengthened in the action plan as a result of the consultation, recognising the need to build on formal and informal services and networks that already exist.

The need for more robust evidence regarding types and tenures of accommodation options to inform the strategy and call for future developments has been recognised.

Considering the specific support and accommodation needs of people with dementia and their Carers has been further highlighted from the consultation and embedded into the strategy and action plan for further attention.

The support for extra care housing as being a positive accommodation option for older people has been endorsed and the ideas provided will be utilised to support the further development of the proposed approach.

# Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

| Key Details | |
|---|---|
| **Name of policy being assessed:** | Adult Social Care Accommodation Strategy for Older People 2016 to 2026. |
| **Department and section:** | Adults and Communities – Strategic Planning and Commissioning |
| **Name of lead officer/ job title and others completing this assessment:** | Julia Eames - Strategic Planning and Commissioning Officer |
| **Contact telephone numbers:** | 0116 3055382 |
| **Name of officer/s responsible for implementing this policy:** | Amanda Price – Interim Head of Service, Strategic Commissioning and Market Development |
| **Date EHRIA assessment started:** | 1.2.16 |
| **Date EHRIA assessment completed:** | 3.11.16 |

# Section 1: Defining the policy

**Section 1: Defining the policy**
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

| | |
|---|---|
| **1** | What is new or changed in this policy? *What has changed and why?*<br><br>This 10 year strategy has been prepared with the aim to raise awareness with older people, their families and support networks, about maintaining independence and planning for the future. By ensuring older people have access to advice and information about housing services that support their needs and promote independence the aim is that fewer people will require formal care and support in the future.<br><br>Although Adult Social Care doesn't directly provide accommodation, the strategy relates to how the Department will work alongside partners, particularly across local councils and the NHS, to develop preventative interventions relating to accommodation choice and services and the responsibilities of adult social care in relation to accommodation in line with the Care Act Guidance 2014.<br><br>The Strategy relates to all current and future older people within Leicestershire County, including those without any social care needs as well as those who do have eligible social care needs and includes people with acute illnesses, people with long term physical or mental health conditions, people with dementia, older people with a learning disability.<br><br>The strategy relates to people living in different types of accommodation, including general purpose housing and specialist accommodation for the elderly. The strategy relates to people regardless of tenure of accommodation or if the person lives alone or with others.<br><br>There is still a need for local data to evidence the need for different types and tenures of accommodation for older people to inform planning and policies. The Housing and Economic Development Needs Assessment is due imminently.<br><br>There are currently 5 Extra Care Housing Schemes in the County, another one is currently in development and others are in the pipeline. There are many sheltered and retirement schemes. There are currently 180 residential and nursing homes registered with CQC within the County.<br><br>MTFS targets relating to the development of extra care to be used where appropriate in favour of residential care, are currently £30k (16/17), increasing to £95k (17/18).<br><br>The way that Extra Care is commissioned and provided in Leicestershire is being relaunched to ensure it is targeted at people who are ordinary resident of |

| | |
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| | Leicestershire and people who have been assessed in accordance with the Care Act guidance and identified as a result to have care needs that are eligible to be appropriately met by the provision of an extra care housing scheme.<br><br>Consultation has identified that much current conventional sheltered housing stock is often difficult to fill as it isn't built to mobility/wheelchair accessibility standards, has a lack of facilities, lack of on-site support and lack of social activities. Planning commitment to 'Lifetime homes' accessibility is now dealt with under Part M of building regulations and is optional dependent on local need and viability. This affects the availability of accommodation for people with mobility difficulties in terms of living accommodation and visitability. In reality people without mobility problems may choose to live in non-accessible properties and people may buy accessible properties even though they do not need them at the time. The strategy aims to promote the need for more focus on developing suitable accommodation to meet the needs of older people and increase choice.<br><br>Social isolation and loneliness amongst older people is also recognised in the strategy and the need for developing a sense of community and neighbourhood support is also identified in the action plan.<br><br>The consultation has not revealed any accommodation initiatives specifically aimed at minority groups. |
| **2** | Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.*<br><br>The Adult Social Care Strategy 2016 - 2020 has been prepared to outline the vision and strategic direction of social care support for the next 4 years. The life of the strategy has been determined by matching to the life of the current Medium Term Financial Strategy (MTFS), in order for us to our meet financial targets and implement our new approach to adult social care.<br>In order to meet our statutory and financial obligations we have developed a model which is a 'stepped' approach, designed to ensure that people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence. The 'stepped' approach outlines how the Department can support people with different levels of need in order to:<br>• prevent a need for social care (by making universal services eg advice and information relating to housing related support to make homes healthy, safe, accessible and convenient and availability of desirable and affordable housing options to meet the needs of older people and the development of community and neighbourhood support),<br>• reduce the need for social care (through targeted interventions, eg equipment, adaptations and assistive technology),<br>• delay the need for social care (through reablement and rehabilitation services) and for those most in need,<br>• meeting needs where need and eligibility established in a way that still maximises independence and quality of life ( through the development of extra care housing and shared lives). |

The following strategies/workstreams are related to this area of work:

- Adult Social Care Strategy 2016-20
- Adult Social Care Commissioning Strategy
- Medium Term Financial Strategy
- Adult Social Care Workforce Strategy
- Finance
- Assessment, support planning and review
- Resource allocation
- Learning and Development
- Compliance
- Performance Management
- Integration with District and Borough Planning and Housing Departments and housing providers
- Integration with health and voluntary sector
- The Lightbulb project, (Better Care Fund)
- Local Area Co-ordinators (Public Health)
- The Adult Social Care Equipment, Adaptations and Assistive Technology Strategy 2016 – 2020.
- Market shaping
- Prevention Strategy
- Information & Advice Strategy

**3** Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?

The potential impact is upon everyone living in Leicestershire. The accommodation requirement for older members of the population will have an impact on accommodation for all age groups.

The greatest impact will be on older people and people with disabilities, with a need or potential need for social care support.

The projected numbers and **proportions of the population** in Leicestershire aged 65 are;

| POPPI projections 2015 | **2015** | **2020** | **2025** | **2030** | **% increase from 2015 to 2030** |
|---|---|---|---|---|---|
| People aged 65-69 | 42,400 | 38,600 | 41,200 | 47,900 | 11.48% |
| People aged 70-74 | 31,700 | 40,200 | 36,900 | 39,600 | 20.00% |
| People aged 75-79 | 24,400 | 29,000 | 37,100 | 34,300 | 28.86% |
| People aged 80-84 | 17,800 | 20,500 | 24,800 | 32,000 | 44.38% |
| People aged 85-89 | 11,100 | 12,900 | 15,500 | 19,100 | 41.88% |
| People aged 90 and over | 6,600 | 8,300 | 10,700 | 14,000 | 52.86% |
| **Total population 65 and over** | **134,000** | **149,500** | **166,200** | **186,900** | **28.30%** |

| | | | | | |
|---|---|---|---|---|---|
| **Total Population 75 and over** | **59,900** | **70,700** | **88,100** | **99,400** | **39.74%** |

The ethnic breakdown of older people living in Leicestershire is;

## Ethnic group

**People aged 65 and over by age and ethnic group, year 2011(POPPI)**

| | White | Mixed/ multiple ethnic group | Asian/ Asian British | Black/ African/ Caribbean/ Black British | Other Ethnic Group |
|---|---|---|---|---|---|
| People aged 65-74 | 59,697 | 110 | 1,763 | 143 | 78 |
| People aged 75-84 | 37,467 | 67 | 791 | 62 | 49 |
| People aged 85 and over | 15,015 | 27 | 150 | 10 | 8 |
| **Total population aged 65 and over** | **112,179** | **204** | **2,704** | **215** | **135** |

A particularly important factor is the tripartite relationship between heath, ageing and inequality (Draper and Fenton, 2014). This means that the experiences of older people from different groups in terms of age, gender, socio-economic status, will impact differently on their mental health.

Several authors (Guasp, 2011, Manthorpe et al, 2010, 2012, Moriarty & Manthorpe, 2012) have highlighted the limited evidence base in terms of our knowledge about the mental health of older lesbian, gay, bisexual and transgender people and older people from minority ethnic groups.

**Summary of proposed changes to current framework;**

The focus is on maximising individuals own assets, informal support from families and communities and encouraging people to plan ahead.

The key aims is to help older people to live in their own home for as long as possible and for those who can no longer manage living in general purpose accommodation to provide specialist accommodation that continues to maximise people's independence and wellbeing.

The strategy proposes;

- taking a more proactive approach to providing advice and information which relates to housing, to enable people to maintain their homes, make changes and plan for their older age.
- identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation.
- ensuring all specialist accommodation has dementia friendly facilities.
- ensuring the age criteria in extra care is applied flexibly, so that where relevant younger people with a learning disability, early onset dementia or

| | |
|---|---|
| | other disabilities can benefit from the unique provision of independent living, with a level of support, that extra care can offer.<br>• identifying locations where additional specialist accommodation is needed and working with partners to facilitate provision.<br>• Build on the advocacy, advice and practical support available to support people to access appropriate housing.<br>• Agree the definitions for describing specialist accommodation for older people locally.<br>• Work with local planning authorities to influence the types of homes delivered to better meet the needs of older people in response to the evidence of need.<br>• Promote development of community and neighbourhood support and social prescribing.<br>• Highlight the need for accessible public transport to enable older people to remain active and independent and connected to their local community, including those living in specialist retirement accommodation and extra care housing.<br>• Review the evidence to establish if it is beneficial to utilise sheltered and extra care schemes to provide opportunities for reablement.<br>• Explore opportunities to develop the Share Lives scheme run by the Council.<br>• Introduce revised eligibility criteria for new applicants to extra care schemes where the Council has nomination rights. |

**4** Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**

| | Yes | No | How? |
|---|---|---|---|
| Eliminate unlawful discrimination, harassment and victimisation | X | | The strategy recognises the Council serves a diverse population and supports all individual's rights to make decisions and choices about their accommodation. |
| Advance equality of opportunity between different groups | X | | The strategy aims to improve choices and outcomes for all older people. |
| Foster good relations between different groups | X | | The strategy aims to identify ways that communities can support each other and that specialist accommodation for older people can act as a 'hub' for the wider community so help to foster good relations between different groups |

# Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

**Section 2: Equality and Human Rights Impact Assessment Screening**

The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

**Section 2**
**A: Research and Consultation**

| | | Yes | No* |
|---|---|---|---|
| **5.** | Have the target groups been consulted about the following? | | |
| | a) their current needs and aspirations and what is important to them; | **X** | |
| | b) any potential impact of this change on them (positive and negative, intended and unintended); | | **X** |
| | c) potential barriers they may face | | **X** |
| **6.** | If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)? | | **X** |
| **7.** | Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts? | **X** | |
| **8.** | *If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary. | | |
| | The consultation has been open to the general public and through relevant organisations to promote to maximise a wide ranging response. The consultation sought comment from internal colleagues and partner agencies.<br><br>Details of the on-line survey was sent to Parish Councils, Community and Faith groups, voluntary sector organisations, primary and secondary care health services and district and borough councils. Posters were displayed in libraries and the customer reception area at County Hall.<br><br>Details were sent to residential care homes and extra care housing schemes and other housing providers of specialist retirement housing.<br><br>Focus groups were undertaken in extra care housing schemes and with Age UK participants and the OPEN older person's forum. | | |

| **Section 2**<br>**B: Monitoring Impact** | | | |
|---|---|---|---|
| **9.** | Are there systems set up to:<br><br>a) monitor impact (positive and negative, intended and unintended) for different groups;<br><br>b) enable open feedback and suggestions from different communities | **Yes**<br><br>X<br><br>X | **No** |
| **Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.** | | | |

| **Section 2**<br>**C: Potential Impact** | | | | |
|---|---|---|---|---|
| **10.** | Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers. | | | |
| | | **Yes** | **No** | **Comments** |
| | **Age** | **x** | | This strategy is focused on providing positive outcomes for all older people. The strategy relates to providing advice and information to enable people to consider their options and obtain housing related support from their local community and is not just for people who approach social care. Providing information in a variety of places and formats that considers communication needs including language, reading ability, IT skills and access to the internet, vision and hearing problems has been highlighted in the delivery plans. |
| | **Disability** | **x** | | This strategy is focused on maximising the safety, independence and quality of life of older people with disabilities by promoting accessible accommodation and increasing accommodation options and services. This approach would benefit all disabled people. |
| | **Gender Reassignment** | **x** | | As Race – see below. |

| | | | | |
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| | **Marriage and Civil Partnership** | **x** | | The strategy for extra care housing supports the provision of accommodation for older couples. |
| | **Pregnancy and Maternity** | | **x** | |
| | **Race** | **x** | | The focus on achieving individual outcomes will support equality of service delivery. The strategy promotes that all specialist accommodation should endeavour to provide flexible inclusive services. Ongoing monitoring is required to ensure that services are accessible and inclusive. |
| | **Religion or Belief** | **x** | | As above |
| | **Sex** | **x** | | As above |
| | **Sexual Orientation** | **x** | | As above |
| | **Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities** | **x** | | Partnership working with District and Borough Council's to deliver the strategy will help to identify particular local needs and address accommodation issues for older people in relation to rural areas, homelessness, asylum seekers, disadvantaged communities.<br><br>Support for Carers is an integral part of the aims of the strategy.<br><br>Integration and partnerships with health services will contribute to addressing health inequalities. Reablement is a central part of the strategy and will benefit individuals through identifying personalised goals and reablement plans. |
| | **Community Cohesion** | **x** | | The focus on maximising use of community resources should promote greater inclusion and community cohesion to promote similar opportunities to all. |

**11.**

Are the human rights of individuals potentially affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]

| | Yes | No | Comments |
|---|---|---|---|
| **Part 1: The Convention- Rights and Freedoms** | | | |
| **Article 2: Right to life** | | x | |
| **Article 3: Right not to be tortured or treated in an inhuman or degrading way** | | x | The strategy is underpinned by ASC duty to promote wellbeing and personal dignity. All services, either in house or commissioned, are expected to be delivered at an acceptable standard to maintain health and dignity. The strategy aims to enable people to live in the place of their choice. It also aims to make achievable the opportunity for people to die at home, if that is their wish. |
| **Article 4: Right not to be subjected to slavery/ forced labour** | | x | |
| **Article 5: Right to liberty and security** | x | | Available accommodation options will prevent people being forced to live in environments that are potentially harmful to their health and wellbeing. |
| **Article 6: Right to a fair trial** | | x | |
| **Article 7: No punishment without law** | | x | |
| **Article 8: Right to respect for private and family life** | x | | The strategy focuses on how to support people to remain independent in the setting of their choice. |
| **Article 9: Right to freedom of thought, conscience and religion** | | x | The strategy aims to ensure individuals can live in accommodation that provides people with such freedoms. |
| **Article 10: Right to freedom of expression** | | x | |
| **Article 11: Right to freedom of assembly and association** | | x | |

| | | | | |
|---|---|---|---|---|
| | **Article 12: Right to marry** | | **x** | |
| | **Article 14: Right not to be discriminated against** | **x** | | The values and principles of the strategy are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them. |
| | **Part 2: The First Protocol** | | | |
| | **Article 1: Protection of property/ peaceful enjoyment** | **x** | | Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy |
| | **Article 2: Right to education** | | **x** | |
| | **Article 3: Right to free elections** | | **x** | |

**Section 2**
**D: Decision**

| | | | | |
|---|---|---|---|---|
| **12.** | Is there evidence or any other reason to suggest that: | **Yes** | **No** | **Unknown** |
| | a) this policy could have a different affect or adverse impact on any section of the community; | | **X** | |
| | b) any section of the community may face barriers in benefiting from the proposal | | **X** | |

| | | | | |
|---|---|---|---|---|
| **13.** | Based on the answers to the questions above, what is the likely impact of this policy | | | |
| | No Impact ☐ | Positive Impact ☒ X | Neutral Impact ☐ | Negative Impact or Impact Unknown ☐ |

**Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.**

| | | | |
|---|---|---|---|
| **14.** | Is an EHRIA report required? | Yes ☒ x | No ☐ |

**Section 2: Completion of EHRIA Screening**

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

**Option 1:** If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

**Option 2:** If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

# Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

**Section 3: Equality and Human Rights Impact Assessment Report**

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

| **Section 3**<br>**A: Research and Consultation** | |
|---|---|
| When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised. | |
| **15.** | Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?<br><br>a) current needs and aspirations and what is important to individuals and community groups (including human rights);<br><br>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);<br><br>c) likely barriers that individuals and community groups may face (including human rights) |
| The consultation process has helped to inform what is important to individuals and community groups. It has helped to provide insight into barriers that individuals or community groups may experience that need to be further explored. | |

The strategy is not proposing to make any changes to the people currently living within specialist accommodation for older people provided through the Council.
Of the people who returned the survey;
**166 Responses were received**
34 (21%) from an Interested member of the public
42 (26%) from a Person over 55 living in own home
34 (21%) from a Person over 55 living in specialist retirement accommodation
9 (5%) from a Family member/carer or friend of a person living in extra care housing
20 (12%) from a Person who works in Adult Social Care
3 (2%) from a member of district council housing staff
1 (1%) from a health care professional

32 (21%) were aged between 55 – 64 years
33 (21%) were aged 65 -74 years
19 (12%) were aged 75 -84 years
20 (13%) were aged 85+ years
i.e. **104 ( 63 %)over the age of 55 years.**

89 (58%) described themselves as having a long term illness or disability.
140 (93%) described their ethnic group as white.
73% of respondents were female.

**Responses to the question "To what extent do you agree or disagree with our ideas to improve information about housing support?" were as follows;**

| | |
|---|---|
| Strongly agree | 50% (80) |
| Tend to agree | 37% (60) |
| Neither agree or disagree | 9% (15) |
| Tend to disagree | 2% (4) |
| Strongly disagree | 0% (0) |
| Don't know | 1%(2) |

**Responses to the question "To what extent do you agree or disagree with our ideas for extra care housing support?" were as follows;**

| | |
|---|---|
| Strongly agree | 45% (72) |
| Tend to agree | 39% (62) |
| Neither agree or disagree | 10% (16) |
| Tend to disagree | 2% (4) |
| Strongly disagree | 2% (3) |
| Don't know | 2% (4) |

**Responses to the question "To what extent do you agree or disagree with our ideas for developing accommodation options for older people?" were as follows;**

| | |
|---|---|
| Strongly agree | 48% (77) |
| Tend to agree | 36% (58) |
| Neither agree or disagree | 10% (16) |
| Tend to disagree | 2% (4) |
| Strongly disagree | 1% (2) |
| Don't know | 2% (4) |

The key themes which emerged from consultation were:

- The level of familiarity with different types of housing related support is variable and more information is needed and will form part of the action plan to address.
- When asked about preferred sources when looking for information about how to make home improvements, or about accommodation options, search engine was the most popular, talking to friends or family came close second. Libraries, Council Offices were least popular when 'other' was discounted. A search engine was also the source that the majority of respondents said that they would go to first.
- It was highlighted that although many are, not all older people have access to or are familiar with using the internet.
- Making sure information is available to families, the development of wider community support networks and more staff being able to provide advice on housing support would help people plan for older age.
- Information and advice needs to be available for older people regarding potential housing for all tenures.
- Voluntary and community sector groups need to offer something different to traditional services, seen as being 'for older people' and activities that link older people to the wider community and offer choice are valued.
- Specialist accommodation for older people needs things like space for wheelchairs and mobility scooters.
- Loneliness; isolation; transport; maintaining the home and dementia are issues that older people feel needed to be considered.
- People's aspirations were often to remain in their current home for as long as possible and put off considering alternatives.
- Many people did not understand the unique nature of extra care until they had had personal experience of it.
- People would like to see stricter planning regulation in terms of the provision of a mix of housing in new developments which includes bungalows and restrictions on buy to let.

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| **16.** | Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups? |

No further research or data collection is required in relation to this overarching strategy.

Further work will be required and undertaken in relation to each specific commissioning activity as it arises.

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

| | |
|---|---|
| **17.** | Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups? |

In the early weeks of the consultation period communication with key partners took place with the aim of awareness raising, promotion and further distribution of the strategy consultation. Organisations were provided with posters, flyers and web-links and were requested to pass on to anyone they thought would be interested in responding.

Various voluntary groups were targeted including; Age UK, The Bridge, WRVS, VASAL, Alzheimer's Society, VISTA, Centre for the Deaf, LAMP, Red Cross, British Legion, Voluntary Action Leicestershire, Citizen's Advice Bureau, Healthwatch.

Information was also sent via e-mail to a newly created list of community groups and faith groups.

Information was published through local parish councils, health services, district and borough councils, residential and domiciliary care providers and extra care housing schemes.

The strategy has identified issues in relation to the views of older people and those with long term health conditions, particularly in relation to dementia and the need for co-ordinated services and housing options to prevent repeated changes to their accommodation as their condition progresses and help for them and their families to navigate the systems. The consultation identified that there are significant numbers of people with learning disabilities who are getting older, who are thus becoming older people with a disability, often with aged parents whose particular needs require consideration to provide accommodation options that address their needs.

The consultation has not revealed that any other groups will face any positive or negative barriers in relation to the strategy, although no information has been identified to demonstrate that the needs of diverse groups are being addressed.

It has been suggested that people living in rural locations may have more difficulty obtaining suitable accommodation for their older age within the community in which they have family and friends.

| | |
|---|---|
| **18.** | Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups? |
| | Monitoring forms are being introduced in the extra care schemes to identify ethnic origin.<br><br>The projections are for significantly increased numbers of older people in their third age and fourth age across Leicestershire but numbers may be higher in some locations compare to others. Further insights into the types, tenures and locations of accommodation to meet their needs is required. The Housing Economic Development Needs Assessment, due to be published imminently and insights from district and borough councils will help to inform. |

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| | |

| **Section 3**<br>**B: Recognised Impact** | | |
|---|---|---|
| **19.** | Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face. | |
| | | **Comments** |
| | **Age** | The strategy recognises that where people live can have a positive or negative impact on their health and wellbeing and this is particularly the case for older people. The rising numbers of older people has ramifications for the availability of suitable accommodation suitable for an ageing population. The aim is to improve housing related services and accommodation options for all older people. |
| | **Disability** | Advice and information in relation to housing related support and housing options need to be provided in accessible locations and formats considering people's communication needs and people enabled to exercise choice and control.<br>There is a significant shortage of accessible homes compared to the number of people who want or need them.<br>Universal access standards need to be promoted to enable disabled people to be able to visit the homes of others as well as specially adapted properties for people to live in.<br>This strategy attempts to raise the profile of partner organisations working with the general public and housing developers to address. |
| | **Gender Reassignment** | There is no monitoring data available regarding numbers of people in this group in relation to accommodation issues. |
| | **Marriage and Civil Partnership** | As people are living longer there are increased numbers who are separated or widowed. However it has been suggested many people in this situation are embarking on new relationships and are looking for |

| | | |
|---|---|---|
| | | accommodation suitable to spend time as an older couple whilst retaining a degree of independence. |
| | **Pregnancy and Maternity** | |
| | **Race** | All areas of service development are expected to address the needs of BME community groups, e.g. through monitoring uptake of services and ensuring individuals needs and preferences are taken into account. Some groups may find it more difficult to access services; if such issues are identified then this will aim to be addressed. As we develop our communication plan in connection to delivering this strategy it will present opportunities to ensure information is provided that engages people from different races to ensure they are aware of options available to them.<br>The delivery plan aims to identify innovative solutions to develop community and neighbourhood support which links older people to their wider community. This should help to address any barriers for people in this group. |
| | **Religion or Belief** | As race |
| | **Sex** | Demographic data shows that females are still outnumbering males living longer so will be more impacted as a group, but the issues regarding available housing related support and housing options are similar regardless of sex. |
| | **Sexual Orientation** | The Office for National Statistics (ONS) estimated that LGBT people represented 1.1% of the East Midlands population in 2010, of which approx. 8.0% were over 65 yrs. Based on the total population figures for Leicestershire at the 2011 census being 1,016,697 this would equate to 895 people |
| | **Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities** | For home owners their house generally provides them with their largest asset which could be used to provide them with options in their later life. However the cost of running and maintaining a house can be a burden to some people as they get older. People living in rented properties will have different options available to them. Deprivation can be an issue for either group resulting in health |

| | | |
|---|---|---|
| | | inequalities. Homelessness could be a reality for some older people, unless they are deemed to be in a vulnerable category and eligible for accommodation.<br>Loneliness and isolation have been identified as significant issues for many older people. |
| | **Community Cohesion** | The delivery plan aims to promote the development of community, neighbourhood support and social prescribing and identify opportunities within local communities where people can be supported to consider their future accommodation options. |

| | | |
|---|---|---|
| **20.** | Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics? | |
| | | **Comments** |
| | **Part 1: The Convention- Rights and Freedoms** | |
| | **Article 2: Right to life** | Services are expected to identify any risks to service users and professionals and to have Health & Safety, safeguarding and whistle blowing policies and procedures in place. Findings supported services have policies and procedures in place. |
| | **Article 3: Right not to be tortured or treated in an inhuman or degrading way** | All service users will be made aware of complaints procedures and the right to have decisions reconsidered. Findings supported services have policies and procedures in place.<br>By increased partnership working opportunities to improve individual's quality of life will be enhanced. |
| | **Article 4: Right not to be subjected to slavery/ forced labour** | Not likely |
| | **Article 5: Right to liberty and security** | Increased appropriate accommodation options for older people will improve their safety and independence. Evidence suggests some people are not currently aware of some of the preventative services and housing options available to them. |
| | **Article 6: Right to a fair trial** | Not likely |

| | | |
|---|---|---|
| | **Article 7: No punishment without law** | Not likely |
| | **Article 8: Right to respect for private and family life** | The strategy advocates the need for increased accommodation options to be made available to enable older people to have a private and family life.<br>Flexible and innovative housing design, care and support services need to address the current shortfall of suitable accommodation. Multi-generation households are reported to be on the rise driven by demographic and economic trends. The day to day impact of sharing living space can be a strain but research indicates that the majority of multi-generational households view it as a positive with benefits of company and reduced living costs. |
| | **Article 9: Right to freedom of thought, conscience and religion** | Services are expected to ensure individuals can live in accommodation that provides people with such freedoms. This is monitored through compliance visits. |
| | **Article 10: Right to freedom of expression** | Services are expected to ensure individuals can live in accommodation that provides people with such freedoms. This is monitored through compliance visits. |
| | **Article 11: Right to freedom of assembly and association** | Not likely |
| | **Article 12: Right to marry** | Not likely |
| | **Article 14: Right not to be discriminated against** | The principles of the strategy recognise that the Council serves a diverse population and everyone should have access to the resources and facilities which the Council commissions. When necessary the Council will target delivery of services to individuals and groups to ensure equality of access. |
| | **Part 2: The First Protocol** | |
| | **Article 1: Protection of property/ peaceful enjoyment** | The strategy supports this protocol. |
| | **Article 2: Right to education** | |
| | **Article 3: Right to free elections** | |
| **Section 3**<br>**C: Mitigating and Assessing the Impact** | | |
| Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy. | | |

| | |
|---|---|
| **21.** | If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons. |

N.B.

i) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

| | |
|---|---|
| **22.** | Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.<br><br>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination<br><br>b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed<br><br>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why |

**Section 3**
**D: Making a decision**

| | |
|---|---|
| **23.** | Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights. |

The new strategic approach aims to support people to be as independent as possible and plan ahead for their accommodation needs in later life. It requires that vulnerable people are safeguarded, and that community support and engagement are maximised. This strategy meets Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

**Section 3**
**E: Monitoring, evaluation & review of your policy**

| | |
|---|---|
| **24.** | Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any |

| | |
|---|---|
| | positive/ negative impact?<br><br>The action plan will be used to checks on progress of implementation of the strategy, which will be overseen by the Adult Social Care Strategy Steering Group. Monitoring the impact and any barriers in relation to equalities and human rights will be integral to the implementation of the action plan. |
| **25.** | How will the recommendations of this assessment be built into wider planning and review processes?<br>*e.g. policy reviews, annual plans and use of performance management systems*<br><br>The findings of EHRIAs are incorporated into appropriate plans and policies. |

**Section 3:**
**F: Equality and human rights improvement plan**

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

| Equality Objective | Action | Target | Officer Responsible | By when |
|---|---|---|---|---|
| Embed equality issues into strategy delivery and performance framework to support older people to live in accommodation that supports their wellbeing and that of their carers. | Performance Improvement Officer will assist with developing a framework for delivery of the strategy linked to the overarching ASC strategy.<br><br>Consider specific accommodation needs of older people living with particular disabilities such as dementia and learning disabilities, and support to address.<br><br>Build into Strategy delivery plan to proactively market and develop processes to ensure extra care schemes are addressing the needs of people with protected | Performance framework in place and includes equality monitoring that relate to people's satisfaction with their accommodation as being able to maintain their wellbeing and evidence of where barriers and negative impacts have been addressed.<br><br>Disruption caused by unnecessary changes of accommodation reduced or eliminated.<br><br>Extra Care Schemes are able to demonstrate that they are meeting the needs of people with protected characteristics to reflect the diversity of the population served. | Performance Improvement Lead Officer<br><br>Planning and commissioning officer for extra care | 23.11.16 |

| | | | | |
|---|---|---|---|---|
| | characteristics.<br><br>Work with all relevant staff groups, partner agencies and providers to be aware of the principles and support to implement in their actions. | | | |
| Impact upon specific groups due to any changes is examined in detail | Use the outcomes of EHRIAs for specific services to inform Service Planning, monitoring whether the EHRIAs and associated action plans lead to improved outcomes for customers. | All service plans reflect EHRIA outcomes. | Contract Compliance Manager<br><br>Strategic Planning & Commissioning Manager | |
| There is equity of access to service provision without discrimination to any protected groups, as identified in Section 2 (above), particularly in relation to disability, race, religion and belief. | Service specifications for any new or remodelled service will clearly state equality requirements (including expected non-discriminatory access to the service. This will be tested through the procurement process and monitored during the life of the contract. | All contracts include EHRIA requirements and monitoring arrangements. | Strategic Planning & Commissioning Manager<br><br>Contract Compliance Manager | |
| Communities are able to meet the expectations implicit in the shift towards community support and local provision in supporting people to consider and | Evaluation of Local Area Co-ordinator pilot (started 2015) | Increased/multiple examples of advanced equality of opportunity and good relations between groups supporting older people locally to manage | (*Public Health*) | |

| | | | | |
|---|---|---|---|---|
| manage their accommodation needs. | | housing related issues<br><br>Variations in provision between different localities is minimised, | | |
| Ensure accessibility of Information and Advice services, and all forms of communication between LCC, its partners and the public. | All known barriers to accessing these activities, as outlined in section 3B, are taken into account and adequately resourced. | Information & Advice Strategy developed.<br><br>Information Standards adopted. | Strategic Planning & Commissioning Manager | |
| | | | | |
| | | | | |

# Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

**Section 4**
**A: Sign Off and Scrutiny**

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

**Equality and Human Rights Assessment Screening** ☐

**Equality and Human Rights Assessment Report** X

1st Authorised Signature (EHRIA Lead Officer): ……

Date: ……

2nd Authorised Signature (DEG Chair): ……  ……

Date: ……08 November 2016……

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**APPENDIX A**

**LEGAL CONTEXT SUMMARY FOR LIBRARIES, MUSEUMS, ARCHIVES AND LEARNING SECTOR**

The provision of cultural, educational and support services are informed by a range of legislation and national standards as detailed below.

Libraries

- National legislation regarding libraries and museums is outlined in the 1964 Public Libraries and Museums Act. The local authority is statutorily obliged to deliver a 'comprehensive and efficient' library service which it determines according to local need and analysis.

Museums

- Under the 1964 Public Libraries and Museums Act, a local authority may "provide and maintain museums and art galleries within its administrative area or elsewhere in England or Wales, and may do all such things as may be necessary or expedient for or in connection with the provision or maintenance thereof". Although there is no statutory requirement to provide a museum, heritage or arts services, as an accredited service the Council is obliged to adhere to the professional standards set out by Arts Council England, through its nationally recognised accreditation scheme.

Adult Education

- The Education Act 1996 confers a power on the local authority to provide adult education. Section 15B of the Act states that the local authority "may secure the provision for their area of full-time or part-time education suitable to the requirements of persons who have attained the age of 19, including provision for persons for other areas". This includes a range of training and leisure provision.

Records Office of Leicestershire, Leicester and Rutland (ROLLR)

- The 1962 Local Government (Records) Act and the 1972 Local Government Act cover provision of an archive service and proper arrangements for records generated by the constituent organizations. The 1958 and 1967 Public Records Acts, the 1978 Parochial Registers and Records Measure, and the 1924 Law of Property (Amendment) Act stipulate which records need to be retained. The Human Rights Act 1998, the Data Protection Act 1998, the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 cover the rights of citizens to access the information held.

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## APPENDIX B

### NATIONAL STRATEGIC CONTEXT SUMMARY FOR LIBRARIES, MUSEUMS, ARCHIVES AND LEARNING SECTOR

The following nationally published strategic reports published nationally and have been considered when developing the strategy for the service.

Department for Culture, Media and Sport: The Culture White Paper

- Published on 23rd March 2016, the White Paper sets out to address the issues of inequality, access and diversity in relation to culture. The four headline areas are:
    - Opportunity for all to enjoy culture – "no matter where they start in life"
    - Local community cultural benefits for regeneration and health
    - Promotion of the UK's "soft power" and global commercial outreach
    - Funding and reform to increase "resiliency" though increased private sector finance and philanthropy.

  A Case Studies document accompanying the White Paper was also published which includes examples of current actions, projects and initiatives in the cultural sectors

Arts Council England (ACE): Great Art and Culture for Everyone, Culture Knowledge and Understanding: Great Museums and Libraries for Everyone, Envisioning Libraries of the Future & Community Libraries: Learning from Experience

- The ACE reports make recommendations on the role and future development of public libraries and museums in their role as the governing body of the sector.

Sieghart Review of Public Libraries:

- This independent review of public libraries references their continued importance as community hubs and acknowledges that more libraries in the future may be community managed but with some element of professional support. A national task and finish group has been set up to progress a range of actions.

Read on Get On

- A literacy campaign led by Save the Children which aims to ensure that all children are reading well at the age of 11 by 2025. Research commissioned

by Save the Children highlights the impact of low literacy levels on later life chances including health, and economic status.

Society of Chief Librarians (SCL)

- The SCL represents the local heads of local authority library services. They have developed and advocated 5 key national offers for the modern library service and articulate the library role around Reading, Information, Digital, Health and Learning. These offers have been informed by customer research, and tested with stakeholders in partnership with ACE and the Reading Agency (a national charity promoting the value of reading).

Skills Funding Agency

- A variety of reports from BiS and the SFA indicate that the future direction of provision will prioritise apprenticeships, traineeships and community based learning that is co-produced with localities. This includes the provision of basic English, Maths and Functional skills.

Five Ways to Wellbeing:

- These are a set of evidence-based actions which promote people's wellbeing. They are: Connect**,** Be Active**,** Take Notice**,** Keep Learning and Give**.** The Communities and Wellbeing service is a significant asset in delivering 4 of these actions.

Creative Industries Strategy:

- This strategy from the Creative Industries Council sets out the opportunities and challenges for the sector, our vision for the creative industries by 2020 and how we will achieve it, with recommendations for both industry and government. The CIC identified five priority areas for focus in this strategy: access to finance; education and skills; infrastructure; intellectual property; international (exports and inward investment).

ACE Museum Accreditation Scheme

- This scheme recognises achievement of minimum standards in governance, collections development and access, learning and visitor services in museums and is an eligibility criterion for external funding.

**APPENDIX C**

# Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

| Key Details | |
|---|---|
| **Name of policy being assessed:** | Communities & Wellbeing Strategy 2018-22 |
| **Department and section:** | Adults & Communities<br>Communities & Wellbeing Service |
| **Name of lead officer/ job title and others completing this assessment:** | Linsey Vincent<br>Project Manager<br>Transformation Unit |
| **Contact telephone numbers:** | 0116 2565155 |
| **Name of officer/s responsible for implementing this policy:** | Nigel Thomas (Head of Service)<br>Franne Wills (Head of Service) |
| **Date EHRIA assessment started:** | 26th October 2015 |
| **Date EHRIA assessment completed:** | 28th June 2016 |

# Section 1: Defining the policy

**Section 1: Defining the policy**
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

| | |
|---|---|
| **1** | **What is new or changed in this policy?** ***What has changed and why?***<br><br>The continuing financial challenges that Leicestershire County Council face mean that in order to deliver services within the budget available, the Communities and Wellbeing Service need to develop a strategy that will provide a framework in which to deliver its services with the allocated resources determined by the County's Medium Term Financial Strategy (MTFS)<br><br>The (new) C&W Strategy details the approach Leicestershire's Adults & Communities Department's Community & Wellbeing service will take to the delivery of its range of cultural, educational and support services from 2018. The services affected include:<br><br>• Libraries<br>• Museums and Heritage Sites<br>• Records and Archives<br>• Adult Education<br>• Care Online<br><br>The strategy identifies three strands of activity within its service offer:<br>• Enabling and supporting communities;<br>• Enabling access to services<br>• Supporting key strategies in reducing and preventing need. |
| **2** | **Does this relate to any other policy within your department, the Council or with other partner organisations?** ***If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.***<br>The strategy that has been developed is consistent with the council's (draft) strategy for adult social care (The Adult Social Care Strategy – "Promoting Independence, Supporting Communities") which focuses on promoting independence and reducing demand for services by building social capital and access to universal services. This strategy identifies four ways of managing need, the C&W strategy focuses on two of these:<br>• Preventing Need<br>• Delaying Need<br><br>The strategy will also contribute to outcomes of other current local strategies |

including:

- Leicestershire County Council's Community Strategy
- Better Care Together
- The Joint Health and Wellbeing Strategy for Leicestershire

The strategy takes into account legal and statutory requirements as well as the objectives of other local strategies and recognised best practice:

- There is a statutory duty to deliver a "comprehensive and efficient" "library service which it determines according to local need and analysis".
- There is a statutory duty to enable Adult Education
- There is a statutory duty to make provision to retain and make accessible the public record.
- There are legal requirements regarding the access to and care of accessioned museum collections.

**3 Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?**

Due to the universal nature of (some) of the services available via the C&W Service all Leicestershire residents will be affected by the changes following the implementation of the strategy. In addition, the particular protected groups or communities who are able to access the targeted service offer could include:

- Children and young people
- People with learning disabilities
- Older People
- People with dementia
- People with mental ill health
- Prisoners and those in Young Offenders Institutions

**4** Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**

| | Yes | No | How? |
|---|---|---|---|
| Eliminate unlawful discrimination, harassment and victimisation | | X | |
| Advance equality of opportunity between different groups | X | | The C&W service will enable access to range of services including libraries, museums and heritage sites, records and archives and Adult Education to all Leicestershire residents as part of its universal service offer. This will then be enhanced by a targeted service offer(s) linked to specific strategies to reduce/prevent need amongst particular groups. Without these targeted service offer(s) these groups may not otherwise be able to access these services. |

| | | | | |
|---|---|---|---|---|
| | Foster good relations between different groups | X | | The C&W universal service offer will be available to all Leicestershire residents thereby attracting people from different communities and groups to the opportunities offered by the service. |

# Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

**Section 2: Equality and Human Rights Impact Assessment Screening**
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

| **Section 2**<br>**A: Research and Consultation** | | | |
|---|---|---|---|
| **5.** | Have the target groups been consulted about the following?<br><br>a) their current needs and aspirations and what is important to them;<br><br>b) any potential impact of this change on them (positive and negative, intended and unintended);<br><br>c) potential barriers they may face | **Yes** | **No*** |
| | | | **X** |
| | | | **X** |
| | | | **X** |
| **6.** | If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)? | | **X** |
| **7.** | Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts? | | **X** |
| **8.** | *If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary. | | |
| | A report regarding the (draft) strategy will be taken to Cabinet in January 2016 requesting permission to commence a three month period of consultation/engagement with a range of stakeholders including:<br>• Leicestershire residents<br>• C&W Staff | | |

| | |
|---|---|
| | • Partner organisations (Health, Districts & Boroughs, other LCC departments, etc.)<br>• Target groups (e.g. children and young people)<br>• Other service providers (e.g. community managed libraries, community museums, etc.)<br><br>The outcomes of this consultation will then be reported back to Cabinet in Summer 2016 and will inform the final version of the strategy that is **published** and its subsequent implementation. |

| **Section 2**<br>**B: Monitoring Impact** | | | |
|---|---|---|---|
| **9.** | Are there systems set up to: | **Yes** | **No** |
| | a) monitor impact (positive and negative, intended and unintended) for different groups; | | **X** |
| | b) enable open feedback and suggestions from different communities | | **X** |

**Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.**

a) A full EHRIA report will be completed following consultation, taking account of impacts identified in feedback along with data from other sources within the services. An Equalities Improvement Plan will be produced as part of this exercise, identifying actions required to address any discrimination and reviewing their outcomes and effectiveness at an appropriate later date.

b) All users of C&W services and other stakeholders are able to submit complaints, commendations and comments either via the council's generic process or directly to the service. This is a method by which users can notify the council of impacts.

**Section 2**
**C: Potential Impact**

**10.** Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

| | **Yes** | **No** | **Comments** |
|---|---|---|---|
| **Age** | **X** | | Analysis of library user data and responses to recent consultation regarding library services indicate that 33% of all library users (static and mobile libraries) are aged 0-17. In comparison 15% of all library users are aged 65 plus. However, this figures increases |

| | | | | |
|---|---|---|---|---|
| | | | | to 30% for mobile libraries only. Therefore, consultation/engagement regarding the draft strategy should include some focused activity with these groups.<br><br>As part of the work to support key strategies targeted service offers, programmes of services, activities and opportunities for specific age groups are likely to be developed and provided.<br><br>Attention should be paid across all areas of the service to issues of physical access, and formatting of information and other materials. |
| | **Disability** | **X** | | All disability-related issues (physical disability, sensory impairment, learning disability and mental health conditions) must be taken account of in the planning and provision of both the universal and targeted service offers.<br><br>As part of the work to support key strategies programmes of services, activities and opportunities for people with a specific disabilities, impairments or health conditions may be developed and provided.<br><br>Attention should be paid across all areas of the service to issues of physical access, and formatting of information and other materials. |
| | **Gender Reassignment** | | **X** | No disadvantage identified |
| | **Marriage and Civil Partnership** | | **X** | No disadvantage identified |
| | **Pregnancy and Maternity** | **X** | | C&W services provide a useful information point for women in pregnancy and during maternity. Although this type of information may be provided elsewhere e.g. |

| | | | | |
|---|---|---|---|---|
| | | | | GP surgeries, pregnancy/maternity services.<br><br>As part of the work to support key strategies programmes of services, activities and opportunities for women and their partners during pregnancy/maternity may be developed and provided. |
| | **Race** | **X** | | The C&W Service is committed to providing culturally and racially appropriate services across its entirety.<br><br>As part of the work to support key strategies programmes of services, activities and opportunities for those of particular race(s) may be developed and provided. |
| | **Religion or Belief** | **X** | | The C&W Service is committed to providing services across its entirety appropriate to those of all religions and beliefs.<br><br>As part of the work to support key strategies programmes of services, activities and opportunities for those following a particular religion or belief may be developed and provided. |
| | **Sex** | **X** | | Analysis of library user data shows that 59% of all library users (static and mobile libraries) are female and 41% are male.<br>In comparison 77% of respondents to a recent consultation regarding the mobile library service were female. Therefore, it may be useful for the consultation/engagement regarding the draft strategy to include some focused activity to maximise responses from male stakeholders/service users. |
| | **Sexual Orientation** | **X** | | The C&W Service is committed |

| | | | | |
|---|---|---|---|---|
| | | | | to providing services across its entirety appropriate to those of all sexual orientations.<br><br>As part of the work to support key strategies programmes of services, activities and opportunities for those of a particular sexual orientation may be developed and provided. |
| | **Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities** | **X** | | As part of the work to support key strategies programmes of services, activities and opportunities for those of other groups may be developed and provided.<br><br>Potentially these could include those at risk of rural isolation, deprived or disadvantaged communities, those with particular health conditions and carers. |
| | **Community Cohesion** | **X** | | C&W service provide opportunities for individuals, groups and communities to come together to share experiences and learn from each other. These types of cultural activities enable people to find out about themselves and where they have come from as well as leading to greater understanding of other groups and communities. Thereby enhancing people's quality of life by developing their sense of belonging and by bringing communities together and making them stronger. |
| **11.** | Are the human rights of individuals potentially affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**<br><br>Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal] | | | |

| | Yes | No | Comments |
|---|---|---|---|
| **Part 1: The Convention- Rights and Freedoms** | | | |
| **Article 2: Right to life** | | **X** | |
| **Article 3: Right not to be tortured or treated in an inhuman or degrading way** | | **X** | |
| **Article 4: Right not to be subjected to slavery/ forced labour** | | **X** | |
| **Article 5: Right to liberty and security** | | **X** | |
| **Article 6: Right to a fair trial** | | **X** | |
| **Article 7: No punishment without law** | | **X** | |
| **Article 8: Right to respect for private and family life** | **X** | | C&W services are an important source of information, knowledge and opportunities to assist some people (e.g. in low income households) to enjoy a similar quality of home life to more wealthy neighbours. |
| **Article 9: Right to freedom of thought, conscience and religion** | **X** | | C&W services are an important source of Impartial information which may be difficult to obtain elsewhere, e.g. concerning legal rights for minority cultures and religions. |
| **Article 10: Right to freedom of expression** | | **X** | |
| **Article 11: Right to freedom of assembly and association** | | **X** | |
| **Article 12: Right to marry** | | **X** | |
| **Article 14: Right not to be discriminated against** | | **X** | |
| **Part 2: The First Protocol** | | | |
| **Article 1: Protection of property/ peaceful enjoyment** | | **X** | |
| **Article 2: Right to education** | | **X** | |
| **Article 3: Right to free elections** | | **X** | |
| **Section 2** | | | |

| D: Decision | | | | |
|---|---|---|---|---|
| **12.** | Is there evidence or any other reason to suggest that:<br><br>a) this policy could have a different affect or adverse impact on any section of the community;<br><br>b) any section of the community may face barriers in benefiting from the proposal | **Yes**<br><br>**X**<br><br>**X** | **No** | **Unknown** |

| | | | | |
|---|---|---|---|---|
| **13.** | Based on the answers to the questions above, what is the likely impact of this policy | | | |
| | No Impact ☐ | Positive Impact ☐ | Neutral Impact ☐ | Negative Impact or Impact Unknown ☒ X |

**Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.**

| | | | |
|---|---|---|---|
| **14.** | Is an EHRIA report required? | Yes ☒ X | No ☐ |

**Section 2: Completion of EHRIA Screening**

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

**Option 1:** If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

**Option 2:** If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

# Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

**Section 3: Equality and Human Rights Impact Assessment Report**

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

**Section 3**
**A: Research and Consultation**

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

| | |
|---|---|
| **15.** | Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?<br><br>a) current needs and aspirations and what is important to individuals and community groups (including human rights);<br><br>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);<br><br>c) likely barriers that individuals and community groups may face (including human rights) |

A full public consultation exercise took place between 8th February and 2nd May 2016, to seek views from all stakeholders on the draft strategy for the Communities & Wellbeing Service 2016-20. From the outcomes of this, a plan to deliver the aims and objectives of the strategy will be developed and implemented.

The consultation gathered views from a range of stakeholders (including residents, staff, users of C&W services, local businesses, education establishments, partner and national organisations) in a variety of ways. These included:

- an online survey (also available in a paper format)
- generic and targeted stakeholder events
- staff workshops

In order to make the consultation process open and inclusive and to reduce any barriers to participation a number of actions were taken:

- Paper copies of the survey (including an information booklet) were freely available at all C&W venues including libraries (council and community managed libraries), museums and heritage sites, the Records Office, an on request by contacting the council.
- An easy read version of the survey was made available to download from the council's website.
- Braille versions of the survey were provided to those users of the service known to have a visual impairment.
- A telephone helpline and email address was provided for anyone requesting a copy of the survey in an alternative format, wanting further information about the consultation/draft strategy or requiring any assistance to complete the survey.
- Members of the public could also seek further information or assistance in complete the survey from staff at the various C&W venues.

During the consultation period a total of 797 completed surveys were received. Of these 76% were from Leicestershire residents and 13% were from staff in the C&W service.

In addition 37 people attended the stakeholder events and 11 people attended the public stakeholder event.

Of the people who returned a completed survey:

- 62% were female and 38% were male,
- 23% of all respondents stated that they cared for a young person aged under 17,
- 12% stated that they cared for another adult.
- 23% of respondents described themselves as having a long standing illness or disability.
- The ethnic breakdown of respondents was 95% white, 3% mixed, 2% Asian/Asian British.

The key findings/themes from the survey were:

- People place a high value on the different services provided by the Service. Libraries, museums and heritage services were valued (a great deal or to some extent) by 96% and 80% of respondents respectively.
- Despite low levels of reported usage Care Online, Creative Learning Service and Creative Leicestershire were valued (a great deal or to some extent) by 48-58% of respondents.
- The majority of respondents (63%) agreed with the key design principles of the strategy
- 46% of respondents agreed with the strategic approach outlined in paragraph 29 with 35% disagreeing. The main areas of concern were associated with the capacity of communities to take a leading role in the design and delivery of services and the impact of the shift from employed staff.
- Appropriate use of technology was seen as a way of developing services, but it was recognised that this may present barriers to some groups in accessing services.
- Partnership working with other services and organisations was recognised as being important if services were to be sustained.

- There were low levels of support (less than 25%) for reducing the network of venues and opening hours.
- Supporting children's learning, supporting vulnerable people and promoting the value of reading were identified as key areas of targeted activity. Whilst developing digital services and contributing to the local economy were identified as the least important. In addition, the need to undertake further work to clearly define how services might be targeted and to whom was commented on.
- There was some acceptance that some services may need to be charged for.

The feedback from stakeholder events was broadly consistent with the survey responses above (i.e. concerns relating to volunteers, digitisation, reductions in venues and opening hours and a need to prioritise services for children and vulnerable people).

Individual responses were also received from other stakeholders including Friends of Records Office of Leicester, Leicestershire and Rutland (ROLLR), Market Bosworth Parish Council, Hinckley & Bosworth Borough Council, Harborough District Council, Charnwood Borough Council, Adults & Communities Department Service Leadership Team (SLT) and Leicestershire Rural Partnership. These responses highlight:

- The contribution made by the Service to a range of other agendas including prevention, social isolation, employability, advice and information.
- The need to base any decisions regarding changes to services on sound evidence;
- Concerns about the potential impacts of digitisation of services on particular groups;
- The value of libraries, museums and heritage venues to partner organisations including borough, district and parish councils.

The consultation responses give officers a steer in identifying and investigating options when developing the Strategy's implementation plan. Initial work to develop the plan has identified four potential workstreams and their deliverables:

- Digital and Online Operations including RIFD kiosk replacement, self-service access libraries, e-loans and a digital support offer.
- Venue Operations including the development and implementation of a defined service model and supporting business plan for each service venue.
- Targeted Services Review including the assessment of the targeted services against clearly defined criteria, where appropriate the development of eligibility criteria and processes for future service commissioning.
- Service Redesign/Restructure – including the delivery of a redesigned Service structure and associated Workforce Strategy.

A separate EHRIA will be undertaken for each deliverable to determine if any specific issues are identified, with attention to the key themes identified in consultation.

| | |
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| **16.** | Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups? |

No further research or data collection is required in relation to the strategy. Instead further work will be required and undertaken in relation to each specific workstream

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| and/or deliverable to enable the strategy's implementation. | |
| When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal. | |
| **17.** | Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you further consulted with those affected on the likely impact and what does this consultation tell you about each of the diverse groups? |
| This is outlined in paragraph 15 above. | |
| **18.** | Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups? |
| | No further work has been identified following consultation. See comment at the end of paragraph 15 regarding changes to provision arising from the Strategy. |

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| **Section 3**<br>**B: Recognised Impact** | | |
| **19.** | Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are likely be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face. | |
| | | **Comments** |
| | **Age** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents |

| | | |
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| | | regardless of their age.<br>However, it is recognised that specific deliverables/actions that are required to implement the strategy may have a greater impact on certain age groups in particular older people (i.e. over 65s), young people and children (i.e. under 18s).<br>For example, the increased digitisation of services may have a negative impact on older people who may be less likely to have access to the internet and/or have the necessary digital skills to make use of these services or who may be at risk of becoming socially isolated.<br>The consultation responses also show that supporting children's learning and supporting vulnerable people are identified as key areas of targeted activity.<br>These impacts and mitigating actions to address these will be detailed in separate EHRIAs. |
| | **Disability** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of disability.<br>However, it is recognised that specific deliverables/actions that are required to implement the strategy may have a greater impact on those with a disability.<br>For example, work to review and potentially remodel the Care Online service which provides vulnerable adults and older people in the community with help to use IT equipment and access the internet may have a disproportionate impact on those with disabilities.<br>These impacts and mitigating actions to address these will be detailed in separate EHRIAs. |
| | **Gender Reassignment** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of gender reassignment status.<br>However, any impacts on this group and the mitigating actions to address these will be considered in separate EHRIAs for each of specific deliverables/actions that are required to implement the strategy. |

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| | | |
| | **Marriage and Civil Partnership** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of marital/civil partnership status.<br>However, any impacts on this group and the mitigating actions to address these will be considered in separate EHRIAs for each of specific deliverables/actions that are required to implement the strategy. |
| | **Pregnancy and Maternity** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of whether they are pregnant or have recently had a child.<br>However, any impacts on this group and the mitigating actions to address these will be considered in separate EHRIAs for each of specific deliverables/actions that are required to implement the strategy. |
| | **Race** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of their race.<br>However, it is recognised that specific deliverables/actions that are required to implement the strategy may have a greater impact on those of a particular race(s).<br>For example, work to increase online borrowing will need to ensure that racially appropriate and/or alternative language books/resources are available<br>These impacts and their mitigating actions to address these will be detailed in separate EHRIAs. |
| | **Religion or Belief** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of their religion.<br>However, it is recognised that specific deliverables/actions that are required to implement the strategy may have a greater impact on those of a particular religion.<br>For example, work to review service opening hours may need to consider days/times of |

| | | |
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| | | religious observance which may impact on an individual's ability to access services.<br>These impacts and their mitigating actions to address these will be detailed in separate EHRIAs. |
| | **Sex** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of their sex.<br>However, any impacts on those of a particular gender and the mitigating actions to address these will be considered in separate EHRIAs for each of specific deliverables/actions that are required to implement the strategy. |
| | **Sexual Orientation** | The intention of the C&W strategy is to ensure that in future, services are provided which continue to meet statutory and legal requirements and are accessible to residents regardless of their sex.<br>However, any impacts on those of a particular sexual orientation and the mitigating actions to address these will be considered in separate EHRIAs for each of specific deliverables/actions that are required to implement the strategy. |
| | **Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities** | Separate EHRIAs will be completed for each of the specific deliverables/actions required to implement the strategy and these may identify impacts for other groups and the mitigating actions to address these.<br><br>Particular attention will be paid to addressing rural isolation and addressing the needs of carers in their role of looking after people who almost certainly fall into one of the protected groups. |
| | **Community Cohesion** | One of the key aspects of the C&W strategy's delivery is to enable and support communities to become self-supporting and co-design and co-develop services as equal partners with the council.<br>Specific actions/deliverables to achieve this will be subject to separate EHRIAs |

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| **20.** | Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is |

| | | |
|---|---|---|
| | there an impact on human rights for any of the protected characteristics? | |
| | | **Comments** |
| | **Part 1: The Convention- Rights and Freedoms** | |
| | **Article 2: Right to life** | All C&W services/venues are expected to identify any risks to service users and professionals and to have Health & Safety, safeguarding and whistleblowing policies and procedures in place. |
| | **Article 3: Right not to be tortured or treated in an inhuman or degrading way** | Any services that the C&W Service subsequently commission will be expected to meet the required standards, and will be subject to compliance/performance monitoring checks. |
| | **Article 4: Right not to be subjected to slavery/ forced labour** | n/a |
| | **Article 5: Right to liberty and security** | n/a |
| | **Article 6: Right to a fair trial** | All service users will be made aware of complaints procedures and the right to have decisions reconsidered. |
| | **Article 7: No punishment without law** | n/a |
| | **Article 8: Right to respect for private and family life** | All C&W services are expected to respect the privacy and maintain the dignity of their service users/customers. In addition, C&W services will continue to provide information, knowledge and opportunities to assist people to maximise their potential. |
| | **Article 9: Right to freedom of thought, conscience and religion** | C&W services will continue to provide and signpost users impartial information which may be difficult to obtain elsewhere, e.g. concerning legal rights for minority cultures and religions. |
| | **Article 10: Right to freedom of expression** | n/a |
| | **Article 11: Right to freedom of assembly and association** | n/a |
| | **Article 12: Right to marry** | n/a |
| | **Article 14: Right not to be discriminated against** | The C&W Strategy is expected to be implemented without direct or indirect discrimination of any kind to service users and staff in relation to the HRA article protections. |

| | | |
|---|---|---|
| | **Part 2: The First Protocol** | |
| | **Article 1: Protection of property/ peaceful enjoyment** | n/a |
| | **Article 2: Right to education** | n/a |
| | **Article 3: Right to free elections** | n/a |

**Section 3**
**C: Mitigating and Assessing the Impact**

Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

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| **21.** | If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons. |

There are potentially adverse impacts, as reflected above in the concerns raised in consultation. These are addressed in the Equalities Improvement Plan (EIP) at Section 3F below.

N.B.

i) If you have identified adverse impact or discrimination that is <u>illegal</u>, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate,</u> you will need to consider what actions can be taken to mitigate its effect on those groups of people.

| | |
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| **22.** | Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.<br><br>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination<br><br>b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed<br><br>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why |

The concerns raised during consultation are of a kind that have been encountered within the service previously and are addressed in the EIP. There is no identified need for further research at this stage, but this will be considered as future services are reviewed in the context of this strategy.

| | |
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| **Section 3**<br>**D: Making a decision** | |
| **23.** | Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights. |

The approach detailed in the C&W Strategy will allow the service to continue to meet its statutory and legal requirements in response to decreasing resources and the changing expectations of service users.

The service will do this by continuing to build on work to support communities to manage and make use of resources and collections held by the council, using resources to make communities more resilient and self-supporting, to work with partner organisations to enhance and improve health and social care, economic development learning and skills and thereby enable individuals to maximise their potential.

This strategy meets Leicestershire County council's responsibilities in relation to equality, diversity, community cohesion and human rights, subject to satisfactory outcomes as listed in the EIP below.

| | |
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| **Section 3**<br>**E: Monitoring, evaluation & review of your policy** | |
| **24.** | Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?<br><br>The EIP will be reviewed at appropriate intervals to assess the effectiveness of the identified actions and set further actions as necessary. |
| **25.** | How will the recommendations of this assessment be built into wider planning and review processes?<br>*e.g. policy reviews, annual plans and use of performance management systems*<br><br>As this EHRIA concerns an overarching strategy, its findings will influence the future development of C & W services and EHRIAs for these services will be guided by the EIP findings. |

**Section 3:**
**F: Equality and human rights improvement plan**

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

| Equality Objective | Action | Target | Officer Responsible | By when |
|---|---|---|---|---|
| Reduce the likelihood of service removal, particularly in remote areas, caused by dwindling budgets and affecting vulnerable communities. | Provide appropriate and adequate professional resources to support the capacity of communities to take a leading role in the design and delivery of services and reduce any potentially negative impact of the shift from employed staff | To preserve the availability of good quality and accessible services across the county | Franne Wills & Nigel Thomas | May 2017 |
| Ensure that services continue to be accessible and available to all protected groups who need and wish to use them, as technology adopted for service delivery becomes more advanced. | As new methods of delivery are introduced, they will be appraised in accordance with the findings of this EHRIA, taking account of the concerns raised in this respect during consultation. | To ensure that there is no loss of accessibility for the vulnerable groups identified, principally but not exclusively, some older and disabled people. | Franne Wills & Nigel Thomas | May 2017 |

| | | | | |
|---|---|---|---|---|
| Ensure that the findings of this EHRIA are observed in subsequent service reviews and development, in the interests of mitigating any disadvantages to protected groups. | A separate EHRIA will be undertaken for each deliverable to ensure that service-specific issues are identified. | Preserve availability and accessibility of future services.<br><br>Target groups of particular concern are:<br><br>• *Older people*<br>• *Disabled people (particularly those with learning disabilities and mobility difficulties)*<br>• *Young readers* | Franne Wills & Nigel Thomas | May 2017 |

# Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

**Section 4**
**A: Sign Off and Scrutiny**

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

**Equality and Human Rights Assessment Screening** [x]

**Equality and Human Rights Assessment Report** [x]

1st Authorised Signature (EHRIA Lead Officer): ……

Date: ……

2nd Authorised Signature (DEG Chair): ……

Date: ……

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Agenda Item 7

Leicestershire County Council

# Annual Report of the Director of Public Health 2016

## Leicestershire

Overview of health in Leicestershire and the role of workplace health in improving health

# Foreword

Welcome to my annual report for 2016. In my last annual report I set out the case for the role of communities in improving health and wellbeing in Leicestershire. As can be seen in 'update on recommendations', the report has led to a renewed focus on community level work through the Prevention Review within the Council, the work of the Communities Strategy, and the work of the Unified Prevention Board within the Better Care Fund.

Mike Sandys
Director of Public Health

Last year I also highlighted the findings of the Joint Strategic Needs Assessment 2015. Presenting the findings using the 'lifecourse snake' went down well with people and partners and reminded me that the annual report can be a useful way of sharing information on the health of Leicestershire.

I have split the report between an information update and a focus on a topic important to health. In the first part of the report I have reviewed the Health Profiles for Leicestershire. These are the nationally produced snapshots of health across the country and set what I believe to be the priorities for action at County and district level in Leicestershire for the forthcoming year.

For this year's topic I have looked at the importance of work and health, covering the health of the working age population and the importance of workplace health. I have also revisited the progress being made on 'the wider determinants of health' from my report of 2014, highlighting how this work will underpin economic development and improved population health.

As always, I hope you find this interesting, informative and a spur to further progress in improving the health of Leicestershire. I would like to thank Gabi Price, Michele Monamy, Liz Orton and Rob Howard for their contributions to this report and the public health department for their continued hard work.

Mike Sandys
Director of Public Health

# Contents

# Introduction

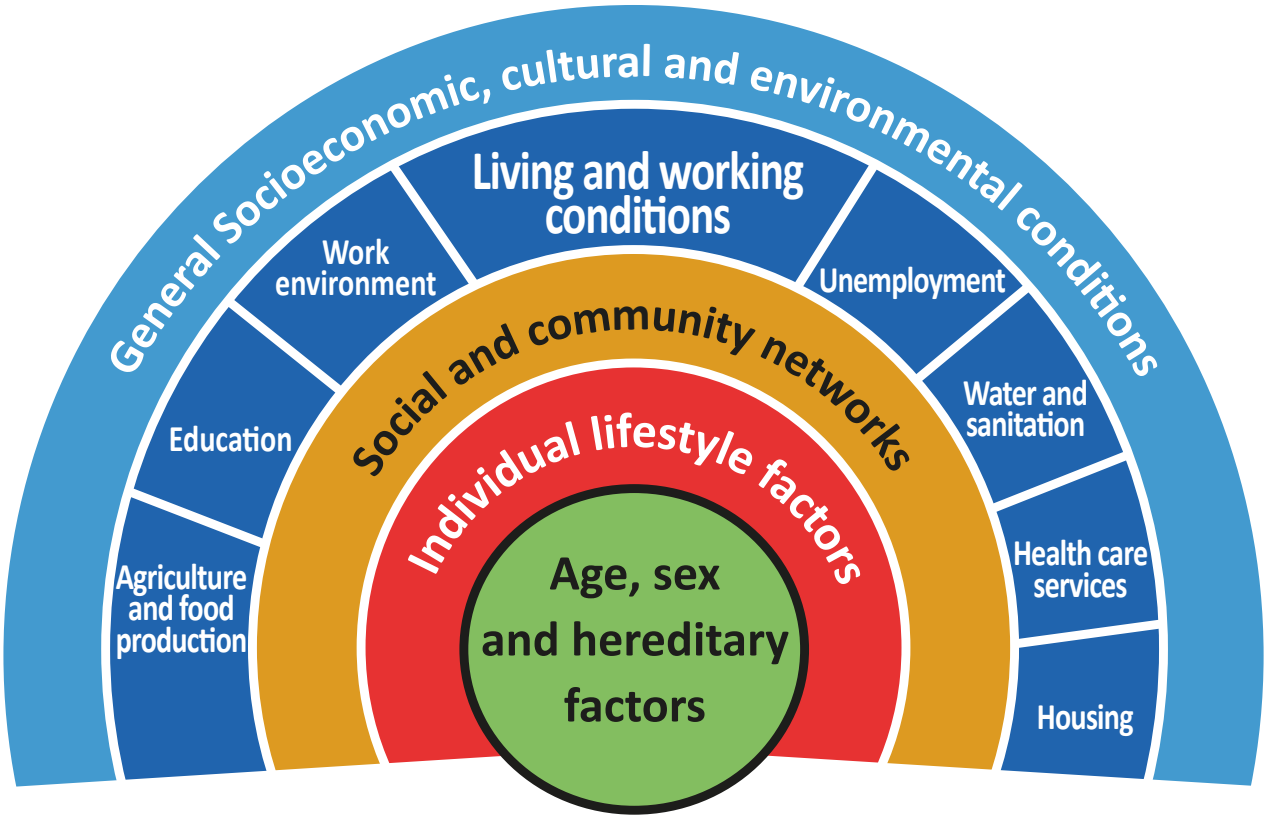
Each year the Director of Public Health publishes an independent report on the health and wellbeing of the local population. This report is a statutory duty and intended to inform local strategies, policy and practice across a range of organisations and interests. The purpose of the report is to highlight opportunities to improve the health and wellbeing of people in Leicestershire.

Evidence suggests that good health should improve an individual's chances of finding and staying in work and of enjoying the consequent financial and social advantages. Furthermore work has an inherently beneficial impact on an individual's state of health (1). The review 'Is work good for your health and wellbeing?' concluded that work was generally good for both physical and mental health and wellbeing. It showed that work should be 'good work' which is healthy, safe and offer the individual some influence over how work is done and a sense of self-worth. Overall, the beneficial effects of work were shown to outweigh the risks and to be much greater than the harmful effects of long-term worklessness or prolonged sickness absence (2).

Personal characteristics, such as age, sex and ethnicity, are highly significant for health but cannot be influenced by public health. Consequently they sit at the core of the 1991 Dahlgren and Whitehead, wider determinants of health model (Figure 1). The basis of the model is the concept that some of the factors that influence health are fixed and others can be influenced. Individual lifestyle factors are behaviours such as smoking, alcohol and other drug misuse, poor diet or lack of physical activity. Lifestyle factors have a significant impact on an individual's health. Social and community networks are our family, friends and the wider social circles around us. Social and community networks are a protective factor in terms of health. Evidence tells us that important factors for life satisfaction are being happy at work and participating in social relationships (3). Living and working conditions include access to education, training and employment, health, welfare services, housing, public transport and amenities. It also includes facilities like running water and sanitation, and

having access to essential goods like food, clothing and fuel. General socio-economic, cultural and environmental conditions include social, cultural, economic and environmental factors that impact on health and wellbeing such as wages, disposable income and availability of work.

## Figure 1: The Determinants of Health




Source: Dahlgren and Whitehead 1992

"Evidence suggests that good health should improve an individual's chances of finding and staying in work and of enjoying the consequent financial and social advantages."

# Recommendations

Building on last year's report, the recommendations have been developed along the three key roles for public health as defined by the World Health Organisation, which include public health as a leader; public health as a partner; and public health as an advocate. The recommendations are set out below:

**A Leader** – We will refresh our strategic work on tobacco control, in the light of the new Health and Wellbeing Strategy and the findings of the health profiles 2016.

**A Leader** - We will continue to lead County Council progress on developing our approach to social value, recognising the impact this can have on economic development, and in turn health outcomes.

**A Leader** - Alongside Corporate Resources we will lead the implementation of the workplace wellbeing strategy within Leicestershire County Council.

**A Partner** - District and borough councils in Leicestershire have a key role to play in our work on the wider determinants of health. We will continue to provide specialist expertise on approaches to health impact assessment and health in all policies, working in partnership with district and borough councils.

**A Partner** - As a partner to the NHS, we will work with University of Hospitals of Leicester Trust and Leicestershire Partnership Trust on joint approaches to workforce health as part of the Leicester, Leicestershire and Rutland (LLR) response to the NHS 5 Year Forward View.

**An Advocate** – The Public Health Department will work with the public and private sector organisations to advocate the use of the Wellbeing Charter by employers, as part of approach to workplace health.

# Overview of the Health Profile 2016

Public Health England publish health profiles for all local authorities in England on an annual basis.

Health Profiles provide useful, accessible summaries of the health of local populations, and help identify inequalities because they allow local authority populations to be compared with the average for England, and also allow comparisons between and within regions. The profiles assist in the planning and prioritisation of services. The indicators included in Health Profiles were chosen because they measure an important aspect of the health of the population and can be communicated easily to a wide audience.

## Leicestershire County - Health in summary

The health of people in Leicestershire is generally better than the England average. Leicestershire is one of the 20% least deprived counties/unitary authorities in England, however about 11% (12,800) of children live in low income families.

## Health inequalities

Life expectancy for both men and women is higher than the England average but there remains significant differences in life expectancy within Leicestershire. Life expectancy is 6.2 years lower for men and 5.0 years lower for women in the most deprived areas of Leicestershire than in the least deprived areas.

## Child health

In Year 6, 16.4% (1,069) of children are classified as obese, better than the average for England. The rate of alcohol specific hospital stays among those aged under 18 is better than the average for England. Levels of teenage pregnancy and smoking at time of delivery are better than the England average.

**Life expectancy in Leicestershire is**

**6.2** years lower for males

**5.0** years lower for females in the most deprived areas than in the least deprived areas

## Adult health

The rate of alcohol-related harm hospital stays is 596 per 100,000 population, better than the average for England. This represents 3,964 stays per year. The rate of self-harm hospital stays is 126.4 per 100,000 population. This, again, is better than the average for England. This represents 845 stays per year. 908 deaths were smoking related in Leicestershire in the last year. Estimated levels of adult physical activity, rates of hip fractures, sexually transmitted infections, people killed and seriously injured on roads and Tuberculosis are better than average.

Likewise rates of violent crime, long term unemployment, deaths from drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

The table on page 10 shows how people's health in each district across Leicestershire and Leicestershire itself compares to the rest of England.

"Rates of violent crime, long term unemployment, deaths from drug misuse, early deaths from cardiovascular diseases and early deaths from cancer are better than average."

# Table 1: Health profiles 2016, comparison of performance across districts and Leicestershire

| | | Blaby | Charnwood | Harborough | Hinckley and Bosworth | Melton | North West Leicestershire | Oadby and Wigston | Leicestershire CC |
|---|---|---|---|---|---|---|---|---|---|
| Our Communities | 1 Deprivation score (IMD 2015) | | | | | | | | |
| | 2 Children in low income families (under 16s) | | | | | | | | |
| | 3 Statutory homelessness | | | | | | | | |
| | 4 GCSEs achieved | | | | | | | | |
| | 5 Violent crime (violent offences) | | | | | | | | |
| | 6 Long term unemployment | | | | | | | | |
| Childrens and young peoples health | 7 Smoking status at time of delivery | | | ↓ | | ↓ | | ↓ | |
| | 8 Breast feeding initiation | ↑ | ↑ | | | ↑ | | | ↑ |
| | 9 Obese children (year 6) | | | | | | | ↓ | |
| | 10 Alcohol-specific hospital stays (under 18) | | | | | | | | |
| | 11 Under 18 conceptions | | ↑ | | | | | | |
| Adults health and lifestyle | 12 Smoking prevalence in adults | | | | | | | | |
| | 13 Percentage of physically active adults | ↓ | | | | | | | |
| | 14 Excess weight in adults | | | | | | | | |
| Disease and poor health | 15 Cancer diagnosed at early stage | | | | | | | | |
| | 16 Hospital stays for self harm | | | | ↓ | | | | |
| | 17 Hospital stays for alcohol related harm | | | ↓ | | | | | |
| | 18 Recorded diabetes | | ↑ | | | | | | |
| | 19 Incidence of TB | | | | | | | | |
| | 20 New sexually transmitted infections (STI) | | | | | | | | |
| | 21 Hip fractures in people aged 65 and over | ↓ | | ↓ | ↓ | ↑ | | ↑ | |
| Life expectancy and causes of death | 22 Life expectancy at birth (male) | | | | | ↑ | | | |
| | 23 Life expectancy at birth (female) | | | | | | | | |
| | 24 Infant mortality | | | | | | | | |
| | 25 Killed and seriously injured on roads | | | | ↓ | | ↓ | | |
| | 26 Suicide rate | | | | | | | | |
| | 27 Deaths from drug misuse | | | | | | | | |
| | 28 Smoking related deaths | | | | | | | | |
| | 29 Under 75 mortality rate: cardiovascular | | ↑ | | | ↑ | | | |
| | 20 Under 75 mortality rate: cancer | | | | | | | | |
| | 31 Excess winter deaths | | | | | ↓ | | | |

Significantly better than England average
Not significantly different from England average
Significantly worse than England average
No significance can be calculated or data not available

No comparison available from 2015 (either new indicator, change in definition, or comparison not possible for technical reasons)

↓ Rag rating has moved from green to amber or amber to red ie performance is not as good as 2015
↑ Rag rating has moved from red to amber or amber to green ie performance has improved from 2015

It is clear that Leicestershire performs well in many indicators, Leicestershire has 19 indicators that perform significantly better than the England average.

There is 1 indicator where Leicestershire County has poor performance where figures are significantly worse than the national average: recorded diabetes. However, it may be that higher recorded rates are actually a sign that GPs are recording diabetes more comprehensively than elsewhere.

Other indicators where the Leicestershire figure is worse than average, but not significantly so, are:

- Breastfeeding initiation
- Smoking Prevalence
- Excess weight in adults
- Infant Mortality

At county level, compared with all other county and unitary local authorities, Leicestershire is ranked in the best 10 (ranked) for violent crime (5th) and deaths from drug misuse (1st).

"Leicestershire is ranked in the best 10 (ranked) for violent crime (5th) and deaths from drug misuse (1st)."

## District Council health

In 2014, 2015 and 2016 the districts in Leicestershire County appeared in the best 10 (ranked) performing districts in the country for the following indicators:

### Table 2 - District Council performance in top 10 in country

| Indicator | 2014[1] | 2015[1] | 2016 |
|---|---|---|---|
| Children in poverty / low income families | Harborough (4) | Harborough (5) | Harborough (3) |
| Statutory Homelessness | Blaby (1) | Blaby (3) | |
| Alcohol specific hospital stays (under18) | | Charnwood (1)<br>Blaby (7) | Blaby (4)<br>Harborough (7) |

[1] Rankings are based on data published for the relevant 2014/2015 profiles at http://www.apho.org.uk/resource/view.aspx?RID=142075

| Indicator | 2014[1] | 2015[1] | 2016 |
|---|---|---|---|
| Excess weight in adults | | | Charnwood (7) |
| Hip fracture in over-65s | Charnwood (8) | Charnwood (1)<br>Harborough (2)<br>Blaby (5) | Melton (1) |
| Excess winter deaths | | Melton (1) | Melton (7) |
| Killed & seriously injured on roads | Oadby & Wigston (2) | Oadby & Wigston (2) | Oadby & Wigston (2) |
| Violent crime (violent offences) | | Harborough (10) | Harborough (2) |
| Hospital stays for self-harm | | Blaby (6)<br>Charnwood (9) | Melton (1)<br>Blaby (6) |
| Infant mortality | | Oadby & Wigston (1) | Oadby & Wigston (1) |

In 2014, 2015 and 2016 the districts in Leicestershire County appeared in the worst 10 (ranked) performing LADs in the country for the following indicators:

## Table 3 - District Council performance in worst 10 in country

| Indicator | 2014 | 2015 | 2016 |
|---|---|---|---|
| Recorded diabetes | Oadby & Wigston (10) | | |
| Smoking prevalence in adults | | | Hinckley & Bosworth (8) |
| Excess winter deaths | North West Leicestershire (6) | | |
| Statutory homelessness | | | Melton (3) |

Overall Leicestershire districts have above average health outcomes. Districts in Leicestershire are in the top 10 of national performance for 9 indicators in 2016. This is a decrease from 2015 where districts were in the top 10 for 10 indicators.

Amongst Leicestershire districts, there are 2 indicators in the worst 10 nationally in 2016; smoking prevalence in Hinckley and Bosworth, and statutory homelessness in Melton.

North West Leicestershire has 5 indicators where performance is worse than the national average; Hinckley & Bosworth has 3 indicators where performance is worse than the national average and the following districts each have 1 indicator where performance is worse than the national average: Blaby, Charnwood, Melton, Oadby & Wigston.

## Issues of concern

In 2016, Leicestershire is significantly worse than England for recorded diabetes. Recorded diabetes levels analysed by individual districts show the indicator is significantly worse than the England average in three Leicestershire districts (Hinckley and Bosworth, North West Leicestershire and Oadby and Wigston) and in Leicestershire County.

The statutory homeless indicator for Melton is significantly worse than England and is ranked 3rd highest amongst all districts in England while in Hinckley and Bosworth, smoking prevalence in adults is significantly worse compared to the England average and is ranked 8th highest of all districts in England.

Blaby, Hinckley and Bosworth and North West Leicestershire have significantly worse levels of excess weight in adults compared to England. GSCE achievement is significantly worse than England for Charnwood and North West Leicestershire.

North West Leicestershire remains significantly worse than England for breastfeeding initiation. North West Leicestershire has also decreased its rating from 'not significantly different' than England to 'significantly worse' than the England average for people killed and seriously injured on roads.

Compared to 2015, Harborough, Melton and Oadby & Wigston have decreased their rating from 'performing significantly better' than the England average to 'no significant difference' for smoking status at time of delivery (the percentage of women smoking at time of delivery of their child).

"In 2016, Leicestershire is significantly worse than England for recorded diabetes."

A similar pattern of change is seen for hip fractures in Blaby, Harborough and Hinckley and Bosworth, with a decrease in rating from performing significantly better than the England average to no significant difference from the England average.

It is important to remember that health profiles provide a snapshot of health over a particular reporting time period. Given statistical variation it is likely that the pattern could change next year. Further analysis of trends over time is necessary to establish what is real and enduring and what is artefact.

However, it is clear that some lifestyle behaviours present an enduring challenge to public health. The percentage of adults with excess weight (overweight and obese) mirrors the national trend. With around two thirds of adults being either overweight or obese being 'amber' compared to the national average is not a situation that allows complacency.

Smoking prevalence, whilst at an all-time low, remains amber in most districts and in Hinckley and Bosworth is 'red' rated compared to the national average. More work is needed to understand why, but for Leicestershire an 'amber' on such an important indicator is not the level of ambition or performance we should tolerate.

Similarly rates of smoking in pregnancy in Leicestershire are at a level where Leicestershire should be aiming higher.

Whilst further analysis and interrogation of the data is needed to form a fuller picture, we need to focus the efforts of all parts of health and local government, not just the public health department in making the most of the resources and powers available to improve performance in these areas.

"rates of smoking in pregnancy in Leicestershire are at a level where Leicestershire should be aiming higher."

## Recommendations

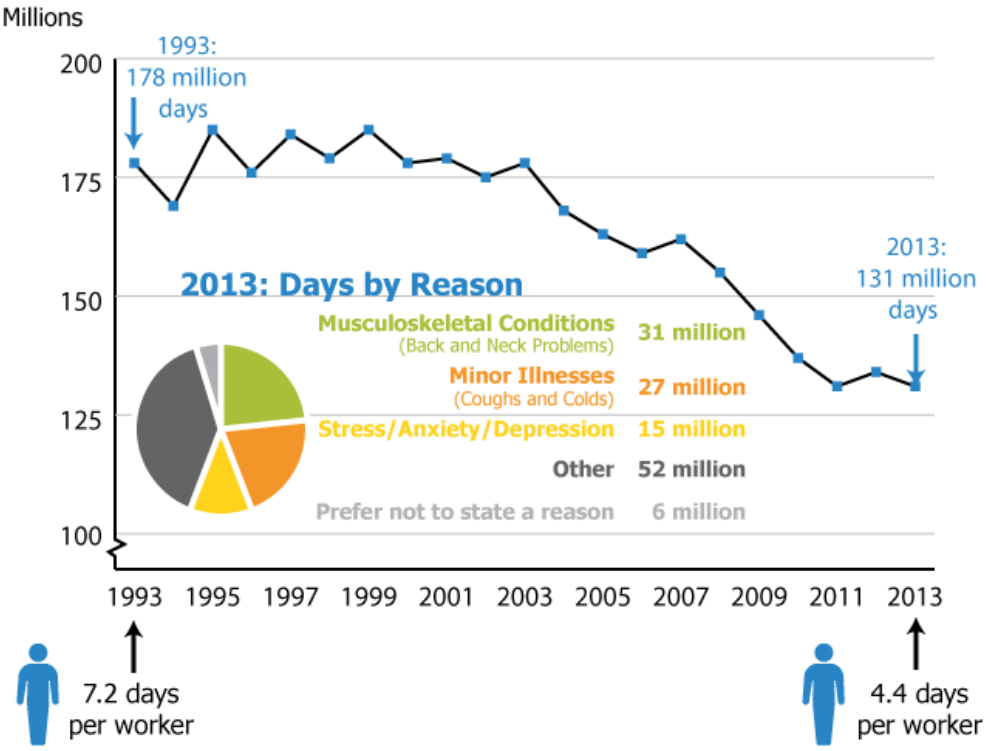
Leader and partner: That Public Health focus of its work with district councils on smoking prevalence and smoking at time of delivery. In particular we will work with districts to ensure they make the most of their ability to improve the public's health using the resources at their disposal.

# The role of workplace health in improving health

## Health and wellbeing of working age adults

Despite life expectancy and numbers in employment being high in the UK, around 131 million working days were lost to sickness in 2013. This is equivalent to over 4 days for each working person. Minor illnesses were the most common reason given for sickness absence (30%) but more days were lost to back, neck and muscle pain than any other cause at 30.6 million days lost (Figure 2). Mental health problems such as stress, depression and anxiety also contributed to a significant number of days of work lost in 2013 at 15.2 million days (5).

### Figure 2: Number of working days lost due to sickness absence, 1993 to 2013, and the top reasons for sickness absences in 2013, UK (5).



## Work and health

Employment levels provide a high-level indicator of the health of the working age population. Being in employment is a reflection of the health status of individuals, but also of the probability of being in work with a given health status (1). Between January and December 2015, in Leicestershire 332,000 (76.6%) people aged 16-64 were in employment; a rate that is higher than the regional (73.8%) and the national (77.85) average (6). A higher proportion of men (80.8%) than women (72.4%) were reported to have a job in 2015 (Figure 3).

### Figure 3: Employment and unemployment (January to December 2015) – Leicestershire, East Midland and Great Britain (6).

**Employment and unemployment (Jan 2015-Dec 2015)**

| | Leicestershire (Numbers) | Leicestershire (%) | East Midlands (%) | Great Britain (%) |
|---|---|---|---|---|
| **All People** | | | | |
| Economically Active† | 342,600 | 79.1 | 77.5 | 77.8 |
| In Employment† | 332,000 | 76.6 | 73.8 | 73.6 |
| Employees† | 287,200 | 66.9 | 64.4 | 63.1 |
| Self Employed† | 43,200 | 9.4 | 9.0 | 10.2 |
| Unemployed§ | 10,500 | 3.1 | 4.7 | 5.2 |
| **Males** | | | | |
| Economically Active† | 181,000 | 83.5 | 83.1 | 83.2 |
| In Employment† | 175,400 | 80.8 | 79.1 | 78.6 |
| Employees† | 145,600 | 68.0 | 66.5 | 64.4 |
| Self Employed† | 29,100 | 12.6 | 12.1 | 13.8 |
| Unemployed§ | 5,600 | 3.1 | 4.7 | 5.3 |
| **Females** | | | | |
| Economically Active† | 161,500 | 74.7 | 72.0 | 72.5 |
| In Employment† | 156,700 | 72.4 | 68.5 | 68.7 |
| Employees† | 141,600 | 65.7 | 62.3 | 61.7 |
| Self Employed† | 14,100 | 6.2 | 5.9 | 6.6 |
| Unemployed§ | 4,900 | 3.0 | 4.7 | 5.1 |

Source: ONS annual population survey

† - numbers are for those aged 16 and over, % are for those aged 16-64

§ - numbers and % are for those aged 16 and over. % is a proportion of economically active

Although employment rates in Leicestershire are high, over 87,000 people aged 16-64 were economically inactive with nearly 23,700 (27.1%) stating that they want a job. Although the figures for people economically inactive account for students, individuals who are looking after family or home, or are retired, 13,000 people (14.9%) reported long-term sickness as the reason. This again is lower than regional and national average at 21% (6).

"23,700 people aged 16-64 were economically inactive but stated they do want a job."

## Figure 4: Economic inactivity (January to December 2015) – Leicestershire, East Midland and Great Britain (6).

**Economic inactivity (Jan 2015-Dec 2015)**

| | Leicestershire (Level) | Leicestershire (%) | East Midlands (%) | Great Britain (%) |
|---|---|---|---|---|
| **All People** | | | | |
| Total | 87,500 | 20.9 | 22.5 | 22.2 |
| Student | 26,600 | 30.4 | 25.7 | 26.2 |
| Looking After Family/Home | 18,800 | 21.5 | 25.2 | 25.1 |
| Temporary Sick | # | # | 1.6 | 2.3 |
| Long-Term Sick | 13,000 | 14.9 | 21.6 | 21.8 |
| Discouraged | ! | ! | # | 0.4 |
| Retired | 16,800 | 19.2 | 15.7 | 14.1 |
| Other | 11,200 | 12.8 | 10.0 | 10.1 |
| Wants A Job | 23,700 | 27.1 | 24.1 | 24.3 |
| Does Not Want A Job | 63,900 | 72.9 | 75.9 | 75.7 |

Source: ONS annual population survey

# Sample size too small for reliable estimate

! Estimate is not available since sample size is disclosive

Notes: numbers are for those aged 16-64.

% is a proportion of those economically inactive, except total, which is a proportion of those aged 16-64

Supporting more people with a health condition into work will help to achieve the Government's aim of higher employment. Nationally the employment rate for disabled people has been gradually increasing (1).

The gap in the employment rate between those with a long-term health condition and the overall employment indicator measures the percentage

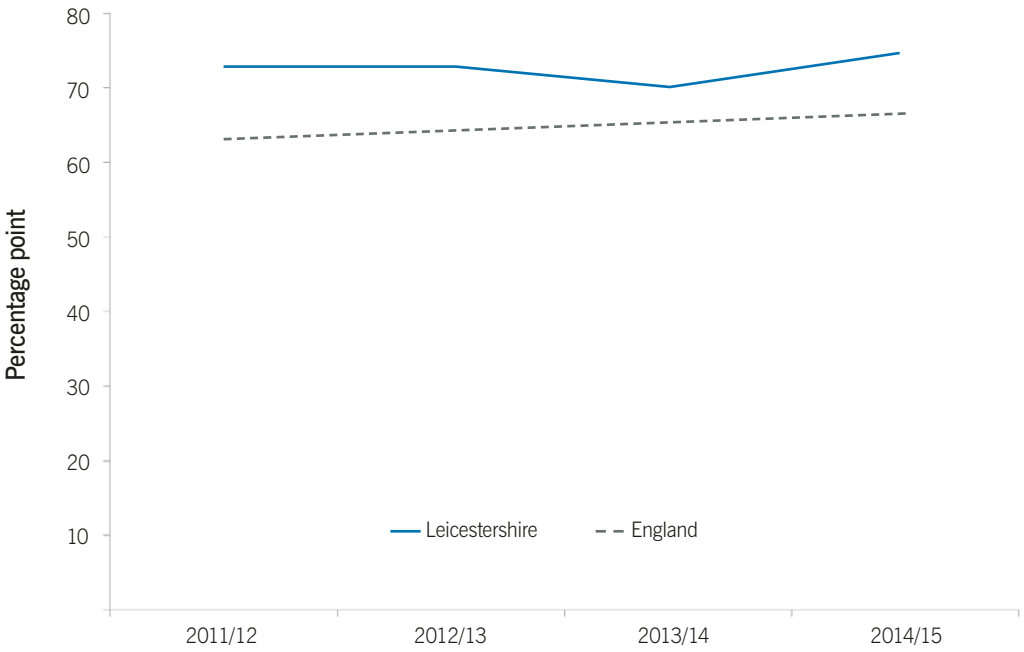
point gap between people who have a long-term condition who are classified as employed (aged 16-64) and the percentage of all people classed as employed (aged 16-64).

For Leicestershire in 2014/15 this gap was 7.4 percentage points and this is lower than the average for England at 8.6. Leicestershire ranked 11 out of 16 (with 1 having the smallest gap) in comparison with its nearest statistical comparators. At the same time, at 74.9 percentage points, the gap in the employment rate between those with a learning disability and the overall employment rate in Leicestershire was higher than the gap for England (66.9).

Leicestershire ranks 14 out of 16 nearest neighbours. However, the rate of the increase in the gap over the last four years has been slower locally (1.9 percentage point) than the national increase at 3.7 (Figure 5).

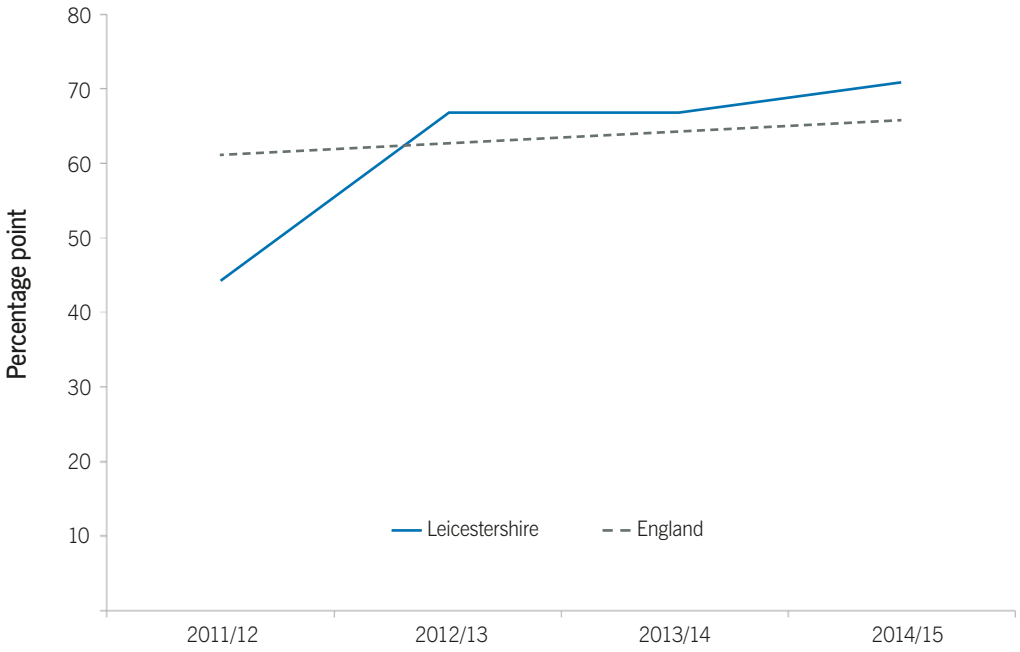
"Leicestershire ranked 11 out of 16 (with 1 having the smallest gap) in comparison with its nearest statistical comparators."

## Figure 5: Gap in the employment rate between those with a learning disability and the overall employment rate.




The gap for employment rate for those in contact with secondary mental health services and the overall employment rate in Leicestershire for the period 2014/15 at 71.3 is higher than the gap recorded for England (61.4). Again it ranks 14 out of the 16 nearest neighbours. Further the rate of increase in the gap over the last four year in Leicestershire has been higher than the national increase (Figure 6).

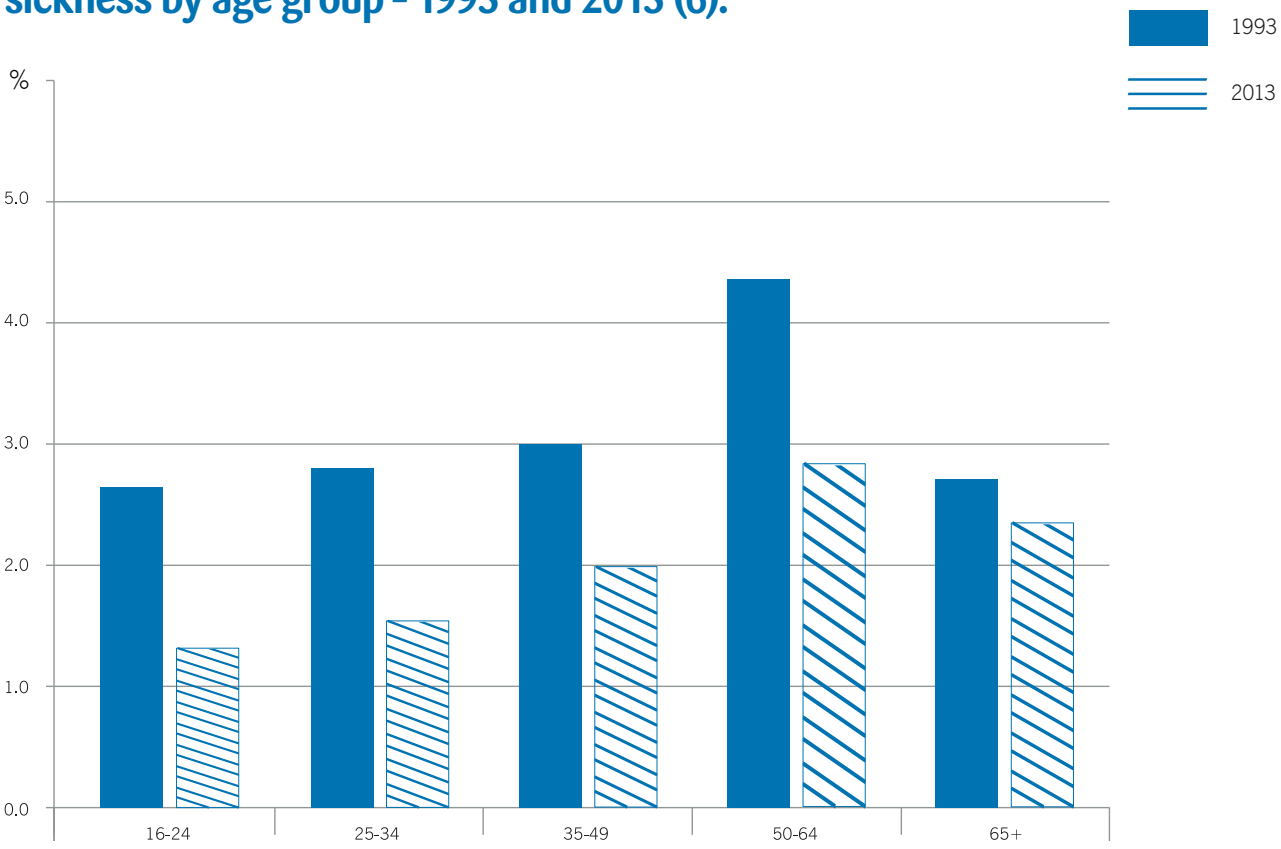
## Figure 6: Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (7).




When employees develop a health condition, it does not always lead to absence from work, but can lead to reduced performance on the job. Lower productivity may also be linked to lower job satisfaction and wellbeing, which in turn may be due to workplaces that sap morale and energy. There is growing evidence that links employee morale and satisfaction with health outcomes as well as business performance measures (1). The proportion of population affected by long-term health problems and disability increases with age, whereas the proportion of people that report their health as good or very good decreases. Although nationally the percentage of working hours lost to sickness peaks at ages 50-64, this group had the greatest fall in sickness absence rates between 1993 and 2013. Older workers, aged 65 and over, had the smallest fall at 0.5 percentage points but the rate is lower than that recorded for ages 50 to 64 (Figure 7) (6).

"Lower productivity may also be linked to lower job satisfaction and wellbeing, which in turn may be due to workplaces that sap morale and energy."

## Figure 7: Percentage of working hours lost to sickness by age group – 1993 and 2013 (6).




Nationally sickness absence is generally lower than it was in the 1990s, however it is still substantial. The labour force survey provides self-reported information on the number of working days lost due to sickness absence during the previous week. According to the Labour Force survey in Leicestershire between 2011 and 2013, 2.4% of workers took a day off due to ill-health in the previous week. This is similar to the England average and it ranks 9 out of the 16 nearest neighbours (with 1 being the lowest value). For the same period, 1.5% of working days were lost due to ill-health. This is again similar to the England average of 1.5% and ranks 10 out of 16 nearest neighbours. Both percentages show an increasing trend that is faster than one observed nationally with the former increasing from 1.8% in 2009-11 and the later from 1.1% (7).

**The percentage of hours lost has fallen for all age groups since 1993**

But the smallest fall has been for those aged 65+

This may be related to an increase in the number of people working past state pension age

Incapacity benefits are paid to those who are unable to work because of ill-health or disability. The proportion of the working age population on incapacity benefits – or the equivalent benefits that preceded it – has been increasing from 1970s to mid-1990s, with a small decline in recent years (1). In November 2015 in Leicestershire, 16,820 (4%) aged 16-64 were in the receipt of the Employment and Support Allowance (ESA) or Incapacity Benefits. This was lower than the regional (5.9) and national (6.2%) average. More than 3,000 (0.7%) people were claiming benefits in Leicestershire because they were disabled which is below regional and national average (Figure 8) (6)

"More than 3,000 (0.7%) people were claiming benefits in Leicestershire because they were disabled which is below regional and national average."

## Figure 8: Working-age client group – main benefit claimants (November 2015) (6).

**Working-age client group - main benefit claimants (November 2015)**

| | Leicestershire (Numbers) | Leicestershire (%) | East Midlands (%) | Great Britain (%) |
|---|---|---|---|---|
| Total Claimants | 31,980 | 7.6 | 11.3 | 11.8 |
| **By Statistical Group** | | | | |
| Job Seekers | 2,770 | 0.7 | 1.3 | 1.5 |
| ESA And Incapacity Benefits | 16,820 | 4.0 | 5.9 | 6.2 |
| Lone Parents | 2,660 | 0.6 | 1.0 | 1.1 |
| Carers | 5,170 | 1.2 | 1.7 | 1.6 |
| Others On Income Related Benefits | 670 | 0.2 | 0.2 | 0.2 |
| Disabled | 3,090 | 0.7 | 0.9 | 1.0 |
| Bereaved | 790 | 0.2 | 0.2 | 0.2 |
| Main Out-Of-Work Benefits† | 22,920 | 5.5 | 8.5 | 9.0 |

Source: DWP benefit claimants - working age client group

† Main out-of-work benefits includes the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. See the **Definitions and Explanations** below for details

Notes: % is a proportion of resident population of area aged 16-64
Figures in this table do not yet include claimants of Universal Credit

Employment rates in Leicestershire are high. Nevertheless over 87,000 people aged 16-64 were economically inactive with nearly 64,000 (72.9%) stating that they do not want a job and 13,000 people (14.9%) reported long-term sickness as the reason. There is also a gap in the employment rate between people with a long-term health condition or some of the vulnerable population groups and the overall employment.

For example, the gap for employment rate for those in contact with secondary mental health services and the overall employment rate in Leicestershire is higher than the gap recorded for England and it ranks 14 out of the 16 nearest neighbours (with 1 showing the smallest gap).

Long-term conditions can affect people's mental health and vice versa. They can also affect the ability to work, result in work absence and can reduce quality of life. In 2014/15 a higher proportion of people in Leicestershire than in England were registered with their GP as having hypertension, depression, diabetes, chronic kidney disease, cancer, atrial fibrillation, heart failure and epilepsy.

"Long-term conditions can affect people's mental health and vice versa. They can also affect the ability to work, result in work absence and can reduce quality of life."

# Workplace health

Whilst 'good' work is recognised to be good for health, staff health and wellbeing also plays an important role in the overall health and productivity of an organisation.

As described in the previous chapter, people who work are generally healthier than the non-working population (8) but it is known that certain factors in work, such as poor leadership, can lead to stress, burnout or depression (9). Additionally there is evidence to suggest that people who go to work when they are sick are more costly to the business than absenteeism (10). It is therefore important that the working environment is a good one that promotes positive, healthy values.

The national Workplace Wellbeing Charter (11) provides employers with a way to assess and then improve their commitment to the health and wellbeing of their staff.

## What is the Workplace Wellbeing Charter?

The Workplace Wellbeing Charter is an opportunity for employers to demonstrate their commitment to the health and wellbeing of their workforce. It is a set of independent standards against which employers can audit and benchmark, allowing them to identify what they already have in place and to identify gaps in health, safety and wellbeing for their employees. This provides employers with an easy and clear guide on how to develop their health and wellbeing strategies and plans and how to make workplaces a supportive and productive environment. It involves 94 indicators grouped into difference sections such as healthy eating or leadership. Employers complete the 94 questions and are able to identify areas that are good or need developing. The charter provides a framework for this development and organisations can be assessed against the national standard to achieve award status. Achievement of the Award enhances an organisations reputation as well as benefiting staff.

## How does the standard work?

There are three key elements **(leadership, culture & communication)** and eight standards in the charter:

- Leadership
- Absence management
- Health and safety
- Mental health
- Smoking and tobacco
- Physical activity
- Healthy eating
- Alcohol and substance misuse

The Standard has three levels:

1. **Commitment**
   The organisation has a set of health, safety and wellbeing policies in place and has addressed each area, providing employees with the tools to help themselves to improve their health and wellbeing.

2. **Achievement**
   Having put the building blocks in place, steps are being taken to actively encourage employees to improve their lifestyle and some basic interventions are in place to identify serious health issues.

3. **Excellence**
   Not only is information easily accessible and well publicised, but the leadership of the organisation is fully engaged in wellbeing and employees have a range of intervention programmes and support mechanisms to help them prevent ill-health, stay in work or return to work as soon as possible.

Employers can 'self-assess' themselves against the standards. To do this they need to register as a member on the Wellbeing Charter website: http://www.wellbeingcharter.org.uk/ This enables access to the self-assessment tool and a range of useful links and information.

Organisations can also be formally assessed against the Charter standards, giving further weight and recognition of their achievement. Once accredited, the organisation receives a certificate and the organisation is listed on the national register of award holders.

Box 1 illustrates how Leicestershire County Council has used the charter to progress its commitment to improving staff health and wellbeing.

"Organisations can also be formally assessed against the Charter standards, giving further weight and recognition of their achievement."

## Box 1 – Using the National Workplace Wellbeing Charter

'Workplace health' refers to the combined efforts of the employer and the workers to encourage and support healthy lifestyle habits, making healthy choices the easy choices. Creating a health and wellbeing programme in workplaces can boost productivity and help staff to be happier and healthier at work and at home. Evidence suggests that early interventions to improve health in the workplace are effective.

Leicestershire County Council carried out a self-assessment process for its own workforce and then asked its six organisational departments and Unison to look at their self-assessment and say how well they agreed with the organisational self-assessment. The six departments and Unison carried out their own self-assessments and compared these to the organisation's assessment. The resulting comments and feedback were then used to develop a workplace wellbeing strategy for the organisation and newly formed task and finish groups to focus on action in the areas of 'Corporate policies, physical activity, food and nutrition, mental health and substance misuse.

The delivery of the workplace wellbeing strategy is anticipated to deliver:

- Improved attendance and reduced sickness absence;
- Reduced absenteeism;
- A more productive workforce;
- Improved staff engagement;
- Improved resilience to change;
- Greater retention and recruitment of staff

Implementation of the strategy is via action plans facilitated through a communications plan and an organisation-wide network of Workplace Wellbeing Champions that advocate wellbeing in their department. Sickness absence and staff satisfaction as measured through the Staff Survey will be used to monitor the impact of the programme and a process of re-self assessment will take place annually.

## Working with partners to improve workplace wellbeing

The Leicester and Leicestershire Enterprise Partnership (LLEP) is a strategic body led by a Board made up of local government and business leaders as well as senior education and third sector representatives. As such, it provides an opportunity to address work and health as a place-based approach, given its remit to engage with business, local authorities, higher and further education establishments and the voluntary sector (see https://www.llep.org.uk/about-us).

The LLEP has produced a series of Sector Growth Plans for eight key sectors:

- Food and drink manufacturing
- Textiles manufacturing
- Logistics and distribution
- Tourism and hospitality
- Creative industries
- Low carbon
- Professional and financial services
- Engineering and advanced manufacturing

An opportunity exists to review each of the sector plans and to work with the LLEP to embed employee health and wellbeing within them, to increase the attractiveness of the Leicester and Leicestershire area for future employees and to increased economic productivity and prosperity.

As an example, on page 27 is an outline of the Food and Drink Manufacturing plan. Opportunities for considering employee health and wellbeing have been highlighted.

| Sector plan | Summary overview | Headline targets of the plan | Opportunities for considering employee health and wellbeing |
|---|---|---|---|
| Food & drink manufacturing | Studies have shown the F&D sector in the LLEP area has weathered the recession well and expects significant growth in the next 3 years. The area is ideally placed geographically for growth and the F&D sector has a diverse range of traditional high quality products, allied with both mass production of staple foods and lower volume production of specialist products.<br><br>Key localities include: Leicester Food Park and Melton Enterprise Zone.<br><br>In terms of the economic contribution, the F&D sector in Leicester/shire is the second most important after non-food manufacturing and is estimated to be worth over £600 million to the area.<br><br>Major players would be located in the centre; Walkers (PepsiCo), Samworth Brothers Ltd and Mars Group. Also Everards & United biscuits<br><br>The percentage of employees engaged in the F&D sector across the LLEP area also are significantly higher than the average for England, only Hinckley & Bosworth and Harborough districts are below the average for England, the majority of the remaining districts are double the average or greater, with Melton Mowbray at 13.6% around 10 times the national average.<br><br>The number of full time employees in the F&D sector rose from 10,245 in 2009 to 11,293 in 2013, an increase of 10.2%. The number of part time employees rose by only 2.2% in the same period however, from 1,116 to 1,140 | People: There is a shortfall in skilled labour-attract, recruit, train & retain<br><br>Business: There could be more information, better access to university resources, advice on grant applications, etc. These could be addressed by creating a 'Centre of Excellence', ideally a physical location for the F&D sector, but this could be extended to other sectors in order to be cost-effective. Focus innovation & export<br><br>Places: There is a lack of premises suitable for food grade activities.<br><br>transport and connectivity are also important issues affecting the growth potential of businesses in the sector<br><br>imbalance in the promotion of the F&D sector product as well as business brands in the LLEP area and action should be taken to ensure that the wider range of businesses and their products are promoted, rather than focusing on a few | People: investment in workplace health could be significant draw for future workforce and then help to retain and get the best out of staff.<br><br>Places: developing new premises that are within active travel distances to where people live (i.e. walking and cycling distance) and providing facilities to enable this (showers etc) could help to embed physical activity into daily lives. This is the most efficient way of getting people to be more active every day.<br><br>There are opportunities to encourage more diverse and 'healthier food' manufacturing in the area, supporting a nutritional and sustainable food plan for the region that would make it nationally and internationally recognised as well as providing food security for the area. |

## Conclusions

There is overwhelming evidence of financial and operational benefits to having a healthy workforce with lower than average sickness absence levels, greater retention and recruitment of the best candidates. Organisations that tackle workplace health can identify areas for improvement to reduce sickness absence and improve satisfaction of their employees. The national Workplace Wellbeing Charter provides one mechanism of analysing and addressing workplace health in a strategic and systematic way, underpinned by evidence. Finally there is an opportunity to embed workplace health into policy and strategy within organisations and at the regional level in order to reduce health inequalities, invest in all staff, attract the highest quality employees to posts and in doing so, improve the economic prosperity in Leicestershire.

## Recommendations

**A Leader** - Alongside the Corporate Resources Department, Public Health will lead the implementation of the workplace wellbeing strategy within Leicestershire County Council.

**A Partner** - As a partner to the NHS, we will work with University of Hospitals of Leicester Trust and Leicestershire Partnership Trust on joint approaches to workforce health as part of the LLR response to the NHS 5 Year Forward View.

**An Advocate** - The Public Health Department will advocate the use of the Workplace Wellbeing Charter in private sector employers as part of our workplace health programme.

"There is an opportunity to embed workplace health into policy and strategy within organisations."

# Improving the economy and improving health by tackling the wider determinants of health

## Background

We all know the old adage 'health is wealth'. The vast majority of researchers, though, instead present the reverse argument, that wealth is health. Recent literature, however, reflects changes in the perception of health and longevity such that they are no longer viewed as a by product of economic development but can drive economic development.

Better health does not have to wait for an improved economy. Measures to reduce the burden of disease, to give children healthy childhoods, to increase life expectancy, themselves contribute to creating richer economies.

This chapter outlines how we intend to maintain our focus on wider determinants and take advantage of the opportunity public health has now that it is back 'home' within local authorities.

## Creating Healthy Places

Creating healthy places is an essential component of the County Council's focus on prevention. Healthy places can enable people to make healthy choices; promote physical activity and active travel; provide access to green spaces, healthy food and warm homes. In addition creating employment and high quality training opportunities are inextricably linked to physical and mental health and wellbeing.

Social relationships, norms and networks – or the absence of these – have an impact on the development of, and recovery from, health problems such as heart disease. They also affect:

**(a) our ability to maintain independence**

**(b) our resilience**

**(c) whether we take up and maintain unhealthy behaviours such as smoking.**

## The Economy and Health

The Leicester and Leicestershire Enterprise Partnership (LLEP), which is made up of both public sector and business representatives, has a key role in economic development which has included the development of the Strategic Economic Plan (2014-20) which provides the framework for achieving the economic vision of the city and county. The plan forms the basis of a short and medium-term prioritisation of investment including Local Growth Fund, European Structural and Investment Funds and Growing Places Fund. The Strategic Economic Plan is being reviewed in 2016, ensuring that it reflects recent changes in the global, national and local economy.

In support of the LLEP's Strategic Economic Plan and the County Council's Strategic Plan 2014-18, the Council has produced a three year Enabling Growth Plan which sets out how it will contribute towards the overarching economic vision and priorities for Leicester and Leicestershire, setting out what the Council will do, and what it will invest in, to improve the economic prosperity of the county and the economic wellbeing of communities, residents and workers.

The Council is currently developing an Infrastructure Plan, which will establish a more strategic approach to infrastructure planning across its service departments by prioritising capital investment to support Leicestershire's economic growth priorities."

The Planning and Infrastructure Members Advisory Group oversees strategic land use planning work in Leicester and Leicestershire and acts as a vehicle for Local Planning Authorities to work collaboratively when preparing a development plan document such as a Local Plan. Its membership consists of representatives from all nine local authorities in Leicester and Leicestershire.

"The Council is currently developing an Infrastructure Plan, which will establish a more strategic approach to infrastructure planning across its service departments."

The proposed development of a Combined Authority for Leicester and Leicestershire will bring more formal governance arrangements to issues of economic development and regeneration, as well as transport by creating a clear and effective platform for accelerating economic prosperity in Leicester and Leicestershire through the creation of integrated, strategic frameworks to enable the delivery of investment plans for planning, transport and skills.

## Housing and Health

The Housing Services Partnership's primary objective is for existing homes and housing related services to be improved to meet better the needs of the people of Leicestershire. Board members will be familiar with the progress made on maximising the health gain from housing, through initiatives such as Lightbulb. It also has a role in ensuring that impact on and from housing provision on other strategic outcomes is adequately considered.

## Safer Communities

The Safer Communities Strategy Board is made up of the chairs of each of the six Community Safety Partnerships and their officers, the County Council and representatives from the CCG, Public Health, Police, National Probation Service, Community rehabilitation Company. A forward plan of meetings is in place for 2016/17 that sets out the reports going to each of the Boards quarterly meetings. There is a Safer Communities Performance dashboard in place that sets out the performance against each of the priority areas for the Board. The Safer Communities Strategy Board has strong links with the Strategic Partnership Board, chaired by the Police and Crime Commissioner. The Strategic Partnership Board's priorities for 2016/17 include Child Sexual Exploitation, Domestic Abuse and Sexual violence, supporting the most vulnerable and tackling hate.

It is proposed that the Health and Wellbeing Board receives regular, targeted updates from the above groups which will ensure board members gain and maintain a level of understanding about current work in progress across the range of these matters and, crucially their strategic alignment with, and contribution to, place based strategies including Leicestershire's Joint Health and Wellbeing strategy and the STP covering the LLR-wide footprint. The purpose of bringing these matters to the board is therefore to challenge Board Members to:

- leverage the strategic opportunities that arise from these developments across partners;
- take a cross cutting approach to achieving health and wellbeing outcomes;
- seek the added value (both to the Leicestershire citizen and the Leicestershire pound) by maximising the health and wellbeing benefits that can be realised;
- jointly promote prevention and demand management through our joint health and wellbeing strategy and other related strategies and policies.

## Health in all Policies

To support the Board in focusing on its impact on the wider determinants of health and wellbeing and measuring this impact, the Health and Wellbeing Board will make use of an existing tool and systematic approach called "health in all policies" (HIAP), which builds on the application of Health Impact Assessment (HIA). HIA is a systematic and objective way of assessing both the potential positive and negative impacts of a proposal on health and wellbeing and suggests ways in which opportunities for health gain can be maximised and risks to health and wellbeing assessed and minimised. HIA looks at health in its broadest sense, using the wider determinants of health as a framework. HIA highlights the uneven way in which health impacts may be distributed across a population and seeks to address existing health inequalities and inequities as well as avoid the creation of new ones. HIA is a tool to implement a Health in all Polices (HIAP) approach.

HIAP describes a collaborative approach which emphasises the connections and interactions which work in both directions between

health and policies from other sectors. Central to HIAP is the concept of addressing the social determinants of health.

During 2015/16 the Public Health Department undertook a number of HIAs in order to pilot an approach to HIA/HIAP across Leicestershire focusing on healthy places. Examples of the pilot approach to HIAP are set out below:-

## Lubbesthorpe

A desk based HIA of the for a proposed major development in Blaby District for over 10,000 people with a variety of homes, schools, shops, places to work, community facilities and parks and natural green spaces was undertaken with support from the New Lubbesthorpe Delivery Group and Blaby District Council. Key evidence based recommendations were made covering:

- road safety and active travel;
- street scene development;
- sustainability of residential units including community energy; and
- use of buildings and land for community develop projects.

The recommendations are being considered by the Lubbesthorpe Executive Board for inclusion into the final plans.

## Melton Borough Council Local Plan

The emerging Options (draft plan) provided an opportunity to undertake a HIA. The Local Plan includes the development of at least 6,125 homes and 51 hectares of employment land between 2011-2036. The focus for the HIA was on two new large scale sustainable neighbourhoods – 'Melton North' and 'Melton South' urban extensions.

"The Local Plan includes the development of at least 6,125 homes and 51 hectares of employment land between 2011-2036."

The HIA included policy analysis, literature/evidence review, analysis of health needs and inequalities, and a stakeholder engagement event with members of the Local Plan reference group. Recommendations cover a number of policy areas including:

- minimising the disruption, anxiety and uncertainty – especially during construction phases;
- fostering and enabling community cohesion and social networks
- provision of sufficient and appropriate housing types,
- provision of allotments, community gardens and school gardens,
- accessibility and affordability of sports facilities;
- prioritising active transport and including 20mph zones.

The recommendations will now be considered alongside all other formal consultation responses in the development of the final plan.

## North West Leicestershire Housing Strategy 2016 - 2021

This desk based/ rapid HIA also included community engagement as well as evidence appraisal, community profiles gaps analysis and recommendations. The latter covered:

- Supply – holistic delivery of housing; lifetime homes; Training skills and employment.
- Standards – affordable warmth; focus on private rented sector; build for life
- Support – energy advice; homelessness; community development and social networks.

As well as the opportunity to use HIA/HIAP for major strategies, plans and developments, this approach can also be used to enhance major procurements through applying these principles to social value policies. During 2016/17 Public Health will continue this approach in order to determine the most effective use of resources to maximise the impact of HIAP.

## Recommendations

**A Leader** – We build HIAP into the LCC Social Value Policy and ensure a systematic approach to maximise health benefits and mitigate health harms in all major LCC procurements.

**A Partner** - We will work with Hinckley and Bosworth DC and the Design Council to maximise active transport and physical activity into the development of 800 new home development.

**A Partner** - We will bring a HIAP lens to the development of the 6 Cs Transport Strategy – 'Delivering Streets and Places 2016'.

**An Advocate** – We will ensure the Health and Wellbeing Strategy 2016 acknowledges and supports the role of HIAP to support improvement of the factors that affect people's health and wellbeing focussing on housing, education, employment and the wider environment.

**An Advocate** – We will support the prioritisation and inclusion of health improvement into the LCC Infrastructure Plan 2016.

# Feedback from recommendations 2015

*A Leader – The council should lead on programmes of work and support initiatives that increase place and asset-based community led interventions. The council should do this by providing opportunities for community capacity building through the allocation of grants, by including community-based approaches in service commissioning and by disseminating and sharing of good practice.*

Tier 0 (Community Capacity Building approaches) is an integral part of the operating model for prevention as set out in the Early Help and Prevention Review and Strategy, considered and approved by Cabinet in June 2016.

The work of the Unified Prevention Board (a part of the Better Care Fund Plan for Leicestershire), co-chaired by the Director of Public Health and District Chief Executive lead for health, puts community-based approaches to service commissioning at its heart. This includes the provision of Local Area Coordinators in pilot parts of Leicestershire.

Our SHIRE Community Grants help to deliver the Communities Strategy through funding community projects. During 2015/16, 25 'large grants' of up to £10,000 were awarded, along with 83 'small grants' up to £2,500. The grants helped a range of voluntary organisations to deliver support for vulnerable and disadvantaged people, including vulnerable young people, adults with disabilities, and communities facing a range of challenges such as unemployment and mental health issues.

*A Partner - District and borough councils in Leicestershire deliver a wide range services that can improve and protect residents health and wellbeing such as, leisure, housing, planning and environmental health. The Public Health Department should work in partnership with district and borough councils to use a community participatory approach to assess the health impact of their services and policies to enable them to promote the positive impacts and mitigate the negative impacts.*

Public Health have supported districts in the application of Health Impact Assessment and Health in All Policies in North West Leicestershire, Melton and in connection with the Lubbesthorpe. In Melton in particular this has involved community involvement in assessing health impacts.

*An Advocate – The Public Health Department should continue to advocate that health is integral to all of the council's policies. It should also develop robust community engagement that will feed into a Social Value Framework, which will subsequently apply to all higher value procurements across the authority. This will ensure all major procurements take into account community views and knowledge to improve and protect health and wellbeing.*

Work continues on a draft social value framework for the County Council working closely with colleagues in the Commissioning Support Unit.

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Leicestershire County Council

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Q0527

# Lightbulb Business Case

## for Transforming and Integrating Practical Housing Support in Leicestershire

September 2016 (0.7)

Lightbulb
Keeping you and your home healthy

Blaby District Council
the heart of Leicestershire

Leicestershire County Council

Charnwood

District of Harborough

Hinckley & Bosworth Borough Council
A Borough to be proud of

Melton Borough Council

NorthWest Leicestershire District Council

Oadby & Wigston Borough Council

## Amendment History:

| Version | Date | Author | Changes |
|---|---|---|---|
| 0.2 | 30.8.16 | Tracey Montgomery | Edits from Cheryl Davenport and Quin Quinney |
| 0.3 | 7.9.16 | Tracey Montgomery | Programme team review and edits |
| 0.4 | 12.9.16 | Tracey Montgomery/ Lisa Carter | Update and edits following Planning Team review |
| 0.5 | 15.9.16 | Tracey Montgomery | Programme team review and edits |
| 0.6 | 20.9.16 | Tracey Montgomery | Review and edits from Sarah Pennelli |
| 0.7 | 11.10.16 | Tracey Montgomery | Minor revisions (s9 and s14) following Programme Board meeting 28.9.16 |

# Contents

# 1. Foreword and executive summary

This business case is the culmination of 18 months work to transform housing support in Leicestershire. In the context of our County wide Integration Programme, housing, health and social care partners recognised a major opportunity to radically redesign housing support, moving away from a historically fragmented set of services and constructing a new integrated housing offer focused on health and wellbeing outcomes, such as maximising independence in the home and preventing falls.

The Lightbulb programme has benefited from a £1m transformation grant from the Department for Communities and Local Government, with a view to our local learning being shared for the benefit of other parts of the country as an exemplar.

The programme has also benefited from a dedicated programme team who have worked intensively with stakeholders to break down barriers to change, co-produce solutions, and challenge the system, across a very complex (national and local) policy landscape for health and care.

The business case has been constructed from the following core components of work:

- Demand analysis across a wide range of services and client groups
- Customer insight analysis
- Applying lean methodology to end to end processes and challenging existing practices
- Comparing housing support processes across different localities (for example examining the variation in the delivery of adaptations funded by Disabled Facilities Grants and how this could be streamlined)
- Testing components of the integrated offer and measuring their impact in different settings - e.g. integrated housing support for hospital discharge pathways, referrals from GP practice risk stratification lists, social prescribing for vulnerable people
- Developing performance metrics and dashboards to assess the impact of delivery - both operationally in terms of housing services performance, and strategically in terms of tracking the impact of housing support across the health and care system as a whole
- Developing the workforce and skill mix assumptions associated with the new model of service - crucially setting out how a more holistic “housing MOT” could be delivered, and how integrated housing support could be coordinated via case management in the future
- Developing a hub and spoke model of service with locality based teams, supported by a central hub
- Developing a costed model of the service, based on commissioning the new service offer from within existing funding sources
- Seeking agreement by stakeholders/commissioners to the new model of care and locality based costing model, with a view to implementation from 2017/18

The findings are ground breaking and innovative. Our work to date means we can now present compelling evidence that, through our transformed "Lightbulb" Housing Service:

- Citizens of Leicestershire will benefit from a greatly improved service offer in the future
- Commissioners can deliver this new integrated hub and spoke model from within existing resources
- Partners across the health and care system, (who are already seeing the dramatic impact of the housing discharge enabler service), can have confidence that measurable system wide benefits are generated when housing support is fully embedded in health and care pathways.

*Cheryl Davenport*

*Director of Health and Care Integration*

*Lightbulb Programme Sponsor*

*Jane Toman*

*Chief Executive, Blaby DC*

*Lightbulb Programme Sponsor*

## Key facts – overview

- The transformation of housing support services is supported by a number of national and local strategic drivers
- Evidence and analysis show Lightbulb offers significant potential savings to the local health and care economy by helping to reduce falls, emergency admissions and length of hospital stay. Pilot projects have already demonstrated the potential to save around £1.9m annually
- Remodelling and integrating services through Lightbulb will deliver process efficiencies for partners with potential to reduce the delivery cost of Disabled Facilities Grants by working collaborative across Leicestershire
- Lightbulb will improve the customer journey, reducing handoffs and waiting times and putting the customer at the heart of the process. Customers will have access to a wider and consistent offer of housing support across Leicestershire
- A targeted, proactive approach will ensure Lightbulb is supporting the shift towards prevention
- The locality based delivery model will enable Lightbulb to align with and support the development of locality integrated health and social care teams

# 2. Introduction

Lightbulb's vision is to integrate practical housing support into a single service across Leicestershire that is available to all, easier to access, easier to use and will provide support shaped around an individual's needs not an organisation's processes.

## The Lightbulb approach - making a difference

The case study below maps an actual customer journey undertaken through the Lightbulb pilot service and compares it to a typical journey through the current system:

Mr T was discharged from hospital following aortic valve replacement surgery. Mr T's wife contacted Customer Service Centre (CSC) for assistance with bathing:

### The current journey:

- Telephone customer service centre
- Referred for an assessment visit
- Bathing assessment completed and equipment ordered (4-6 weeks)
- Referred back to CSC for an OT visit if the case was considered more complex
- Considered by CSC OT (2 weeks)
- Referred to locality OT team
- OT visits to assess Mr Ts needs and provides advice about a stairlift (4-6 weeks)

CONTACTS 5 APPROX DELIVERY COST £400

TIME TAKEN **14 WEEKS +** excluding completion of works

### The Lightbulb journey:

- Telephone customer service centre
- Referred to Housing Support Co-ordinator (HSC) who arranged a joint visit with an OT
- Housing MOT checklist completed by HSC who was able to:

- Arrange a number of minor adaptations and equipment to help both Mr and Mrs T manage better around their home (not just focused on bathing)
- Provide general advice and support around falls prevention
- Instigate an application for Attendance Allowance

- During the same visit the OT considered both Mr and Mrs Ts needs and provided advice and guidance regarding a stairlift. Mr and Mrs decided not to consider a stairlift at this time but felt informed to make this choice and now knows what to do if their needs change

CONTACTS 2 APPROX DELIVERY COST £200

TIME TAKEN **6 WEEKS** including completion of works

As well as cost and efficiency benefits, the benefits to the customer are clear in terms of reduced contacts, timely solutions and a customer focused approach. Mr and Mrs T (in common with many customers within the Lightbulb pilots) reported a positive customer experience, felt in control and informed to make decisions in the future as their needs change. Customer experience within a current system with frequent hand offs and delay is often not so positive.

The shared ambition and key objectives of this integrated approach are to:

- Support health and social care integration and deliver savings by maximising the part that housing support can play in keeping people independent in their homes; helping to prevent, delay or reduce care home placements or demand for other social care services, avoiding unnecessary hospital admissions/readmissions or GP visits and facilitating timely hospital discharge.
- Improve the customer journey; making services easier to access and navigate and ensuring the right solution is available at the right time with the right outcome.
- Provide efficient, cost effective service delivery (particularly in relation to the delivery of Disabled Facilities Grants) through service redesign; capitalising on opportunities to realise economies of scale, more effective working practices, and improved processes to create greater capacity.

This Business Case presents an integrated solution for housing services – "Lightbulb" - which will see health, social care and housing partners working together to deliver:

- A single access point into a range of practical housing support solutions
- A common, holistic housing needs assessment process
- A broader, targeted offer of practical housing advice, information and support, including self help and self service options

This integrated model will ensure the customer has the choice and control to manage their own lives and maintain their independence in a home environment that is safe, warm and meets their needs.

The Lightbulb business case is aimed primarily at local authority partners - County and District councils in Leicestershire – who will need to make the changes required to realise the aims and ambitions of the Lightbulb Programme. It also presents evidence to health colleagues and commissioners of the benefits of an integrated, targeted approach to housing support to the wider health and social care economy.

# 3. Background

Leicestershire has a strong track record of collaborative work around housing issues. In 2013 Leicestershire's Housing Services Partnership developed the Housing Offer to Health in conjunction with the Chartered Institute of Housing, which was adopted by the Leicestershire Health & Wellbeing Board.

The Housing Offer to Health set out how housing services can support and promote the health and wellbeing of residents across the County and offered to concentrate the collective efforts of the 7 District Councils on developing services to help health and social care partners achieve their Better Care Fund (BCF) priorities. The concept of Lightbulb was one of a number of practical opportunities to emerge from the Housing Offer to Health; now part of the BCF Unified Prevention Offer.

In September 2014, the County and District Councils made a partnership bid to the Department for Communities and Local Government and were successfully awarded a £1m Transformation Challenge Award grant to develop the Lightbulb concept. A Programme team was appointed in 2015 to work with partners and take this concept forward.

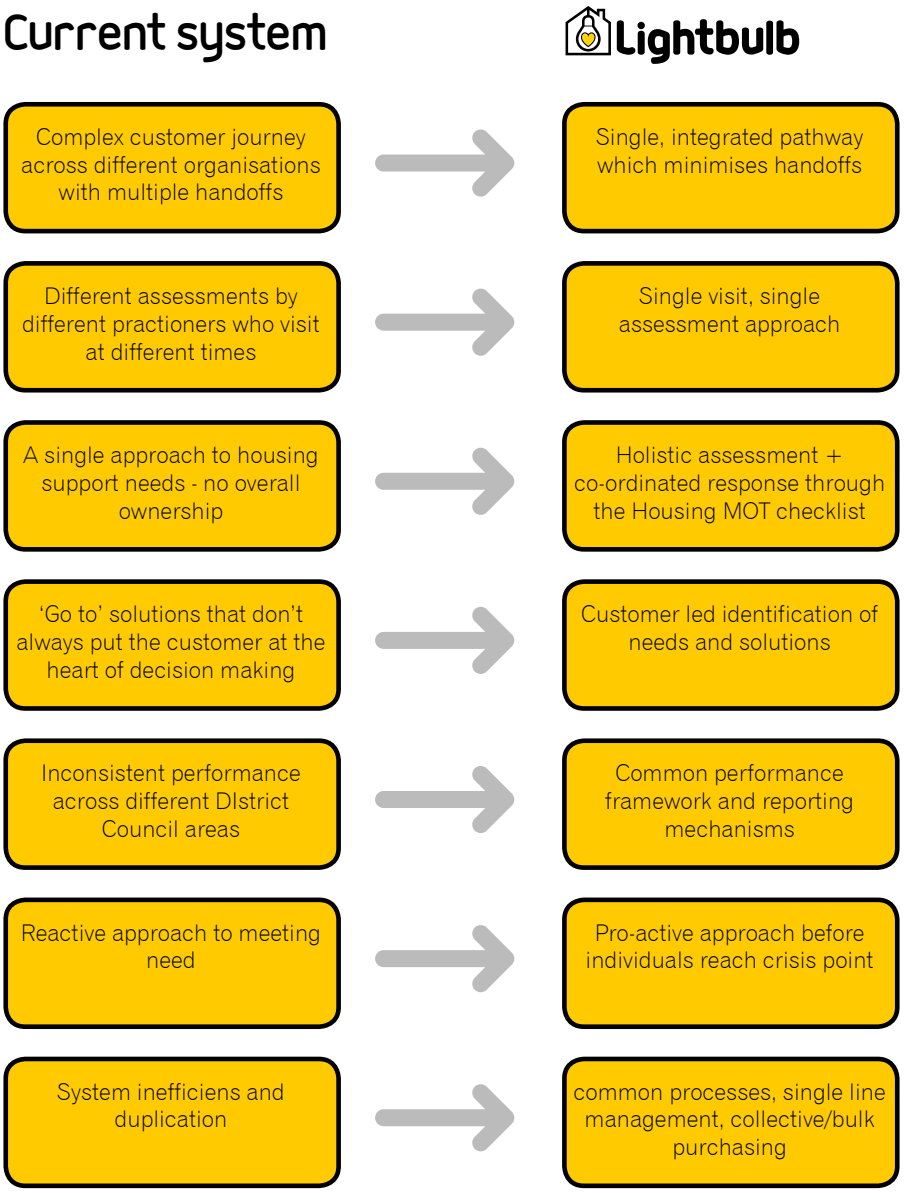
The existing model of service delivery in Leicestershire is both fragmented and complex to navigate. Support is funded and managed across two tiers of eight local authorities meaning it is difficult for customer to know where to start. There are frequent handoffs and different housing support needs are often assessed and dealt with in isolation by different agencies, involving a range of different practitioners.

The current Disabled Facilities Grant (DFG) journey for example, typically involves an initial contact with the Adult Social Care Customer Service Centre who will gather relevant information and allocate the case to an Occupational Therapist (OT). The OT will visit the customer to carry out their assessment and make a recommendation to the relevant District or Borough Council to assess for a DFG. A District Council representative will then visit the customer to carry out their assessment before determining eligibility for assistance. At the same time, the customer may receive visits from other services to assess for eligibility or provide information, advice and assistance with other housing support services.

Waiting times within the various parts of the system can be lengthy and uncoordinated delaying the social, health and economic benefits to be gained from supporting individuals to continue to live independently in their homes, and missing opportunities for more holistic solutions.

Lightbulb will create an integrated, customer focused pathway across Leicestershire using a new Housing Support Co-ordinator role and the locally developed Housing MOT Checklist to identify a range of non complex housing support needs and deliver and co-ordinate solutions. As well as reducing the complexity and handoffs associated with the current system, Housing Support Co-ordinators will work with customers and carers to identify their own needs and preferred solutions; supporting the shift towards a lower cost, lower intervention and preventative approach, and one which is ultimately more person-centred.

**Diagram 1 – Benefits of transformation and service redesign**



## The Hospital Housing Enabler Service

The Lightbulb Housing Service will incorporate the existing Hospital Housing Enabler service. Funded through local Better Care Fund investment in both the County and Leicester City and a contribution from Leicestershire Partnership NHS Trust, the Hospital Housing Enabler service involves housing specialists working directly with patients and hospital staff to identify and resolve housing issues that are a potential barrier to timely discharge and to help prevent re-admissions. The service works across the 3 UHL hospital sites and the Bradgate mental health unit.

Community based low level housing related support is also available through the project to assist with the transition from hospital to home, for example to provide support with setting up new tenancies or managing within the existing home. Project staff have access to funding for furniture packs and rent deposit/rent in advance where required and appropriate to facilitate discharge. The service also offers house clearing and cleaning where necessary for care to continue in the home.

> "I seriously wouldn't survive living on the streets again, without your help I wouldn't have found accommodation and would have ended up back in hospital or worse. I'm more than happy, thank you for your help. "

The alignment of this service with the transformation of other housing support services through Lightbulb will further consolidate the role of housing within existing health and social care pathways and contribute to the overall objectives of the Programme.

## Case Study

Miss S is 76 years old and was admitted to Glenfield Hospital on 13th June 2016 with a chest infection. Prior to being admitted she had lived with two friends for over fifty years, both in their 80's who now cannot cope as their own health is failing. Miss S suffers from Emphysema and early stages of Dementia but is able to wash and dress herself. The Housing Enabler Team received the referral on the 22nd June and:

- confirmed with friends that she could not go back to them even with care in place
- completed a choice based letting application with supporting documentation
- arranged an advocate through Age Concern to help her manage her finances
- looked into interim residential care options for her
- Identified two potential extra care schemes for a permanent move

As the Housing Enabler Team had been able to find Miss S an interim residential placement which she self funded she was able to be discharged on the 19th July. The Team continued to support her to find a permanent housing solution and she made a permanent move to her preferred extra care scheme on 23rd August. Due to the Housing Enabler Team being involved this meant that Miss S could be discharged as early as possible to an interim housing solution and then helped onto permanent housing, saving a potential 34 unnecessary hospital bed days.

# 4. Strategic context and the case for change

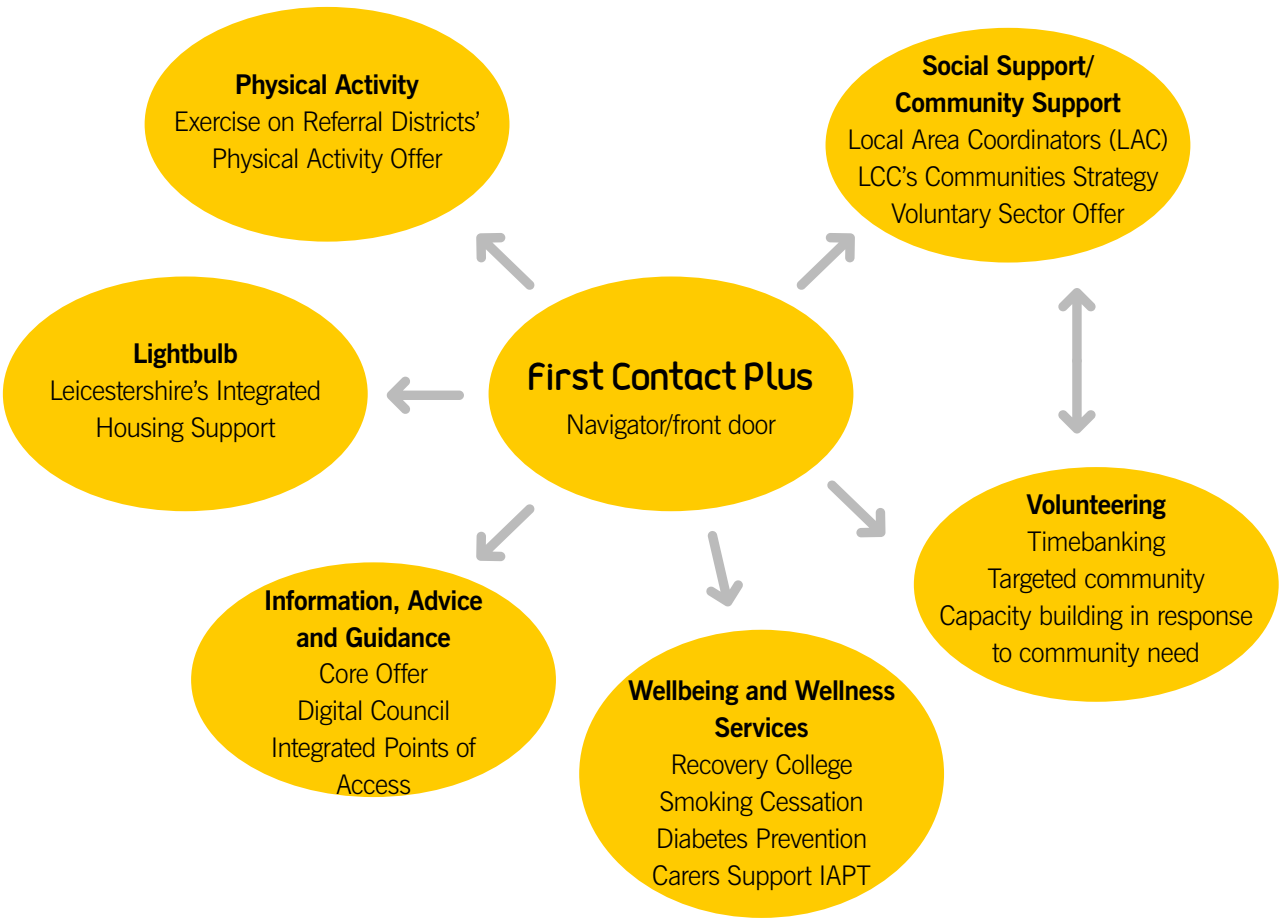
## Lightbulb as part of the Unified Prevention Offer

Lightbulb sits alongside a range of other initiatives as part of Leicestershire's developing Unified Prevention Offer, ensuring a co-ordinated approach to preventative services both across the county and different stakeholder organisations.

By 2018, the vision is to have a comprehensive preventative offer, bringing together all the resources available to Local Councils and NHS partners. Through this offer, every opportunity will be taken to improve health and wellbeing, support vulnerable people, maintain people's independence, manage demand, and address the wider determinants of health and wellbeing.

The strategic direction provided by the Unified Prevention Board will ensure that the integrated housing pathway developed through the Lightbulb Programme is fully aligned with other initiatives as part of this comprehensive preventative offer.

**Diagram 2 – Emerging unified prevention offer for Leicestershire**



## Lightbulb supporting the Adult Social Care Strategy

Leicestershire's Adult Social Care Strategy builds on the vision to 'make the best use of available resources to keep people in Leicestershire independent'. Lightbulb's integrated approach to housing support directly aligns with this vision and will support the model for future service delivery; helping to ensure people can get the right level and type of support at the right time to help prevent, delay or reduce the need for ongoing support and maximise their independence.

## 1. Prevent need

- Housing expertise will support the advice and information offer; enabling individuals to make informed choices about their accommodation options and plan effectively for their future
- Lightbulb will be the vehicle for the development of a countywide approach to preventative housing solutions such as equity release, independent financial advice and planning
- The development of self help options will be informed by a real understanding of the home environment and its impact on health and wellbeing, helping to maximise the preventative benefits of this approach and minimise hazards within the home environment.

## 2. Reduce need

- Proactive targeting of 'at risk' individuals who would benefit from housing support interventions to improve their health and wellbeing, better manage existing conditions or prevent deterioration (for example through work with GP practices, environmental health teams, risk stratification etc)
- Effective triage that utilises housing expertise at point of enquiry
- A holistic approach to housing support that is able to identify the right option at the right time and make best use of available solutions, including a focus on innovative, customer led solutions and integration with other offers such as Assistive Technology.
- Integrated, countywide processes that reduce waiting times for DFGs and are more customer focussed

## 3. Delay need

- Supporting timely hospital discharge and preventing re-admissions through the Housing Enabler service with the overall Lightbulb model
- Aiding recovery through the development and mobilisation of innovative, customer focussed housing support

## 4. Meeting need

- Help ensure the best use of resources; delivering efficiencies through, for example, integrated procurement, use of the trusted assessor role, making the most effective use of specialist skills and roles

> "If it hadn't been for (the Housing Support Co-ordinator) I probably would have not been able to stay in my home in the long term, they have helped me so much. I now feel quite confident compared to what I use to."

## Disabled Facilities Grant and the Better Care Fund

Statutory funding for major adaptations in the home is allocated in the form of Disabled Facilities Grant (DFG). Since 2015/16 these allocations have been made through Better Care Fund (BCF) plans which are pooled budgets operating between NHS and LA partners in each upper tier authority area. The rationale for the DFG allocations to be included within the BCF plans/pooled budgets is to encourage areas to think strategically about the use of home adaptations and technologies to support people in their own homes and to take a joined up approach to improve outcomes across health, social care and housing.

The Government's Spending Review (November 2015), outlines a commitment to increase the amount given to local authorities for DFG from £200m in 2015/16 to £500m nationally in 2019/20. The BCF, coupled with the Regulatory Reform Order, provides the opportunity to look more flexibly at how DFG funding is spent, including strengthening links to health and social care priorities.

In addition to increased DFG allocations, the revised BCF Policy Framework and planning guidance for 2016/17 introduces a new national condition requiring local areas to develop a clear, focused action plan for managing delayed transfers of care from hospital (DTOC). Local BCF plans are required to consider how the voluntary and community sector can contribute to reductions in DTOC and to consider whether other local stakeholders, such as housing providers have a role to play in efforts to reduce delays.

Coupled with the continued emphasis on avoided hospital admissions and readmissions, these developments both support the Lightbulb vision and act as a further driver for change.

## Demographic profiling

A demographic profiling exercise was completed as part of the customer insight work to inform the development of Lightbulb. This considered factor such as:

- Population
- Age
- Caring responsibilities
- Ethnicity
- Income deprivation and poverty, including fuel poverty
- Household characteristics including analysis of tenure and property characteristics
- Urban/rural classification
- Health conditions and disability, including excess winter deaths
- Hoarding
- Usage of social care services

Headline findings from this analysis include:

- Oadby and Wigston have the highest proportion of people aged 65+; the highest proportion of informal carers; and the highest proportion of people aged 65+ requiring help with self-care
- North West Leicestershire has the highest proportion of households without central heating; and also a high proportion of fuel poor households
- North West Leicestershire ranks highest in deprivation, has the largest proportion of people who are income deprived, the second highest of those aged over 60 who are income deprived - and also the highest proportion of those aged 65+ in rented council or social housing
- Oadby and Wigston ranks lowest on median income; highest on the proportion of those aged 60+ who are income deprived - but lowest on the % of those aged over 65 in rented council or social housing
- Charnwood has the highest rates of alcohol and drug dependency, and ranks second highest on the deprivation score
- Melton has the highest proportion of those aged 65+ living alone, and also a high proportion of those aged 65+ requiring help with domestic tasks
- Blaby and Charnwood ranked low for lone older households and lowest on levels requiring help with domestic tasks

Leicestershire's Joint Strategic Needs Assessment (JSNA)[1] sets out demographic projections in relation to the local older population:

- The population of Leicestershire is growing, and it is growing more quickly in the older population than in the overall population
- Between 2012 and 2037, the total population is predicted to grow by 15%
- The population growth in people aged 85 years and over is predicted to be nearly 190%, from 15,900 to 45,600 people
- The population aged 65-84 is predicted to grow by 56%, from 106,000 to 164,900 people

## The case for change

It is estimated that poor housing costs the NHS £1.4 billion per year[2]. The Building Research Establishment (BRE) estimate two million older people live in homes that fail to meet the Decent Homes Standard, with 1.3 million in a home with a serious hazard, resulting in high costs to the NHS, particularly due to cold related health problems and falls. The BRE also estimate that for older households (55 years or more) the cost of poor housing to the NHS (just for first year treatment costs) is £624 million[3].

Falls and fall related injuries are a common and serious issue for older people, with 30% of people over 65 and 50% of people over 80 falling at least once a year. As well as the human cost of falling, distress, pain, loss of confidence and independence, falls are estimated to cost the NHS more than £2.3 billion per year[4]. Among the over-65s, falls and fractures account for 4 million hospital bed days each year[5].

1 Leicestershire Joint Strategic Needs Assessment, 2015
2 Building Research Establishment - The Cost of Poor Housing to the NHS (2015)
3 Building Research Establishment – Homes and Ageing in England (2015)
4 National Institute for Health and Social Care Excellence – CG161, Falls in Older People: Assessing Risk and Prevention (2013)
5 Royal College of Physicians – Falling Standards, Broken Promises (2011)

Locally, it estimated that approximately 15,000 people in Leicestershire call East Midlands Ambulance Service as a result of a fall each year. Approximately 7,000 of these calls result in a patient being conveyed to hospital and approximately 2,000 are admitted[6].

Data gathered to support the 2016/17 Leicestershire Better Care Fund Plan refresh shows that, from April 2015 to December 2015, 44% of all emergency admissions at University Hospitals of Leicester NHS Trust (UHL) for Leicestershire residents have been for patients aged 70 and over. For those aged 70 and over, length of stay tends to be longer, and admissions for this age group account for 60% of the bed days, and 56% of the health service costs.

This analysis shows that most of the costs (63%) for emergency admissions to UHL for those aged 70 and over are for patients with between two and four long-term conditions. This amounts to over £13.5 million of costs for April - December 2015. In Leicestershire, almost 62,000 (46%) of adults aged 65 or over were predicted to have at least one limiting long-term illness in 2015[7].

On average there are a total of 358 excess winter deaths per year in Leicestershire, nearly 50% of which occur in the over 85 age group. Leicestershire's excess winter deaths index (based on excess winter deaths between August 2009 and July 2012) is significantly worse than the England average[8].

A significant number of the older population in Leicestershire are affected by disability and need additional help to continue to live safely in their homes. Foundations research[9] reports DFG work enables older people to stay in their own homes and postpone moving into a care home by an average of four years following their home adaptation. With an average DFG cost of less than £7,000 compared to a residential care placement cost of around £29,000[10], the benefits of adaptations to health and social care budgets as well as to the individuals themselves are very clear.

A report by Leonard Cheshire Disability11 found:

- Every year, around 4,000 disabled people wait longer than they should for a decision about their DFG
- Every year almost 2,500 disabled people wait over a year to get vital funding to make their homes accessible

Locally, the strategic, financial and economic case for changes is set out in the Transformation Challenge Award bid for Lightbulb; summarised as follows:

- The housing support offer is currently too complex, too bureaucratic and too narrow to effectively meet need and be preventative meaning opportunities to maximise the contribution that housing can make are being missed
- The customer journey is currently complicated, involves too many hand offs and excludes many people who could benefit from simple support, advice and solutions
- There is scope to better target housing support services towards those that would benefit most from an early and effective housing intervention for example those at risk of falls. Often these are the same people who consume the greatest amount of resource within the health and care system, and where the biggest opportunities can be found to reduce this expenditure by prevention or early intervention.
- A more integrated approach to housing support can benefit the health and social care economy in terms of avoided hospital admissions/readmissions, avoided or delayed care placements and delayed transfers of care. Cost benefit analysis has quantified a potential saving of approximately £13m over a 10 year period and early findings from the Hospital Discharge Enabler service are already showing significant reductions in emergency admissions

6 Leicestershire JSNA (2015)
7 Leicestershire JSNA (2015)
8 Leicestershire JSNA (2015)
9 Foundations – Linking Disabled Facilities Grants to Social Care Data, 2015
10 Foundations – Linking Disabled Facilities Grants to Social Care Data, 2015
11 Leonard Cheshire Disability – The Long Wait For a Home, 2015

- The integration of housing support services provides opportunities for savings in terms of service delivery costs through simplified and improved contact points, smarter referral routes, smarter procurement and reduced management costs
- Leicestershire's aging population will place increasing pressure on health and social care services. A more integrated, targeted and efficient housing support offer can contribute to demand management strategies by making the most of cost effective, preventative solutions such as home adaptations (avoiding more costly alternatives such as residential care/hospital admission).

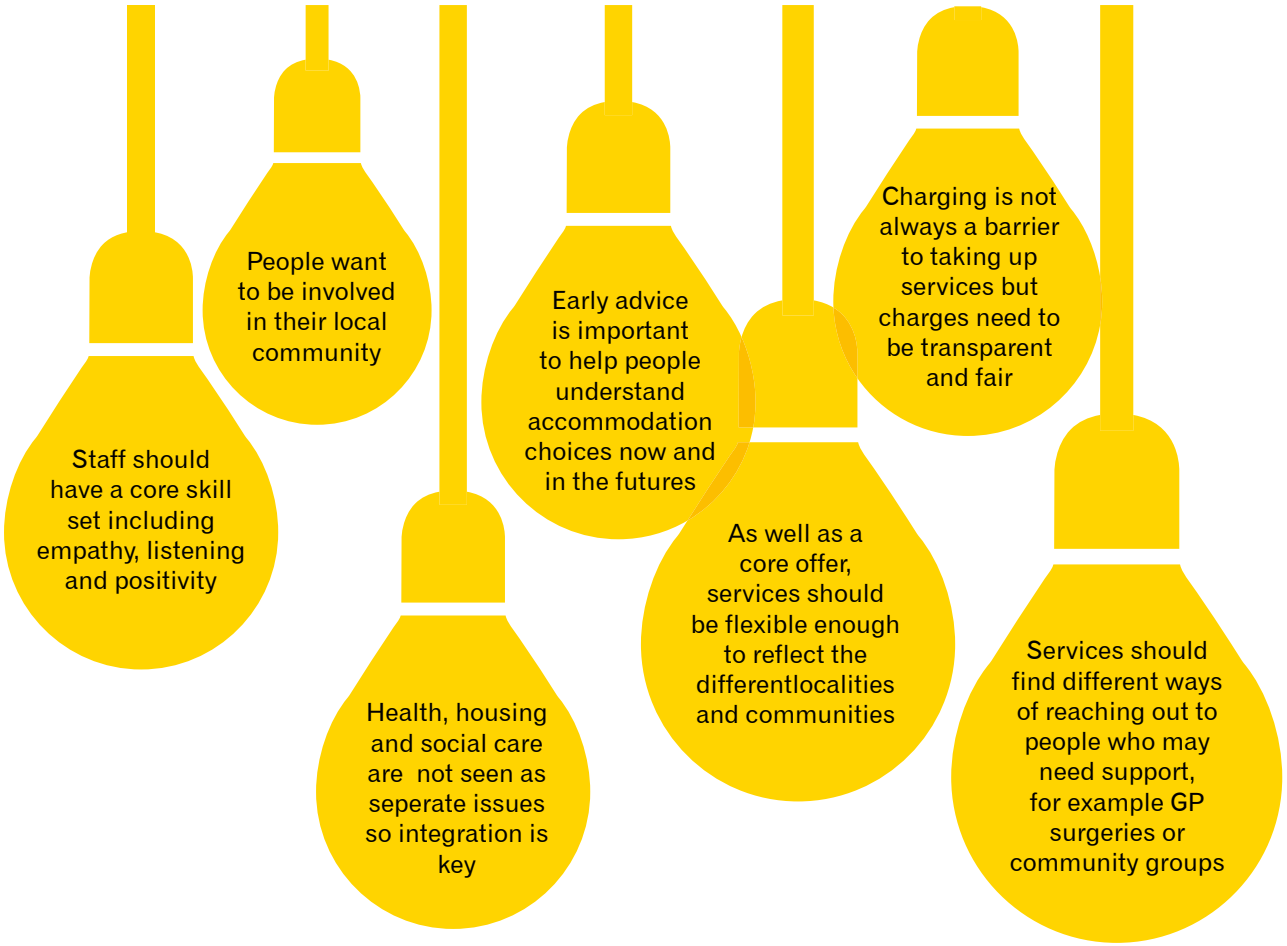
## Key facts; strategic context and the case for change

- Service transformation is supported by a number of national and local strategic drivers
- A growing body of evidence is demonstrating that savings can be achieved from a targeted, preventative and holistic housing support offer
- Leicestershire's ageing population will increase the pressure on health and social care services, driving the need to find more integrated, targeted and efficient service solutions such as Lightbulb
- A more integrated approach to housing support will improve the customer journey and support the challenges faced by the local health and social care economy

# 5. The customer perspective

An initial customer and carer insight engagement exercise was completed in 2015. Key findings from this work have helped shape the redesigned service model from a customer perspective:

**Diagram 3 – Customer Insight: Key Themes**




From additional work with customers through our customer insight survey, we know that:

- 95% of respondents would prefer to deal with one individual rather than a range of different organisations
- Over 80% would be willing to pay for services that could help to keep them independent in theirs homes for longer
- The handyperson type role is much valued but is often a gap in current services
- Over 90% would welcome a proactive approach to housing support through their GP via a targeted mailshot
- 70% would be happy to speak to their GP directly about accessing housing support during a visit
- Over 30% feel their voice would not be listened to in identifying solutions or interventions to help them remain independent at home
- Over 70% feel they should wait no longer than 4 months for a Disabled Facilities Grant

> "Some nights I would sleep on the settee because I didn't have the strength to get up the stairs and was worried that I would fall. The extra stair rail and the grab rail at the top of the stairs have made me feel more confident and mean I spend more nights in my own bed. They also offered me other support but I have said I will consider this for the future."

Informed by this customer insight work, we have developed a set of strategic design principles to underpin service redesign:

- **Improving outcomes** for customers by:
  - providing a single point of access to a range of practical housing advice, information and support solutions; with solutions that are led and informed by customers
  - minimising the number of different professionals customer need to tell their story to
  - supporting and enabling people to remain independent in their home for longer, including self help and self serve solutions
- Joining up work across local authorities and other partners to **provide services in the most effective way** by:
  - providing a single process for the delivery of DFGs
  - being the delivery vehicle for other housing related commissioning activity among partners
  - transforming existing processes and structures into a single, co-ordinated pathway based on "lean principles"
- **Shifting demand and reconfiguring** health and social care services to a more preventative approach by:
  - targeted and early identification of people who could benefit from housing support
  - looking at and responding to a person's housing support needs in a holistic way, maximising housing intervention to maintain independence
  - aligning with other prevention services as part of the unified prevention offer in Leicestershire
- Being **responsive to local needs** and circumstances by:
  - delivering services in a locality setting
  - complimenting and utilising the strengths of existing local services and organisations including community based assets

## Key facts: customer perspective

- The current housing support offer is complex, fragmented and bureaucratic, making it difficult for customers to navigate
- Customers want a joined up approach that puts them at the centre and cuts down the number of different organisations they come into contact with
- The Lightbulb model has been informed by customer insight

# 6. Benefits of change and the Lightbulb model

The strategic case for change is set out above and supports the key objectives of the Lightbulb programme. Pilot projects have been running to test out elements of the overall Lightbulb approach, supported by an agreed performance framework to measure impact, success and capture learning points. Using this and other analysis we have been able to identify a number of quantitative and qualitative benefits to support the case for transformation.

## Benefits to the heath and care economy

### Falls

As part of the Housing MOT approach every Lightbulb customer has the potential to receive falls prevention advice and home safety checks to assess and address risk.

A Care and Repair report from 2015[12]evidences that home modifications led to a 26% reduction in injuries attributable to home falls that needed medical treatment.

As part of the proactive approach to service delivery, Housing Support Co-ordinators have been working with Leicestershire residents referred from Health settings:

- Out of 162 cases there were 18 people with a history of falls (11% of all customers)
- Post intervention only one person had fallen again
- 17 reported no falls since they received their interventions
- All reported feeling safer and more confident around the home

A reduction of 1 fall per year for these 17 people alone would result in a cost saving of **£21,000 per year** for the local health and care economy [13]

Scaling this up to estimated annual projected demand across Leicestershire that will be dealt with by Housing Support Co-ordinators in the new Lightbulb model means a potential 491 people with a reduction in falls per annum (11% of 4460 projected cases).

491 reduced falls per annum equates to a saving of **£614,000 per year**

Age UK report 13 that a fall costs the ambulance service £115 per call out. In respect of the above projections, East Midlands Ambulance Service has the potential to save £55,000 per year in reduced attendance and conveyance costs.

12 Care & Repair England - Cost benefits of adapting homes to reduce falls by older people, July 2015
13 http://www.ageingwellinwales.com/Libraries/Documents/Stop-Falling---Start-Saving-Lives-and-Money.pdf

## Reduction in service utilisation

As part of the evaluation of the Lightbulb pilots we have used the Care Trak PI tool, to capture customer usage of Adult Social care, hospital, community and ambulance services pre and post Lightbulb intervention. 18 Housing Support Co-ordinator cases were analysed using this methodology.

When comparing the usage of services one month post and prior Lightbulb intervention it showed:

- A 72% reduction in service utilisation overall
- A reduction in the number of different services involved (from 16 to 4)
- A reduction in the total number of interventions from (47 to 13)
- An increase in the number of people requiring no intervention from 3 (6%) to 8 (62%)

Three months prior and post Lightbulb intervention sees a similar picture:

- 18 people used 19 services on a total of 71 occasions
- Post intervention this fell to 8 services used on a total of 24 occasions
- This represents a reduction in service usage of 66%
- No activity rose from 2 (3%) occasions prior to intervention to 6 post (25%)
- Two months post intervention saw adult social care costs reduced by 23%

Scaled up to include all potential Housing Support Co-ordinator cases, this could lead to cost savings of up to **£250,000 to Adult Social Care per year**

Data from the UHL based Hospital Housing Enabler service has also been analysed using this methodology. When comparing the usage of services one month post and prior Hospital Housing Enabler intervention it showed:

- A fall in emergency admissions from 232 to 69; a reduction of 70%
- A&E attendances fell from 179 to 78 a reduction of 56%
- There is a 50% rise in 'no activity' from 40 service users prior to Housing Enabler intervention to 80 service users post intervention

Three months prior and post Housing Enabler intervention sees a similar picture:

- There was a reduction in emergency admissions from 257 to 110; a reduction of 57%
- A&E attendances fell from 246 to 114 – a reduction of 54%
- No activity rose from 37 to 51 patients; a rise of 27%
- 84% reduction in NHS costs for this cohort of patients in the three months post intervention

The reduction in emergency admissions alone from this cohort of patients at the three month point indicates a **saving to the health economy around £220,000**

NHS costs for the 357 patients **could be reduced by approximately £550,000** in the 12 months post intervention

## Reducing length of stay

Part of the Hospital Housing Enabler service is located in the Bradgate Unit dealing with patients with mental health issues whose housing needs are preventing or delaying discharge. 115 patients were assisted within the first 12 months of the service, resulting in:

- **920** delayed bed days saved that were classified as a housing delayed transfer of care (DTOC)
- Of 40 service users who continued to receive support in the community following discharge; of these only one was readmitted to the Bradgate Unit.

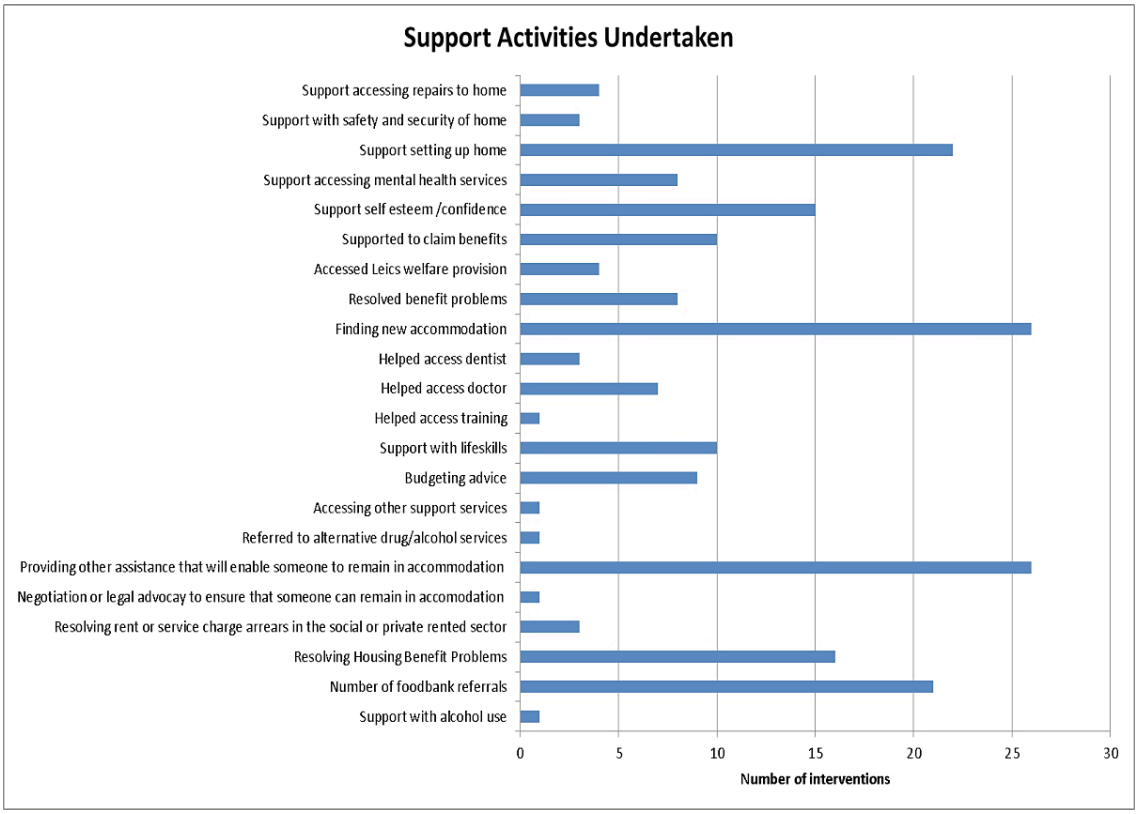
The Price Activity Matrix (PAM) allocates daily patient costs at £238 at the Bradgate Unit. Using PAM we know that:

Over 12 months the projected housing DTOC costs would be £175,000 compared to £650,000; **a potential reduction of £475,000**

The service isn't only working to reduce the total number of DTOC bed days. Within the cases that have been referred, only 13 had any delays at all and 32 had no delays.

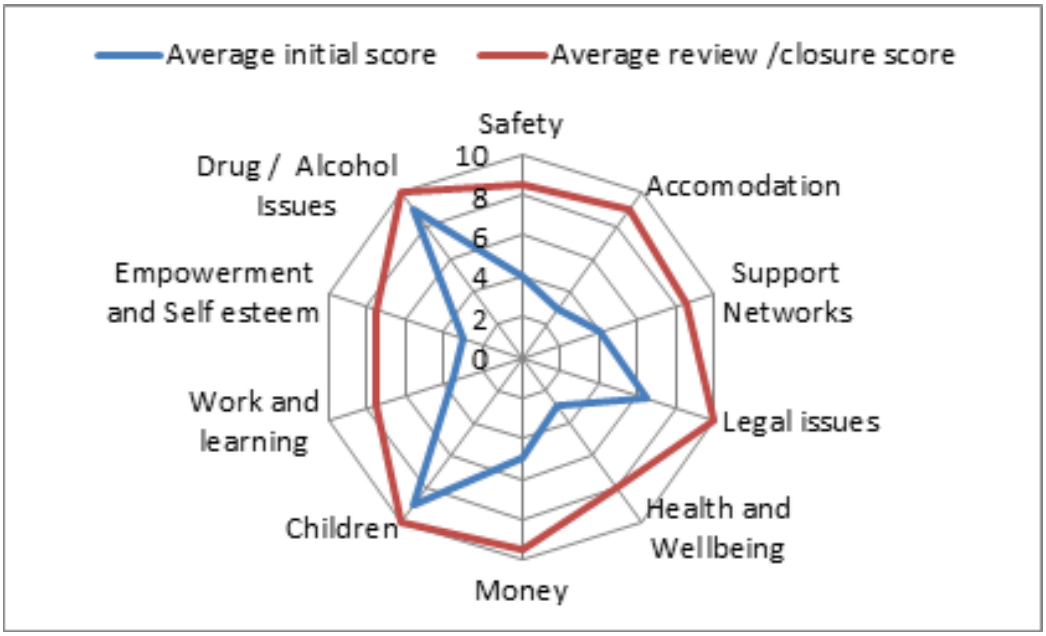
The diagram below provides a summary of number and type of support intervention carried out by the Hospital Housing Enabler service within the Bradgate Unit:

**Diagram 4 – Types of support (Bradgate Unit service)**



The service uses the Outcomes Star as a tool to measure progress made by the patient whilst receiving support. Patients are asked to score the level of support needed on a range of support areas at the beginning of support and at review/ closure (with 1 being high need for support and 10 being no need for support):

**Diagram 5 – Outcomes star results (Bradgate Unit service)**




## Long-term conditions (LTC's)

Care Trak data from the Lightbulb pilots shows 50% of Housing Support Co-ordinator cases analysed through Care Trak have one or more long-term conditions. This equates to a projected 2230 residents per year across Leicestershire in poor housing and with one or more long-term conditions that Lightbulb could reach (based on current demand mapping). The charts below shows the types of long-term conditions and how many service users analysed through Care Trak had each, including those with multiple long term conditions:

**Diagram 6 – Types and number of LTC's (Housing Support Co-ordinators)**

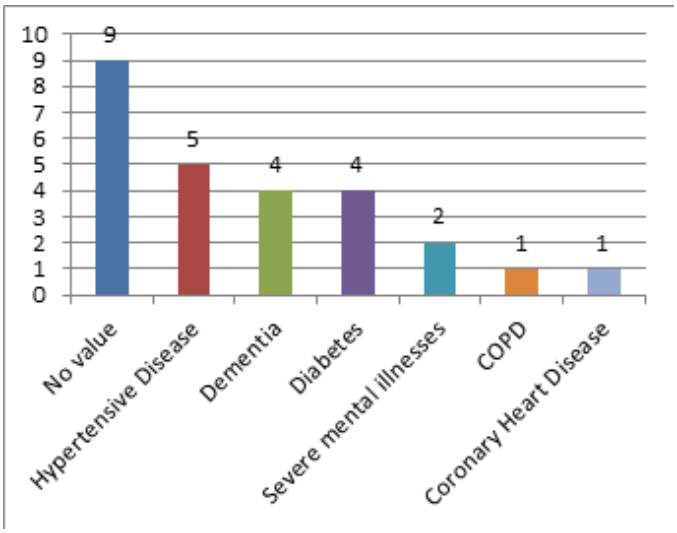
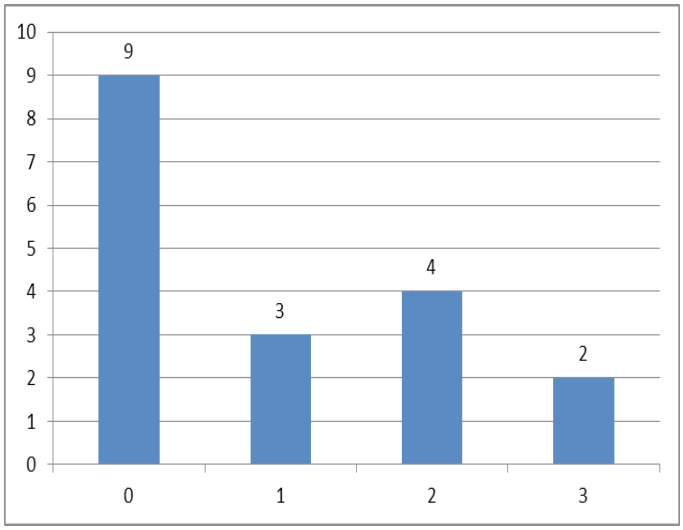



**Diagram 7 – Number of patients with quantity of LTCs (Housing Support Co-ordinators)**



This is even more evident when analysing data from the UHL Hospital Housing Enabler service. 234 of the 357 patients (66%) seen by the team had one or more long-term conditions and were in need of some sort of housing intervention. The charts below show information about the types and frequency of long-term conditions:

**Diagram 8 – Types and numbers of LTC's (UHL Hospital Housing Enabler service)**

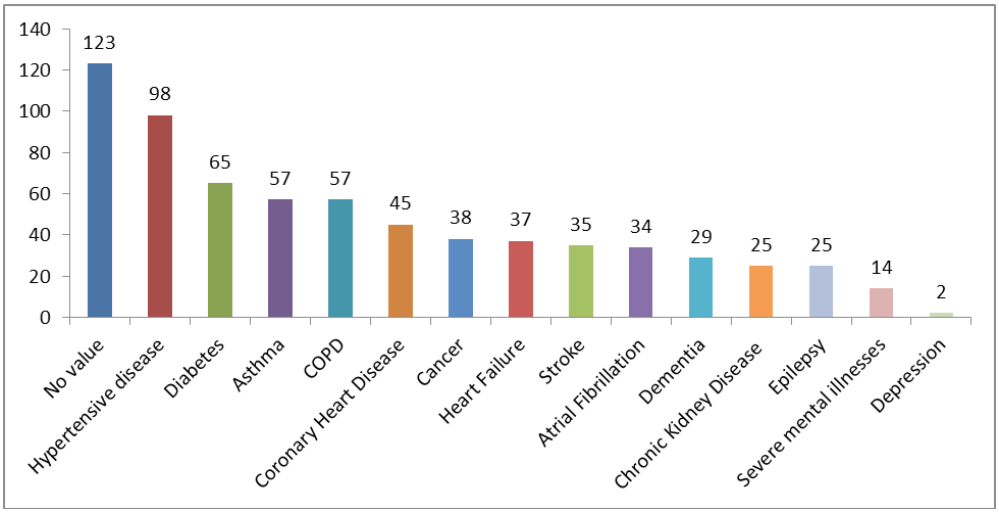
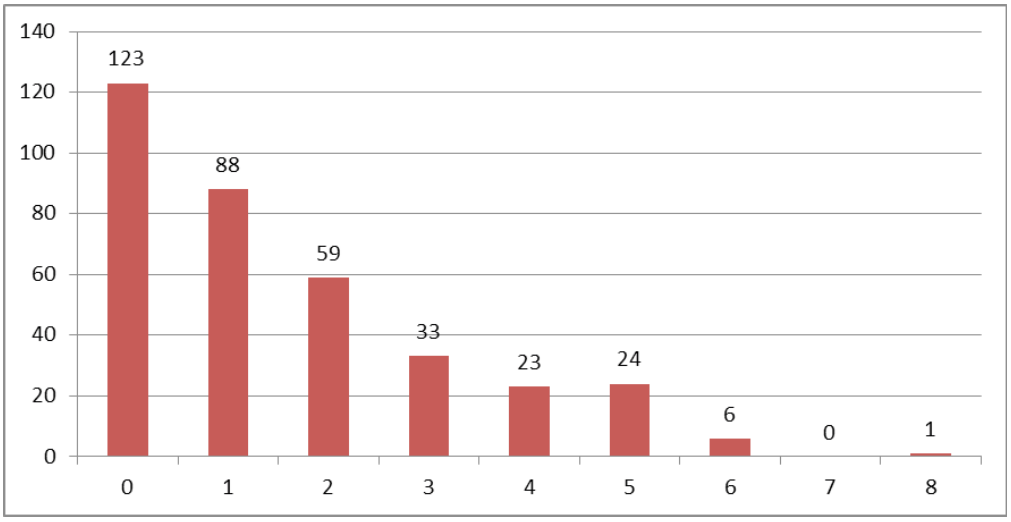



**Diagram 9 - Numbers of patients with quantity of LTC's (UHL Hospital Housing Enabler service)**




## Key benefits to the health and care economy

- Evidence and analysis show Lightbulb offers significant potential savings to the local health and care economy
- Pilot projects have already demonstrated the potential to save around £1.9m annually for health and social care
- Savings are projected to arise from reduced falls, emergency admissions and ambulance call-outs, integrated service delivery and reduced length of hospital stay

# Delivering process improvement and efficiencies

## Cost savings

Existing service pathways for the assessment and completion of Disabled Facilities Grant are complex and lengthy, for example:

- The existing process for assessing and installing a stairlift incorporates 24 different stages with approximately 8 handoffs
- The existing process for assessing and installing a level access shower incorporates 27 different steps and 9 handoffs

The Lightbulb model will greatly reduce processes, both saving time for customers and providing efficiencies for all organisations involved in respect of staff time and costs. New, integrated processes will see:

- The number of stages for assessment and installation of a stairlift reduced to 9 with only two handoffs
- A similar reduction in the journey for a level access shower to 13 stages and 5 handoffs
- Where there are handoffs in these processes, they will be co-ordinated by the Housing Support Co-ordinator role to ensure a more customer focused service

Improvements to the process for assessment and installation of a stairlift have the potential to **reduce the current unit cost of this activity by 11%** (from £2429 to £2164 (approx) and for level access showers **by 4%** from £5408 to £5210 (approx)

Across the 162 stairlifts and 246 level access showers fitted in Leicestershire in 2015/16 this would equate to an **annual cost saving of £92,000** for the authorities involved

As Lightbulb develops and is able to capitalise on partnership opportunities such as collective procurement, there is clearly potential for even greater cost savings across this type of activity.

Evidence from the Lightbulb pilot projects has also demonstrated further potential savings from collaborative delivery of services:

Lightbulb pilot projects have seen **a reduction in staffing resources by 0.4 fte** by working together across two pilot areas to deliver DFGs; equating to a 34% increase in productivity at no additional cost

A resulting **17% reduction in the delivery cost per unit** of DFGs which equates to potential savings of £65,000 per year to DFG delivery across Leicestershire

## Improved waiting times for customers

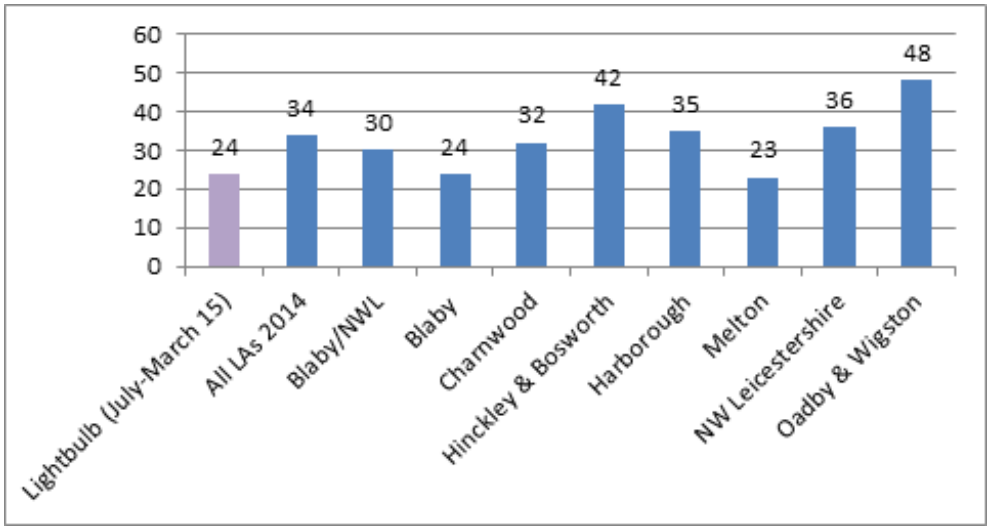
Evidence shows that existing services are not necessarily meeting the needs of customers. In Leicestershire our analysis tells us:

- As at 31 August 2016, customers were waiting an average of 9 weeks for a housing related Occupation Therapy assessment, with the longest wait being 16 weeks and the shortest being 4 weeks
- At the same time, there were 157 cases awaiting a housing related assessment by an Occupational Therapist
- End to end times for the DFG process are currently running at around an average of 327 days and are set across at least two organisations

**53% of customers waiting for an Occupational Therapist (OT) to visit could be dealt with directly at an earlier point** through the Lightbulb model via improved triage or a trusted assessor approach, avoiding the need to wait for an OT visit and reducing the waiting list significantly

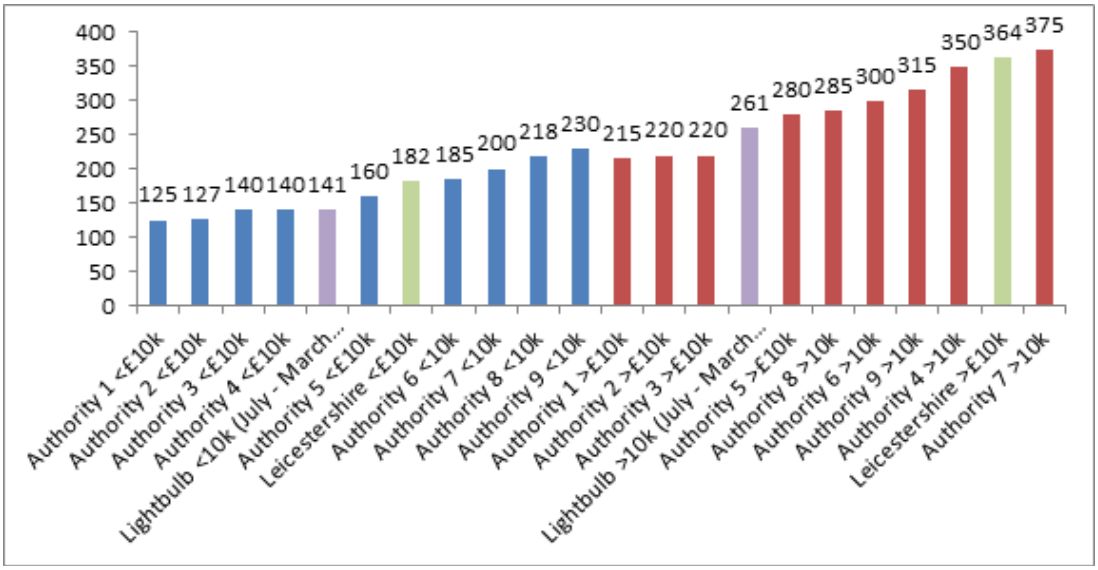
Completion times for DFGs are currently variable across the county and wider benchmarking shows an equally fluctuating picture.

**Diagram 10 – DFG Completion Times (weeks); a Local Picture 2014/15**




The chart above shows average DFG completion times across the different District Council areas of Leicestershire and compares to performance within the Lightbulb integrated DFG pilot across Blaby and North West Leicestershire areas. Data does not include the Adult Social Care part of the process. The chart below compares average DFG completion times across a number of authorities, split by Grants under and over £10k (not including the Adult Social Care part of the process) and including Lightbulb pilot and Leicestershire average performance:

**Diagram 11 – DFG Completion Times (days); a National Picture 2014/15**

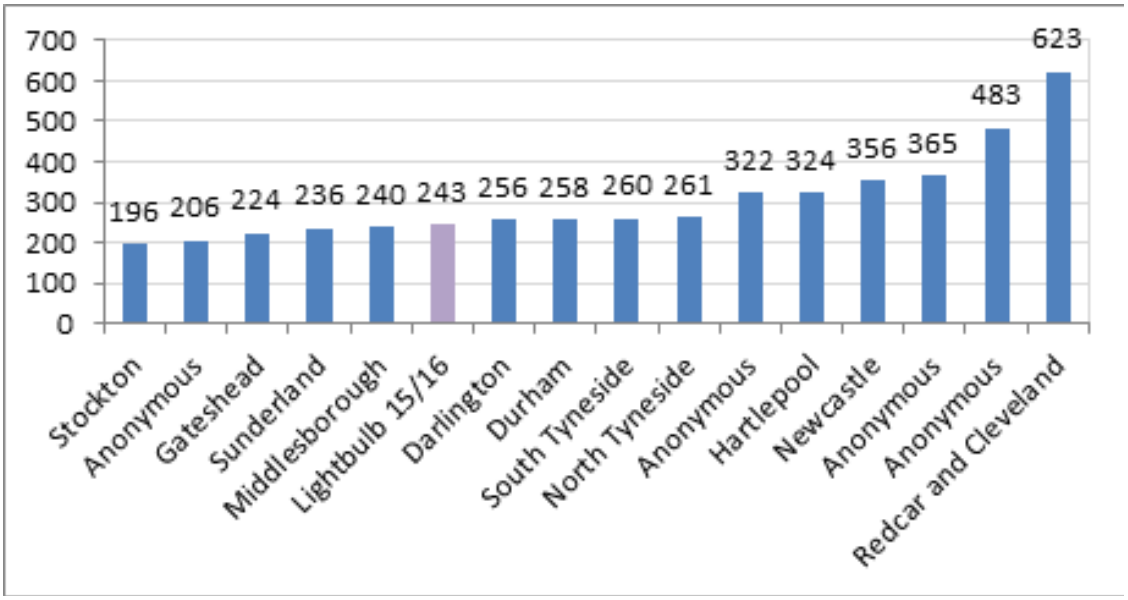



While Leicestershire average performance shows room for improvement, Lightbulb DFG pilot data compares more favourably with the overall picture of performance when benchmarked against other authorities.

The chart below maps performance from the Lightbulb DFG pilot, against other unitary authorities and includes the Adult Social Care part of the process for complete end to end performance. This shows Lightbulb performance already compares well with unitary authorities who do not have the two tier structure that currently exists in Leicestershire and which often builds delays into the system.

Given that the Lightbulb DFG pilot does not fully reflect the whole system transformation set out in this business case, there is clearly potential to improve performance still further through the implementation of Lightbulb across the county.

**Diagram 12 – DFG Completion Times (End to End) 2014/15**



The Lightbulb pilot service has seen a **reduction in completion times for DFGs against the previous year and against other districts**

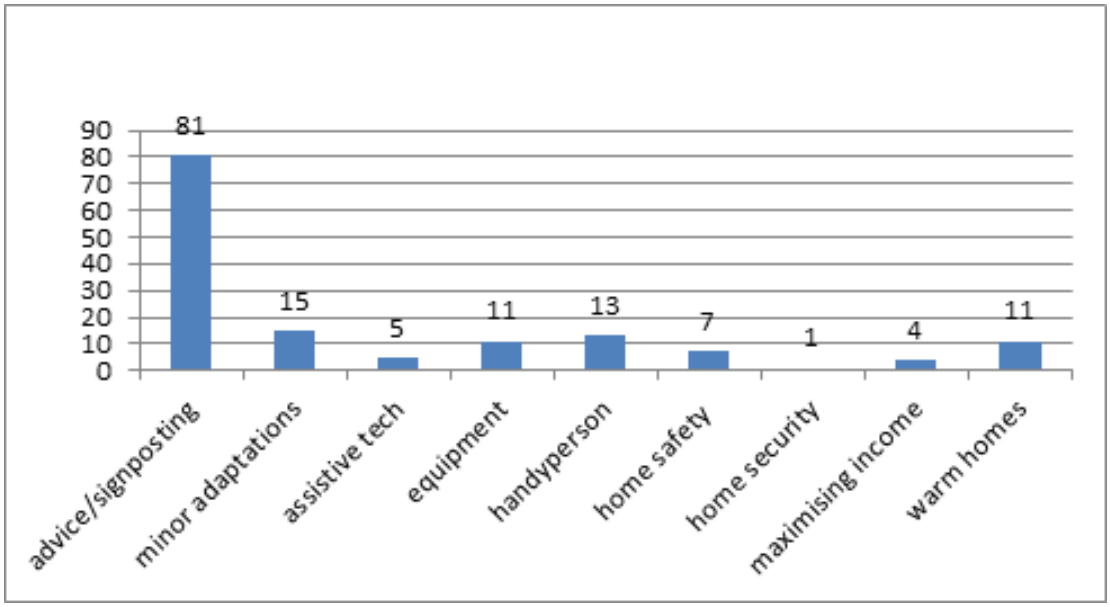
This has included a **reduction in the time taken for an Occupational Therapist assessment** from 59 days in 2014/15 to 40 days (July 2015 to March 2016)

Benchmarking and early process modelling work suggest room to **reduce DFG delivery times even further** through integration and process improvement

## A wider, holistic housing offer

Of around 100 referrals to the Lightbulb pilot service between October 2015 and May 2016, (excluding those who only required advice and signposting), the average number of housing support interventions that each customer benefited from is 3. This is in contrast to the existing picture of provision, which is more likely to see services take a single issue approach to housing support, and where the benefits of a more holistic assessment are clearly being missed. The chart below highlights the variety of interventions addressed through the Lightbulb pilot projects:

**Diagram 13 – Lightbulb Pilot Interventions by Type**




## Key benefits to partner organisations

- Remodelling and integrating services through Lightbulb will deliver process efficiencies for partners
- There is potential to reduce the delivery costs of DFG's by working collaboratively through Lightbulb
- Service redesign will see increased availability of services at a local level

## Customer impact

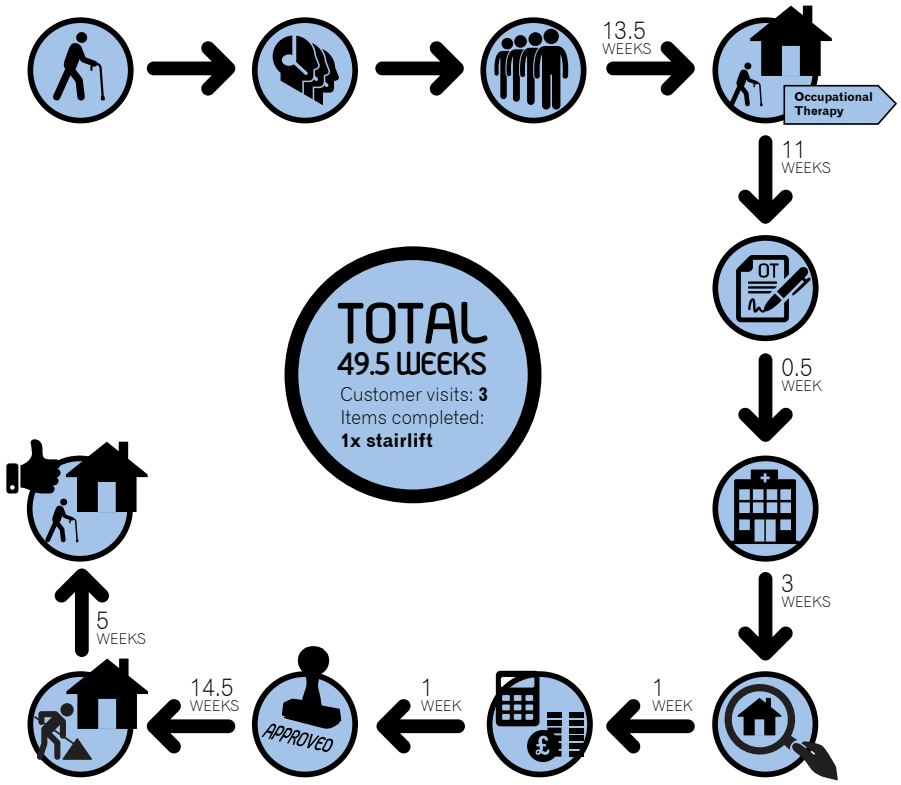
The Lightbulb pilots have not only been key in helping to design the future model but have also helped measure the customer impact of offering the Lightbulb service. Pilots have included a more proactive, holistic approach to identifying housing support needs via GPs; and working with customers to identify and co-ordinate a range of different solutions using the Housing MOT checklist. Feedback from customers who have been part of this pilot work has demonstrated significant improvement in a number of aspects of their lives. Customers were asked to identify before and after scores in key areas where the pilot service had provided interventions. The percentage of customers experiencing positive improvement in each area is set out below:

| Theme | % of customers experiencing improvement following intervention |
|---|---|
| Physical and mental health | 89% |
| How you feel about your home | 78% |
| Home safety | 56% |
| Personal safety in the home | 50% |
| Getting around the home and garden | 71% |
| Managing in the home | 63% |

Actual customer journeys have been mapped to show current processes and delivery times for DFG's against delivery and timescales for the work of the Housing support co-ordinators offered through the Lightbulb pilots.

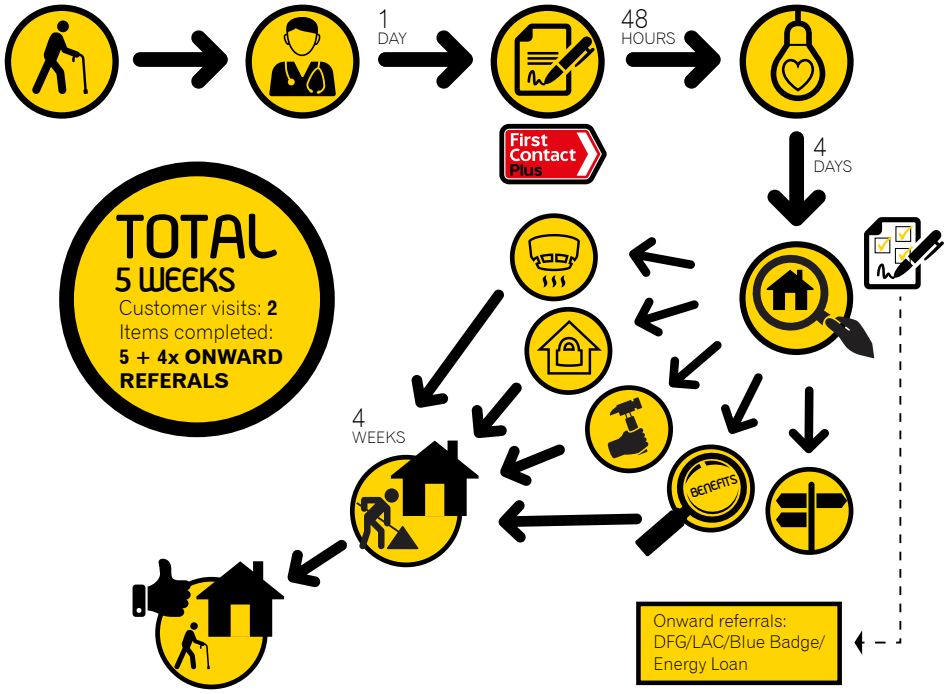
This shows the process from customer call through to OT visit and sign-off to technician and delivery of works then through to completion. It shows a lengthy process designed to deal with one element of householders' needs:

**Diagram 14 - The Current Customer Journey**




The offer delivered by the Housing Support Co-ordinators is detailed below and shows the differing referral route that is more prevention targeted and the wider range of services that can be organised and delivered in a quicker and more efficient way. It is important to note that a DFG may also be required but this becomes only one option from a range of interventions.

**Diagram 15 – The Lightbulb Customer Journey**




Customers report the holistic approach provided through the Housing Support Co-ordinator has been one of the key benefits; this is born out in the customer insight questionnaire, as mentioned earlier, 95% of people consulted with said they would prefer to deal with one individual.

Some customers supported through the pilots have been known to services, however a significant proportion have not been known, apart from visiting their GP and Lightbulb has been able to undertake targeted prevention work with these individuals with the aim of reducing or delaying their need to access more costly services.

## Case Study

Mr C contacted the Lightbulb Team about his elderly parents, seeking help specifically for his mother. The Housing Support Coordinator (HSC) visited within 48 hours to complete a Housing MOT Checklist.

Mrs C had problems with walking due to arthritis; which had affected her hips; she was clinging onto furniture to move from room to room and was worried about falling. Mr C also mentioned he had sight problems following a stroke.

The HSC arranged a number of minor adaptations and a perching stool to make it easier for Mrs C to prepare meals. It was also apparent she was struggling to get in and out of bed so advice was given about a bed lever and Mrs C said this was something that she would try. Mr Cs sight problems meant he was unable to use the telephone so a phone with bigger buttons was provided.

The Housing MOT Checklist also identified they needed help to claim the right benefits, so support was provided to claim Attendance Allowance and a referral made for an energy tariff check. The HSC discussed a Lifeline and joining a local exercise programme to reduce the chance of her falling and Mrs C said she would consider this for the future.

It has been three months since the adaptations and equipment were installed in the property and during this time Mrs C has not had a fall. She reports she feels much more confident about getting around her own home.

In feedback provided by our Lightbulb pilot customers, the main impact for them has been the ability to be able to choose what help and support they wanted to access and what they didn't want to take up at that current time. A key element of the case studies detailed throughout this business case is not only a reduction in the customer journey time but a much improved journey in terms of the range and focus of help that has been offered.

## Case Study

Mrs B is 59 years of age and has numerous health conditions which affect her mobility. She and her husband are owner occupiers and a recommendation for ground floor sleeping and bathing facilities through a Disabled Facilities Grant (DFG) was in place.

The Housing Support Coordinator (HSC) was able to work with Mr & Mrs B to help them obtain two quotes from builders. Mrs B qualified for a nil contribution to the DFG work; however both quotes came in over the maximum £30,000 Grant. Mrs B could not afford to contribute anything to the cost of the works.

The HSC spoke with Mr & Mrs B's daughter who agreed to make a small contribution and alongside this the couple were helped to complete a charity application which was successful to cover the remainder of the costs. This meant that the work could go ahead and Mrs B could remain living independently in her own home.

Although this pilot is not the full Lightbulb model it does show the benefits of staff working together to assist Mr & Mrs B, without the support provided they would not have not been able to go ahead with their Disabled Facilities Grant and could have potentially been looking for alternative accommodation.

## Key benefits to customers

- Lightbulb will improve the customer journey, reducing handoffs and waiting times and putting the customer at the heart of the process
- Customers will have access to a wider and consistent offer of housing support across Leicestershire

# 7. The Lightbulb offer

Through the Lightbulb Programme Board and Steering Group structure, local authority and wider stakeholder partners have worked together to redesign and integrate existing service provision. The Lightbulb Housing Service will enable customers and their carers to access information, advice and support to make informed choices about their housing needs; delivering the right solution at the right time, including the development of self help and self serve options. The inclusion of the Hospital Housing Enabler service within the overall scope of Lightbulb will ensure that, for patients that do enter acute services, housing issues are identified and addressed at the earliest possible opportunity, preventing housing related delayed discharges and readmissions.

Key features of the Lightbulb offer include:

- **A targeted, proactive approach**

Working through First Contact Plus and as part of the unified prevention offer, the service will actively seek referrals through GP practices, community health teams and locality based integrated care teams; linking with primary care risk stratification data to target the offer.

Evidence from the pilots suggests this approach is able to identify individuals at risk of escalating into main stream services, with potential to deliver a return on investment through prevention.

- **A focus on early assessment and triage**

This will see a strengthening of housing expertise at the main contact and triage points of First Contact Plus and the Adults and Communities Dept Customer Service Centre which will enable:

- Promotion of the self help and the self serve offer for housing solutions
- Providing housing based advice, information and signposting to resolve low level issues at first point of contact
- Determining cases to move to the locality based Lightbulb team for more detailed support with case management

- **Customer focussed assessment and solutions**

Locality based Housing Support Co-ordinators will receive cases from the triage point and complete the Housing MOT checklist needs assessment through a soft handoff. Staff will be skilled in person centred approaches; seeking solutions informed by the individual rather than standard or historic practice.

The Housing Support Co-ordinator role will act as the primary point of contact for individuals through a case management approach, engaging specialist input where required and ensuring service solutions are co-ordinated and meeting need.

- **An integrated and co-ordinated service offer**

Skills and activities currently carried out across different organisations and practitioners will come together within the Housing Support Co-ordinator role. Alongside more specialist colleagues (Occupational Therapists and Technical Officers) this will enable the Lightbulb team in each locality to deliver a joined up service for customers. Housing Support Co-ordinators will act as 'trusted assessors' with support from other specialists in the team where expert advice or guidance is required or appropriate.

The Housing MOT checklist provides an opportunity to look at a range of housing support needs, not just the presenting or primary issue. The checklist covers the key domains of:

- Health and wellbeing
- Home environment
- Home security
- Warmth
- Personal safety and mobility around the home (e.g. fire safety, slips, trips)
- Managing in the home
- Accessing the local community
- Identification of other key needs for onward referral (income and finance, carer needs, specialist, non housing advice or support)

- **A locality approach**

This will see locally based Lightbulb teams delivering the housing support offer, ensuring Lightbulb is able to respond to local needs and conditions and capitalise on existing local networks and services. From the local team, staff will be able to offer:

- Assessment and ordering of minor adaptations and equipment
- Assessment and delivery of DFGs
- Assessment and resolution of wider practical housing support needs
- Support with housing related health and wellbeing needs
- Support with planning for future housing needs
- Advice, information and signposting to specialist organisations or services

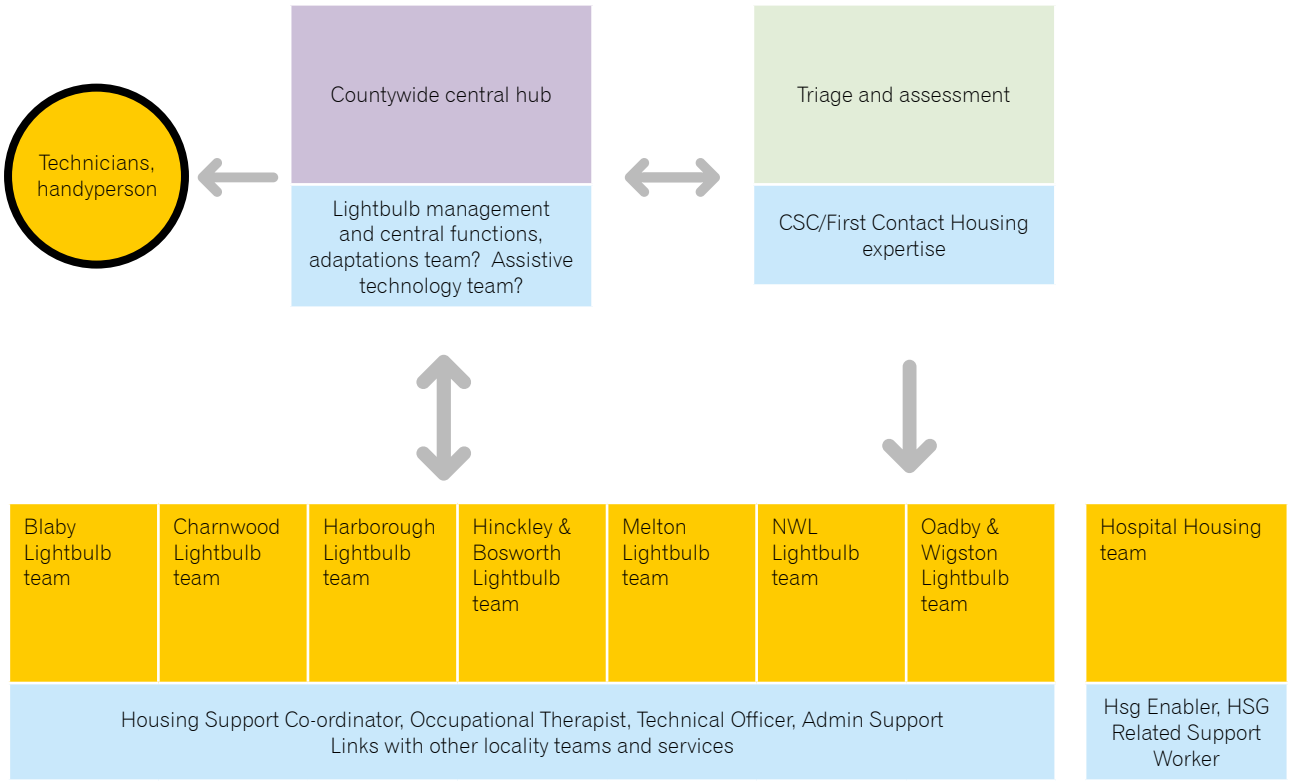
There will be flexibilities between teams (the potential to move staff between localities at critical points for example) in order to build resilience into the model. Aspects that could deliver efficiencies through centralised delivery will be placed within a central hub.

The locality based approach for Lightbulb will align with the development of integrated health and social care teams, also on a locality basis.

"The person who came round to see me sorted everything. I have some rails which help me get around my house, a stool for the kitchen which means I can help my husband cook and wash up. A handyperson came and put my curtain rail back up and they helped us claim some benefits. The lady sorted all this and our garden within three visits."

A structure chart for the Lightbulb service across Leicestershire, incorporating these key features is presented below:

**Diagram 16 – Lightbulb structure chart**




**Action: to support the transformation into a new Lightbulb Housing Service each partner will need to agree the offer and commit to adopting the structure outlined above**

Tasks and functions to be carried out through this new structure are set out below and will ensure commonality across all areas of the County and a single customer journey pathway for customers:

## Contact and triage - Adult Social Care Customer Service Centre and First Contact Plus

- Housing expertise based at earliest point of contact (dult Social Care Customer Service Centre/ First Contact)
- Housing informed triage, managing out simple cases at this point of contact and before they reach the locality
- An enhanced self help prevention offer, including housing (through CSC and First Contact)
- Suitable cases are passed to the locality following triage
- Links and referrals with other District council teams
- Hospital Housing team; resolving housing issues to avoid delayed transfer of care

## Locality Lightbulb team:

- Assesssment and ordering minor adaptations and equipment
  - Bathing aids
  - Ramps
  - Grab rails
  - Stair rails
  - Bed chair raisers
  - Perching stools
  - Trolleys
- Assessment and delivery of DFGs
  - Trusted Assessor
  - OT
  - Technical work
- Assessment and resolution of wider practical housing and support needs
  - Warm homes
  - Energy efficiency
  - Handy person
  - Home security
- Housing related health and wellbeing
  - Assistive technology
  - Falls prevention
  - Advice and signposting
  - Accessing local support services
- Planning for the future
  - Housing choices and options
- Advice, information, signposting
  - LAC
  - First Contact

## Supported centrally by a countrywide hub:

- Overall management of the lightbulb pathway (Lightbulb Service Manager)
  - Strategic oversight and management of locality hubs
  - Links with wider prevention offer
  - Proactive targeting/offer to health
- Countrywide operational management of locality teams (Senior HCS x2)
  - Resilience planning, staff cover
  - Line management of HSCs (matrix management arrangements)
  - Clinical supervision of trusted assessor function
- Performance management
  - Gathering and analysis of agreed datasets
  - Production of reports for local accountability
- Lightbulb development
  - Single supplier lists
  - Countrywide SLA for RSLs
  - Cost effective solutions (eg modular ramping)
- Admin and processing of minor adaption works
- Management of handyperson service
- Management of any externalised contracts/supplier lists etc
- Warm homes specialism?
- Assistive technology?

Customer focussed, preventative solutions

## Key facts: the Lightbulb offer

- A targeted, proactive approach will ensure Lightbulb is supporting the shift towards prevention
- Service solutions and interventions will be customer focused and include support to self help
- The Housing MOT checklist will provide a tool for identifying and responding to a range of housing needs in a holistic way
- A hub and spoke Lightbulb model will ensure effective links with other locality services and functions and enable housing support to be fully integrated with health and social care teams in each area

# 8. Staffing, job roles and workforce development

As outlined earlier, the integrated Lightbulb offer is based around a new job role of Housing Support Co-ordinator (HSC). These roles will operate in locally based delivery teams aligned with District Council areas and act as the key contact point and case manager for customers through the Lightbulb pathway. HSC's will be trained trusted assessors; using the Housing MOT checklist as a tool for identifying a range of housing support needs as outlined above and working with customers to identify solutions. HSCs will deliver the full range of Lightbulb functions, including responsibilities which are currently carried out by the County Council such as minor adaptations and equipment, and less complex assessments to support applications for Disabled Facilities Grant (embedded within the new Housing Support Co-ordinator trusted assessor role).

> "The level of independence is immeasurable and makes us feel much better. We are grateful for all the help we received and impressed how quickly things got done. Our lives are much improved."

The HSC role will be complemented in each local Lightbulb team by the more specialist roles of Occupational Therapist (for complex assessments, advice, guidance and specialist supervision of the trusted assessor element of the HSC role) and Technical Officer (to support the Disabled Facilities Grant process).

Outline job roles are attached at Appendix 1. The introduction of the HSC role will be underpinned by the development of a new competency framework and skills matrix to support both workforce development and quality and ensure consistency across delivery teams.

## Mapping demand and resources for Lightbulb

Using existing information about the demand for services and learning from the Lightbulb pilots, it has been possible to quantify the staffing resources required to deliver the Lightbulb offer across the different District Council areas. Demand mapping has included all key elements of the holistic Lightbulb offer currently being undertaken by partners:

- Minor adaptations
- Major adaptations
- Cases currently passed to Occupational Therapists (not included in the above) but that could be resolved by a trusted assessor
- First Contact housing referrals
- Warm homes; low level advice and guidance

And also including:

- Proactive demand and targeted cases to support the shift toward early identification and prevention

This work presents an overall picture of Lightbulb demand across the county, broken down by District Council area as follows:

| District Based Localities | % of total Lightbulb demand |
|---|---|
| Blaby | 13 |
| Charnwood | 26 |
| Harborough | 10 |
| Hinckley & Bosworth | 18 |
| Melton | 9 |
| NW Leicestershire | 15 |
| Oadby & Wigston | 9 |
| Total | 100 |

By mapping this demand against the HSC, Occupational Therapist and Technical Officer roles, the following staffing resources are anticipated across each local Lightbulb team and within the central hub:

| District Based Localities | HSC FTE | Technical Officers FTE | Admin FTE |
|---|---|---|---|
| Blaby | 1.7 | 0.7 | 0.5 |
| Charnwood | 3 | 1.0 | 0.5 |
| Harborough | 1.2 | 0.4 | 0.4 |
| Hinckley & Bosworth | 2.3 | 0.6 | 0.5 |
| Melton | 1 | 0.3 | 0.4 |
| NW Leicestershire | 1.8 | 0.3 | 0.4 |
| Oadby & Wigston | 1 | 0.3 | 0.4 |
| Leicestershire (locality based) | 12 | 3.6 | 3.1 |
| OT resource will also be part of the Lightbulb team in each locality | | | |

| Centrally based (hub) | Senior HSC FTE | Service Manager FTE | Admin FTE |
|---|---|---|---|
| Lightbulb hub | 2 | 1 | 1 |

The key access and triage points into Lightbulb (Adults Social Care Customer Service Centre and First Contact Plus) will remain as is but, as part of the implementation of Lightbulb, we will work to ensure housing expertise is embedded into these points to facilitate effective and timely referrals into the locality Lightbulb teams. This will be supplemented by an improved Adult Social Care self help offer (including housing support) to ensure those customers that can self serve are enabled and assisted to do so in the first instance.

**Action: to support the transformation into a new Lightbulb Housing Service each partner will need to review existing staffing resources and make the shift towards the roles and responsibilities outlined above**

# 9. Delivering Lightbulb; a business model

During the scoping and development of Lightbulb both partners and customers emphasised the need for a local focus to service delivery. This has clear benefits in terms of:

- Ensuring Lightbulb is able to respond to particular local needs or circumstances and providing a link into wider locally provided services (for example local VCS services, groups and forums)
- Providing customers with a recognisable and easier to access service
- Enabling local Lightbulb staff teams to build up and utilise an in depth knowledge of local services to complement Lightbulb and ensure it is not duplicating existing provision
- Providing a mechanism for local needs or issues to be fed back into wider Lightbulb strategic development
- Enabling clear and close links with other District Council or local teams and services to further improve the customer journey and ensure Lightbulb is a key element of local strategies and plans

The Lightbulb service model outlined above is responsive to these factors but in considering a business delivery model it is also important to recognise:

- The need to provide consistency in terms of the Lightbulb service offer across all areas of the County, both through initial implementation and ongoing service delivery
- The need for flexibility across the localities to respond to particular issues or problems and build resilience across the whole system
- Some District Councils do not currently deliver DFG services 'in house' and there is varying appetite to directly deliver in the future

The proposed business model is therefore for partners (the County and District Councils) to enter into a shared service arrangement whereby County and District Councils work together to deliver relevant functions in an integrated way.

- One District authority will act as host for the central Lightbulb hub to deliver the centralised service on behalf of all partners and the full service for District Councils wanting to delegate the locality element (including secondment or TUPE of existing staff where appropriate)
- Those District Councils that wish to directly employ their locality based Lightbulb team and deliver the service directly in their area will do so (led by the central hub to ensure consistency of operating procedures and resilience in the overall system)

Occupational Therapists will be located within each Lightbulb team but will continue to be employed by Leicestershire County Council in order to maintain links with other Adult Social Care services and receive appropriate clinical supervision and management.

As well as addressing the factors outlined above and providing a pragmatic delivery model that meets the requirements of all partners, this business model also provides:

- Flexibility for partners to continue to change and develop the Lightbulb service model
- The opportunity to build on existing skills and expertise within the workforce
- A sound basis from which to continue to drive forward cultural change and meet future service demands

- Democratic accountability and transparency
- A mechanism for continued joint oversight and governance by all partners

**Action: to support the transformation into a new Lightbulb Housing Service partners will need to:**

- **Agree a host authority**
- **As District/Borough Council's, determine whether the Lightbulb locality team will be delivered directly or through the host authority**
- **Enter into the necessary service level and delegation agreements to support the business model of a shared service arrangement**
- **Manage the shift from any existing contractual arrangements into the new business model**
- **Engage in cultural and organisational development activities to ensure new ways of working are adopted and sustained**

## Key facts: staffing and delivery

- Staffing and resources requirements for Lightbulb are backed by robust data mapping and analysis
- Lightbulb will require partners to undertake significant transformational change within their existing services including review of staffing and financial resources
- The shared service business model and hub and spoke approach provides flexibilities for District Councils to have services delivered through a host authority or directly deliver services at local level, as well as capitalising on efficiencies through joining together common functions

# 10. The financial model

## A costed model for Lightbulb

In broad terms and based on the staffing resources outlined above, the new Lightbulb model has been revenue costed as follows:

| Indicative staffing costs (whole county) | |
|---|---|
| HSC (locality based) x 12 | 385,300 |
| Technical Officers (locality based) x 3.6 | 143,600 |
| Senior HSC (centrally based) x 2 | 79,800 |
| Service Manager (centrally based) x 1 | 55,500 |
| Admin support (locality based) x 3.1 | 70,000 |
| Admin Support (centrally based) x 1 | 22,500 |
| Other employee costs/supplies and services (notional amount across localities) | 17,000 |
| Other employee costs/supplies and services (notional amount central hub) | 3,000 |
| Total Lightbulb staffing costs | £776,700 |

The costed Lightbulb hub and spoke model will require resources in the region of £777k per annum (as above), based on meeting existing demand. The costed model assumes the new Lightbulb service offer will be implemented from within existing funding sources, which currently sits across different partner organisations and are already directed towards meeting this demand but in a fragmented and ineffective way. Lightbulb will bring this funding together to support a new, integrated and cost effective service model.

Sitting alongside the hub and spoke Lightbulb model, the Hospital Housing Enabler service has already secured funding through local Better Care Fund and other NHS investment for the next three years in Leicestershire. This service, which operates across Leicester and Leicestershire, has an annual cost of £259k.

Medium and longer term benefits, potential financial return and opportunities for savings through Lightbulb (including both the new hub and spoke model and the Hospital Housing Enabler service) are outlined in sections 4-6 of this business case and summarised below:

| | Benefit to | Savings |
|---|---|---|
| Reduction in Falls | Health and Social Care | £614,000 |
| Falls call-out and conveyances | EMAS | £55,000 |
| Housing Support Co-ordinator role | Adult Social Care | £250,000 |
| UHL Hospital Housing Enabler* | Health | £550,000 |
| Bradgate Unit Housing Enabler* | Health | £475,000 |
| DFG process reduction | District Council's | £92,000 |
| DFG delivery cost reduction | District Council's | £65,000 |
| | Total | £2,101,000 |

*These services operate across both Leicester and Leicestershire and benefits are therefore across the wider, local health economy

The above projections are drawn from evidence gathered from the Lightbulb pilot projects and Hospital Housing Enabler service to date and are supported by our 'case for change' analysis.

Future demand challenges in respect of population growth, together with opportunities to develop the offer in response to these are set out in section 12 and will form part of the strategic development and future direction of the Lightbulb service.

## Funding streams to support Lightbulb

Lightbulb service redesign has been based on using existing resources to form an integrated, targeted and more efficient, customer focused pathway. Based on existing functions that are directly aligned to the functions to be carried out through the new Lightbulb hub and spoke service model, it is possible to identify the key revenue funding streams that comprise the existing funding 'pot' and that can be redirected to support this service:

- Funding that currently supports the delivery/administration of Disabled Facilities Grants (i.e. excluding capital grant expenditure; district council funding stream)
- For those District Councils that utilise DFG grant monies to fund the administration of DFGs, advice has been sought that suggests this practice may continue, however, Councils will be required to ensure their own external auditors are in agreement with this practice during the transformation.
- Funding that currently supports the delivery and processing of assessments for minor adaptations and equipment (Leicestershire County Council funding stream)
- Funding that currently supports the housing based advice, information and signposting offer (Leicestershire County Council funding stream)
- A proportion of existing Occupational Therapy funding, freed up as a result of a move towards a trusted assessor model through the HSC role (Leicestershire County Council funding stream)

Capital Disabled Facilities Grant expenditure (including District Council 'top up funding) will be delivered through the Lightbulb service model but does not form part of the funding pot for these purposes and will continue to be allocated in line with Better Care Fund guidance and engagement with District Councils.

Sizing the existing funding pot through these funding streams is challenging since functions are currently carried out in many different places, in different ways and by different practitioners across County and District Councils. This work is well underway but will require County and District Councils to:

- Confirm the amount of existing revenue funding associated with the above funding streams
- Work together to redirect these resources away from the existing model of service delivery to support the new, integrated Lightbulb model

**Action: to support the transformation into a new Lightbulb Housing Service each partner will need to confirm the amount of existing funding associated with delivering the Lightbulb offer and work together to redirect these resources into the new Lightbulb service model.**

## Locality apportionment and partner contributions to Lightbulb

The overall revenue cost and staffing models for Lightbulb can be broken down by District Council area in line with our analysis of demand data across the county:

| District Based Localities | HSC FTE | Technical Officers FTE | Admin FTE | Indicative cost of local Lightbulb team | Indicative contribution to central hub based on % of overall demand |
|---|---|---|---|---|---|
| Blaby | 1.7 | 0.7 | 0.5 | 96,790 | 20,910 (13%) |
| Charnwood | 3 | 1.0 | 0.5 | 151,000 | 41,820 (26%) |
| Harborough | 1.2 | 0.4 | 0.4 | 65,510 | 16,080 (10%) |
| Hinckley & Bosworth | 2.3 | 0.6 | 0.5 | 112,060 | 28,950 (18%) |
| Melton | 1 | 0.3 | 0.4 | 54,600 | 14,480 (9%) |
| NW Leicestershire | 1.8 | 0.3 | 0.4 | 81,290 | 24,130 (15%) |
| Oadby & Wigston | 1 | 0.3 | 0.4 | 54,600 | 14,480 (9%) |
| total | | | | 615,850 | 160,850 (100%) |

While it is anticipated that the overall existing funding pot will be sufficient to support the overall shift; at local level this will present practical challenges in terms of:

- There is currently a wide disparity of revenue funding supporting the delivery of Disabled Facilities Grants across the seven District Councils
- Existing County Council funding streams are not currently broken down or allocated to District Council level
- It is therefore difficult to evidence the extent to which existing funding aligns to the pattern of demand across the District Council areas

Once existing funding resources to form the overall pot have been confirmed (during October), partners will need to work together and agree a demand based funding allocation model with robust financial governance arrangements in place to ensure the future sustainability of the service.

**Action: to support the transformation into a new Lightbulb Housing Service partners will need to work together to agree a transparent funding allocation model for existing resources that is based on demand across the different District Council localities and underpinned by robust governance arrangements**

## Financial risk

Overall Programme risks are outlined in section 11 and include the particular risks associated with moving towards a new funding model for Lightbulb:

- That the Lightbulb service costs more than the agreed financial envelope and cannot get buy in from budget holders
- That budget holders cannot agree a demand based funding allocation to support the hub and spoke Lightbulb service model

The work and actions outlined above will mitigate these risks and is already in progress, in collaboration with County and District Finance Officers and Section 151 Officers; to be completed within the first quarter of implementation (September – December 2016).

Sign off of this business case will see partners agreeing the model and committing to carry out the practical work to move towards implementation of Lightbulb, including the work outlined above. Refreshed Programme governance structures outlined in section 11 will oversee this work; including ensuring the new funding model is supported by appropriate and robust financial governance and agreements.

### Key facts: finance model

- The projected benefits of Lightbulb are greater than indicative delivery costs
- The Lightbulb service model is based on existing demand and will be resourced by redirecting the funding currently meeting that demand and using it more effectively
- The funding model presents challenges that partners will need to work together to address to ensure resources are based on demand across the county

# 11. Programme governance

The programme to date has been supported by a dedicated Programme Board comprising senior level representation from the seven District Councils, the County Council's Adult Social Care and Public Health services and the Director of Health and Social Care Integration. A Steering Group supports the Programme Board and has responsibility for the development and delivery of the operational service design, programme plan, and programme risks. The programme governance structure also ensures a formal link into the countywide Unified Prevention Board which, in turn reports through the Integration Executive to the Leicestershire Health and Wellbeing Board and to District Council decision making and governance.

It is timely to review these arrangements at this point and it is proposed that, following approval of this business case, a Management Board is established to oversee the transition/implementation process at strategic level and, in the longer term, maintain oversight and accountability for the Lightbulb service. This would replace the existing Lightbulb Programme Board but maintain links into the Unified Prevention Board and wider health and social care governance structures as above.

During the transition/implementation process, it is proposed that the Management Board is supported by a Delivery Group, replacing the existing Lightbulb Steering Group, and responsible for ensuring the operational shift within each partner organisation.

## Programme risks and risk management

As part of the project management approach, the Lightbulb programme has in place a framework for management of risks and issues. A risk register captures key strategic, operational, stakeholder, ICT and financial risks together with a risk score based on impact and likelihood and mitigating actions and controls.

Risks and issues are reviewed by the programme team and reported to each Programme Board and Steering Group meeting; with a formal review of the risk register by the Steering Group taking place on a quarterly basis.

A summary of current risk and status is outlined below:

| Risk status | Current risk (number) |
|---|---|
| Red | 6 |
| Amber | 14 |
| Green | 10 |

The programme contains a number of significant 'red' risks for which mitigations are in place as set out below:

| Risk description | RAG/ score | Mitigation |
|---|---|---|
| Organisational culture is change resistant and not able to implement Lightbulb effectively or to timescales | Red: 20 | Develop and implement a continual cycle and programme of engagement.<br>Develop robust business case to capture benefits and outcomes of Lightbulb.<br>Organisations to undertake readiness audit and transition plan following sign off of business case. |
| Lack of buy-in from Elected Members means the business case does not get signed off, preventing implementation of the Lightbulb service | Red: 20 | Regular engagement with Members to raise awareness and promote benefits of Lightbulb both for partner organisations and customers.<br>Communications Plan to identify opportunities to engage with Members. |
| An effective integrated IT and data sharing system/ process cannot be developed to support the Lightbulb model across partner organisations | Red: 20 | Complete a full system review of current systems highlighting new requirements and existing capabilities.<br>Engage IT specialist resource to identify and resolve issues. |
| Commissioning partners are not able to agree and implement Lightbulb in time to effectively manage the shift from existing contractual arrangements | Red: 20 | Develop Lightbulb Business Case for sign off by all partners (sept 16)<br>Partners who are commissioning aligned services to have a decision making/action plan in place based on receiving Business Case in Sept. |
| There are insufficient resources/skills within the PMO and/or partner organisations to implement the transformation required into the new Lightbulb model | Red: 20 | Identify requirements across PMO and partner organisations together with an agreed plan for meeting these across the partnership. |
| Budget holders cannot agree a demand based funding allocation to support the hub and spoke Lightbulb service model | Red: 20 | Develop Business Case setting out benefits to all partners of the Lightbulb model and use this to engage with officers and Members. Engage with finance officers from partner organisations to develop the financial model. |

To support sign off of this business case and the move into implementation phase of the Lightbulb programme, the Programme team will be developing a further Project Initiation Document (PID) setting out key deliverables and timescales for this phase. The PID and accompanying implementation work plan will seek to address these and other identified risks from the programme risk register to ensure successful transition into the Lightbulb service.

## Equality Impact and Needs Assessment

Alongside our continued engagement with customers and user groups, an initial equality impact and needs assessment (EINA) has been completed, to support the development and implementation of the Lightbulb service. This will enable us to identify any negative or adverse impact on particular groups and put actions in place to minimise or remove such impact as part of the programme plan.

The Lightbulb Programme Board will consider how best to take this forward as a joint impact assessment across partners organisations as part of the sign off of this business case. The programme will continue to be informed by ongoing customer engagement to ensure the EINA remains fit for purpose.

# 12. Future direction and service development

Leicestershire's population growth patterns have implications for the provision of services for older people in particular. An increasing number of older people with complex care needs will mean more pressure on health and social care services. Supporting people to maintain their independence and manage their own health and care needs will be key to managing demand on these resources.

The Government's commitment to increase funding for Disabled Facilities Grants through the Better Care Fund will, in itself, present challenges in terms of resources required to deliver additional activity and the development of Lightbulb will see Leicestershire well placed to respond.

## Lightbulb's offer to health

The potential benefits of Lightbulb to the wider health and social care economy in Leicestershire are outlined earlier in this document, including evidence of significant achievements to date, for example from the Hospital Housing Enabler service.

As part of the Unified Prevention Offer for Leicestershire, Lightbulb will help support the shift towards early identification and targeted early help; working to prevent, reduce and delay the need for more costly interventions. The Lightbulb pilot project in Hinckley and Bosworth has illustrated the potential benefits from working closely with GPs and other community health teams to proactively identify individuals whose housing may be impacting on their health and wellbeing, particularly those patients with long term conditions.

# Lightbulb's practical offer to health

For patients at risk of falls:

- A **home safety check** to identify and address risks and hazards in the home
- **Handyperson** services eg:

- clearing garden paths

- fixing down rugs, carpets or trailing electrical leads

- changing lightbulbs

- moving /re-arranging furniture for safer passage around the home or to change the use of rooms

- A wide range of **assistive technology** equipment and gadgets to help manage risk, support independence and give peace of mind to carers
- Minor **adaptations** to the home such as grab rails and threshold strips to enable people to move safely around and in and out of their home
- Help with **major adaptations** such as level access showers and stairlifts
- Support and help to address **hoarding** issues

**For patients with long term conditions, including respiratory and cardio vascular:**

- Advice and support to **keep the house warm** in a way that is affordable, including simple remedies such as draught proofing to boiler replacement
- Access to funding for **free central heating and/or insulation** for people who have long term conditions and live in cold homes they struggle to heat (some other conditions apply)
- **Benefits and/or debt advice** to help people maximise their income in order to heat their home
- Minor and major **adaptations** to the home where appropriate
- **Assistive technology** to help manage risk and support independence
- **Handyperson services** for small jobs that make a real difference

**For patients with frailty/mobility issues:**

- Help with minor and major **adaptations** to enable people to stay in their own home rather than having to move
- **Handyperson services** to carry out small jobs around the home and minimise risk
- **Assistive technology** equipment to help ensure the home environment is supporting independence and managing risk
- Advice and support about **housing options** and **future housing** plans

**For patients with wider health and wellbeing needs:**

- Help with **security measures** such as door and window locks, chains and spyholes to give peace of mind and minimise risk
- Links into **social groups and activities** to combat social isolation or to services such as Local Area Co-ordination
- **Handyperson services** to help with smaller jobs that make a real difference
- Link with District Councils, GP practices, multidisciplinary health and care teams, and domiciliary care providers operating in each locality to **ensure housing MOT support is targeted proactively to most vulnerable groups**

The Lightbulb model embeds the learning and good practice from the Hinckley and Bosworth pilot and provides a vehicle to roll out this proactive, targeted approach across Leicestershire by:

- Enabling GPs and community health teams to access the Lightbulb housing offer through the existing First Contact Plus service for presenting patients as part of a social prescribing approach
- Providing an opportunity to target the Lightbulb housing offer to 'high risk' patients including using practice based data and case management information to identify target cohorts of people for this service

## Case Study

Mr & Mrs G were seen by the Housing Support Coordinator (HSC) at the GP practice drop in session. Mrs G has dementia and is incontinent; her husband is her main carer. Mr G recognised he needed some help but was concerned about agencies "poking their nose in."

The HSC visited the couple within three days of the initial contact and completed a Housing MOT Checklist. This identified that Mrs G would benefit from assistive technology, which was ordered and installed. A referral was also made for an incontinence assessment. The HSC recognised that Mr G would benefit from some respite and with his agreement made a referral for a Community Care Assessment for respite support/carer relief. The HSC assisted with claims for both Attendance Allowance and Carer's Allowance. Mr G also recognised that he would benefit from linking into some community groups so information was provided to him about local dementia support groups and carers groups.

Mr G said "I am grateful for all the support my wife and I have received it has made life better for both of us. We are receiving extra benefits and although initially reluctant I have found the dementia support group helpful."

Lightbulb will provide a sound infrastructure and performance framework to further build the body of evidence around the contribution of this integrated and proactive approach towards housing support to the health and social care economy; placing partners in a strong position to engage with health colleagues around support for growth through the Better Care Fund.

As part of the implementation phase of Lightbulb, a full service specification is being developed which will enable operational roll out of the model outlined in this business case. Key milestones and timescales for this and other implementation work are outlined in section 13 below.

## Service development

The development of Lightbulb as an integrated service delivery vehicle presents a number of opportunities for authorities to work collaboratively to achieve efficiencies and further improve the customer experience. A number of opportunities have been highlighted during the development phase of Lightbulb and the model includes scope within the central hub to explore and address these further in a co-ordinated and integrated way, including:

- Collective, smarter procurement practices such as bulk purchasing and common supplier lists
- Development of more flexible DFG solutions
- Sharing good practice and process improvement
- Opportunities to engage in a consistent, single dialogue with social housing providers regarding the delivery of home adaptations in their stock to ensure this offer is better aligned with that for home owners
- Continued customer insight work to identify services gaps and delivery countywide improvement
- Developing and improving the self serve offer for practical housing support

# 13. Key milestones and timescales for implementation

Following approval of this business case, Lightbulb's new, integrated housing offer will be implemented during 2017/18. It is recognised that partners will be at different states of readiness and it is important to reflect this, for example by considering a phased approach. However, to maintain momentum and ensure any double running costs associated with a phased approach are minimised it will be essential for all partners to undertake the shift into a new service model by October 2017.

**Action: to support the transformation into a new Lightbulb Housing Service each partner will need to undertake a state of readiness audit and determine the earliest point at which the new service model can be implemented within their organisation in line with the October 2017 timetable**

High level milestones to achieve implementation of the new Lightbulb Housing Service, incorporating the actions outlined throughout this business case, are set out below:

| **September – December 2016** | | |
|---|---|---|
| Milestone | Responsible | Output |
| Agree Lightbulb business case and recommendations through partner governance bodies | District and County Council Programme Board representatives.<br><br>Support available from Lightbulb Sponsors or Programme team | Approved Business Case |
| Develop and agree financial plan and governance to support implementation of Lightbulb including:<br><br>a) Identification of existing revenue funding that will be redirected to support Lightbulb and funding arrangements for year 1 (17/18)<br><br>b) A transparent funding allocation model based on demand across different district council localities | District and County Council financial officers and Section 151 Officers, Lightbulb Programme team | Approved Financial Plan supported by appropriate governance agreements between partner organisations |
| Undertake a state of readiness audit and organisational transformation plan with implementation date across all partner organisations.<br><br>Develop PID for Lightbulb implementation phase based on above | District and County Council Programme Board representatives.<br><br>Support available from Lightbulb Programme team<br><br>Lightbulb Programme team | Robust District and County Council state of readiness audits<br><br>Approved PID |
| Agree business structure for Lightbulb, including host authority and local delivery arrangements | District and County Council Programme Board representatives.<br><br>Support available from Lightbulb Sponsors and Programme team | Identified host authority and delivery arrangements |
| Implement new governance arrangements for Lightbulb implementation phase | Lightbulb Programme team<br><br>Partner representatives | Management Board and Delivery Group in place |
| Scope ICT requirements | Lightbulb Delivery Group, Lightbulb Programme team | Agreed ICT action plan |

| | | |
|---|---|---|
| **January 2016 – March 2017** | | |
| Finalise operational processes and service standards for Lightbulb (the Lightbulb specification) | Programme team, District and County Council representatives | Approved operational processes |
| Implement PID to manage organisational transformation plans and support the shift towards Lightbulb | District and County Council representatives.<br>Support available from Lightbulb Programme team | Organisational change within partner organisations |
| Develop formal agreements to support business structure | District Legal Officers, Lightbulb Programme team | Approved governance agreements |
| Develop Lightbulb central hub and ICT solutions | Lightbulb Programme team<br>Lightbulb Delivery Group | Hub arrangements and implementation plan in place supported by ICT |
| Develop trusted assessor training and general induction package for Lightbulb staff | Lightbulb Programme team<br>Lightbulb Delivery Group | Agreed training package and training plan for Lightbulb staff |
| Consider feasibility of phased approach to implementation dependent on state of readiness audits | District and County Council representatives<br>Lightbulb Programme team | Approved implementation timetable |
| **April – October 2017** | | |
| Implementation from existing arrangements into new Lightbulb operating model | District and County Council representatives<br>Lightbulb Programme team | Lightbulb service operational across the county |

These milestones will be underpinned by a programme of cultural change and communication.

# 14. Recommendations

Through this business case partners are requested to:

1. Note the achievements to date and future benefits and potential of service transformation and redesign through Lightbulb

2. Agree the Lightbulb service model as the mechanism for delivering the housing support offer across Leicestershire for implementation no later than October 2017

3. Note the other practical actions and implementation milestones set out in the business case that will support the transformation into a new Lightbulb Housing Service and agree to take these forward across partner organisation including:

   a. Agree to enter into refreshed governance arrangements to support the implementation and ongoing delivery of Lightbulb

   b. Confirm the revenue funding assumptions associated with delivering the Lightbulb offer in each local authority by end October 2016 and commit to using these resources within the new Lightbulb service model

   c. Work together to agree a funding allocation model that is based on demand modelling across the different District Council localities by the end of December 2016

   This work will be supported and directed by the preparation of an Implementation Phase Project Initiation Document, for sign off by the Lightbulb Programme Board in December 2016.

4. Support early engagement with health regarding the benefits and potential savings of the Lightbulb model and opportunities to recognise this through the Better Care Fund plan

# Appendix 1: Lightbulb Outline Job Roles

Please note the full Lightbulb job descriptions are currently being developed, alongside more detailed business processes, and we will be consulting with representatives from all partners on these.

## Housing Support Coordinator

- To work with individuals in need to identify and access a range of housing support solutions that will enable them to remain independent and healthy in their home.
- To work closely with specialists within the Lightbulb team (including occupational therapists and technical officers); facilitating a holistic approach to housing support and supporting their work by offering individuals access to a wider range of housing support services.
- To work in partnership with other organisations and colleagues to facilitate a joined up approach to meeting identified need and issues
- Provide advice and information on, and recommend as appropriate the provision of equipment and adaptations which will enable people to maximise their independence within their home environment.
- Prescribe minor equipment and adaptations to meet assessed need
- Make recommendations for the provision of non complex major adaptations required to meet assessed need.
- Referring on to an Occupational Therapist where necessary
- To case manage customers through the Disabled Facilities Grant process, including carrying out financial assessments with the service user to determine Grant entitlement and detail any customer contribution required.
- To undertake follow up visits to confirm suitability of equipment/adaptations provided
- Maintain case records of involvement with the service user and action undertaken.
- To determine with customers any entitlement to other grants and loans on their homes.
- Provide support and cover for other Housing Support Coordinators across Leicestershire during annual leave, sickness and at other times.

## Technical Officer

- Providing advice and support to customers and their families on the technical aspects of carrying out improvements and adaptations to properties
- To receive and examine applications for Disabled Facilities Grants, carry out inspections at all stages of work to ensure compliance with relevant legislation and standards.
- To liaise with other members of the Lightbulb team (Housing Support Co-ordinators, Occupational Therapists) in respect of Disabled Facilities Grant applications and to facilitate a more holistic approach to housing support
- To visit customers in their own homes and assess the building work required
- To write schedules of work and provide sketches/technical drawings
- Producing drawings with relevant documentation to local authorities for permission of planning, building control and ensure that all statutory notices are dealt with expeditiously according to statutory requirements.

- Liaising with Housing Support Co-ordinators, Occupational Therapists, Architects, Landlords, customers and other relevant colleagues to obtain agreement to schemes of work.
- To consider amendments to specifications, variations and applications for revised grants and keep control of the construction, maintaining effective working relationships with all parties.
- Carry out interim and final inspections to establish values and standards of works carried out to authorise release of interim and final payments.
- Provide support and cover for other technical officers across Leicestershire during annual leave, sickness and at other times.

## Admin support

- To provide a full range of administrative support to the Lightbulb Team as required. This includes contacting customers, chasing up quotes, liaising with builders re dates for work to commence,
- To work closely with other teams and colleagues for example Assistive Technology and minor adaptations to support a joined up approach to housing support
- To contact customers/professionals in respect of referrals to Lightbulb ensuring we have all the information needed for colleagues to undertake home visits.
- To deal with all telephone enquiries as the first point of contact, this includes dealing with vulnerable individuals regarding sensitive issues such as their health.
- Deal with any enquiries from customers, on a right first time basis, by taking ownership of the resolution of the query where appropriate, this includes managing the Lightbulb mailbox.
- To maintain databases and filing systems and diary management on behalf of the team.
- To receive, process and administer recommendations for Disabled Facilities Grants in line with Council procedures
- To be responsible for inputting, processing payments and purchase orders and accessing financial systems for the Lightbulb Team.
- To gather and collate performance information providing monthly reports to the service manager.

# Transformation Challenge Award

## 2015-16 Final Bid Form B

## B. Encouraging places that have ambitious plans to work in partnership across the public sector and with the voluntary and community sector or private sector to re-design services.

**The Data Protection Act: Freedom of Information Act 2000**

The Department for Communities and Local Government undertakes to use its best endeavours to hold confidential any information provided in any application form submitted, subject to our contracting obligations under law, including the Freedom of Information Act 2000. If you consider that any of the information submitted in the application form should not be disclosed because of its sensitivity, then this should be stated with the reason for considering it sensitive. The department will then consult with you in considering any request received under the Freedom of Information Act 2000 before replying to such a request.

Applicants should be aware that the following conditions will also apply to all bid applications:

- We may use your information for the purposes of research and statistical analysis and may share anonymised information with other government departments, agencies or third parties for research and statistical analysis and reporting purposes.
- Our policies and procedures in relation to the application and evaluation of grants are subject to audit and review by both internal and external auditors. Your information may be subject to such audit and review.
- We propose to include light touch monitoring by the department utilising publicly available information. We would encourage applicants to regularly publicise progress on their websites and disseminate good practice.
- The department will publish summaries of all successful bids.

# 2015-16 Transformation Challenge Award – Final Bid Form

**Completed final bid forms should be approved and signed by the Section 151 officer of each local authority partner to the bid and authorised person for other partners. The form should be returned in electronic format to transformation@communities.gsi.gov.uk by no later than 5pm on 1 October 2014. Please also complete and send a complete New Economy CBA Tool with your application.**

## PART A: BID INFORMATION

## Section A1: Bid information

*Note: This bid is for the Transformation Challenge Award 2015-16 B.*

| | |
|---|---|
| Local Authority Name/Name of bidding organisation: | Blaby District Council |
| Name of Contact(s): | Application Lead: Sandra Whiles<br>Application Sponsor: Cheryl Davenport<br>Application Manager: Danny Myers |
| Position in authority: | Application Lead: Chief Executive Blaby District Council<br>Application Sponsor: Director of Health and Care Integration, Leicestershire County Council<br>Programme Manager/Policy Manager, Leicestershire County Council |
| Telephone number(s) of the contact(s): | Sandra Whiles: 0116 2727501<br>Cheryl Davenport:0116 3054212<br>Danny Myers: 0116 3055501 |
| Email address of the contact(s): | Sandra Whiles: sw2@blaby.gov.uk<br>cheryl.davenport@leics.gov.uk<br>danny.myers@leics.gov.uk |
| Short Project Description | **The Light Bulb Project** will redesign housing support so that it can manage, design, deliver, and commission holistic housing support that will provide savings to wider health and social care economy. This transformation will focus on the achievement of three key changes to the frontline offer.<br>1) **A single point of contact** or referral;<br>**2) A single, broader assessment** process which will be accompanied by a **case management service;**<br>3) **A broader offer of housing support and advice** with access to handyperson services, cost effective recycled furniture, affordable warmth advice and practical support including housing based assessment services and minor and major adaptations.<br>There will be no hand offs between organisations; no bureaucracy to negotiate. **Light Bulb has the potential to make all housing support services easier to access, better** |

| | |
|---|---|
| | **targeted, stigma free, tenure neutral, more efficient and more effective.** |

## Section A2: Eligibility criteria

*Note: This bid is for the Transformation Challenge Award 2015-16 B.*

Please tick to confirm that the bid meets all the following eligibility criteria:

1. Savings must exceed the amount of grant / capital receipt flexibility sought. ✓
2. The bid must have a positive impact on service users. ✓
3. As a minimum bids must be in partnership with at least one other partner. This could be another local authority, public authority, the Voluntary and Community Sector or a private sector partner. ✓
4. *For capital flexibility only*. That the value of the asset sale is genuinely additional to those disposals that would have happened anyway – tick or specify not applicable. ☐ Not applicable
5. The proposal has been signed off by your Section 151 officer. ✓

# PART B: BUSINESS CASE

The **Light Bulb** Project

*Reducing the number of services it takes to change a light bulb (and other services you were afraid to ask for)*

# The **Strategic** Case

"We will integrate practical housing support into a single service that is available to all, that is easier to access, easier to use, and will provide support shaped around an individual's need not an organisation's processes.

The Light Bulb Project will **integrate public services**, **develop markets** and **design innovative business models and solutions**. Above all, it will keep Emma at **home**.

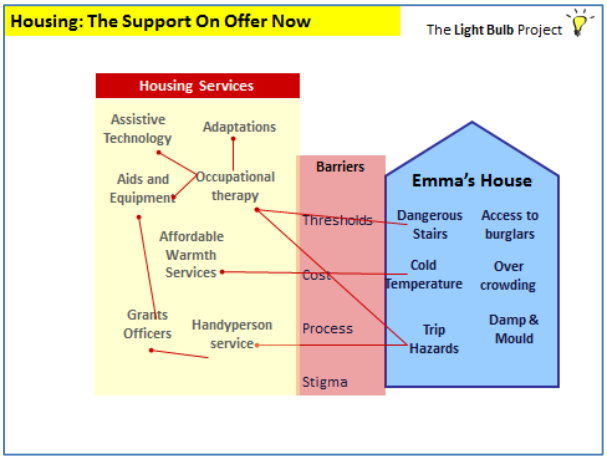
## **The reason for transformation** - *Why the existing approach needs to change*

*Emma lived alone, struggling to heat her home and get out. Her carpets were worn and she had a lot of furniture packed into tight spaces. The inevitable happened - Emma became ill and had a fall. She accessed step-up care for 46 days, went home for two days, but became ill again and ended up in hospital. After five days Emma was transferred to a nursing home where she remains*[1]*.*

Emma didn't need to go to hospital or end up in care had the Light Bulb Project been in place as an integrated part of her care plan. In 2013/14, Emma was one of approximately 20,000, 75+ A&E attendances and became one of the 1700 publicly funded residential care placements in Leicestershire. Emma was one of the 7,000 over 75s avoidable admissions to A&E.

However, our housing support offer as it is currently organised in Leicestershire is too complex, too bureaucratic and too narrow to be able to help Emma sufficiently. This support is funded and managed across two tiers of eight local authorities and delivered by a multitude of public, private, voluntary and landlord based providers.

For someone like Emma or someone acting on Emma's behalf, it is difficult to know where to start. Then, once "in" there are various inconvenient handover points to other organisations and what is actually on offer could be more helpful to residents. This disparate and threshold driven offer undoubtedly presents as too complicated and also excludes many who need support and advice, such as the isolated elderly in their own homes with assets but little income. Elderly people like Emma.




**We need to change to be able to help. We need help to be able to change.**

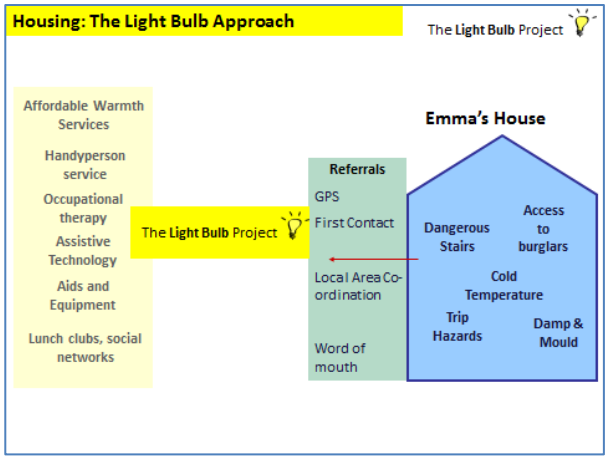
## **The Light Bulb Project's Objectives** - *What we are trying to address/improve*

The Light Bulb Project will redesign housing support as it seeks to integrate resources into a single, pooled budget that will manage, design, deliver and commission holistic housing support. As this transformation behind the frontline takes place, the focus of those involved will remain on the achievement of three key changes to the frontline offer - three key changes that will make helping Emma possible.

1. **A single point of contact** for Emma or referral for someone working with Emma;
2. **A single, broader assessment** process which will be accompanied by a **case management service;**

[1] Costed Case Studies developed by Research and Insight and Performance Management, Leicestershire County Council, 2014

3. **A broader offer of housing support and advice** with access to handyperson services, cost effective recycled furniture, affordable warmth advice and practical support including housing based assessment services and minor and major adaptations.




There will be no hand offs between organisations; no bureaucracy for Emma to negotiate. **Light Bulb has the potential to make all housing support services easier to access, better targeted, stigma free, tenure neutral, more efficient and more effective.**

Light Bulb won't just be helping Emma however. The benefits to Leicestershire's Health and Social Care Economy are potentially significant. A third [2] of 75+ hospital admissions are considered avoidable and every care placement avoided or delayed represents a significant opportunity for saving[3]. Together, these admissions and placements cost Leicestershire's health and social care budgets approximately £77m[4] in 2013-14 and this is likely to rise with an ageing population[6]. As we establish with the use of the CBA Transformational Calculator, Light Bulb could deliver £13m worth of savings to this highly pressured economy over a 10 year period.

## How this transformation fits with the wider priorities for partners in Leicestershire

Blaby District Council is leading on the development of the Light Bulb Project as their Chief Executive is the District`s strategic lead on health, housing and wellbeing. However, Leicestershire, as a place, is committed to supporting Blaby to develop the Light Bulb Project.

**We have aligned resources and are now prepared to consider pooling them**

- Our Health and Wellbeing board is supporting the Better Care Together Programme bid which outlines how health and social care partners can, by working together, save £400m over the next five years as part of the Better Care Together Strategy, and has formally supported the bid.
- The County Council, needing itself to reduce spending by £110m (nearly 30%) by 2017/18, has offered both formal and financial support (detailed elsewhere) to the development of the Light Bulb Project.
- Our 6 other district councils, like us, are facing significant financial pressures and have also supported and prepared to consider allocating resources to the integration necessary for Light Bulb.

**We have aligned polices and share priorities**

The support for the Light Bulb project bears testimony to a significant and recent realignment of priorities across Leicester, Leicestershire and Rutland. **The Housing Offer to Health**[7], developed in conjunction with the Chartered Institute of Housing in 2013, offered to concentrate the collective efforts of the 7 District Councils on developing services to help health and social care partners achieve their Better Care Fund priorities. Hence, the plan for the Better Care Fund and its accompanying Unified Prevention Offer, recognises housing, and the Light Bulb Project specifically, as vital in delivering this redesigned sustainability. The Light Bulb Project is an opportunity for housing partners to demonstrate the significant impact that housing has in helping the local health and social care economy accommodate rising demand with reduced resources.

**We have a shared history of achievement on partnership which we plan to build on**

In Leicestershire, we want to build greater resilience and capacity in individuals, families, local markets and communities with the aim ultimately of reducing demands on front line services. This is reflected in the four

[2] Frail Older People Business Case, West Leicestershire Clinical Commissioning Group, June 2014
[3] Each placement costs between £25,000 and £36,000 a year to Leicestershire County Council
[4] Roughly £48m from Over 75 admissions and cost of average stays (derived from Frail Older People Business Case, West Leicestershire Clinical Commissioning Group, June 2014) and £29m from residential and nursing care placements at Leicestershire County Council (minus 36% charging)
[6] As described within the JSNA3 (Leicestershire's Joint Strategic Needs Assessment, 2012), both the number and the proportion of the population in Leicestershire aged 65 and over will continue to increase from the estimated 115,100 (17.6%) in 2010 to 151,100 (21.2%)
[7] See Page 229, Care and Support Statutory Guidance, Issued under the Care Act 2014

Transformation bids to the DCLG submitted by the county's 8 local authorities. All four are focused on developing a new approach to achieve our shared, strategic ambition: to begin to left shift citizen behaviour and expectations of the state. Though each are standalone applications for funding, together they represent a whole life strategic approach in achieving this ambition by tackling emerging issues at the earliest possible point for young families, working age adults and specifically, though not exclusively with this bid, for vulnerable, older people.

All partnership ventures pose a certain type of risk. In Leicestershire, we have a good track record of managing this risk. In Leicestershire, we have delivered, in partnership, significant change to public services to improve outcomes for residents. This includes initiatives such as 'Total Place', 'Community Budgets' and the 'Troubled Families/Supporting Leicestershire Families (SLF)' programme that all point to a culture of partnership led change which has delivered successfully and continues to do so with the new Better Care Fund plan.

**Managing Risk, Delivering Ambition**

The Light Bulb Project Plan has four phases which should enable further success.

**Managing Risk**

1. **2014-15** – We establish budget hosting arrangements for resources already secured through the bid and from partners and align the Light Bulb to the county's key health and social care integration plans;
2. **2015-16** – We refine the service offer with further insight work and a pilot scheme. We manage legal, managerial and financial risks for the transfer of staff and statutory responsibility into a fully integrated cross-county housing support service, including those associated with Disabled Facilities Grants.

**By April 2016, local authority stakeholders will be legally and financially assured and persuaded operationally to transfer existing resources to Light Bulb. The Light Bulb Project is Switched On.**

**Delivering Ambition**

3. **2016-2017** – Light Bulb is fully operational. We are now in a position to clearly demonstrate that the redesigned service has alleviated pressure on high cost A&E admissions. Consequently, as part of the bi-annual spending round, we seek to secure additional investments from Clinical Commissioning Groups through the Better Care Fund as an "invest to save" approach to the Light Bulb Project.
4. **2017-18 –** Light Bulb, now able to make a business, political, financial and operational case for its approach, considers its own business model and whether to expand structurally into the market and/or geographically to cover the whole of Leicester, Leicestershire and Rutland.

**By April 2018, all health, social care and housing stakeholders recognise and support the Light Bulb Project – politically, operationally, and financially and the Light Bulb Model is considered viable for expansion into the market and/or a larger geography.**

By 2018, potentially, Light Bulb won't just have helped people and agencies in Leicestershire. With financial responsibility for Disabled Facilities Grants by now transferred to the Better Care Fund and health and social care economies all across England trying to manage down demand on expensive health and care settings, Light Bulb will have been able to provide guidance and transformational learning to other local authorities on how to:

1. **integrate reduced budgets, including the Disabled Facilities Grant (DFG),** into a single flexible, innovative, market facing delivery model;
2. **monitor how housing support can generate savings for hospitals and the care system based on a preventative outcome model** so that local authorities and Clinical Commissioning Groups across England can make informed decisions as to the long term funding for these services**;**
3. **withdrawal from direct service provision** while
    a. retaining the necessary influence to shape local markets
    b. provide a more user focused service to the public; and
4. **manage risk effectively** enough to reassure 8 local authorities into to delivering differently and committing significant resources.

# The **Financial** Case

We aim to integrate £8m worth of housing services across 8 local authorities. This integration has the potential to provide us with an opportunity for savings through simplified and improved contact points, smarter referral routes, a case management offer, smarter procurement and reduced management costs.

**We need £1m to manage and deliver this service integration and transformation.**

The Light Bulb Project is not just asking for money to help deliver a significant transformational change. Local authorities in Leicestershire are prepared to consider committing resources far in excess of this bid to ensure that this change happens and is successful. We estimate there is a potential £8m worth of service integration that would form the bulk of The Light Bulb Project's budget - approximately £5m from district budgets and £3m from the County Council. All 8 local authorities are prepared to consider devolving these responsibilities and committing these budgets to the transformation outlined below and potentially funded by the £1m we have bid for. Together this integration and investment, according to the Cost Benefit Tool, indicates that over a 10 year period the net present budget impact is -£12m over 10 years, a payback period of 3 years with a return on investment ratio of 12.87.

Cashable (discounted) benefits over 10 years total £13m as detailed in the table below

| **Organisation** | **£'000** |
|---|---|
| **Local Authority – social services** | 5,776 |
| **NHS Acute Sector** | 5,515 |
| **NHS – EMAS** | 1,849 |
| **Total discounted benefits over 10 years** | **13,140** |

As the Light Bulb project is a preventative service the majority of the savings are attributable to the NHS rather than the local authority. As local authorities are under pressure to identify savings within their organisation, consideration will be given to fund Light Bulb (in full, or in part) from the Better Care Fund on an ongoing basis. It is programmed into the development of the Light Bulb project that such a decision would be sought in 2016-17 once any integration has been successfully managed and there is tangible evidence that the service is generating savings to the health and social care economy (see the Economic Case). To do this the budget has an early focus on performance business analysis and IT systems to help evidence outcomes to the health and social care economy.

Should this funding be secured, there is potential that the commitments by Local Authorities, in particular the additional funding for major adaptations in excess of the Disabled Facilities Grants, could be reduced in three ways.

- Efficiencies could be generated through a holistic preventative approach.
- Smarter procurement resulting in efficiencies and economies of scale.
- Despite the expectation that demand would rise, we would expect this capacity to be managed through the savings generated.

**Funding**

In addition to the Transformation Challenge Award, funds have been identified to support the implementation of the project, neither of which are dependent on the success of this bid. These include:

- Better Care Fund £100k (non-recurrent) has been allocated in 2014/15 to continue the work that has already started in developing the service.
- Leicestershire County Council (Adults and Communities department) £240k (recurrent) has been committed to support both the implementation and ongoing costs of the Light Bulb project.

In terms of the final service delivery model, the Light Bulb project could oversee an amalgamation of funds across all of the partners. The total value of the pooled fund will depend on the final delivery model that is adopted. The indicative scope of potential funding for the service delivery is detailed in the table below:

| Service Area | Indicative Ongoing Annual Cost £'000 |
|---|---|
| **Light Bulb Core Team** | 300 |
| **Disabled Facilities Grants / Adaptations** | 5,155 |
| **Occupational Therapy** | 1,574 |
| **Warm Homes / Energy Efficiency** | 351 |
| **Handy Persons Schemes / Home Improvement Agencies** | 212 |
| | **7,592** |

**Risks and Sustainability**

As part of the implementation phase, a full risk register will be maintained that will identify risks along with mitigating actions. The key financial risks are:

| Risk | Impact | Likelihood | Mitigation |
|---|---|---|---|
| **Potential for costs to increase** | Low | Low | Cost inflation to the project has been included where appropriate and a positive NPV can still be achieved. The cost of the project also includes a 10% contingency to allow for unanticipated expenditure. |
| **Additional contributions to the project are withdrawn.** | Medium | Low | Commitment from funding organisations will have been agreed. |
| **Long term funding from partners compromised** | High | Medium | Clarity of funding contributions and outcomes to be detailed in the pooled budget agreement. |
| **Savings not achieved** | High | Medium | Conservative benefits are estimated in the model. Ongoing performance management reporting to ensure that the service provides value for money. |
| **Increased demand exceeds available funding** | High | Medium | Ensure robust data collection to demonstrate the savings achieved through Light Bulb in health and social care settings to secure additional funding from the Better Care Fund |

**The resources requested**

Blaby District Council, on behalf of all local authorities in Leicestershire, is seeking £1m to deliver the transformational elements of the Light Bulb Project. Many of these transformational costings identified in the bid ask have been based on costs incurred during the development of the Supporting Leicestershire Families Programme (part of the Government's Troubled Families Programme). This includes change management, insight, business analysis, training, ICT, legal and financial costs. These have been applied to an estimated scale

to the Light Bulb bid.

The experience and expertise secured in the SLF successful transformation programme will also be available to call upon throughout the development of the Light Bulb. For example, the robust memorandum of understanding which forms the basis of partnership working[8].

This £1m will be used to pay for three key elements of the transformation project.

1. **Delivering Change:** £480k
    a. The Project, Risk and Change Management required to oversee the potential integration of £8m pounds worth of local authority services and spend spread across 8 local authorities into a possible pooled budget and agreed governance and risk management structure
    b. Testing the viability of Light Bulb adopting a different business model.
    c. Both of the above to include additional legal advice required to ensure any budget and staff transfer and any business model adopted is viable.
    d. Business Analysis required to map and identify service improvements, efficiencies and savings from within the existing local authority service bundle, such as minor and major adaptation assessment and delivery.
2. **Testing Change - Light Bulb will be developed as it delivers:** £180k
    a. Customer Insight: We will require face to face engagement with potential service users to ensure that the service we design is the service they require as a follow up to the insight work already carried out (see the Commercial Case).
    b. Leicestershire County Council have already committed an additional £240,000 to the Light Bulb Project from October 2015. This bid is asking for a similar amount from the DCLG to be deployed from April so that a pilot Light Bulb staff can be deployed with the necessary management, contact, assessment, case management and delivery components.
3. **Enabling Change:** £340k
    a. Year 1 Business Analysis capacity to assess capacity and ICT resources required for Light Bulb to operate a single point of contact/referral and case management service
    **b.** We have identified that to enable Light Bulb to operate as an effective single point of contact and assessment/case management service there will need to be new ICT technology to support this.

This upfront, transformational investment of £1m could allow 8 local authorities to integrate, reorganise and redesign their housing support offer. A process which, based on the New Economy CBA Tool, has a potential of generating back this £1 million in its first year of being fully operational (2016-2017). The Economic Case explains how.

8 Supporting Leicestershire Families Memorandum of Understanding, April 2013-2016

# The **Economic** Case

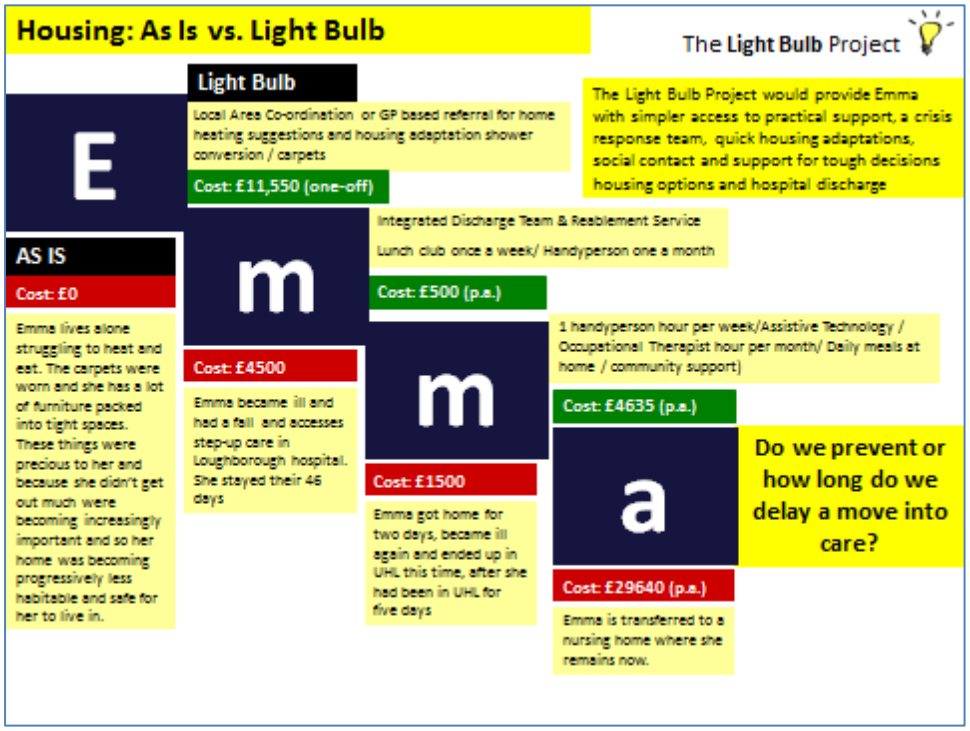
A third of 75+ hospital admissions are considered avoidable and every care placement avoided or delayed represents a significant opportunity for saving. Together these admissions and placements cost Leicestershire's health and social care budgets approximately £77m.

**Light Bulb could deliver savings of around £13m over the next ten years to these health and care budgets.**

It is estimated that poor housing costs the NHS £600m per year. Furthermore, the average housing adaptation is £6,000 compared with an annual care home cost of £26,000[9]. Light Bulb is designed to make an impact economically, not just on services, but also to the individual.

Emma is a good example of how we can help to address this change for people to help them remain in their own homes.

**Emma's case**




**The benefits and savings Light Bulb can provide to Emma**

Emma's home care totals around £5,000 per annum with a relatively high one off adaptation cost of £11,500. In total this is £10,000 less than one year of residential care and £15,000 less than a year of nursing home costs. More importantly, the adaptations if targeted and bespoke increase Emma's confidence and wellbeing and prevents frailty. The more up front these discussions are, the minimum impact for the person, family and services. Light Bulb's streamlined assessment process and professional Occupational Therapist (OT) support would ensure that Emma would be able to make supported choices far quicker than the current

[9] Age UK Housing in Later Life, 2014

system and better, more informed choices with her personal budget. Hopefully, this will occur, prior to that first illness that caused the fall. Even if she isn't eligible for a grant, Light Bulb would be able to secure adaptations at a cheaper cost by working directly with commercial companies through bulk purchasing for a larger customer base, rather than what individuals alone would be able to negotiate. This would also allow Emma to realise the benefits of up-front adaptations as opposed to potential future ongoing care costs.

In Emma's case, it was only a matter of weeks before she was transferred to a nursing home. In a survey by the Institute of Public Care on information relating to the circumstances of 36 older people prior to their admission to a care homes, 28 of those surveyed attributed admittance to a critical event. For 40% of the 28, this was a fall (both hospitalised and non-hospitalised).

In a study[10] 39 respondents stated that their adaptations had been in place for an average of 3.57 years (2,227 weeks) at an average cost of £10,569. If this is broken down into weeks, it equates to an average of £4.74 a week to reduce the burden of care on either a family carer or paid carers – less than the cost of providing one hour's home care. Taking this one step further, if the adaptations provided had prevented an admission to a care home this could produce a potential saving of £1.5 million (assuming care home fees of £678 per week over 3.57 years). In the study sample there were 13 cases in which the adaptation was benefiting an extra disabled person, and the average time the adaptation had already been in use was 2.7 years, at an average cost of £10,861. This equates to a cost of £6.40 per week for a single person, but only £3.20 if the second beneficiary is taken into account.

**The benefits Light Bulb will bring to health and social care economies**

It is anticipated that Light Bulb will have a positive impact on both the health and social care economies. The streamlined assessment process will deliver a better customer experience as well as increase our ability to engage with more people so that the benefits to health and social care can become even greater over a longer period. It is acknowledged that this will produce higher demand for adaptations than current levels (see The Management Case).

Within the CBA tool, recent data has been used to evidence need and model the impact of potential Light Bulb interventions. To ensure that robust data analysis continues throughout the life of the project, Business Analysis resources have been factored into the initial set up costs of the project. It is important to Light Bulb to continuously prove a tangible social return on investment. However, more work needs to be undertaken on collating information on how many people take up the offer of an adaptation and understand the reasons why adaptations might not go ahead. Currently, the CBA tool shows an anecdotal figure of a 5% refusal rate. In addition to this there is a need to show impact data on adaptations and their benefits to residents over time. For example, how long can this delay or mitigate entirely the need for a move to a care home? This is particularly relevant for those with dementia. There is also a need to measure the softer benefits associated with isolation and mental health and wellbeing for those that have been able to remain in their homes for longer.

The importance of robust data is paramount as this is where we hope to evidence NHS cost reductions in order to secure CCG investment in the future. In turn, there is also the possibility of a more streamlined assessment process leading to more informed choices for residents and perhaps in turn, leading to a reduction in DFG's. For example minor adaptations for bath hoists instead of a major adaptation for level shower access.

[10] http://www.scotland.gov.uk/Resource/Doc/924/0104641.pdf

**The Potential Economic Benefits to Social Care**

Projecting Older People Population Information (POPPI) stats show 3305 over 65's will be living in a care home, with or without nursing, in Leicestershire in 2014 (2200 people wholly or partly funded by adult social care). The cost to adult social care is approximately £350 per week (this rises to £590 for full funding, however the majority are part funded). POPPI projects that this is likely to rise to around 4902 people by 2025 costing approximately £89,203,654 to Adult Social Care and self-funders. Light Bulb aims to prevent or delay people going into care homes by ensuring peoples own homes are fit for purpose for longer. If there are on average an additional 532 people going into care every year until 2025, approximately 180 of those would be living in non-decent homes. This is based on data that around a third of pensioners homes are "non-decent"[12] and if Light Bulb could work with 33% of projected households, before they went into care in 2025, this could reduce the bill to Adult Social Care by around £7,000,000 over 10 years or £940,000 per year (this figure is adjusted based on there not being 100% impact until year 5). Additionally the annual public benefit rises to £1.4 million per year equating to £10.5 over 10 years (100% annual impact from year 5).

**The Potential Economic Benefits to NHS**

Falls cost the NHS more than £2 billion per year[13]. Light Bulb aims to work within a cohort of around 3528 people of the 144,346 A&E admissions a year in Leicestershire. The 3528 people are those that fall, are conveyed to hospital, but not admitted. Again working with 33% of these as the percentage of people with non-decent homes within the cohort, this equates to a reduction in attendance costs of approximately £42,500 per year or £320,500 over 10 years (this figure is adjusted based on there not being 100% impact until year 5). In addition to this, Light Bulb will aim to reduce by 33% (those with non-decent homes) those that are admitted to hospital due to a fall. This in turn will lead to £854,000 annual benefits to the NHS equating to a projected £6,406,000 over the ten years.

In total there are projected savings of around £6,727,500 over the 10 year period to Hospital based services.

**The Potential Economic Benefits to the Ambulance Service**

For the Ambulance service Light Bulb aims to reduce the numbers of falls people suffer in their homes that are then not conveyed to hospital. Using East Midland Ambulance Service data we have calculated that there are approximately7051 of these a year. If we aim to work with 33% of the households to prevent these types of callouts, we could reduce EMAS costs annually by around £300,000 per year or £2,250,000 over the 10 year period.

In total, the net present public value, over the 10 years equates to approximately £15 million, with a public value return on investment of £12.87 back for every £1 spent.

The redesigned housing support offer that Light Bulb will deliver therefore needs to ensure that the increased demand and through-put we want to achieve includes this cohort of people. Light Bulb's Commercial Case outlines how this redesign will enable this smarter targeting; how we get to this vital 33%.

[12] http://www.jrf.org.uk/sites/files/jrf/older-people-support-full.pdf

[13] http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf

# The **Commercial** Case

" Light Bulb will manage, deliver, procure and influence housing support provision in in Leicestershire - pioneering a broader, more flexible, bespoke offer to Leicestershire residents.

**Light Bulb will be in a unique place to shape the market and possibly enter it once the necessary integration and transformation has taken place.**

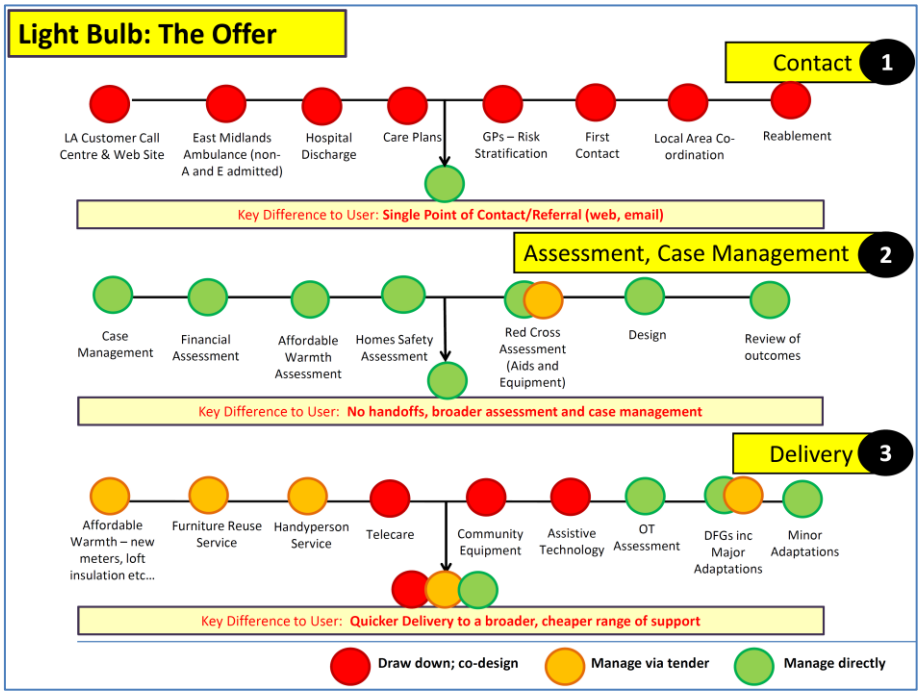
## How the new service model will be delivered and why is this the best way of doing it

The three key aims of the Light Bulb Project are to deliver:

1) **A single point of contact or referral**;
2) **A single, broader assessment** process accompanied by a **case management service;**
3) **A broader offer of housing support**.

With these three priorities in mind, Light Bulb, potentially brings together into one financial and management arrangement structure, the following functions over the next three years:

1) **Contact:** The development, introduction and management by Light Bulb of a new single point of contact and/or referral with smarter targeting and better developed demand channels to reach our target cohort;
2) **Assessment and Case Management**: The development, introduction and management by Light Bulb of a new single assessment process and case management service via a combination of service redesign and cross authority integration of existing staff that increases delivery options and reduces waiting time;
3) **Delivery**: the delivery of a broader range of housing solutions via the
    - management and delivery of pre-existing local authority services;
    - the redesign and management of pre-existing local authority service specifications put to market;
    - the design, development and commissioning of new service specifications put to market;
    - the drawdown of services from contracts that Light Bulb would not be responsible for.



## Single Point of Contact/Referral

Light Bulb would be responsible for the contact and referral process via e-mail, internet and phone and existing referral process such as First Contact Leicestershire[14]. The supporting ICT requirements would also be the direct responsibility of Light Bulb. The Contact Point would offer to the following:

| User | Light Bulb and Partners | Market |
|---|---|---|
| • Light touch sign posting service<br>• Conduit into the mainstream Light Bulb Assessment and Case Management offer. | • A single point of referral<br>• Smarter targeting of potentially vulnerable users<br>• A robust dataset to enable smarter promotion in Years 2 and 3 and smarter specifications for Light Bulb's delivery components which go to market. | • Access to an increased, better targeted segment of the population. |

We know that smarter targeting could helpfully stimulate the most beneficial demand for housing support. In Years 1 and 2, Light Bulb would seek to ensure that the people that benefit most from a housing intervention, who incidentally are often the same people who provide the greatest savings to health and social care budgets, become increasingly aware of Light Bulb's offer of support at the right time (via the top line of red dots in the previous diagram). We know a lot about this demand already but inevitably we will need to understand the potential untapped demand which will help Light Bulb develop. For example, care plans, GPs and the Ambulance Service could identify and sign post people directly into housing support in a way that isn't currently managed and this could provide access to Light Bulb to those who stand to benefit most from an effective, early housing offer.

## Single Assessment Process and Case Management Offer

The biggest alteration is at this stage of the offer. Light Bulb's budget and management would be responsible for the design and delivery of assessment processes, advice and case management. This offer would be designed to ensure the following benefits:

| User | Light Bulb and Partners | Market |
|---|---|---|
| • Generic Assessment covering a broader range of housing, support options.<br>• Case Management - navigation of potentially stressful and expensive process with trusted, identified support. | • An assessment process which does not rush to the most expensive options.<br>• Knowledge about where best to develop the market when Light Bulb goes to market for delivery options.<br>• Opportunities for referrals into other prevention offers. | • Direct referrals from Light Bulb assessment staff to options which Light Bulb have commissioned or exist already. |

In Year 1, we would need to continue to develop our understanding of the needs of our potential client base. We have costed proposals to further develop this work which this bid would support.

[14] http://www.leics.gov.uk/firstcontact

**Delivery of housing solutions**

The delivery of a broader range of housing solutions following the contact, assessment and case management offer would be carried out via the

- management and delivery of pre-existing local authority services, such as specialist OT assessments;
- the redesign and management of pre-existing local authority service specifications put to market, such as furniture reuse services;
- the design, development of commissioning of new service specifications put to market, such as handyperson or affordable warmth services; and
- the drawdown of services from contracts that Light Bulb would not be responsible for, such as telecare and assistive technology.

The third and final component of the Light Bulb Business Model would seek to ensure the following benefits:

| User | Light Bulb and Partners | Market |
|---|---|---|
| • Quicker access to services with no hand offs.<br>• A broader range of cheaper housing, support options secured via Light Bulb.<br>• Overall, quicker end-to-end service to a better outcome. | • A wider range of housing support options available to client facing professionals.<br>• Overall, system savings housing related A&E admissions are reduced. | • A more active and reliable market to deliver a range of housing support services<br>• Commissioning opportunities for innovative providers |

**Case Study: Affordable Warmth - How we anticipate Light Bulb will benefits users, partners and the market**

**As part of Public Health's Winter Planning responsibilities, we are asking for an organisation to provide affordable warmth advice and solutions. This has provided the Light Bulb with two opportunities.**

**The first is to market test and develop the assessment and case management offer which is pivotal to the success of Light Bulb.**

**The second is more illustrative of how Light Bulb, as the primary conduit into housing support services in Leicestershire, can help develop the market. Whoever eventually secures this tender will have guaranteed access to provide information via a trusted source to thousands of people every year.**

**Over the next couple of years, we will be able to confidently project the numbers of Light Bulb users that will seek advice on affordable warmth. Armed with this sound market projection, this organisation is then in a far stronger position to negotiate with energy suppliers to secure an even greater collective bargaining tariff on behalf of all Light Bulb referrals. This in turn would give Light Bulb a very tempting promotional hook and increase the number of people who receive housing related support and advice.**

To achieve all of the above we need additional transformational resources (via the bid), the integration of services (via the pooled budget) but, crucially, a plan to manage the risks associated with both. We need to provide the assurances to those committing these resources, the DCLG and all eight local authorities, that this transformation delivers, is legally and financially viable and politically supported.

The Management Case explains how these assurances will be provided.

# The **Management** Case

Leicestershire has a track record of delivering innovation in partnership. We have identified risks, planned a phased integration to manage these risks and are utlising well established and effective governance structures and processes to ensure delivery.

**We are both willing and able to deliver transformation.**

## Governance and Project Management

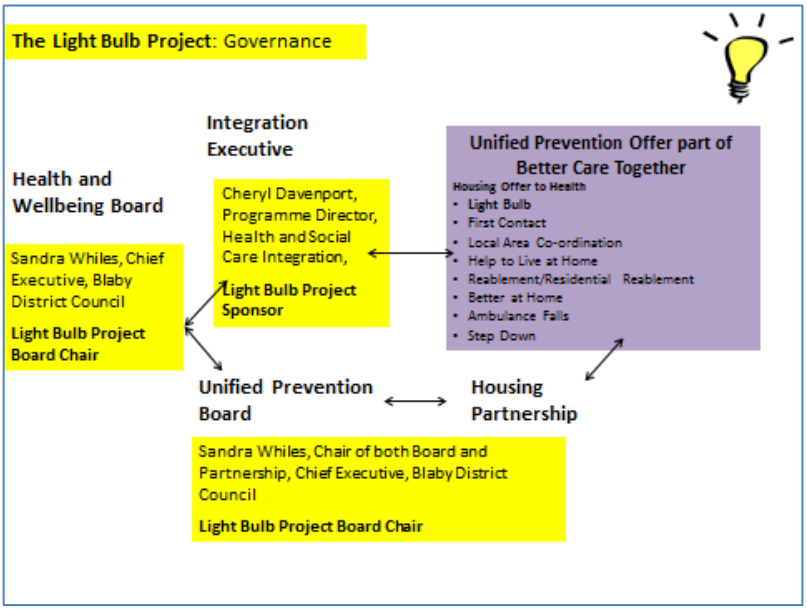
### Managing Partnership Risks

Our partnership approach in Leicestershire will be reflected in our management of all four DCLG Transformation bids from Leicestershire local authorities should they be successful. Building on our learning to date in developing these four bids we will establish a multi-agency alliance/steering group which will report to the Leicestershire Health and Social Care Integration Executive. It will provide a single point of reference to the DCLG and effective governance for all our projects as they are implemented. This will enable economies of scale through shared infrastructure arrangements where practicable for such matters as project and financial support, risk management and benefits realisation. It should also provide a useful learning forum.

Our strong partnerships and alliances in Leicestershire reflect our belief that we are most effective when we work collaboratively. We have significant experience and a shared history of delivering significant transformation by working in this way. Our Supporting Leicestershire Families programme posed many of the challenges that the Light Bulb will face and we have both corporate and partnership experience, established methodologies and a shared culture which can for overcoming many of these challenges[15] .

Our ability and experience in delivering successful early intervention and preventative approaches, based on a whole life, whole system approach can be brought to bear in these governance and reporting arrangements. In addition Leicestershire hosts the Centre of Excellence for Information Sharing, which will provide support for the information sharing implications across agencies, which is likely to be an issue which needs expertise when the Light Bulb develops its own customer and case management systems.

The diagram opposite illustrates the specific governance arrangements that the Light Bulb Project has been developed under. It's Project Board, chaired by Sandra Whiles, Chief Executive of Blaby District Council is also Co-Chair of the Prevention Board (with Mike Sandys, Leicestershire's Director of Public Health) which reports to Leicestershire's Health and Well Being Board. Cheryl Davenport, Project Sponsor and Director for Health and Care Integration at Leicestershire County Council, is responsible for the Better Care Fund which already reports to the Integration Executive, which is




[15] Insert link to SLF Memorandum of Understanding

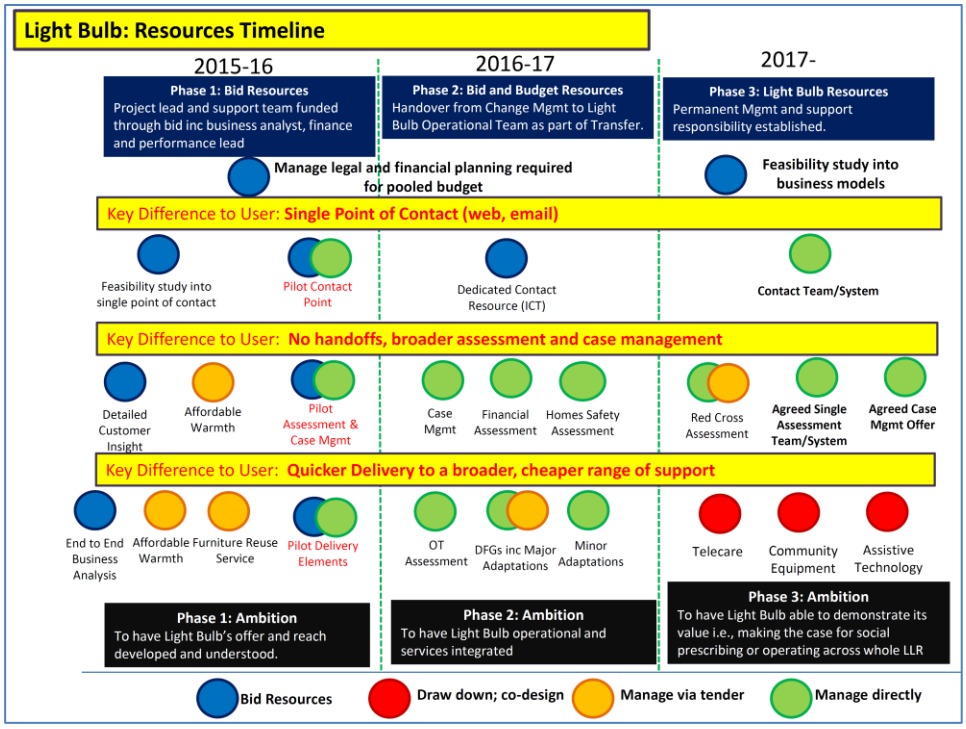
mentioned above. The membership of the Project Board covers the key stakeholders whose commitment and resources are vital to the successful implementation of the Light Bulb Project.

## Implementation and Managing Risk

The Light Bulb Project has four distinct phases which can be briefly summarised as:

1. establishing support and commitment;
2. refining the offer and managing risk;
3. becoming fully operational; and
4. expanding support and commitment.

These are mapped out in more detail here, specifically relating to the high level risks they are seeking to mitigate, and the diagram immediately below details when and what resources would be deployed by Light Bulb between 2015 and 2018.




### Risk 1: Managing the transfer of responsibility of the Disabled Facilities Grant (DFG) from local authorities to the Better Care Fund

**Phase 1: 2014-15: Now – Secure resources and support**

It could be argued that the momentum now behind the Light Bulb Project has been triggered by the transfer of DFG responsibilities to the Better Care Fund which exposed district local authorities to a risk of no longer being able to manage this resource. More fundamentally, it also exposed the wider health and social care economy to a significant risk because this potentially removed the incentive for district councils to maintain their DFG top-up element (see The Financial Case). This top up is regarded as vital for effectively managing demand and we anticipate would become even more vital if we wanted to stimulate more demand for housing based solutions through the Light Bulb Project.

The process of submitting this Transformation bid to the DCLG has helped galvanise cross-council support for the Light Bulb Project. Partners recognise the money secured through this process will be used to manage this risk and provide this assurance – legally, financially, operationally – for moving toward a new significant change and service redesign. The £1m we are asking for from the DCLG would effectively deliver the wider £8m pooled budget.

**Risk 2: Not securing agreement for a pooled budget from all 8 local authorities**

**Phase 2: 2015-16 – Developing the Offer, Preparing for Integration**

From April 2015 we would look to embark on two key concurrent activities to provide this assurance - further developing the service offer and risk managing the integration of the pooled budgets.

- **Developing the Service Offer** Primarily this would be done by committing up to £500,000 toward a pilot scheme run from Blaby but serving the whole of the County, funding for which would be split between the money secured from this bid and the money already secured from Leicestershire County Council (see the Financial Case). We would also use commissioning opportunities such as those provided by the Affordable Warmth Specification to support other elements of service development (see the Commercial Case). The DCLG funding would also fund further customer insight work as well as being deployed to identify sources for efficiencies from within the current bundle of services.
- **Preparing for Integration -** The DCLG Transformation would fund the management of the integration. Senior resource would be deployed to oversee the development of a viable action plan which secures a legal framework for the transfer of responsibilities resources and potentially staff from across all eight local authorities in readiness for 2016/17, when it is currently planned that the Light Bulb Project would be given the responsibility of discharging statutory DFG responsibilities.

This is a realistic timetable, giving us up to 15 months to undertake the necessary consultation with users, employees, stakeholders and partners and to allow Light Bulb staff to build sufficient business, legal and operational cases.

**Risk Mitigated: By April 2016, local authority stakeholders will be legally and financially assured and persuaded operationally to transfer existing resources to Light Bulb, including their existing DFG top up.**

**Risk 3: Demand increases for housing support in excess of the capacity we have reintegrated and redesigned**

**Phase 3 – 2016-18 Becoming fully operational, demonstrating Light Bulb's worth**

We want more people to receive housing support if we are to be able demonstrate effectively that by making a home comfortable, warm and safe, we reduce the demand on expensive health and social care settings . We know that we should expect more people to use Light Bulb (see The Economic Case).

An effective integration and redesign using current resources will have its limit in managing this potential increase in demand. We need to clearly demonstrate that the integrated and redesigned service that the Light Bulb Project has delivered has alleviated pressure on high cost A&E admissions. DCLG resources will help fund establishing an end to end process for understanding this value and giving it meaning, the basis of which already forms the bid and has helped build the economic case and helped identify the key performance indicators in this section. This will put us in a position by 2016-2017 to be able to confidently request from health partners that the part of the savings accredited to Light Bulb should be used to further build the capacity of Light Bulb.

**Risk Mitigated: By April 2018, all health, social care and housing stakeholders recognise and support the Light Bulb Project – politically, operationally, and financially.**

**Expansion of the Light Bulb into the market or wider geographically**

**Phase 4: 2017-18 –** Light Bulb, able to make a business, political, financial and operational case for its approach across the public sector in Leicestershire, now needs to consider whether it would be able to develop a similar case for the wider private sector and a wider geographic spread – perhaps one co-terminus with Leicester, Leicestershire and Rutland's health and social care economy. The change and project management resources funded by the DCLG would now apply a similar process to test the legal, financial and operational viability of either scenario.

**Ambition Achieved: the Light Bulb Model is considered viable for expansion into the market and/to a larger geography.**

# PART C: APPROVAL

*Note: This bid is for the Transformation Challenge Award 2015-16 B.*

**Approval:** Bid approved and signed off by Section 151 officer for each partner to the bid.

| | |
|---|---|
| Name | S.J. Pennelli |
| Organisation | Blaby District Council |
| Date Approved | 30.9.14. |

| | |
|---|---|
| Name | Simon Jackson |
| Organisation | Charnwood Borough Council |
| Date Approved | 30 Sept 2014 |

| | |
|---|---|
| Name | C. Riley. |
| Organisation | Harborough District Council |
| Date Approved | 29th September 2014. |

| | |
|---|---|
| Name | |
| Organisation | Hinckley and Bosworth Borough Council |
| Date Approved | 29-09-14. |

| | |
|---|---|
| Name | Chris Tambini |
| Organisation | Leicestershire County Council |
| Date Approved | 30/9/2014 |

| | |
|---|---|
| Name D K Garton | |
| Organisation | Melton Borough District |
| Date Approved 29/9/14 | |

| | |
|---|---|
| Name | |
| Organisation | North West Leicestershire District Council |
| Date Approved | 30 September 2014 |

| | |
|---|---|
| Date Approved | |

| | |
|---|---|
| Name | Mark Hall |
| Organisation | Oadby and Wigston District Council |
| Date Approved | 29 September 2014 |

*In Oadby and Wigston's case, the signature was provided by the Local Authority's Chief Executive as the delegated Section 151 Officer was not available.*

Leicestershire County Council

# Leicestershire Equipment, Adaptations and Assistive Technology Strategy 2016-2020

## Promoting independence and Supporting Communities

# Table of Contents

## Introduction

The landscape of equipment, adaptations and assistive technology (AT) is sizeable and the assessment and access pathways are complex. This strategy highlights these complexities, and along with the action plan, outlines opportunities to address some of the current pressures facing local authorities, as well improving lives with the least intrusive forms of support.

Co-ordinated advice and information is key to supporting people to take responsibility to plan for their future needs, including information about maintaining independence through the use of equipment, adaptations and AT. Promoting self-serve and effective self- assessment for those people who do not want to or do not need to access public services provision, alongside information that guides those people with more complex needs to appropriate referral points for access to specialised assessments, are fundamental for ensuring the right person gets the right support.

There is potential for the benefits of equipment, adaptations and AT to be better understood by the public. It is also recognised that the opportunities that equipment, adaptations and AT provide, particularly around re-ablement, recovery and assessment for long term support, should be made more integral to our social care assessment and commissioning processes.

### The Lightbulb Project

Lightbulb is a Partnership Programme supported by the seven District Councils in Leicestershire and Leicestershire County Council. The Lightbulb Programme aims to bring together a range of practical housing support into a single point of access or referral. A holistic housing needs assessment (the Housing MOT) will ensure that any housing support needs are proactively identified and that the right solution is found. The Lightbulb Programme is also completing DFG's and looking to develop a business case as to how the entire process can be simplified and improved across the county. The overall ambition of the Programme is to maximise the contribution that housing support can play in keeping vulnerable people independent in their homes; help to avoid unnecessary hospital admissions or GP visits and facilitate timely hospital discharge.

### Leicestershire County Council

The Adult Social Care Strategy 2016 - 2020 sets out how the Adults and Communities Department will meet identified need in Leicestershire within available resources. With rising demand for social care support alongside an ongoing reduction in resources, social care will have to be delivered differently. The department needs to focus on opportunities to prevent, reduce and delay need for social care support that successfully minimises the need for local authority funded support. This will be achieved by making full use of community support underpinned by solution-focused, personalised, progressive support that maximises independence. As stated in the strategy, use of equipment, adaptations and new technology offer a real opportunity to meet needs more effectively:

**We will seek to use equipment, adaptations and assistive technology to provide less intrusive and more cost-effective care. Wherever possible we will keep people at home, with families and friends to enhance their social and personal experience.**

### Equipment and Minor adaptations

The use of equipment and minor adaptations in a person's home can help people to live safely and independently making everyday tasks easier, to assist carers and reduce the need for more intrusive forms of support.

Standard equipment or a minor adaptation to a home is usually one costing less than £1,000. It can include things such as commodes, bed levers, perching stools, bath hoists and chairs, grab rails and stair rails and small ramps. Equipment and minor adaptations are usually funded by Leicestershire County Council where an assessment has identified the need for these.

An on line self-assessment is currently available to support access to the provision of suitable minor equipment or adaptations. A paper based version of the self-assessment is also available on request. The self-assessment aims to determine what course of action is required based on the complexity and urgency of the individual situation, ranging from provision of basic equipment or adaptations, or whether a home based assessment is required.

**Assistive Technology**

Assistive Technology (AT) encompasses a range of equipment that maintains or improves the ability of individuals with disabilities or impairments to communicate, learn and live independent, fulfilling and productive lives. This includes alarms, sensors, and other standalone technology to help people live independently. Assistive technology can be used in a wide variety of settings including healthcare, residential homes and domestic settings. It may be used by all ages, for a wide range of disabilities or impairments, and for a wide range of activities. Types of AT include TV loops, vibrating/ flashing smoke alarms/ alarm clocks, phones with large buttons and key finders.

Telecare is a type of AT which describes remote monitoring, generally through a call centre, to enable them to continue living independently in their own home or in community accommodation to a scale and sensitivity that suits the needs of the person. Sensors can detect falls, movement, chair and bed occupancy, gas leaks and floods, door (and doorbell) activation, and a host of other events that can identify unusual changes to the persons routine activity so that the they can get help should they need it, and provide reassurance about the person being safe at home when alone.

The Department of Health (2005) provides a definition of Telecare:

*"Equipment [that] is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone."*

Telecare also provides a way for people to proactively contact the monitoring centre should they need to do so, typically using an alarm call button worn on a neck pendant, or on the wrist like a watch, to open a voice communication channel.

Telecare has great potential to benefit people who use services by improving their confidence and helping them to remain independent in their own homes. By monitoring people's safety, telecare can also free up the time of friends and family carers so they can focus more on providing social support. The progress made in this area has raised ethical questions about the provision of telecare services, particularly to vulnerable people such as people with cognitive impairments, including dementia, particularly around choice and privacy. The Social Care Institute of Excellence (SCIE) has produced advice and guidance[1] on ensuring an ethical approach to the assessment and use of telecare that should be applied particularly where there are questions or concerns about ethics.

**Major adaptations**

Major adaptations are classified as those that cost more than the £1,000 threshold and can include alterations such as widening doors, stair lifts or level access showers. Home owners and private rental tenants may be eligible for financial support towards major adaptations, through a Disabled Facilities Grant (DFG).

Council or housing association tenants would need to discuss their requirements with their local council or landlord to arrange any adaptations in the first instance.

The Papworth Trust is commissioned by Leicestershire County Council to deliver the Home Improvement Agency service. This service supports customers across the county to access information guidance about financial support for improvements and adaptation works. The contract includes a Department of Communities and Local Government Funded element which provides support with major adaptions process, for people living in the Hinckley and Bosworth Borough and Harborough District Council areas.. Support is available with the decision making and administrative procedures of the Disabled Facilities Grant process, includes advising on the options available, where necessary designing a suitable scheme of works, obtaining the relevant permissions, and assisting the person to employ contractors and monitoring work on site.

## Summary

It has always been recognised that the home environment is a key consideration for those with potential social care needs. Equipment, adaptations and assistive technology can support reablement, promote independence and contribute to preventing the need for care and support. An accessible and safe home environment enables an individual to retain independence, and can provide reassurance for informal carers, often enabling them to continue with activities they might otherwise have to give up, including employment. In Leicestershire there is an increasing partnership approach between housing, health and social care, leading to many opportunities for a more joined up approach to delivery. The provision of care and support, that is integrated with an assessment of the home, including the general upkeep or scope for equipment and adaptations, could reduce the risk to a person's health, help maintain their independence and wellbeing, support their re-ablement or recovery, or provide a person with dignified end of life care.

[1] *http://www.scie.org.uk/publications/ataglance/ataglance24.asp*

## Current demand and supply

There is a rising demand for health and social care, and the disproportionate increase in the number of people aged 65 years and over in Leicestershire will see a corresponding increase in the number of people that need care and support. An increase in the overall number of carers is also expected, and in the proportion of carers seeking support from social care to continue in their caring role. In 2016, the population aged 65 years and over is estimated to be 137,300, and by 2020 this population is projected to grow to 149,500 people, an increase of 9%.

The figures below indicate the anticipated growth in service demand for people aged 65 and over between 2016 and 2020:

- An increase of 12% in the number of people over 64 that are unable to manage at least one domestic task unaided (61,468 by 2020)
- An increase of 12% in the number of people that are unable to manage at least one mobility task on their own (27,790 by 2020)
- An increase of 11% in the number of people that are unable to manage at least one self-care task unaided (50,341 by 2020).
- An increase of 10% in the number of people experiencing a fall (40,001 by 2020).
- An increase of 15% in the number of people with dementia (10,767 by 2020).
- An increase of 7% in the number of unpaid carers (21,557 by 2020).
- A 3% increase in the number of people aged 18-64 predicted to have a moderate or serious personal care disability (1,603,773 by 2020).

Access to the provision of equipment, AT and adaptations is available from a wide range of sources therefore the picture is not fully understood by Local Authority data alone; a significant proportion of people accessing these types of services are thought to be self-funders accessing provision through the retail market. Although there has been some research and analysis of the self-funders of formal social care services such as residential care, there is a paucity of available data about the broader equipment, adaptions and assistive technology utilisation by self-funders.

The role that the internet has played in increasing the size of this market, and improvements to the digital offer will have an impact for the market and customer, as the availability of online assessments that facilitate access to the right type of equipment is growing. At a time of increasing budgetary pressures, the promotion of an effective self- assessment which provides the user with an equipment prescription, along with information about how to source the right type of equipment, has a role to play in preventing, reducing and diverting need for ongoing care. The same applies to the role of Occupational Therapy which has become more focussed following the Care Act 2014, ensuring proportionate and appropriate assessments and making best use of the specialist skills available.

The following section provides an indication of the level of demand for equipment, AT and adaptations, as well as outlining the assessment process, broken down by type of provision funded by social care. See Appendix A for Equipment, Adaptations and Assistive Technology Pathway ‘As Is’. For reasons outlined above, it does not include numbers of people who access these directly, nor does it include items paid for by health under the Telehealth arrangements listed above.

### Equipment

Locally the provision of equipment is managed and commissioned jointly with Clinical Commissioning Groups and County and City Councils within Leicester, Leicestershire and Rutland , through a pooled budget arrangement. NRS Healthcare are contracted to provide a wide variety of disability equipment and mobility aids and rehab supplies that are both standard and specialist. They work to ensure the efficient provision of equipment regardless of whether it is health or social care that are making the referral, or the location of the person needing equipment, thus enabling timely hospital discharges.

In 2015-16, 24,115 items of equipment were provided to people living in Leicestershire and 15,509 items were collected when no longer required.

The service is arranged to promote and facilitate equipment being supplied to people regardless of their involvement with health and social care and to ensure maximum reach to those who may benefit from equipment to help to maintain and sustain their independence.

### Assistive Technology (AT)

Leicestershire County Council Assistive Technology Service receives on average 390 to 450 referrals per month, and supports 2,000 people each year, including carers, with standalone equipment. The AT Service provided 2,323 standalone items and 1,308 Lifeline Services in 2015-16.

**County Wide Community Alarm Telecare and Mobile Responder Service**

This service is commissioned by Leicestershire County Council and provided by Tunstall. It is available to anyone living in Leicestershire to enable them to develop or maintain their independence within their own homes. The service aims to reduce the need for hospital admission and/or admission into residential care.

In August 2015 the service supported 2,352 people who had been installed with and were using Telecare. Between the 1st January and 31st August 2015, 179 call outs were made with the majority of these calls being made using a pendant alarm and responded to within 15-30 minutes.

The Borough and District Councils also run a series of personal alarm and responder services as described below. Some are tenure specific i.e. sheltered housing and some are available regardless of tenure type:

- North West Leicestershire District Council utilise Tunstall infrastructure equipment and includes telecare falls detectors and bed sensors, and additional private services for people to purchase.
- Hinckley and Bosworth Borough Council use Tunstall infrastructure but only offer a lifeline service.
- Harborough District Council has a lifeline and a private service for people to purchase.
- Melton Borough Council operates Tunstall only lifeline and a private service for people to purchase.
- Charnwood District Council utilises Tunstall infrastructure equipment only lifeline service and a have a private service for people to purchase.
- Oadby and Wigston District Council have a Service 24 Tunstall infrastructure for tenants.
- Blaby District Council doesn't provide lifeline services directly as they have no directly provided housing stock. Enquiries from private customers would be signposted to other providers (eg the County Council AT service or East Midland Homes)

**Home Adaptations**

Minor adaptions are provided in several ways through Leicestershire County Council's Adaptations Team to people living in owner occupied and tenanted properties. Leicestershire County Council's Adaptation Team carried out 8,430 minor adaptations in 2015/16.

Major adaptations are adaptations over £1,000 include such things as ceiling track hoists, stair lifts and level access showers. The Disabled Facilities Grant (DFG) is a means tested grant and can be applied for to help pay for major adaptations up to a maximum of £30,000. A Local Authority assessment is required to ensure that the adaptation is necessary and appropriate and to agree that it is reasonable and practical. Criteria for the provision of a DFG are based largely around facilitating access to essential facilities, and other specified purposes that relate to making the home safe, providing or improving heating systems, facilitating the preparation and cooking of food etc.

The following table shows the number of DFG's completed in Leicestershire between 1 April 2015 and 31 June 2016 (14 months) and by the different type of adaptation.

| All | Lifts | Level Access Shower/ Toilet | >£10K e.g. ramps, door alterations | Children |
|---|---|---|---|---|
| 473 | 123 | 275 | 39 | 36 |

N.B. These figures do not include major adaptations in council or housing association properties.

The Disabled Facilities Grant allocation is now part of the integrated Better Care Fund.[2] A study in 2015 by the national body for Home Improvement Agencies Foundations has shown that elderly people who had adaptations made to their home via the DFG move into residential care around four years later than those who have not.[3]

**Home Improvement Agency (HIA)**

The HIA is a practical and preventative service which assists vulnerable homeowners and private sector tenants who are older, disabled or on a low income to access major repairs and improvements to maintain or adapt their homes. The service is currently commissioned by Leicestershire County Council with The Papworth Trust. There is an element of advice and information provided by the HIA aimed at enabling people to make decisions that can assist them in remaining independent.

[2] *The Better Care Fund (BCF) is a programme across the NHS and local government which creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care system.*

[3] http://www.foundations.uk.com/media/4210/foundations-dfg-foi-report-nov-2015.pdf

The aim of the service is to enable people to remain in or return to their homes, which are maintained to housing standards (safe, warm and secure homes that are in good repair and appropriately adapted) and/ or explore alternative housing options, increase the number of vulnerable people living independently, recognising the interdependencies between housing and health.

In 2015/16 the service received 1,869 enquiries in relation to home improvement support and completed 383 jobs. As an additional element, the service is contracted to provide support for people to access in Harborough and Hinckley and Bosworth to facilitate Disabled Facilities Grants (DFGs) for the areas. Papworth Trust completed approximately 49 DFG funded works for Harborough District Council and 67 for Hinckley and Bosworth Borough Council in 2015/16.

**Community Assessment Team (CAT)**

The aim of this service, commissioned by Leicestershire County Council and provided by the British Red Cross, is to provide assessments for older people and people with disabilities, living in Leicestershire, who are experiencing problems with activities of daily living. The service aims to meet the needs identified through the assessment by providing advice and information and recommending the provision of equipment and adaptations, that will enable/enhance the service user (and or their carer(s) with carrying out everyday tasks.

In 2015-16 the Red Cross Community Assessment Team undertook 2,658 basic assessments for minor equipment and adaptations, and 614 complex bathing assessments.

Equipment can be supplied through the contract with Nottingham Rehab Supplies (NRS) with thresholds for approval based on level of professional expertise. Recommendations for minor adaptations from CAT are sent to Minor Adaptations Team and requests for major adaptations may also be made.

**Occupational Therapy Service**

Local Authority Occupational Therapists (OT) work with people where it is identified that Occupational Therapy input is needed, which is often in specific cases. Increasingly OTs support the hospital discharge process and involvement with substantial support packages where moving and handling is a feature. In 2015-16 a total of 3,560 cases were referred to the Occupational Therapy (OT) service. In addition the Leicestershire County Council's Re-ablement Service (HART) Occupational Therapists dealt with approximately 500 individuals and the Integrated Care Team OT team dealt with 270 individuals.

The online self-assessment for equipment and minor adaptations received 52 completed online self-assessments in 2015/16.

## What needs to be different?

As highlighted, there is an array of equipment and assistive technology available locally, which although positive in terms of availability and accessibility, can cause confusion and may be difficult for both customers and professionals to navigate due to the various access routes and criteria.

A clearer and more integrated approach to the provision of equipment and AT will not only help customers to identify potential solutions for themselves, it is likely to result in more people accessing equipment, AT, adaptations instead of more traditional forms of support at higher cost or increased dependency .on carer support

People need to have timely access to information and advice which will enable them to self -assess, self-select and purchase equipment and assistive technology. Public awareness raising to promote the benefits of equipment, adaptations and AT to the public is requires through information, advise and communication strategies. Targeted awareness raising is also required to ensure opportunities for identification of people who would benefit from, and information is provided about the equipment, adaptations and AT. The availability of a digital assessment needs to be explored to maximise opportunities for the public to self-determine their own requirements and to source solutions with consideration of those people who prefer to, or are able to self-serve and self-fund.

A formal partnership agreement and the use of a pooled budget ensure an integrated equipment provision across Leicester, Leicestershire and Rutland health and social care. A review of the joint working arrangements with the NHS which underpins this is planned to ensure that opportunities for maximisation of more integrated working are explored and there is effective alignment with the existing HART (Homecare Assessment and Re-ablement Team) and new independent sector re-ablement offer, to ensure equipment and AT is an integral part of Help to Live at Home.

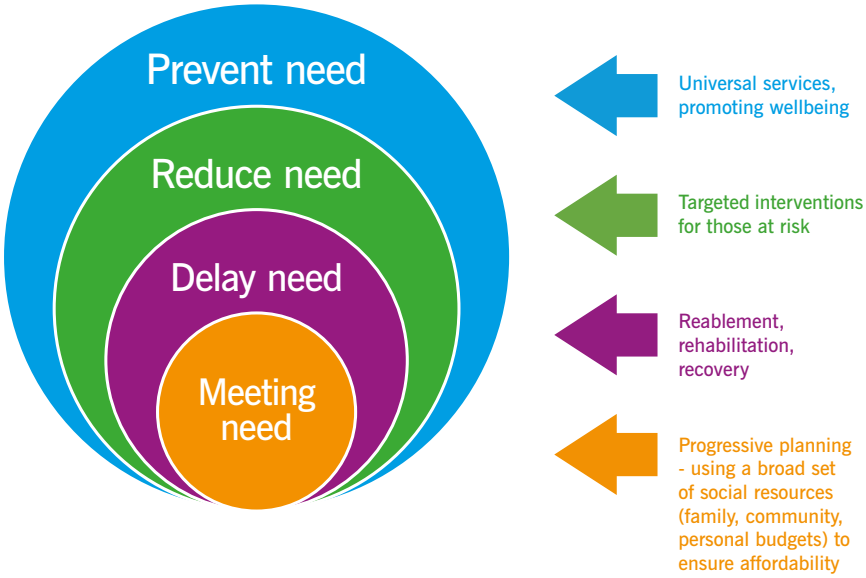
Major adaptations to people's homes are delivered by district councils following recommendation by an OT. Work is in progress to deliver a unified approach to this via the Lightbulb Programme, resulting in an improved customer journey, greater consistency across the county and better co-ordination by joining up with the wider Housing to Health offer.

Currently there is a range of Lifeline and Assistive Technology services available across the County, with variable take up with services arranged by both the county, district and borough councils. The current arrangements will be reviewed with the aim of reducing duplication by exploring the option of delivering a single service offer across Leicestershire.

## Our Strategic Approach

The Leicestershire Equipment, Adaptations and Assistive Technology Strategy defines actions according to the following domains:

**Prevent** – universal services, supporting wellbeing;
**Reduce** – intervening early for those who may be at risk of needing support in the future;
**Delay** – supporting recovery and reablement for those who have experienced a crisis or who have defined illness or disability;
**Meeting need** – promoting maximum independence and use of community and individual resources for those with long term needs.




### Prevent

***At present***:
The difference that equipment/AT/adaptations can make to a person's life is not well understood by the general public.

***In the future:***

- People will be aware of the small changes they can implement in order to make their lives easier, preventing need for social care intervention.
- People will understand how to access information and advice about equipment/ AT when they need it.

***We will:***

- Ensure there is easy to access online information regarding the benefits, and availability of equipment and assistive technology.
- Work with our communications team to highlight benefits to the general public

### Reduce

***At present:***
Those at risk of losing independence who may benefit from equipment/ AT are not always identified at the right time, and there is confusion about what is on offer or how to access this locally.

***In the future:***

- Partners likely to identify those at risk of needing social care support in the future will understand the role of equipment and adaptations, and will enable people to access it.
- Individuals and carers will easily be able to self-assess their needs, primarily through the availability of online tools
- Support will be available in local communities to help people assess their own needs and identify appropriate solutions.

***We will:***

- Identify and promote trusted sources of basic equipment/ AT
- Develop and promote self-assessment tools which focus on helping people to help themselves without requiring Local Authority intervention
- Work with our partners to ensure they understand the self-assessment/ self- service process, local sources of support and facilitate those at risk to access equipment and AT solutions.
- Collaborate with partners to ensure there is a clear understanding of the local offer which can be easily navigated by the public and professionals.
- Local authority funded equipment/ AT will be targeted towards those where it will prevent/ reduce future need.

## Delay

***At present:***

We do not maximise the use of equipment/ adaptations and AT for the purpose of reablement/ recovery.

***In the future:***

- All services/ staff teams with a role in reablement/ recovery will consider the potential use of equipment, adaptations and AT in the first instance (where this represents a cost effective alternative)
- Individuals and families will be supported to understand the benefits of equipment, adaptations and AT, not only during the reablement period but for ongoing assurance.

***We will:***

- Develop guidance/ training for staff to increase understanding of the breadth of equipment/ AT solutions available where this represents a cost effective approach to reablement/ recovery.
- Consider how best to provide specialist social care/health (OT) support to teams offering a re-ablement/ recovery service.
- Promote a forward planning approach for those completing a re-ablement period (i.e. the role of equipment/ AT/adaptations in preventing future crises/ accidents etc.)

## Meet need

***At present:***

Approaches to support for individuals with long term social care needs do not maximise the use of assistive technology/equipment/adaptations as a less intrusive, and more cost effective alternative.

***In the future:***

- Where appropriate, staff will need to consider AT/equipment/adaptations solutions before considering alternative forms of support.
- AT/equipment/adaptations solutions will be embedded as a key contributor to maintaining/ maximising independence
- Consider AT/equipment/adaptations solutions as part of the carer support plan to enable the carer to continue in their caring role, including using AT to inform assessment and decision making.
- The department will proactively work with providers to further embed usage of AT/equipment/adaptations solutions, particularly in the development of new accommodation options.

***We will:***

Maximise the use of equipment/ adaptations/ assistive technology to:

- Enable people to stay in their own homes
- Reduce the amount of alternative forms of support where the provision of equipment/ adaptations/AT will appropriately do so
- Support further development of cost effective models of supported living and Extra Care
- Implement AT solutions to support people effectively in residential care
- Ensure clear pathways for assessment with support that is proportionate e.g. by being clear about where assessments by qualified OTs are needed.

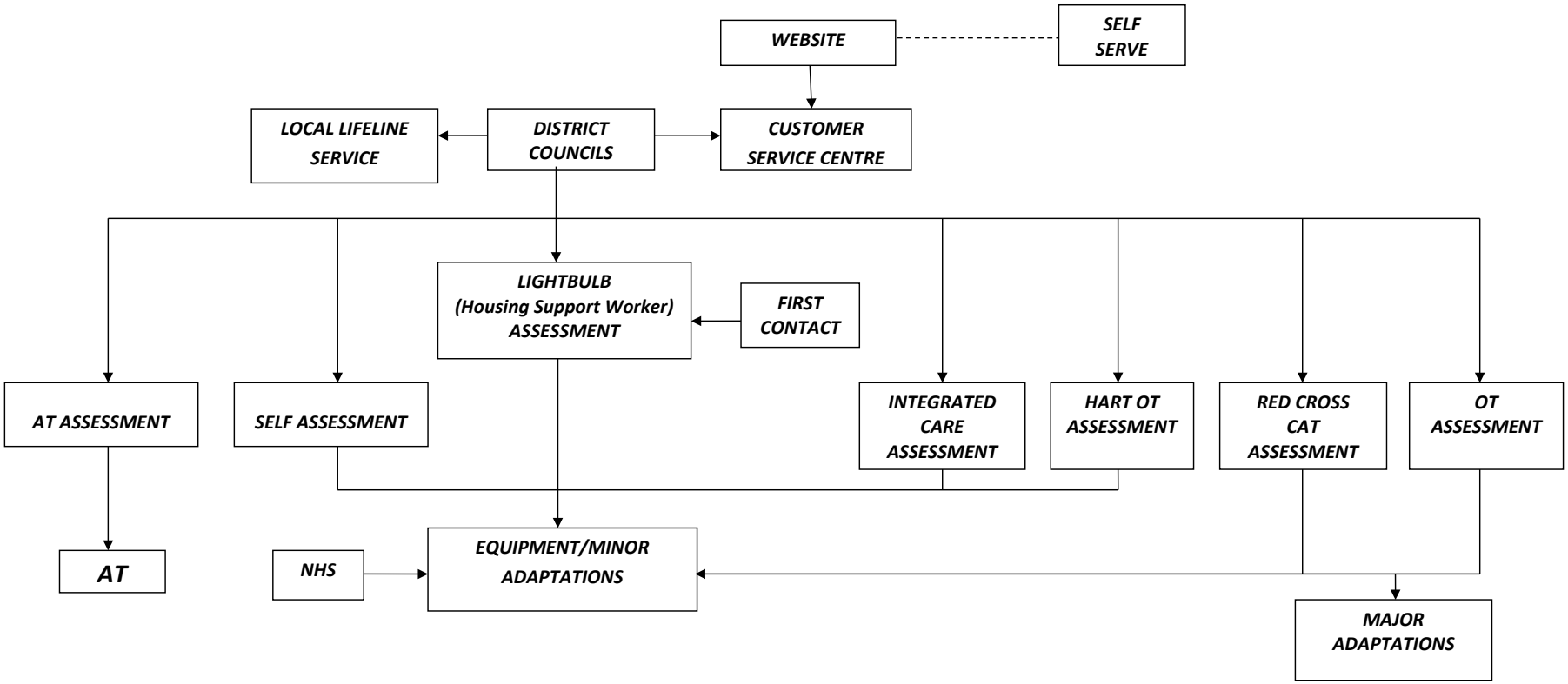
## Underpinning activities to maximise use of equipment/ AT

As with all areas of social care service delivery, equipment, AT and adaptations do not sit in isolation but complement, enhance and strengthen our approach to adult social care and health delivery by preventing, reducing, delaying and meeting need, as set out in our Adult Social Care Strategy. The following list of underpinning activities aims to ensure the benefits of equipment, AT and adaptations are maximised and realised, through effective use of resources and increased integration of pathways and budgets.

- Ongoing identification and evaluation of the effectiveness of equipment, adaptations and technological solutions in maximising people's independence.
- Review the role of OTs in order to optimise the use of alternatives to commissioned care and support.
- Better alignment of partnership approaches between local authorities and the NHS, in relation to both step up and step down services, with particular emphasis on delivery of "joined up" therapy services.
- Closer working between District and County Councils by developing the Lightbulb offer to facilitate a better customer journey and more efficient and cost effective adaptations processes, incorporating a review of the County Council's Adaptations service and the Community Assessment Team service.

***Appendix A: Equipment, Adaptations and Assistive Technology Pathway 'As Is'***

***June 2016***




*Equipment and minor adaptations can be accessed via all assessment routes. Equipment is accessed via the Integrated Community Equipment Service and delivered through a contract with Nottingham Rehab Supplies. Minor adaptations are delivered through the in house Adaptations Team. NHS staff can also access equipment and minor adaptations on behalf of the local authority and in their own right. Cash payments can also be provided to individuals to purchase their own equipment.*

*Major adaptations are delivered by district councils either through the Disabled Facilities Grant process or funded directly by the districts for tenanted properties. Arrangements for other Registered Social Landlords vary.*

*The lifeline service is delivered via a contract with Tunstall, although districts have their own lifeline services. Access to the former and for standalone assistive technology is via the AT team.*

**Appendix B: Action Plan**

| Staff Awareness and Practice | | | |
|---|---|---|---|
| **OBJECTIVE** | **DOMAIN** | **ACTION** | **TIMESCALE** |
| Maximise the use of equipment/adaptations/AT to enable people to remain in their own homes. | Delay | Review the role of OTs in the Care Pathway in order to optimise the use of alternatives to commissioned care and support via | **Sep-16** |
| | | • analysis of OT staffing against workload and demand | |
| | | • review OT input to HART | |
| | | • evaluate role of OTs in review function | |
| | | • explore options for development of trusted assessor role | |
| | | Ensure equipment/adaptations/AT solutions are embedded through the Care Pathway before considering alternative forms of support via | **Oct-16** |
| | Meet | • development of staff guidance and training | |
| | | • incorporation into Carer's Support Plan | **Oct-16** |
| | Meet | Analysis of how savings could be made in the Care Pathway through use of AT. | **Aug-16** |
| | Meet | Continue to assess and evaluate new developments | **Ongoing** |
| **Public and Provider Awareness and Adoption** | | | |
| **OBJECTIVE** | **DOMAIN** | **ACTION** | **TIMESCALE** |
| Ensure there is easy to access on line information regarding the benefits and availability of equipment/adaptations/AT. | **Prevent** | Establish task group to identify improvements | **Sep-16** |
| | | Work with Communications Team to highlight benefits to the general public. | |
| | | Align with development of "Digital Council". | |
| Ensure individuals and carers will easily be able to self-assess their needs. | **Reduce** | Evaluate existing, co-produce and promote self-assessment tools. | **Sep-16** |
| Ensure support will be available in local communities to help people assess their own needs and identify appropriate solutions. | **Reduce** | Align with Communities and Wellbeing offer, development of self-assessment tools and Community Hubs. | **Sep-16** |
| Work with Providers to further embed usage of equipment/adaptations/AT, particularly in the development of new accommodation options. | **Meet** | Align with: | **Ongoing** |
| | | • Development of supported living services. | |
| | | • Implementation of Extra Care Strategy and Accommodation Strategy for older people. | |

| Partner Organisations Commitment | | | |
|---|---|---|---|
| **OBJECTIVE** | **DOMAIN** | **ACTION** | **TIMESCALE** |
| Align partnership approaches with the NHS to deliver improved Service User pathways and enhance cost effective service delivery across Health, Housing and Social Care. | **Delay** | Scope current delivery of equipment/adaptations/AT across Health and Social Care and revise joint working protocols to reflect integrated working arrangements. | **Sep-16** |
| | **Delay** | Develop therapy support to teams offering a reablement/recovery service. | **Oct-16** |
| | **Delay** | Continue to develop use of equipment/adaptations/AT via Integrated Care. | **Ongoing** |
| | **Delay** | Facilitate wider access to AT solutions by NHS staff. | **Oct-16** |
| Work with Partners to ensure they understand, support and facilitate access to equipment/adaptations/AT. | **Reduce** | Via development of Lightbulb Programme. | **Mar-17** |
| Explore options for development of countrywide lifetime service. | **Reduce** | Via Lightbulb Programme Board and review of existing contractual arrangements. | **Mar-17** |
| Continue to drive efficiencies through Integrated Community Equipment Services. | **Meet** | Via Equipment Management Board. | **Ongoing** |

| Links to Lightbulb | | | |
|---|---|---|---|
| **OBJECTIVE** | **DOMAIN** | **ACTION** | **TIMESCALE** |
| Develop the Lightbulb offer to facilitate a better customer journey and more efficient and cost effective service delivery. | **Prevent** | Ensure the Lightbulb Business Plan reflects the aims and objectives of the Equipment, Adaptations and AT Strategy. | **Jul-16** |
| | | Assess the feasibility of incorporating key service areas in the Lightbulb Programme | **Mar-17** |
| | | Review of Adaptations Team functions | |
| | | Review of Red Cross Community Assessment Team Service | |
| | | Review of Home Improvement Agency function. | |
| | | Align OT/adaptations processes within Lightbulb. | **Sep-16** |
| | | Integrate referral pathways with Lightbulb Programme. | **Mar-17** |

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# Equality Impact & Needs Assessment (INA) Form.

Name of the policy, function or project: Lightbulb

Service: Community Services

Complete this form for any existing/proposed policy/function/project regardless of whether it is aimed at external customers or internal staff. Please also be aware that equality policy applies to staffing/human resources issues as much as to external service delivery issues. Please note that existing policies/functions will be assessed as per an agreed annual programme. However if you are reviewing or devising a policy etc that is not currently in the 3 year plan it still needs an INA

**Answer every question – even if it is negative.**

If you conclude that there is a negative impact you will need to review the policy/function/project to improve the equalities performance and minimise or remove the impact. This should be done using the 'Improvement Actions Planned' table. Where appropriate such actions should be included in your Service Plan for the following year.

If the Corporate Equalities & Access Group (CEAG) feels this impact assessment needs further consideration, **you will be asked to review your conclusions.**

As a result of this exercise, you will have checked that your policy/function/project does not have negative/adverse impacts in terms of Gender, Gender re-assignment/ transgender, Ethnicity/Race, Disability, Age, Sexual Orientation, Religion or Belief, Marriage/Civil Partnerships, Pregnancy/Maternity (equality target groups).If it does you will have identified relevant actions needed to minimise or remove such impact and their likely resource implications.

**This is not simply a paper exercise – it is designed to make sure that your policy/function/project and service (development) is delivered fairly and effectively to all sections of our local community, and our employees!**

Please note that the Council is required to publish the results of these assessments, and update; therefore **your completed form may be a public document.**

Once completed and/or when your corresponding report is submitted to Management Board –Cabinet, please pass this form, together with documentation describing both the policy/function/project it concerns and any evidence relating to assessed impacts, to Alison Moran, Performance Manager**. *If this is a new policy/service/procedure/function/project this form will also need to be attached to your draft report for approval by your Director prior to its first submission to Management Board. Reports cannot be considered by Management Board unless both they & this INA have had prior approval by the relevant Director.***

***For further details please see separate Guidance Note on process for completion of INA's***

**To complete the form using 'check marks' in the boxes, position the cursor over the box you require, left double click, then select 'checked' in the 'check box form field options' box that appears on screen.**

## a. Preparation

The work on this section should be done in advance and be used as part of your INA. Please attach examples of available evidence, including monitoring information, research and consultation reports.

1a. Do you have relevant data available on the number of people within the scope of your policy/function/project? E.g. whole population of the district/ward or employee data.
In relation to:

| | Yes | No |
|---|---|---|
| • Women and men | ☒ | ☐ |
| • Gender reassignment | ☒ | ☐ |
| • Black and minority ethnic communities | ☒ | ☐ |
| • People with disabilities | ☒ | ☐ |
| • Age groups | ☒ | ☐ |
| • Sexual orientation | ☐ | ☒ |
| • Religion or belief | ☒ | ☐ |
| • Marital status/civil partnership | ☐ | ☒ |
| • Pregnancy/Maternity | ☐ | ☒ |

1b. Do you have relevant data available on the number of people subject to or impacted by your policy/function/project? E.g. numbers of disabled people using the service.
In relation to:

| | Yes | No |
|---|---|---|
| • Women and men | ☐ | ☒ |

| | | |
|---|---|---|
| • Black and minority ethnic communities | ☐ | ☒ |
| • Gender reassignment | ☐ | ☒ |
| • People with disabilities | ☒ | ☐ |
| • Age groups | ☒ | ☐ |
| • Sexual orientation | ☐ | ☒ |
| • Religion or belief | ☐ | ☒ |
| • Marital status/civil partnership | ☐ | ☒ |
| • Pregnancy/Maternity | ☐ | ☒ |

2. If you have answered 'yes' to the above questions your monitoring data should be compared to the current available census data to see whether a proportionate number of people are taking up your service. Please make any comments regarding service take up if relevant:

Disabled Facility Grant applications are specifically for people with a disability or long term health condition so this will be recorded on their application along with their age. We are not aware if this is a fair representation of this equality group across the county as there will be people who will go through the self help route and/or self fund adaptations and not apply for a grant.

We are able to collect equalities data for hospital patients being supported by the Housing Enabler Team through the "Patient Centre".

The Lightbulb model requires all staff to be mobile in terms of visiting customers across the local area and on different wards at the hospital. Staff will also be expected to be peripatetic to cover other local areas and this will be reflected in revised job descriptions.

If you have answered 'no' please explain reasons for lack of relevant data:

Equalities monitoring forms are not completed by Occupational Therapists or Technical Officers for people applying for Disabled Facilities Grants. Limited equalities information as part of the pilots has been collected by the Housing Support Coordinators (HSC's). If Lightbulb is rolled out across Leicestershire then an Equalities Monitoring form will be completed by the HSC's for each case and this will be recorded in order to inform future proactive work with particular equality groups.

3. Are you aware of any relevant equality or diversity related consultation, research, or good practice guidance in relation to this area? If so then please list and attach here:

| Yes | No |
|---|---|
| ☒ | ☐ |

A demographic profiling exercise was completed as part of the customer insight work to inform the development of Lightbulb. This considered factors such as:
Population, age, caring responsibilities, ethnicity, Income deprivation and poverty, including fuel poverty, Household characteristics including analysis of tenure and property characteristics, urban/rural classification, health conditions and disability, including excess winter deaths, hoarding, usage of social care services.

4. Do you need to carry out further research/ consultation to identify impacts, needs etc? Please specify what and who with?

| Yes | No |
|---|---|
| ☒ | ☐ |

An initial customer and carer insight engagement exercise was completed in 2015. Key findings from this have helped shape the redesigned service model from a customer perspective. Links to the reports are below.
.
Customer Insight Action Plan
Customer Insight Final Report
Alongside this we have more recently undertaken a customer insight survey involving residents across Leicestershire; we will continue to gather customer insight to shape and inform the programme and the Lightbulb service.

## b. Your policy, service, function or project



1. What is the title and main aim or purpose of the policy/function/service/project?

Lightbulb's vision is to integrate practical housing support into a single service that is available to all, easier to access, easier to use and will provide support shaped around an individual's needs not an organisation's processes.

2. List the areas of activity of the policy/function/project, e.g. the recruitment strategy might have advertising, interviewing, short listing etc. as activity areas.

Lightbulb will see health, social care and housing partners working together to deliver:-

- A single access point into a range of practical housing solutions
- A common, holistic housing needs assessment process
- A broader, targeted offer of practical housing support

The recruitment strategy for the posts will:-

- include a skills audit for the existing staff to ensure they match the refreshed job descriptions and person specs.
- advertising and interviewing of new staff, these posts will be advertised internally and externally.
- All posts will include the need to be peripatetic to cover absence of staff in other areas.

3. Who are the main intended beneficiaries of the policy/function/service/project?

| |
|---|
| Leicestershire residents who due to a health condition, long term illness, disability or other vulnerability may be at risk of not being able to remain independent in their own homes; People at risk of being admitted to hospital or visiting a GP because of their health condition and people who are in hospital ensuring they are able to return home as soon as they are medically able to do so. The needs of these individuals will be identified using a Housing MOT Checklist. |

4. Which people / groups may be affected by the policy/function/project – whole population or particular groups?

| |
|---|
| The service will be available to residents across Leicestershire however it will be based on a person centred needs assessment. It is likely to be vulnerable people who use the service, particularly those people with a health condition, long term illness or disability. |

5. Are you expecting to make any changes during the next year?

- Policy — Yes ☒ No ☐
- Function — Yes ☒ No ☐
- Project — Yes ☒ No ☐
- Procedure — Yes ☒ No ☐

6. Who else will be involved in undertaking the INA (names and roles)?

| |
|---|
| Partner organisations will be required to take the Lightbulb Business Plan through their governance procedure and will need to take the EINA as part of this. As we make changes to policies, functions, project and procedures we will review the equalities needs assessment and will consider Human Rights. |

## c. Impact Assessment

1. Complete the following tables for each equality target group, by inserting a check mark or tick in one of the 3 options columns - Positive impact, Negative impact, Neutral.
   - ⋆ Consider the information gathered in Section (a) of this form, compare monitoring information with census data, and considering any other evidence, research or consultations, identify any instances where you believe people in different equality groups could be impacted differentially.

- ★ This is particularly important where you think that the policy/function/project could have a **negative impact** on any of the equality target groups, i.e. it could disadvantage them, but also
- Where you think that the policy/function/project could have a **positive impact** on any of the equality target groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups
- Otherwise, if you think that neither negative nor positive apply, then choose **neutral impact**
- Note that only **one** type of impact can be applicable for any particular equality group category e.g. male or female.
- **In all cases, please state briefly the reason/rationale for your assessment.**

a) How will the policy/function/project/procedure impact on men, women and those who are transgendered or have gone through gender re-assignment? e.g. flexible working arrangements might have a positive impact on women with caring responsibilities

| Gender | Positive impact | Negative impact | Neutral | Reason/Rationale for Assessment |
|---|---|---|---|---|
| Male | ☐ | ☐ | ☒ | |
| Female | ☐ | ☐ | ☒ | |
| Transgender/GR | ☐ | ☐ | ☒ | |

b) How will the policy/function/project/procedure impact on people from different or minority ethnic communities? This may involve using Council services differently, e.g. will Muslim women use the Council's swimming pool more often if separate sex swimming arrangements are in place?

| Ethnicity | Positive impact | Negative impact | Neutral | Reason/Rationale for Assessment |
|---|---|---|---|---|
| White British | ☐ | ☐ | ☒ | Where English is not their first language and they need help we will link into appropriate translation services rather then relying on a family member due to the complexity of the subject matter. |
| White European | ☐ | ☐ | ☒ | As above |
| Mixed Ethnicity | ☐ | ☐ | ☒ | As above |
| Asian | ☐ | ☐ | ☒ | As above |
| African or Caribbean | ☐ | ☐ | ☒ | As above |
| Gypsy/Roma | ☐ | ☐ | ☒ | As above |
| Other ethnic group | ☐ | ☐ | ☒ | As above |

c) How will the policy/function/project/procedure impact on people with disabilities, e.g. if information about Council Tax benefits are not made available in large print or alternative formats, access to such benefits might be denied to people with a visual impairment or learning disability.

| Disability/Health | Positive impact | Negative impact | Neutral | Reason/Rationale for Assessment |
|---|---|---|---|---|
| Visually impaired | ☒ | ☐ | ☐ | One of the key objectives for Lightbulb will be maximising the part that housing support can play in keeping people independent in their homes. The Housing Support Coordinators will have access to a wealth of options that could help someone who is visually impaired get around and stay safe in their own home. |
| Hearing impairment | ☒ | ☐ | ☐ | One of the key objectives for Lightbulb will be maximising the part that housing support can play in keeping people independent in their homes. The Housing Support Coordinators will have access to a wealth of options that could help someone who is hearing impaired stay safe in their own home. |
| Physically disabled | ☒ | ☐ | ☐ | One of the key objectives for Lightbulb will be maximising the part that housing support can play in keeping people independent in their homes. Disabled Facilities Grants will be part of the Lightbulb offer. |
| Learning difficulty | ☒ | ☐ | ☐ | There will be elements of the Lightbulb Model that can provide specific support to people with learning difficulties. When discussing housing options with this group we will take into account their specific need. |
| Mental health problem | ☒ | ☐ | ☐ | Housing Enabler Team within the hospitals will support people with low mental health to be discharged from the hospital to a property which is suitable to their needs. |
| Other longstanding health problem which limits day to day activities | ☒ | ☐ | ☐ | Key objective for Lightbulb is to help prevent, delay or reduce care home placements or demand for other social services, avoiding unnecessary hospital admissions/readmissions or GP visits and facilitating timely hospital discharge. Lightbulb will also minimise the number of different professionals a customer needs to tell their story to. |



d) Does the policy/function/project/procedure impact on people differently based on their age, e.g. a job advertisement that requires at least ten years post qualification experience would clearly prevent people in their twenties from applying

| Age Group | Positive impact | Negative impact | Neutral | Reason/Rationale for Assessment |
|---|---|---|---|---|
| Children (under 16) | ☒ | ☐ | ☐ | Disabled Facilities Grants are available to families who have a disabled child in order that the property can be adapted to meet the child's needs. |
| (16 to 29) | ☐ | ☐ | ☒ | Lightbulb will be available to all residents who are vulnerable due to a health condition, long term illness or disability. This could be a patient at risk of falls, frailty or mobility issues, wider health and wellbeing needs. |
| (30 – 44) | ☐ | ☐ | ☒ | As Above |
| (45 – 59) | ☐ | ☐ | ☒ | As Above |
| (60 – 74) | ☒ | ☐ | ☐ | One of the key objectives for Lightbulb will be maximising the part that housing support can play in keeping people independent in their homes. We know from the JSNA that the population aged 65-84 is predicted to grow by 56%, from 106,000 to 164,900. Therefore we have assessed that in the future this group will be a priority for Lightbulb. |
| Older (over 75) | ☒ | ☐ | ☐ | We know from the JSNA that population growth in aged 85 years and over is predicted to grow by 190% from 15,900 to 45,600. Therefore we have assessed that in the future this group will be a priority for Lightbulb. |



**e) Does the policy/function/project/procedure impact on people differently based on their sexual orientation, e.g. if housing policy is only to offer temporary accommodation to couples of different sex a gay or lesbian couple would be unable to be housed**

| Sexual Orientation | Positive impact | Negative impact | Neutral | Reason/Rationale for Assessment |
|---|---|---|---|---|
| Heterosexual | ☐ | ☐ | ☒ | The service will be available to all residents regardless of their sexual orientation. |
| Gay or Lesbian | ☐ | ☐ | ☒ | As above. |
| Bisexual | ☐ | ☐ | ☒ | As above |

**f) Does the policy/function/project/procedure impact on people differently based on their religion or belief e.g. would a person of the Hindu religion be able to give a binding affirmation if a procedure requires the swearing of an oath on the Bible?**

| Religion or Belief | Positive impact | Negative impact | Neutral | Reason/Rationale for Assessment |
|---|---|---|---|---|
| Christian | ☐ | ☐ | ☒ | Lightbulb service will be promoted across the whole |

| | | | | |
|---|---|---|---|---|
| | | | | community. The staff will be able to arrange appointments with customers to meet their specific needs thus avoiding any religious days/events/activities. |
| Hindu | ☐ | ☐ | ☒ | As above |
| Muslim | ☐ | ☐ | ☒ | As above |
| Sikh | ☐ | ☐ | ☒ | As above |
| Jewish | ☐ | ☐ | ☒ | As above |
| Other | ☐ | ☐ | ☒ | As above |
| Non believer | ☐ | ☐ | ☒ | As above |

**g) Does the policy/function/project/procedure impact on people differently based on any of the other protected characteristics where these are affected by aspects of the Equality Act (e.g. marital status and civil partnership; pregnancy or maternity)**

The policy does not impact on people differently based on any other protected characteristics.
The financial assessment for a Disabled Facilities Grant takes into account the income where two people are in a relationship regardless of whether they are married or in a civil partnership.



If you conclude that there is a **negative impact** in one or more of the target groups you will need to **amend the policy/function/project and/or take further action, to minimise or remove the impact** this should be done using the 'Improvement Actions Plan' table overleaf. If you think that other actions could be taken **to increase any positive impacts**, please include these too. Where appropriate, such actions should be included in your current/proposed Service Plan.

# Impact & Needs Assessment: Improvement Actions Plan

Please list below any recommendations for action to improve the equalities performance of the policy/function/project that you plan to take as a result of this impact assessment. This could be to change the policy itself or involve other initiatives. Where appropriate, these actions should also be included in your current/proposed Service Plan.

| Issue/Link to INA question number | Action Required | Lead Officer | Time-scale | Resource implications | Comments |
|---|---|---|---|---|---|
| | For partner organisations to take the Business Plan and the EINA through their governance procedures. | Programme Board Members | From October onwards. | Within current resources. | |
| | Include equalities monitoring as an element of the implementation plan at both county and district levels. | Programme Manager | April 2017 | Within current resources. | |
| | As part of the communication strategy linked to the roll out of Lightbulb we will make available easy read versions of any publicity developed, we will ensure we are able to have things produced in different languages if needed. Use a range of different communication routes including social media. | Programme Manager | January 2017 | Comms Strategy has already been developed. | We will work with Leicestershire County Council and the district communications teams. |
| | To record information on the number and details of people using the self help option in order to inform the communication strategy and what publicity and marketing we need to undertake. | Lightbulb Service Manager | From January 2017. | Within current resources. | Self help option of First Contact Plus will be available from January 2017. |
| | Housing Support Coordinators to complete equality Monitoring forms for all individuals who come through to Lightbulb as part of the | Lightbulb Service Manager | From April 2017 | | |

| | | | | | |
|---|---|---|---|---|---|
| | Housing MOT Checklist. | | | | |
| | To produce quarterly equalities monitoring data to identify groups that are not using the service and proactively marketing this group. | Lightbulb Service Manager | First report July 2017. | | This is dependant on timing for the roll out of the programme and when districts agree to move over to Lightbulb. |
| | All staff working as part of the Lightbulb Team will receive training on undertaking assessments, working with individuals in a holistic manner; this will include equalities training and the ability to treat people differently according to their need. | Lightbulb Service Manager | From January 2017. | Additional Resource will be needed to facilitate the training sessions. | An Induction and training programme will be provided to existing staff moving over to Lightbulb as well as new staff. |



**Please ensure that the section below is completed and signed by one or both NAMED officers as applicable:**

**NAME**: Tracey Montgomery (Please print name)

Signed:_____
(Programme Manager)

Date:___16th September 2016 _____

**NAME**: Teresa Neal (Please print name)

Signed:_____
(Completing Officer)

Date:____16th September 2016 _____

Please keep a copy on record to which the public could have full access.  Also send or e-mail a copy of this completed form along with documentation describing the policy/function/project it concerns to:

Alison Moran, Performance & Systems Manager

# Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

| Key Details | |
|---|---|
| **Name of policy being assessed:** | Leicestershire Equipment, Adaptations and Assistive Technology Strategy 2016-2020 |
| **Department and section:** | Strategic Planning and Commissioning<br>Adults and Communities |
| **Name of lead officer/ job title and others completing this assessment:** | Karen Walmsley – OT Manager<br>Louise Melbourne – Strategic Planning and Commissioning Officer<br>James O'Flynn - Strategic Planning and Commissioning Officer |
| **Contact telephone numbers:** | 0116 30 59628<br>0116 3055060 |
| **Name of officer/s responsible for implementing this policy:** | Heather Pick |
| **Date EHRIA assessment started:** | 28 October 2016 |
| **Date EHRIA assessment completed:** | 9th November 2016 |

# Section 1: Defining the policy

**Section 1: Defining the policy**
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

| | |
|---|---|
| **1** | What is new or changed in this policy? *What has changed and why?*<br><br>The Adult Social Care Strategy 2016 - 2020 sets out how the Adults and Communities Department will meet identified need in Leicestershire within available resources. With rising demand for social care support alongside an ongoing reduction in resources, social care will have to be delivered differently. The department needs to focus on opportunities to prevent, reduce and delay the need for social care services, to successfully minimise the need for local authority funded support. This will be achieved by making full use of community support underpinned by personalised, progressive support that maximises independence. As stated in Leicestershire's Equipment, Adaptations and Assistive Technology Strategy the use of equipment, adaptations and new technology offer a real opportunity to meet needs more effectively.<br><br>The strategy seeks to bring together Equipment, Adaptations and AT provision for the delivery of wider organisational strategies and follows the principles of integrated, efficient and cost effective service provision for Leicestershire.<br><br>The landscape of equipment, adaptations and assistive technology (AT) is sizeable and the assessment and access pathways are complex. This strategy highlights these complexities, and along with the action plan, outlines opportunities to address some of the current pressures facing local authorities, as well improving lives with the least intrusive forms of support.<br><br>The strategy emphasises, in line with the Care Act 2014 that co-ordinated advice and information is key to supporting people to take responsibility to plan for their future needs, including information about maintaining independence through the use of equipment, adaptations and AT. Promoting self-serve and effective self- assessment for those people who do not want to or do not need to access public services provision, alongside information that guides those people with more complex needs to appropriate referral points for access to specialised assessments, are fundamental for ensuring the right person gets the right support.<br><br>The strategy also recognises that the opportunities that equipment, adaptations and AT provide, particularly around re-ablement, recovery and assessment for long term support, should be made more integral to our social care assessment and commissioning processes and the benefits could be better understood by the public.<br><br>The present system is complex with cross over in terms of commissioned services and what they offer customers in terms of outcomes. Services such as the HIA, CAT, Equipment and AT are often providing similar information and advice, and support. The strategy emphasises the importance of coordination in terms of how services can be joined up to work together, both in terms of delivery and strategic vision. |

| | |
|---|---|
| | The vision supported by the strategy and initiatives like Lightbulb is to have a unified offer, ensuring a co-ordinated approach to these services both across the county and with different stakeholder organisations. A system that is easy for customers to navigate, a system that customers value, and one that is strategically aligned with the objectives of not just LCC but our wider partners in health and the borough councils.<br><br>The strategy links to the wider Adult Social Care strategy in respect to the examples below:<br><br>Preventing Need by providing information and advice enabling individuals to make informed choices about aspects of their life ie accommodation options and arming them with the tools to plan effectively for their future.<br><br>Reducing need by providing alignment across services including effective triage that utilises expertise at point of enquiry<br><br>Delaying need by aiding recovery through the development and mobilisation of innovative, customer focussed services such as Lightbulb.<br><br>Meeting need by ensuring the best use of resources; delivering efficiencies through, for example, integrated procurement, use of the trusted assessor role, making the most effective use of specialist skills and roles. |
| **2** | Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.*<br><br>The Strategy relates to a number of other policies and strategies, and is linked to the following strategies/work streams:<br><br>• The Lightbulb Programme<br>• Information and Advice Strategy<br>• Adult Social Care Commissioning Intentions<br>• Medium Term Financial Strategy<br>• Draft Older Person's Accommodation Strategy<br>• Carers Strategy<br>• Adult Social Care Workforce Strategy<br><br>The strategy specifically deals with a number of service areas, both delivered in-house and externally including:<br><br>• The Occupational Therapy (OT) Service<br>• The AT Service<br>• Adaptations Service<br>• Home Improvement Agency (HIA) Service |

- Community Assessment Team (CAT)
- County Wide Community Alarm Telecare and Mobile Responder Service

**3** Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?

The potential impact of this strategy is upon everyone living in Leicestershire with or without a need for social care, with any kind of disability, and/or their carer. The range of solutions that are available to people under the broad spectrum of equipment, adaptations and AT is vast and constantly expanding due to ongoing technical advancement, therefore the people who can be affected is as vast.

A more joined up approach to this broad area of solutions is beneficial in terms of improvement in customer access via the provision of joined up, coordinated and targeted information and advice.

Improved access pathways have the potential to increase demand for provision which stretch the reach of the people affected by the strategy. One of the aims of the strategy is to make better use of the various self- serve possibilities available currently and build on those being developed. The strategy includes a delivery plan with a series of objectives and associated actions that sets out how the strategy aims to achieve its intentions.

The strategy also explains the way things operate now and what changes we need to make. Each areas of service contained within the strategy has different reach and individual service area EHRIAs will be completed in respect of the work planned. Detail about the current demand for services is detailed within the strategy. Relevant demographic information taken from POPPI and PANSI (Oct 2016) is tabled below:

| **Leicestershire** | **2014** | **2015** | **2016** | **2017** | **2018** |
|---|---|---|---|---|---|
| Total Pop – all ages | 665,100 | 669,500 | 673,900 | 678,100 | 682,300 |
| Total Population 65 and over | 130,400 | 134,000 | 137,300 | 140,600 | 143,800 |
| Total population aged 65 and over unable to manage at least one domestic task on their own. | 52,091 | 53,581 | 55,008 | 56,485 | 58,238 |

The services that span equipment, adaptations and AT are not however, just aimed at older people. The future vision for the strategy aims to address support needs across the county for those people who need this type of support. Demographic profiling, conducted by the Lightbulb project in preparation for the delivery of their services has shown:

- Oadby and Wigston have the highest proportion of people aged 65+; the highest proportion of informal carers; and the highest proportion of people aged 65+ requiring help with self-care.
- North West Leicestershire has the highest proportion of households without central heating; and also a high proportion of fuel poor households which can

lead to poor health and the further development of support needs.

- North West Leicestershire ranks highest in deprivation, has the largest proportion of people who are income deprived, the second highest of those aged over 60 who are income deprived - and also the highest proportion of those aged 65+ in rented council or social housing

- •Oadby and Wigston ranks lowest on median income; highest on the proportion of those aged 60+ who are income deprived - but lowest on the % of those aged over 65 in rented council or social housing

- Charnwood has the highest rates of alcohol and drug dependency, and ranks second highest on the deprivation score

- Melton has the highest proportion of those aged 65+ living alone, and also a high proportion of those aged 65+ requiring help with domestic tasks

- Blaby and Charnwood ranked low for lone older households and lowest on levels requiring help with domestic tasks

To take a snapshot of just one service that provided support to people throughout 15/16, the Home Improvement Agency, they supported:

- Mostly older people
- Older people who would be described as frail
- A large majority of people who classed themselves as disabled
- A majority of people who were white British

Disabled Facilities Grants are specifically for people with a disability or long term health condition, so this large area of work will continue to be focused upon people with disabilities. Disabled Facilities Grants are available to families who have a disabled child in order that the property can be adapted to meet the child's needs.

Equalities monitoring forms are not completed by Occupational Therapists or Technical Officers for people applying for Disabled Facilities Grants. The Lightbulb project aims to improve on this data collection going forward so that figures can be used in future planning.

It is anticipated that the vast majority of people supported via the strategy and associated support routes will be older, frail and disabled.

*At the time of writing some work was taking place to evaluate the customer profiles of people supported by existing services encompassed under the strategy, to ensure that the position is as thought i.e. that most people are older, frail and disabled.

**4** Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**

| | **Yes** | **No** | **How?** |
|---|---|---|---|
| Eliminate unlawful discrimination, harassment and victimisation | X | | The strategy and delivery model focus on individual outcomes for each person and encompass the full range of need. |

| | | | | |
|---|---|---|---|---|
| | Advance equality of opportunity between different groups | X | | The strategy aims to take a holistic approach which encompasses people who do not meet eligibility criteria. It is personalised and designed to meet individual needs, available to all regardless of any protected characteristics. |
| | Foster good relations between different groups | X | | The model is based on inclusion, focussing on maximising family and community assets and supporting people to be part of a wider community network. |

# Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

**Section 2: Equality and Human Rights Impact Assessment Screening**
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

| **Section 2**<br>**A: Research and Consultation** | | | |
|---|---|---|---|
| **5.** | Have the target groups been consulted about the following? | **Yes** | **No*** |
| | a) their current needs and aspirations and what is important to them; | **X** | |
| | b) any potential impact of this change on them (positive and negative, intended and unintended); | **X** | |
| | c) potential barriers they may face | | **X** |
| **6.** | If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)? | | |
| **7.** | Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts? | | **X** |
| **8.** | *If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary. | | |
| | There has been consultation as part of the Adult Social Care Strategy formal consultation | | |

| | |
|---|---|
| | which included detail about our ideas for how the council will 'prevent, reduce, delay and meet need". The consultation questionnaire asked respondents to what extent they agreed with our ideas to delay need and one idea was to "increase the use of assistive technology to help people stay in their own homes, reducing reliance on more costly services. Assistive technology includes things like alarm systems, automatic lights, adapted telephones, etc." The majority of respondents agreed with our ideas (62%), 20% neither agreed nor disagreed and 11% disagreed.<br><br>Recent consultation for the Draft Older Person's Accommodation Strategy re-emphasised the importance of information and advice in helping to keep people independent and older people generally expressed preferences of staying independent and in their own home (both for themselves as a representative of other older people). The questionnaire aimed to understand what various different user groups, staff and public, knew about housing related support, including equipment, assistive technology and adaptations. Feedback showed that there is progress to be made in terms of all groups peoples understanding of the benefits of these provisions.<br><br>More detailed and targeted engagement will take place at the point that the service areas are being reviewed and will be developed in line with the delivery of the action plan.<br><br>Further to this, targeted engagement will be occurring with some providers who are currently delivering services underneath the umbrella of this strategy, in light of the proposal to move towards the Lightbulb model. This targeted engagement will support a full EHRIA form for the Lightbulb project that will be presented to DEG. It is anticipated that this feedback will support this screening form, and as such it is recommended that this form is not considered in total isolation but alongside the Lightbulb Project and its equality considerations. |

| **Section 2**<br>**B: Monitoring Impact** | | | |
|---|---|---|---|
| **9.** | Are there systems set up to: | **Yes** | **No** |
| | a) monitor impact (positive and negative, intended and unintended) for different groups; | **X** | |
| | b) enable open feedback and suggestions from different communities | **X** | |
| **Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.** | | | |
| **Section 2**<br>**C: Potential Impact** | | | |
| **10.** | Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers. | | |

| | **Yes** | **No** | **Comments** |
|---|---|---|---|
| **Age** | **X** | | Older people make up the largest group of users of social care, and numbers are increasing. |

| | | | | |
|---|---|---|---|---|
| | | | | The Strategy aims to ensure that people who might not approach social care or are not eligible can still access the relevant support.<br>Age–related conditions must be factored in when planning services (e.g. failing eyesight and higher incidence of dementia in older people, onset of psychosis in 16 - 25 year old men, or depression in 40+ year old women, etc.).<br>Data available through JSNA and internal records must be fully utilised when planning services**.**<br><br>**For services such as CAT and HIA it can be determined that the largest group of people with protected characteristics are people who are older and frail.**<br><br>***At the time of writing this EHRIA a data collection exercise was being initiated to gain a more detailed insight to other services that fall under the strategy to determine characteristics of the service users. Including Age.**<br><br>**However It is anticipated that a large proportion of people supported under the strategy will be older.** |
| | **Disability** | **X** | | All disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and mental health conditions, when services are planned and commissioned.<br>Attention should be paid to physical access, and format of information and advice**.**<br><br>**For services such as the HIA and CAT it is known that a large proportion of its service users classify as having a disability.**<br><br>**Further analysis is currently being taken forward for the other services under the strategy to** |

| | | | | |
|---|---|---|---|---|
| | | | | **determine levels of disability that are currently being served.**<br><br>**However It is anticipated that disability will be something that a large proportion of service users self-identify with.** |
| | **Gender Reassignment** | | **X** | |
| | **Marriage and Civil Partnership** | | **X** | |
| | **Pregnancy and Maternity** | | **X** | |
| | **Race** | **X** | | The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required to ensure that services are accessible and inclusive. |
| | **Religion or Belief** | **X** | | As above |
| | **Sex** | **X** | | As above |
| | **Sexual Orientation** | **X** | | As above |
| | **Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities** | **X** | | Attention should be paid to physical access including the location of service provision, and the format of information and advice.<br>Integration with health services will contribute to addressing health inequalities.<br><br>Further data collection is occurring in regards to this area as above.<br><br>However under the Lightbulb model (a major delivery function of the strategy) demographic analysis has occurred identifying areas of deprivation and isolation and these geographical areas/people affected will be supported. |
| | **Community Cohesion** | **X** | | The focus on maximising use of community resources should promote greater inclusion and community cohesion. |
| **11.** | | | | |

Are the human rights of individuals potentially affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]

| | Yes | No | Comments |
|---|---|---|---|
| **Part 1: The Convention- Rights and Freedoms** | | | |
| **Article 2: Right to life** | **X** | | Safeguarding is likely to engage this article. Safeguarding ensures the protection and safety of customers falling underneath this policy, promoting the right to life. |
| **Article 3: Right not to be tortured or treated in an inhuman or degrading way** | **x** | | The Strategy is underpinned by ASC duty to promote wellbeing and personal dignity |
| **Article 4: Right not to be subjected to slavery/ forced labour** | | **X** | |
| **Article 5: Right to liberty and security** | **X** | | Security and liberty is partially achieved by being able to remain independent and move freely. It is also achieved by the customer feeling safe and secure in their own home, which is also an aim of the service. |
| **Article 6: Right to a fair trial** | | **X** | |
| **Article 7: No punishment without law** | | **X** | |
| **Article 8: Right to respect for private and family life** | **X** | | The strategy is focused on how to support people to remain independent in the setting of their choice |
| **Article 9: Right to freedom of thought, conscience and religion** | | **X** | |
| **Article 10: Right to freedom of expression** | | **X** | |
| **Article 11: Right to freedom of assembly and association** | | **X** | |
| **Article 12: Right to marry** | | **X** | |
| **Article 14: Right not to be discriminated against** | **X** | | The Strategy's values and principles are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them |

| | | | | |
|---|---|---|---|---|
| | **Part 2: The First Protocol** | | | |
| | **Article 1: Protection of property/ peaceful enjoyment** | **X** | | Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy |
| | **Article 2: Right to education** | | **X** | |
| | **Article 3: Right to free elections** | | **X** | |

| | | | | |
|---|---|---|---|---|
| **Section 2**<br>**D: Decision** | | | | |
| **12.** | Is there evidence or any other reason to suggest that:<br><br>a) this policy could have a different affect or adverse impact on any section of the community;<br><br>b) any section of the community may face barriers in benefiting from the proposal | **Yes** | **No** | **Unknown** |
| | | | **X** | |
| | | | **X** | |

| | | | | |
|---|---|---|---|---|
| **13.** | Based on the answers to the questions above, what is the likely impact of this policy | | | |
| | No Impact ☐ | Positive Impact X | Neutral Impact ☐ | Negative Impact or Impact Unknown ☐ |

**Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.**

| | | | |
|---|---|---|---|
| **14.** | Is an EHRIA report required? | Yes ☐ | No x |

**Section 2: Completion of EHRIA Screening**

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

**Option 1:** If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

**Option 2:** If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

# Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

**Section 4**
**A: Sign Off and Scrutiny**

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

**Equality and Human Rights Assessment Screening** [X]

**Equality and Human Rights Assessment Report** [ ]

1st Authorised Signature (EHRIA Lead Officer): ……

Date: ……

2nd Authorised Signature (DEG Chair): ……  ……

Date: …09/11/16……

# Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

| **Key Details** | |
|---|---|
| **Name of policy being assessed:** | This is a joint screening form in light of the proposed investment by LCC into the Lightbulb Project. The policy's below will be brought together and examined in light of any EHRIA implications.<br>• Home Improvement Agency – Papworth Trust<br>• CAT – British Red Cross<br>• In-house changes i.e. the provision of Occupational Therapy |
| **Department and section:** | Strategic Planning and Commissioning |
| **Name of lead officer/ job title and others completing this assessment:** | Amanda Price, Interim Head of Service, Strategic Commissioning and Market Development<br>James O'Flynn, Strategic Planning & |

| | |
|---|---|
| | Commissioning Officer |
| **Contact telephone numbers:** | 0116 3057364<br><br>0116 3055378 |
| **Name of officer/s responsible for implementing this policy:** | Strategic Planning & Commissioning Officers |
| **Date EHRIA assessment started:** | 25/10/2016 |
| **Date EHRIA assessment completed:** | Screening form completed on the 01/11/2016<br><br>Full EHRIA form completed on the …… |

# Section 1: Defining the policy

**Section 1: Defining the policy**
You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

| | |
|---|---|
| **1** | **What is new or changed in this policy? What has changed and why?**<br><br>In line with the development of the Lightbulb project, the Adults and Communities department is undertaking reviews of existing contracts and internal functions that can support implementation of a more coherent, aligned and cost effective housing support offer.<br><br>Lightbulb is managed by a steering group, and an executive group, made up of various stakeholders from local, borough and county councils. The project has day to day managers and staff working in hospitals and in the community addressing housing need in various ways, from hospital discharge projects to projects working alongside GP's. This is in house provision presently with employees under the umbrella of Blaby District Council.<br><br>The Lightbulb Project's vision is to transform practical housing support across Leicestershire. The buy in, support and investment needed to make this a reality is multi-faceted and will affect several areas of provision and strategy across Leicestershire County Council.<br><br>The new Lightbulb model will require a significant level of change and work from all stakeholders to implement new ways of working during 2017/18, |

| | |
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| | including the ending of related contracts and realignment of investment to support the Lightbulb model.<br><br>The Lightbulb project has made some developments in its short cycle time, including:<br><br>Evidence and analysis show Lightbulb offers significant potential savings to the local health and care economy by helping to reduce falls, emergency admissions and length of hospital stay. Pilot projects have already demonstrated the potential to save around £1.9m annually<br><br>As part of the proactive approach to service delivery, Housing Support Co-ordinators have been working with Leicestershire residents referred from Health settings:<br><br>• Out of 162 cases there were 18 people with a history of falls (11% of all customers)<br><br>• Post intervention only one person had fallen again<br><br>• 17 reported no falls since they received their interventions<br><br>• All reported feeling safer and more confident around the home<br><br>Lightbulb pilot projects have seen a reduction in staffing resources by 0.4 fte by working together across two pilot areas to deliver DFGs; equating to a 34% increase in productivity at no additional cost<br><br>A resulting 17% reduction in the delivery cost per unit of DFGs which equates to potential savings of £65,000 per year to DFG delivery across Leicestershire<br><br>The Lightbulb model has to scale up, to reach its potential:<br><br>Care Trak data from the Lightbulb pilots shows 50% of Housing Support Co-ordinator cases analysed through Care Trak have one or more long-term conditions. This equates to a projected 2230 residents per year across Leicestershire in poor housing and with one or more long-term conditions that Lightbulb could reach (based on current demand mapping).<br><br>Existing service pathways for the assessment and completion of Disabled Facilities Grant are complex and lengthy, for example:<br><br>• The existing process for assessing and installing a stair lift incorporates 24 different stages with approximately 8 handoffs<br><br>• The existing process for assessing and installing a level access shower incorporates 27 different steps and 9 handoffs<br><br>The Lightbulb model will greatly reduce processes, both saving time for customers and providing efficiencies for all organisations involved in respect of staff time and costs. New, integrated processes will see:<br><br>• The number of stages for assessment and installation of a stair lift reduced to |

| | |
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| | 9 with only two handoffs<br><br>• A similar reduction in the journey for a level access shower to 13 stages and 5 handoffs<br><br>• Where there are handoffs in these processes, they will be co-ordinated by the Housing Support Co-ordinator role to ensure a more customer focused service<br><br>Scaling this up to estimated annual projected demand across Leicestershire that will be dealt with by Housing Support Co-ordinators in the new Lightbulb model means a potential 491 people with a reduction in falls per annum (11% of 4460 projected cases).<br><br>Using existing information about the demand for services and learning from the Lightbulb pilots, it has been possible to quantify the staffing resources required to deliver the Lightbulb offer across the different District Council areas. Further detail on this is available in the Lightbulb Business Case as an appendix to this document<br><br>The costed Lightbulb hub and spoke model will require resources in the region of £777k per annum based on meeting existing demand. The costed model assumes the new Lightbulb service offer will be implemented from within existing funding sources, which currently sits across different partner organisations and are already directed towards meeting this demand but in a fragmented and ineffective way. Lightbulb will bring this funding together to support a new, integrated and cost effective service model.<br><br>It is proposed that the **Home improvement Agency** contract currently delivered by the Papworth Trust is not recommissioned and that its contract comes to a natural end in 2017 (although it may need extending for a final 6 months to allow for alignment with, and the development of Lightbulb). Funding for this service will be diverted in part into Lightbulb.<br><br>The Lightbulb Projects 'offer' encompasses all of the **HIA** elements in terms of its proposed delivery model and such the investment into Lightbulb will ensure that the services previously delivered by the HIA will continue. These being packages of support aimed at delivering tailored solutions to the needs of vulnerable people seeking to improve, adapt or repair their homes.<br><br>Lightbulb is not delivering the HIA function at this stage, but the business case for Lightbulb provides a picture of the current situation across Leicestershire and how Lightbulb proposes to meet that demand.<br><br>Statistics from the HIA service delivered by Papworth show that:<br><br>2015/2016 –The majority of clients are 'other' then disabled and then older. In previous years rather than 'other' being a significant area, 'Frail Elderly' was a significant reporting group. This is thought to be a reporting issue rather than the service not supporting predominately these groups:<br><br>**older** |

| | |
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| | **disabled and**<br><br>**frail older.**<br><br>The service was validated against the quality assessment framework, at level B on the 15th of October 2013.<br><br>It has met (on balance) its targets for the amount of enquiries the service receives as well as its targets for how many jobs it completes. 1869 enquires in 2015/16 against a target of 1500, and 383 jobs completed against a target of 400.<br><br>In 2015/16 the number of people who received information and advice but who had no works carried out was 1312. Out of these customers 909 continued to live independently, 3 moved to a care home, 2 to a nursing home and 353 are not known.<br><br>A Safeguarding incident occurred in 2015 which led to a formal investigation. As part of this several improvement suggestions were made, which have been adhered to.<br><br>Customer feedback (gathered by the service themselves) is overwhelmingly happy with the service.<br><br>It is proposed that the **Community Assessment Team** contract, currently delivered by The British Red Cross is not recommissioned and that its delivery function is encompassed within Lightbulb. The CAT contract is due to end on the 31.03.17. (This contract will need also need an extension of six months to enable alignment with Lightbulb).<br><br>The CAT contract aims to provide advice and information on the provision of equipment and adaptations that will enable the service user to maintain their independence within the community and/or avoid the unnecessary use of more institutional forms of care.<br><br>In 2015-16 the Red Cross Community Assessment Team undertook 2,658 basic assessments for minor equipment and adaptations, and 614 complex bathing assessments.<br><br>Equipment can be supplied through the contract with Nottingham Rehab Supplies (NRS) with thresholds for approval based on level of professional expertise. Recommendations for minor adaptations from CAT are sent to Minor Adaptations Team and requests for major adaptations may also be made.<br><br>It is not just the CAT contract that supports the people of Leicestershire in regards to rehabilitation and equipment, the picture is far more diverse and complex, It is Lightbulbs intention to simplify and improve this and other streams of support. Locally the provision of equipment is managed and commissioned jointly with Clinical Commissioning Groups and County and City Councils within Leicester, Leicestershire and Rutland, through a pooled budget arrangement. NRS Healthcare are contracted to provide a wide variety of disability equipment and mobility aids and rehab supplies that are both standard and specialist. They work to ensure the efficient provision of equipment regardless of whether it is health or social care that are making the |

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| | referral, or the location of the person needing equipment, thus enabling timely hospital discharges.<br><br>In 2015-16, 24,115 items of equipment were provided to people living in Leicestershire and 15,509 items were collected when no longer required.<br><br>The service is arranged to promote and facilitate equipment being supplied to people regardless of their involvement with health and social care and to ensure maximum reach to those who may benefit from equipment to help to maintain and sustain their independence.<br><br>It is envisaged that the Lightbulb project will encompass these elements of support and as such the services previously delivered under the CAT will continue. Funding for this service will be diverted in part into Lightbulb.<br><br>It is proposed that Lightbulb by bringing together the plethora of housing related support services will affect some in house provision, including Occupational Therapy. The department is undertaking a review of its in-house Occupational Therapy function to determine the necessary steps required to support Lightbulb service delivery. It is intended that this will be in implementation phase by October 2017.<br><br>It is envisaged that a proportion of existing occupational therapy funding will be freed up as a result of a move towards a trusted assessor approach through Lightbulb.<br><br>Local Authority Occupational Therapists (OT) work with people where it is identified that Occupational Therapy input is needed, which is often in specific cases. Increasingly OTs support the hospital discharge process and involvement with substantial support packages where moving and handling is a feature.<br><br>In 2015-16 a total of 3,560 cases were referred to the Occupational Therapy (OT) service. In addition the Leicestershire County Council's Re-ablement Service (HART) Occupational Therapists dealt with approximately 500 individuals and the Integrated Care Team OT team dealt with 270 individuals. The online self-assessment for equipment and minor adaptations received 52 completed online self-assessments in 2015/16. |
| **2** | Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.*<br><br>Previously, separate EHRIA screening forms have been completed and presented to DEG for the HIA, and the Hospital to Home project which it is also anticipated will be delivered in part by Lighbulb's hospital discharge element.<br><br>A screening form has been completed for the Leicestershire Equipment, Adaptations and Assistive Technology Strategy 2016 2020, but this still needs to be presented to DEG. |

| | |
|---|---|
| | The implementation of Lightbulb connects to other work and strategies across the ASC department and Council, those being: *<br><br>ASC Market Position Statement<br><br>External Contract Review<br><br>Prevention Review<br><br>Adult Social Care Commissioning Strategy<br><br>Medium Term Financial Strategy<br><br>Integration with health<br><br>Information & Advice Strategy (Adults and Communities)<br><br>The Lightbulb Project (Borough Councils, CCG's, LCC)Leicestershire Equipment, Adaptations and Assistive Technology Strategy 2016-2020.<br><br>The Adult Social Care Strategy 2015 - 2019 has been prepared to outline the vision and strategic direction of social care support for the next 4 years. The life of the strategy has been determined by matching to the life of the current Medium Term Financial Strategy (MTFS), in order for us to meet our financial targets and implement our new approach to adult social care.<br><br>Ensuring that services are good value, strategically sound and not duplicating the work of partners is a key design principle of the future model (the right partner). |
| **3** | Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?<br><br>The implementation of the Lightbulb Project, and the encompassing of the aforementioned policies will affect:<br><br>Residents across Leicestershire, based on a person centred needs assessment. It is likely to be vulnerable people who use the service, particularly those people with a health condition, long term illness or disability.<br><br>People at risk of not being able to remain independent in their own homes<br><br>People at risk of being admitted to hospital or visiting a GP because of their health condition and people who are in hospital<br><br>Older and frail people over the age of 60<br><br>The intended change/outcome for these people, via Lightbulb is:<br><br>A single access point into a range of practical housing support solutions<br><br>A common, holistic housing needs assessment process<br><br>A wider offer for customers – prevention, support, affordable warmth, handy |

<table>
<tr><td></td><td colspan="4">person services, home safety as well as minor and major adaptations, assistive technology etc.<br><br>The shared ambition of this integrated approach is to:<br><br>Deliver savings to health and social care budgets by making the most of the part that housing support can play in keeping people independent in their homes with the right support at the right time; helping to prevent, delay or reduce the need for ongoing social care support, avoiding unnecessary hospital admissions/readmissions or GP visits and facilitating timely hospital discharge<br><br>Improve the customer journey; making services easier to access and navigate and ensuring the right support is available at the right time<br><br>Provide cost savings in service delivery (particularly in relation to the delivery of Disabled Facilities Grants) through service redesign; capitalising on opportunities to realise economies of scale, more effective working practices, and improved processes. Ensuring specialist skills are targeted effectively and that staff are empowered to make appropriate decisions<br><br>The implementation and alignment of Lightbulb has to the potential to affect staffing in the commissioned services (HIA/CAT) and also within the in house provision. The levels of staffing and other implications such as TUPE are presently being considered and as such the impact of any changes is not yet known.</td></tr>
<tr><td>4</td><td colspan="4">Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)</td></tr>
<tr><td></td><td></td><td>Yes</td><td>No</td><td>How?</td></tr>
<tr><td></td><td>Eliminate unlawful discrimination, harassment and victimisation</td><td>x</td><td></td><td>The Lightbulb Project’s development process, and the associated reviews and analysis of performance data has allowed further understanding about what current services are achieving, and furthermore how improvements or positive changes could potentially be brought about. This includes ensuring that all groups can benefit from the Lightbulb project.<br><br>It has also allowed for the identification of any particular groups who may be adversely or disproportionately affected by any changes to be identified, and the establishment of what mitigating actions are required.</td></tr>
<tr><td></td><td>Advance equality of opportunity</td><td></td><td></td><td>The policy changes will analyse and take into account the specific characteristics</td></tr>
</table>

| | | | | |
|---|---|---|---|---|
| | between different groups | x | | of the group likely to be affected and understand the alternative support mechanisms i.e. Lightbulb. Ensuring service users can continue to access the same or enhanced support available when changes to the service occur. |
| | Foster good relations between different groups | x | | Any proposed changes to service provision via the implementation of Lightbulb will take into account the fostering of good relations between people from different groups using the service. This will include improving peoples sense of personal security, their interactions with others (positive and diverse) and participation and influencing so that's peoples voices can be heard and influence relevant decisions. |

# Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

**Section 2: Equality and Human Rights Impact Assessment Screening**
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

| **Section 2**<br>**A: Research and Consultation** | | | |
|---|---|---|---|
| **5.** | Have the target groups been consulted about the following? | **Yes** | **No*** |
| | a) their current needs and aspirations and what is important to them; | **x** | |
| | b) any potential impact of this change on them (positive and negative, intended and unintended); | **x** | |
| | c) potential barriers they may face | **x** | |
| **6.** | If the target groups have not been consulted directly, have representatives been consulted or research | **x** | |

| | | | |
|---|---|---|---|
| | explored (e.g. Equality Mapping)? | | |
| **7.** | Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts? | **x** | |
| **8.** | *If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary. | | |
| | The Lightbulb project themselves have undertaken research and consultation with people from groups likely to use their service going forward. This will inform development going forward. There is further detail on customer engagement, feedback and research in the Lightbulb Business Case page 17 'Customer Perspective'.<br><br>There has not been any engagement, from LCC with the users of the services highlighted above i.e. HIA/CAT.<br><br>It is the intention of the ASC department to work with both providers of the services and to target suggested stakeholders and customers to gain their insight as to how the changes could affect them. | | |

| **Section 2**<br>**B: Monitoring Impact** | | | |
|---|---|---|---|
| **9.** | Are there systems set up to: | **Yes** | **No** |
| | a) monitor impact (positive and negative, intended and unintended) for different groups; | **x** | |
| | b) enable open feedback and suggestions from different communities | **x** | |
| **Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.** | | | |
| **Section 2**<br>**C: Potential Impact** | | | |
| **10.** | Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers. | | |

| | **Yes** | **No** | **Comments** |
|---|---|---|---|
| **Age** | **x** | | Older people make up the largest protected characteristic in this group, the Lightbulb |

| | | | | |
|---|---|---|---|---|
| | | | | Project is a service aimed at older people, as is the CAT and HIA.<br><br>Data from the HIA service 15/16 shows that:<br>12% Older,<br>Frail Older (other) 63%<br><br>Data from the CAT service 15/16 shows:<br><br>75-84 year olds, 34%<br>over 85, 29%<br>Under 18's, 0.5%<br><br>If the service provision is changed customers can receive support from an alternative provider in the marketplace i.e. Lightbulb, District Councils or via a health and social care assessment if their needs are sufficient. |
| | **Disability** | **x** | | A significant proportion of service users of the CAT and HIA are disabled. If the services are decommissioned customers can receive support from an alternative provider in the marketplace i.e. Lightbulb, District Councils or via a health and social care assessment if their needs are sufficient.<br><br>Data from the HIA service 15/16 shows that:<br><br>19% Disabled<br>4% Mental Health<br><br>Data from the CAT service 15/16 shows:<br><br>80% Disabled<br>13% Mental health (inc dementia) |
| | **Gender Reassignment** | **x** | | The Lightbulb project will demonstrate awareness of the particular sensitivities that may |

| | | | | |
|---|---|---|---|---|
| | | | | arise for this group. |
| | **Marriage and Civil Partnership** | | **x** | No specific issues identified |
| | **Pregnancy and Maternity** | | **x** | No specific issues identified |
| | **Race** | **x** | | Attention must be paid to culturally appropriate delivery. Any service providers must be able to demonstrate that they are equipped to meet this requirement<br><br>Data from the HIA service 15/16 shows that:<br><br>Around 83% White British<br>Around 3% Indian<br><br>Data from the CAT service 15/16 shows:<br><br>Around 88% White British<br>Around 2% Indian |
| | **Religion or Belief** | **x** | | Data from the CAT service 15/16 shows:<br><br>Around 16% Christian<br>1% Hindu<br><br>No data on HIA religion or belief of customers. |
| | **Sex** | **x** | | Any proposed change to service delivery will take into account the specific requirements of people from both sexes.<br><br>HIA – no data for sex<br><br>CAT – 36% Male, 64% Female |
| | **Sexual Orientation** | **x** | | As for other groups where sensitivity and awareness is required, providers must demonstrate this capacity.<br><br>HIA – No data<br><br>CAT |

| | | | | |
|---|---|---|---|---|
| | | | | 80% refused<br>19% Heterosexual<br>0.06 Gay/Lesbian |
| | **Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities** | **x** | | It is likely that the Lightbulb Project will have to support people from these groups, and as such any change to service provision, should be provided consistently across the County, taking account of the difficulties that may arise from living rural isolation and in economically or socially disadvantaged communities. Lightbulb's model is to have a physical presence in every borough across the county, providing consistent cover where demand exists.<br><br>No specific data from CAT or the HIA on this area. |
| | **Community Cohesion** | | **x** | No specific issues identified that the service/policy needs to address. |

**11.**

Are the human rights of individuals potentially affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? **(Please tick)**

Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]

| | **Yes** | **No** | **Comments** |
|---|---|---|---|
| **Part 1: The Convention- Rights and Freedoms** | | | |
| **Article 2: Right to life** | **X** | | Safeguarding protocols for individuals will protect this right. |
| **Article 3: Right not to be tortured or treated in an inhuman or degrading way** | **X** | | There is a health and ASC duty to promote wellbeing and personal dignity. All services, either in house or commissioned, are expected to be delivered at an acceptable standard to maintain health and dignity. |
| **Article 4: Right not to be** | | **x** | |

| | | | | |
|---|---|---|---|---|
| | **subjected to slavery/ forced labour** | | | |
| | **Article 5: Right to liberty and security** | **x** | | Safeguarding protocols of individuals will protect this right |
| | **Article 6: Right to a fair trial** | | **x** | |
| | **Article 7: No punishment without law** | | **x** | |
| | **Article 8: Right to respect for private and family life** | **x** | | One of the central aims of the Lightbulb project is in regards to promoting independence and choice in relation to how and where people would prefer to live and retain contact with family and friends. |
| | **Article 9: Right to freedom of thought, conscience and religion** | | **x** | |
| | **Article 10: Right to freedom of expression** | | **x** | |
| | **Article 11: Right to freedom of assembly and association** | | **x** | |
| | **Article 12: Right to marry** | | **x** | |
| | **Article 14: Right not to be discriminated against** | **x** | | Any current and future services operating in this area of work will have to comply with policies and protocols that promote anti discriminatory practice |
| | **Part 2: The First Protocol** | | | |
| | **Article 1: Protection of property/ peaceful enjoyment** | **X** | | One of the central aims of the Lightbulb project is in regards to promoting independence and choice in relation to how and where people would prefer to live. |
| | **Article 2: Right to education** | | **x** | |
| | **Article 3: Right to free elections** | | **x** | |

| **Section 2**<br>**D: Decision** | | | | |
|---|---|---|---|---|
| **12.** | Is there evidence or any other reason to suggest that:<br><br>a) this policy could have a different affect or adverse impact on any section of the community; | **Yes** | **No** | **Unknown** |
| | | | | **x** |

| | | | | |
|---|---|---|---|---|
| | b) any section of the community may face barriers in benefiting from the proposal | | **x** | |

| | | | | |
|---|---|---|---|---|
| **13.** | Based on the answers to the questions above, what is the likely impact of this policy | | | |
| | No Impact ☐ | Positive Impact ☐ | Neutral Impact ☐ | Negative Impact or Impact Unknown ☒ x |

**Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.**

| | | | |
|---|---|---|---|
| **14.** | Is an EHRIA report required? | Yes ☒ x | No ☐ |

**Section 2: Completion of EHRIA Screening**

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

**Option 1:** If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

**Option 2:** If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

# Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

**Section 4**
**A: Sign Off and Scrutiny**

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

**Equality and Human Rights Assessment Screening** [X]

**Equality and Human Rights Assessment Report** [ ]

1st Authorised Signature (EHRIA Lead Officer): ……

Date: ……

2nd Authorised Signature (DEG Chair)…  …… ……

Date: ……09/11/16……

# Supporting Leicestershire Families : Annual Report

# 2015/16

The purpose of this report is to illustrate the progress made and outcomes for families that receive intensive support from a Family Support Worker through Supporting Leicestershire Families. The annual report summarises the results that were obtained using over 1 million items of data, collected and processed from the 2015/16 period of Supporting Leicestershire Families work.

The service provides fifty-one Intensive Family Support Workers, whose backgrounds include social work, youth work, parenting support, children's centres, substance misuse and youth offending.

During the 2015/16 period, Supporting Leicestershire Families worked with 797 families of which two-thirds of these families (542) were new cases opening during the year. The families contained 3,806 individuals of which 2,048 (54%) were children, 387 of whom were under 5 years old. Fifty-two percent of these families were closed during the year.

**Physical health**
On closure, 64% of the families worked with need little or no support to meet their child's physical health needs.

**Your well-being**
On closure, 68% of families were either 'finding what works' or 'effective parenting', which means they were in a position to manage emotional and mental health well-being with little or no support.

**Meeting emotional needs**
Two-thirds of the closed families (61%) experienced positive changes in meeting the emotional needs of their children.

**Keeping children safe**
63% of families make positive progress in 'keeping children safe'.

**Social networks**
80% of positive progress was made by families who were initially accepting help.

**Education and Learning**
65% of families were 'Finding what works' or Effective parenting', requiring little or no support to ensure that their children are engaged in learning and are attending school regularly.

**Boundaries and behaviour**
116 children were initially assessed as having violent or aggressive behaviour. At final review this number had reduced by one-third.

**Family routine**
66% of families are 'finding what works' or effective parenting at final assessment, meaning that they require little or no support in this area.

**Home and money**
24 families were assessed as being at risk of homelessness. 20 of these families were no longer at risk of homelessness by their closure review.

**Progress to work**
22 of 148 individuals were no longer in receipt of work related benefits at closure.

## Contents

## Introduction and Background to the Supporting Leicestershire Families Service (SLF)

The National Troubled Families programme was launched in December 2011 by the Prime Minister. Leicestershire's response to the programme was the creation of a multi-agency pooled budget to deliver a programme of intensive support to families identified with complex and multiple issues and who place some burden on the resources of public sector services.

The Supporting Leicestershire Families pooled budget is made up of partnership contributions (seven District Councils, two Clinical Commissioning Groups, Public Health, Leicestershire County Council, Job Centre Plus and the Police) and the Troubled Families Unit (TFU) attachment fees and Payment by Results (PBR) funding.

The national Troubled Families Programme has now entered Phase 2; Leicestershire entered Phase 2 early due to a high level of success in meeting outcomes for families in Phase 1. Phase 2 requires Leicestershire to achieve sustained and significant outcomes and/or job outcomes for 2,760 additional families over the five year period of Phase 2.

### Purpose and Aims of Supporting Leicestershire Families (SLF)

The Partnership is committed to improving the lives of Leicestershire families, particularly the most vulnerable. Our ambition is to improve outcomes for these families whilst reducing public sector costs.

The aims of SLF are to:

1. Improve outcomes for families as identified in the national Troubled Families Programme, the six broad criteria being …
    - Parents and children involved in crime and anti-social behaviour
    - Children who have not been attending school regularly
    - Children who need help
    - Adults out of work/at risk of financial exclusion/young people at risk of worklessness
    - Families affected by domestic abuse
    - Parents and children with a range of health problems.
2. Ensure resources are focused on those who need it the most
3. Join up work across agencies to support families in the most effective way
4. Reduce cost to public services
5. To maintain and develop a single budget to deliver the Service.

### The Service

Supporting Leicestershire Families operates a locality model in all seven district/borough localities. The Service is led by the Head of Supporting Leicestershire Families and Safer Communities and operationally managed by the SLF Service Manager.

At the heart of the Service is a team of 51 Family Support Workers who hold small caseloads of families. Their role is to:

- provide intensive, practical 'hands-on' support to families around a range of issues
- take a persistent, assertive and challenging approach
- look at what 's happening for the family as a whole and focus on helping families function
- co-ordinate the delivery of 'team around the family' services

The Professional backgrounds of the Family Support Workers include social work, youth work, parenting support, children's centres, substance misuse and Youth Offending.

## Report Methodology

### What is this report about?

The purpose of this report is to illustrate the progress made and outcomes of families that receive intensive support from a Family Support Worker, as part of the Supporting Leicestershire Families Service.

The findings in the report will be used to highlight the strengths of the service and identify the areas where families are making the most progress. It will also help to highlight areas that raise questions about current practice and identify opportunities for future service development.

### Who is this report about?

The report describes the journey of change made by families that were worked with by a Family Support Worker during the financial year 2015/16. This includes families that were already open at the start of the year, new families that opened during the year, families that closed during the year and families that were still being worked with at the end of the year.

### What data is used within the report?

The report primarily utilises the information collected by workers as part of the assessment and review process when working with a family. The assessment and review process involves the completion of both family and individual level monitoring forms. These forms consist of series of questions that help to identify and track progress of the issues and difficulties faced by each family.

Families are assessed within the first six weeks of engagement with the service, with a review of progress taking place at subsequent 12 week intervals.

### Family Star Plus Outcomes Tool

The Family Star Plus outcomes tool has been used both as a framework for the analysis within this report and the structure to present the results.

Family Star Plus is a tool for both families and workers, to support and measure change when working directly together.

The Family Star Plus focuses on ten areas of life :

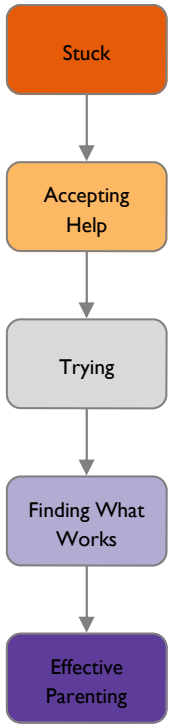
- Physical health
- Your well-being
- Meeting emotional needs
- Keeping your children safe
- Social networks
- Education and learning
- Boundaries and behaviour
- Family Routine
- Home and money
- Progress to work

For each area there is a ten-point scale that measures the parent's relationship with any difficulties they are experiencing in this area, and where they are on the steps towards addressing these difficulties. These scores translate to five stages that form the journey of change that underpins the Family Star Plus outcomes tool. These are shown below

## How do we measure a families progress?

The five stage in the journey of change have been use to determine whether a family has made progress in each of the ten areas of the star.

Family star scores are captured as part of both the assessment and review process. For the purposes of this analysis, progress in each area is measured by comparing the score in each of the ten star areas at initial assessment compared to the corresponding scores at closure. This is explained in more detail later in the report.




| | |
|---|---|
| Score 1 or 2 | At the beginning, families are **stuck**, unable to face the problem or accept help and support. |
| Score 3 or 4 | From stuck moving to **accepting help,** where families become aware of the problem, and look to their worker to help sort things out for them. |
| Score 5 or 6 | A key turning point, when families start **trying** to take the initiative and try new things for themselves, with a high level of support from their worker. |
| Score 7 or 8 | **Finding what works** is about building confidence in their ability to look after their family more effectively, with some support from their worker. |
| Score 9 or 10 | **Effective parenting**, where a family can manage without the support from their worker |



The Family Star Plus User Guide has been used to create this section.

## Which families are included in the analysis?

The families that the service works with are often complex, both in terms of their composition and relationships, and also the number and diversity of the issues and difficulties that they are facing. The complex nature of these families is reflected in the quantity and complexity of the data that is collected about them.

**Table 1 : Shows the number of families 'worked with' by the service during 201516**

| | **Number of families worked with in 2015/16** | Opened during 2015/16 | Closed during 2015/16 |
|---|---|---|---|
| Blaby | 68 | 50 | 29 |
| Charnwood | 246 | 168 | 142 |
| Harborough | 47 | 29 | 27 |
| Hinckley & Bosworth | 155 | 121 | 82 |
| Melton | 62 | 33 | 29 |
| NW Leicestershire | 141 | 91 | 68 |
| Oadby & Wigston | 42 | 27 | 16 |
| Other | 36 | 23 | 23 |
| **Total** | **797** | **542** | **416** |

### How many families and individuals have been worked with?

- A total of 797 families were worked with during 2015/16.
- Two-thirds of these families (542) were new cases opening during the year.
- Just over half (52%) of these families closed during the year.
- These families contained a total of 3,460 individuals, of which 2,048 (54%) were children, 387 of whom were under 5 years old.
- 7% of the individuals worked with were from BME groups.

**Chart 2 : Shows the number of individuals 'worked with' by the service during 2015/16 by age**

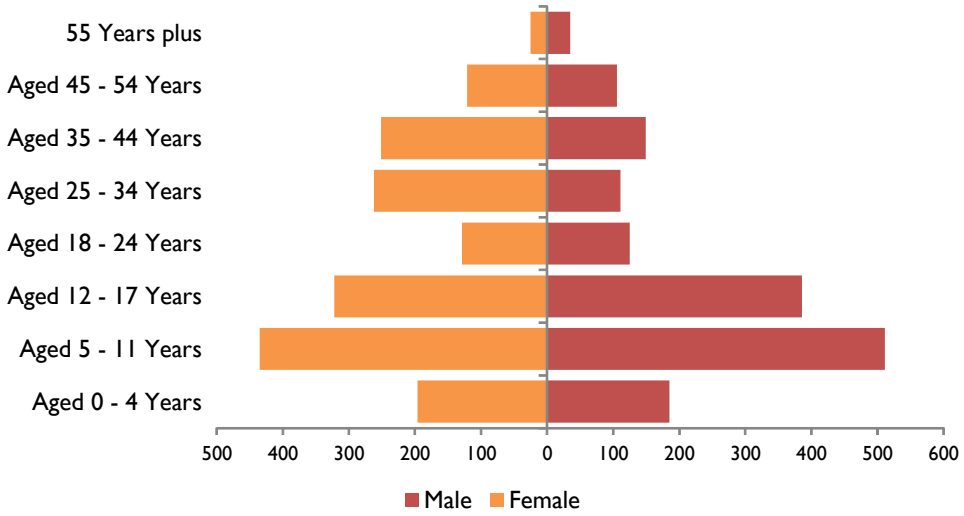



**Chart 3 : Shows the percentage of individuals 'worked with' by the service during 2015/16 ethnicity**


'worked with' families are those families with individuals that have an open worker relationship on Frameworki, with a 'Family Support Worker', during 2015/16.

## Where do Families Start?

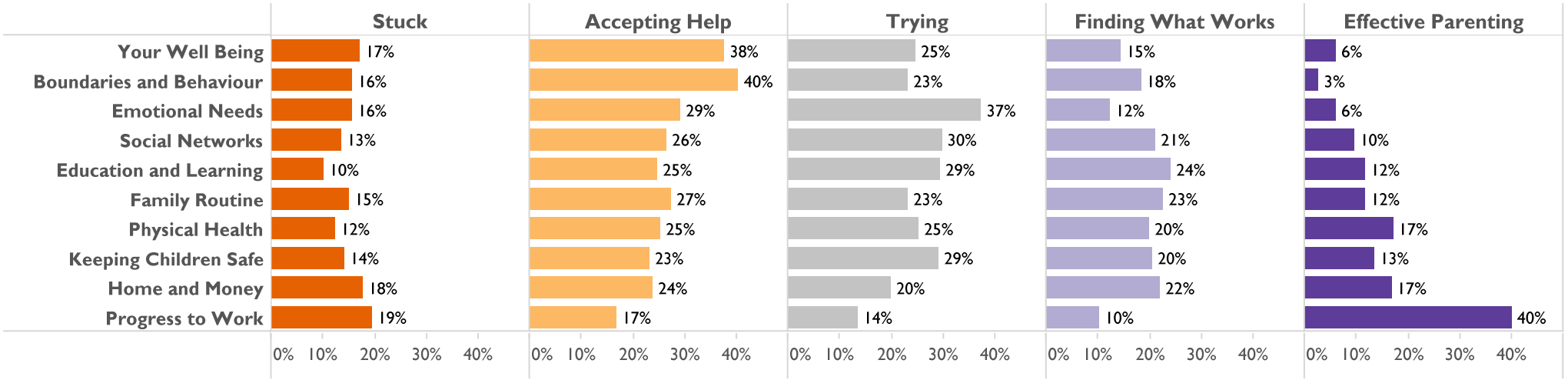
A families' starting point on their journey of change will depend upon several factors, including their acceptance or recognition of issues which need to be addressed; willingness to engage with support workers; and previous experiences of service usage.

Chart 2 shows the percentage of families that start at each stage of the journey of change for each of the ten life areas of Family Star Plus.

Across all ten areas, approximately 1 in 3 families is either 'stuck' or 'accepting help'. At the start of their journey, the 'stuck' families may require a good deal of support to recognise that they have challenges and difficulties in some or all areas, and may be more reluctant to engage with the support being offered.

The domains of the Family Star where families are most likely to need considerable support to start addressing issues include, 'your well-being', 'emotional needs' and 'boundaries and behaviour'. (based on percentages 'stuck' and 'accepting help')

**Chart 2 : Shows the percentage of families that start at each stage of the journey of change**




Base : 186 families that closed in 2015/16 with a Family Star Assessment and Review

## What progress do families make?

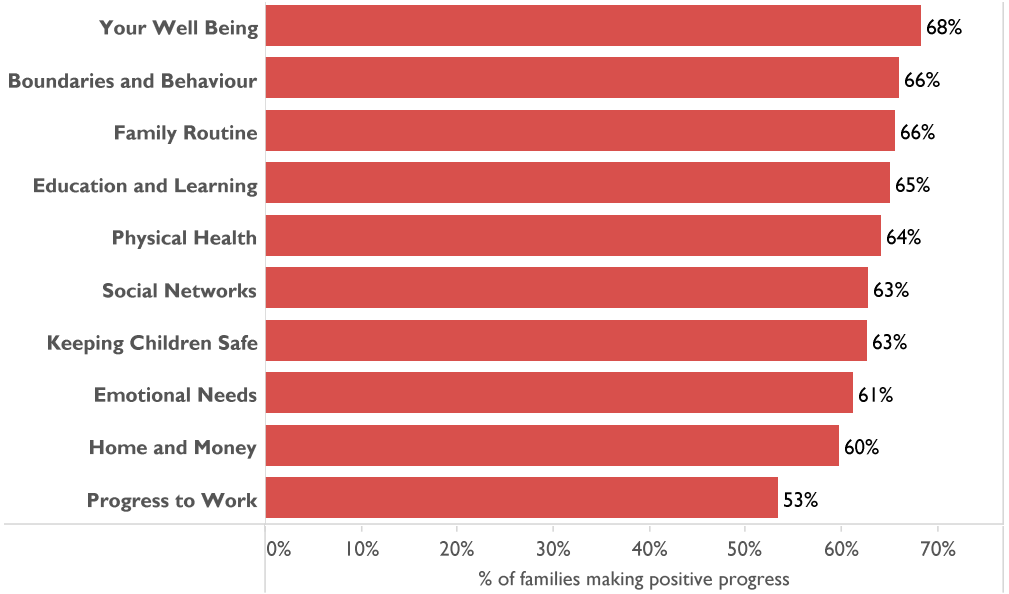
The progress made by each family has been established using the family star score for each of the ten areas at assessment compared to the corresponding score at closure review.

Positive progress is when a family's score has increased and they have moved up at least one stage in the journey of change.

Chart 4 shows the percentage of families that have made positive progress for each of the ten areas of life included in the star.

- In nine of the ten family star areas, over 60% of families worked with have made positive progress.
- Families have made the most positive progress in 'Your well being'. Two -thirds (68%) of families made progress in this area.
- Families are least likely to make positive progress in 'Progress to work'. Approximately half of families made positive progress in this area. However, families are more likely to start the journey of change at a higher stage which means that the scope for positive change in this area is limited compared to other areas of the star.

**Chart 4 : Shows the percentage of families that have made positive progress between their initial family star assessment and their final family star review on closure for each of the ten areas of life**




Base : Families that start at 'stuck', 'accepting help' and 'trying'

*"The Supporting Leicestershire Families project is something quite different, and I can't praise it enough – School Headteacher"*

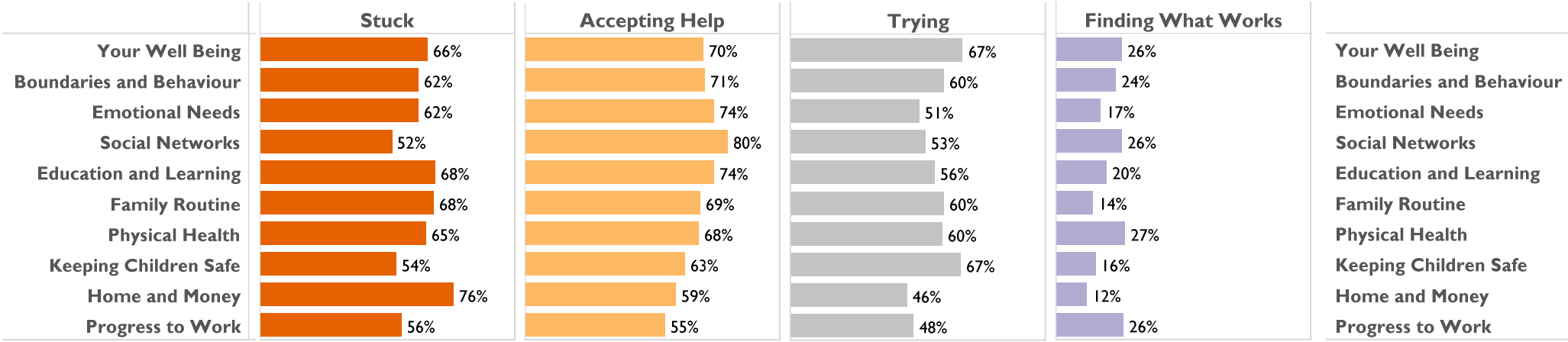
## Which families make the most progress?

The 'positive progress' made by families is dependent upon which stage of the journey of change that they begin.

Chart 5 shows the percentage of families that have made positive progress for each of the ten family star areas, depending upon their starting stage on the journey of change.

- The most 'positive progress' is made with families that are engaged at the outset and already 'accepting help', ranging from 55% (progress to work) to 80% (social networks).
- In all ten areas of the star, more than half of families progressed from being 'stuck'. Most progress was made from 'stuck' for 'home and money'.
- In five out of ten areas, approximately two-thirds of families progressed from 'trying'. In particular, the areas of 'your well being' and 'keeping children safe' parents are likely to be find ways of meeting their needs with little support from their worker.
- The least progress is made for families that start out already 'finding what works'. However, over a quarter of families who start at this stage in 'your well being', 'social networks', 'physical health' and 'progress to work' progress to a level of independence requiring no worker support in these areas.

**Chart 5 : Shows the percentage of families that have made positive progress between their initial family star assessment and their final family star review on closure for each of the ten areas of life, depending upon which stage of the journey of change the family starts at.**




Base : 186 families that closed in 2015/16 with a Family Star Assessment and Review

## Where do families progress to?

Families start at different stages and make different levels of progress across the ten areas of family star. The measure of progress used in this report only reflects the progress made by the SLF service. Although the overall aim may be to get families to be less reliant on public services, the period of time 'worked with' by the SLF Service may only be part of a families overall journey of change.

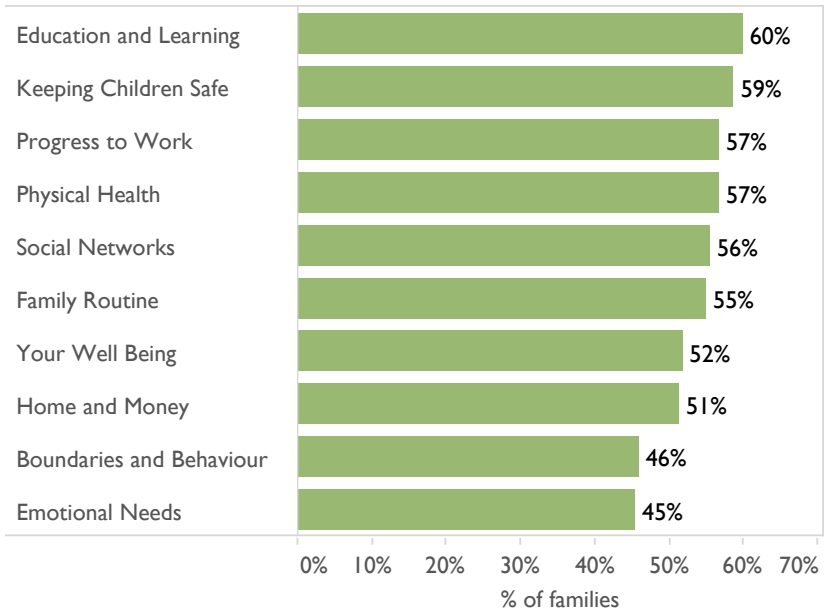
In some areas of a families life, the role of the SLF service may be to work with a family to help them access support from other specialist services, but equally may support families to continue their journey of change with the support of universal services and the support of their community/peer group/ family and friends. Planned exits from families ensure that there are mechanisms in place to support a continued journey of change, and be able to ask for 'top-up' help if it is needed.

A considerable proportion of the families worked with by the service do progress to 'finding what works' and 'effective parenting'. At these two stages, families have the confidence and capacity to meet their own needs, requiring little or no support from services.

Chart 6 Shows the percentage of families whose journey of change ends at 'Finding what works' or 'Effective parenting'. In all ten areas of family star, almost half of all families worked with are 'finding what works' or 'effective parenting'.

- The area of the star that families are most likely to require little or no support at final review is in 'Education and learning'. In contrast, the area of the star that families may still require some support is in 'Emotional needs'.
- 60% of the families 'worked with' were at the stages 'Finding what works' or 'Effective parenting' in Education and Learning, by the time their case was closed. In these families parents are providing positive role models for their children, place high value on education, and will be supporting their children to reach their potential and make positive choices. All of these children will be attending school regularly.

**Chart 6 : Shows the percentage of families whose journey of change ends at 'Finding what works' or 'Effective parenting'**




The remainder of the report provides a more detailed breakdown of the progress made by families in each of the ten family star life areas.

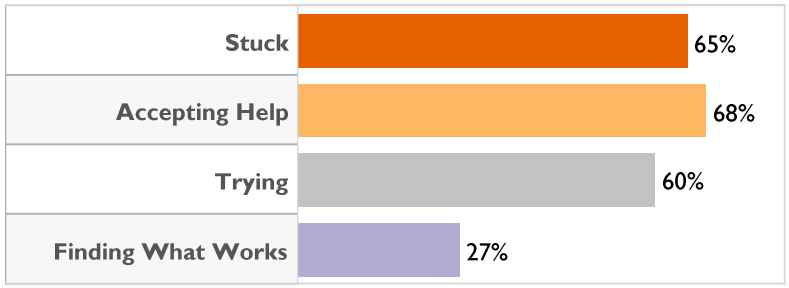
Base : 186 families that closed in 2015/16 with a Family Star Assessment and Review

## 1. Physical Health

The Physical Health domain of the family star assessment relates to how well parents are looking after their child's physical health. It is about doctors, dentists and treatment when they have health problems, plus things that build good health, such as enough healthy food, regular exercise and sleep.

- 64% of the closed families that were assessed and reviewed saw positive change in their Physical Health*.
- 65% of families that did not initially engage and were 'stuck' in relation to physical health, made positive progress and were at least accepting help to change.
- Families that were initially 'accepting help' make the most progress. (68%)
- On closure, over half (57%) of the families worked with need little or no support to meet their child's physical health needs

**Chart 7a : Progress made in 'Physical health' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**




*"I never in a million years thought I would be drug free, I feel like I have a normal life now and my children do too!"*

### Other Evidence

- All but 2 families were registered with a GP at first assessment. Both of these families were registered with a GP on closure.
- Of the 33 families not registered with a dentist at initial assessment, 26 (75%) were registered with a dentist on closure.
- 415 Individuals had 'negative lifestyle factors' identified at first individual assessment. Almost one-quarter of these (92) did not have 'negative lifestyle factors' identified at their last individual review.
- Of the 130 children identified with development concerns, 24 of them were not a concern at their last individual review.
- When assessed, 26 individuals had problematic alcohol misuse. On closure, this figure was down to 18.

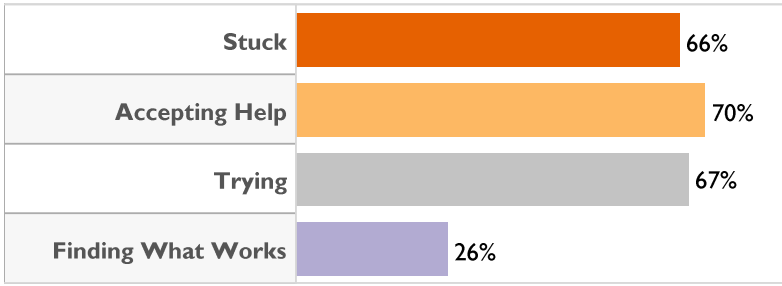
*Base : Families that start at 'stuck', 'accepting help' and 'trying'

## 2. Your Well Being

Your Well Being is about how parents feel and how they cope with difficulties. This includes the capacity to cope with difficulties including, depression, anxiety, drug or alcohol problems, domestic abuse or mental health issues.

- 68% of the closed families that were assessed and reviewed experienced positive change in parental well being*.
- Two-thirds of families that were initially 'stuck', in relation to parental well being, made positive progress. This was the case for families that were either 'accepting help' or 'trying'.
- On closure, over half (52%) of families were either 'finding what works' or 'effective parenting' , being in a position to manage emotional and mental health well-being with little or no support.

**Chart 7b : Progress made in 'Your Well Being' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**






**Other Evidence**

- 36 individuals were current victims of domestic abuse when initially assessed. Only 16 reported being current victims of domestic abuse at their final review.
- 1 in 5 individuals reporting a lack of confidence / self-esteem at assessment did not report this as an issue at their final review.
- In relation to mental health, 85 individuals were assessed as lacking motivation. 27 of these individuals did not present this issue as their final review.

*Without my SLF worker "I would have lost my kids and I would have ended up on Heroin"*

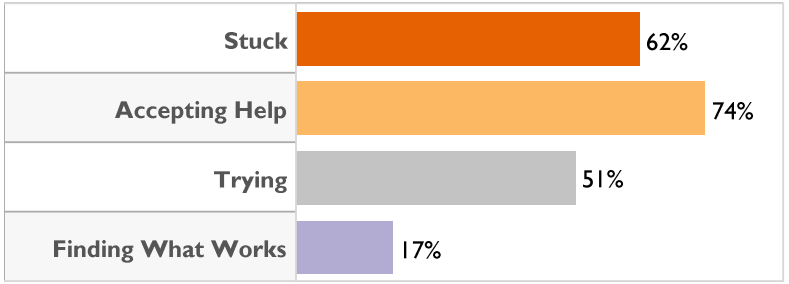
## 3. Meeting Emotional Needs

This area of family star is about parents meeting the emotional needs of their children. This includes the connection and relationship between parents and their children, giving them the attention, positive feedback and encouragement that they need to deal with life's inevitable ups and downs.

*"We are now much closer as a Family Unit."*

- Just over half of the closed families experienced positive change in meeting the emotional needs of their children.
- Three-quarters of families that were assessed as 'accepting help' made positive progress, with 18 of these 54 requiring little or no support to meet the emotional needs of their children by closure.
- 76% of families are at least 'trying' to support their children emotionally.

**Chart 7c : Progress made in 'Meeting Emotional Needs' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**



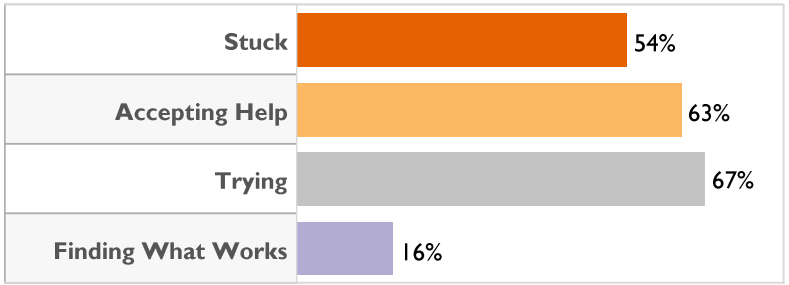

## 4. Keeping Children Safe

This area of family star is about appropriate supervision, ensuring that the home environment is safe, with understanding of internet safety, and protecting children from accidents and risks. It is also about protecting the family from bullying, racial harassment and domestic abuse.

- 45% of families make positive progress in 'keeping children safe'
- Families that were already ''trying', are most likely to make positive progress (67%).

*"Without SLF my son wouldn't have been at home and would be in care"*

**Chart 7d : Progress made in 'Keeping Children Safe' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**

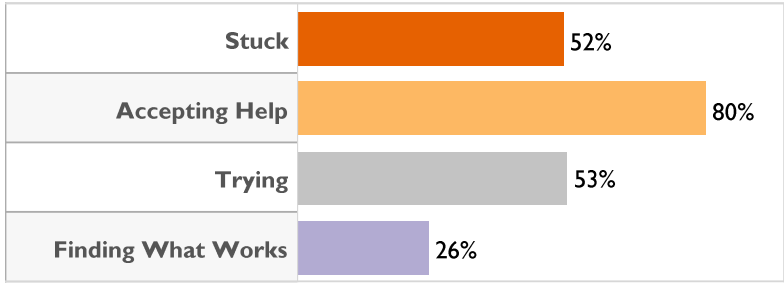


## 5. Social Networks

This area of family star is about parents having the people, social contact and support needed and wanted, and children being able to make positive friendships and develop social skills through spending time with other children.

- Half of families make positive progress in relation to 'social networks'
- The most progress was made by families who were initially 'accepting help',: 80% of these made positive progress.
- At assessment, 88 families were assessed as having no or a limited support network from family and friends. At final review 20 of these families were no longer identified as having a limited support network.

**Chart 7e : Progress made in 'Social Networks' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**

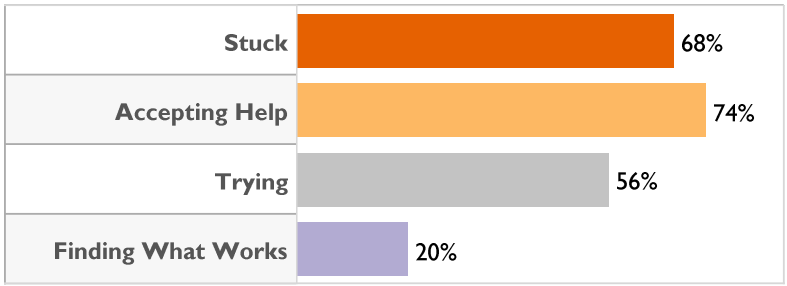



## 6. Education and Learning

This area of family star is about children's learning and aspirations. For school aged children this means at least 85% attendance. For babies and younger children, it is about developing co-ordination, stimulating activities, messy play, positive risk-taking and helping them to start school. For older children it is about supporting aspiration and ensuring they are engaged in work or learning.

- Families are most likely to make positive progress in 'Education and learning' if they were 'accepting help' when initially assessed (74%).
- 60% of families were 'Finding what works' or 'Effective parenting', requiring little or no support to ensure that their children are engaged in learning and are attending school regularly.
- Of the 100 children assessed as having school attendance below 85%, by closure , half of these children (49%) were assessed as attending school above this 85% threshold.
- 117 children were initially assessed as having school behavioural problems. Almost half of these children (41%) were no longer assessed as having school behaviour problems at closure.

**Chart 7f : Progress made in 'Education and Learning' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**




*"I can finally see a light at the end of the tunnel"*

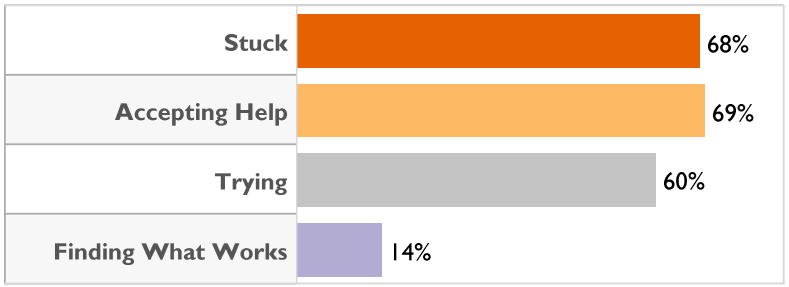
## 7. Family Routine

This area of family star is about a supportive weekday routine so that the family can all get to school, nursery or work on time and the children have regular meals, suitable clothes and are clean enough. This includes making sure that the home is clean and organised enough, and encouraging teenagers to take responsibility for their routines. It is also about doing some things together, such as eating meals, watching television, going to the park or other activities.

*"Simple things like "you showed me how to cook, I would have never learnt without you"*

- Approximately two-thirds of families make positive progress from 'stuck' and 'accepting help'.
- 55% of families are 'finding what works' or 'effective parenting' at final assessment.

**Chart 7g : Progress made in 'Family Routine' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**

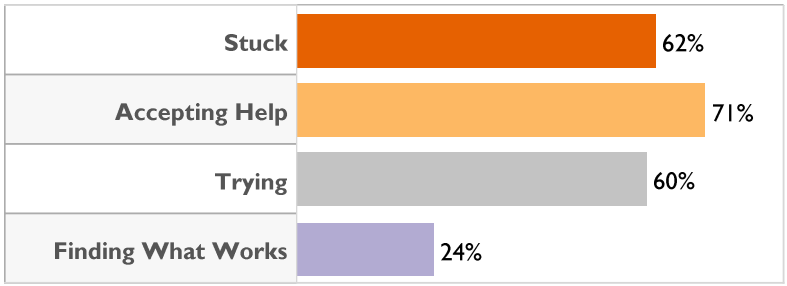



## 8. Boundaries and Behaviour

'Boundaries and behaviour' is about giving children clear boundaries so that they understand what is expected of them and the consequences of negative behaviour. It is about parents being a positive role model through their own behaviour, and dealing with difficulties constructively.

- Over half of families make positive progress in 'Boundaries and behaviour' (56%).
- 116 children were initially assessed as having violent or aggressive behaviour. At final review this number had reduced by one-third.
- Of the 23 individuals initially assessed as perpetrators of bullying within the household, 13 of these individuals were no longer assessed as perpetrators of bullying within the household at closure.
- All 9 individuals that were assessed as perpetrators of bullying outside the household, all of these individuals were no longer assessed as perpetrators of bullying outside the household at closure.

**Chart 7h : Progress made in 'Boundaries and Behaviour' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**

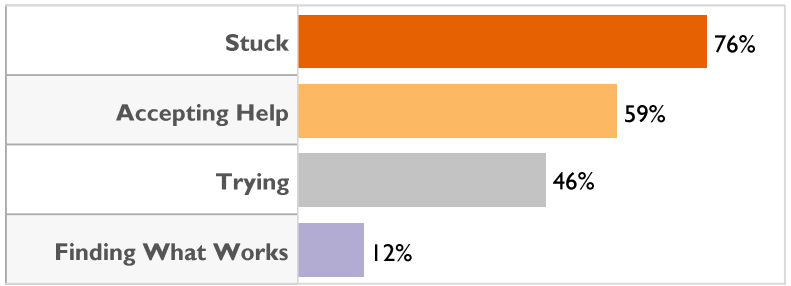


## 9. Home and Money

'Home and money' is about providing children with the security of a stable home that is adequate for the families needs and the finances needed to care of them. It covers whether the family is able to manage financially and pay their bills regularly, including the mortgage or rent, without risk of losing their home. It is also about how the family spends the money it has to provide for the families basic needs.

- Home and money is one of the areas of family star where families are least likely to make positive progress (39%), however 76% of families that were stuck make positive progress in this area.
- Three quarters of families make positive progress from being 'stuck'. That work is effective in getting families to face up to their housing issues and financial difficulties but ensuring families have adequate housing and managing finances effectively is more of a challenge.
- 24 families were assessed as being at risk of homelessness. 20 (83%) of theses families were no longer at risk of homelessness by their closure review.
- When assessed, 55 families were known to be in rent arrears. By closure, 18 (32.7%) of these families no longer had rent arrears.
- 110 of the 186 families (59%) were initially assessed as having financial difficulties. By the time these families were closed to the service 25 (13.4%) of these families were assessed as no longer having financial difficulties.
- 127 of the 186 families (68%) were heavily or solely reliant on benefits. At closure, this was no longer the case for 14 of these families.

**Chart 7i : Progress made in 'Home and Money' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**




*"… she has helped me get all my bills back on track and out of arrears "*

## 10. Progress to Work

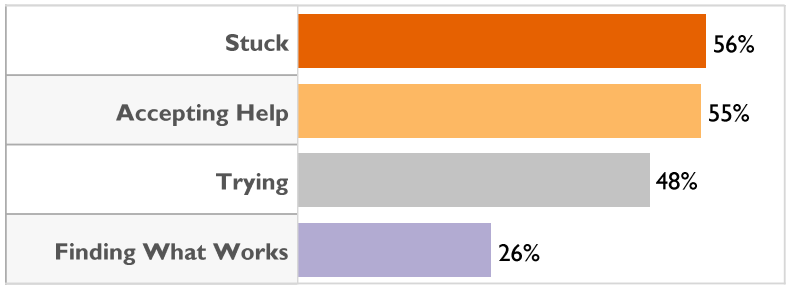
'Progress to work' is about parents preparing for work and reducing the families reliance on out-of-work benefits. This includes getting organised, learning new skills and persevering with training, volunteering, work experience and job hunting until the right work is found.

- 'Progress to work' is the area of family star where families make least progress, only 29% of families make positive progress. However, this is due to the high proportion of families that start at 'Effective parenting', who cannot make further progress from this stage.
- Of the 262 adults that were not already engaged in training, education and/or volunteering, 24 were engaged in training, education and/or volunteering at final review.
- 22 of 148 individuals were in no longer in receipt of work related benefits at closure.
- Of the 182 adults not in employment at the time of assessment, 18 were in employment at closure.

*"My SLF worker gave me the confidence to go and seek work, I love working"*

*"I'm an independent woman now"*

**Chart 7j : Progress made in 'Progress to Work' by families showing the percentage of families making positive progress, based on their starting stage on the journey of change**



## 11. Case Studies

### Case study 1 : Adults out of work or at risk of financial exclusion and young people at high risk of worklessness

The Wilkinson family is made up of Dad, Mum, Jennifer 7 Dawn 6 and Naomi 1. Family Support Worker - Amanda.

The family had been referred to Supporting Leicestershire Families (SLF) for intensive support by the children's school due to mental health concerns with Jennifer, the family of 5 living a small 2 bedroom flat and Jennifer having disclosed to teachers that they were in debt, at risk of eviction and prosecution and living in constant crisis.

Amanda's assessment showed that Dad who was working on an apprenticeship and Mum out of work had a total income of £400pcm and were not claiming the correct benefits. The family had primary and secondary debts, one of which was to the local council for council tax arrears totalling £2,642 and were facing court proceedings and another to their housing provider of £1,082 which mean the family were at high risk of eviction. Due to Mum's poor mental health and the family constantly living in crisis, there was a significant lack of organisation and motivation to address money, debt and housing issues.

Amanda contacted the local council and a cease was put on the court proceedings. Mum was supported to attend a local mental health unit where she was diagnosed with unstable emotional personality disorder and she was prescribed medication for her condition. Amanda liaised between the family and various departments within the local council to restore the families housing benefit and to set up payment plans that the family could afford to maintain to reduce their council tax arrears. Mum and Dad were supported to DWP appointments as they were now entitled to claim PIP for mums disability and carers allowance for dad. The family attended appointments at a local debt management company where their debts were organised and payments arranged. As the family had now made regular payments to reduce their debt, they were in a position that they could start to bid for a more suitable home.

Since case closure, the family have been regularly making their arrears payments and are due to be debt free in 18 months. They receive the correct benefits and are able to manage their money effectively. Mum's mental health is vastly improved and she has been offered part time work with a local retailer and Dad is currently looking into setting up his own business. The family were successful in their homes bid and moved from a small 2 bedroom top floor flat, to a 3 bedroom house were they now have a garden with a trampoline for the children. The children are now said to be excelling within their new schools.

When asked what they thought would have happened without SLF support, Dad said 'Potential eviction and homelessness. A court hearing for debts and maybe in-custody or a community order due to not being able to pay off debts'.

This SLF intervention means that the local authority were able to save a significant amount of time in trying to recover the outstanding council tax debt and expense of finding temporary accommodation if the family had been evicted by their current housing provider. In extreme cases of eviction, families may have their children taken into care.

### Case study 2 : Job Outcome

The family is made up of Mum, and Ravina – 13yrs. Family Support Worker – Meena

This case had been referred to Supporting Leicestershire Families for intensive support through the self-referral channel. Mum had called First response asking for help when she felt that she couldn't cope anymore. She had lost her job and was now claiming Employment and Support Allowance, there were behaviour and parenting issues, mum's mental health was deteriorating and she was feeling alone and isolated.

Meena supported mum into a number of local activities including flower arranging which increased her self-confidence and helped prevent further deterioration of her mental health. An appointment with the GP was arranged, so that she was able to have her mental health assessed and medication reviewed. In assessment, Meena was able to identify the areas that were causing the relationship breakdown and stress that was having an impact upon mum. Meena planned one to one parenting support and continual support was provided by mum joining the local BME parenting group. Meena arranged and supported mum to attend a number of job fairs throughout Leicestershire and provided support in writing application forms and interview techniques.

Since starting the intervention, the family relationships are much improved and Mum says that they are now much closer. Although Ravina has since gone to live with her father, mum is still in contact with her and they meet up regularly and are said to have a much stronger relationship.

Mum is receiving regular support from her GP around her mental health and is able to effectively use the techniques she has been given to have a positive impact upon her life. After a number of applications and interviews, mum has been successful at interview and is due to start a new role as a kitchen assistant which means that she will no longer have to be reliant upon benefits.

This SLF intervention means that the DWP would benefit by mum having moved away from benefits into a paying job. Mum getting back to work will also provide Ravina with a positive role model regarding employment and will be less likely to create an intergenerational cycle that will involve family members living off benefits.

**Case study 3 : Families affected by domestic violence and abuse**

The Johnson family is made up of Mum, Dad (currently in prison) Robert 10 and Michael 5. Family Support Worker - Robyn

The case was referred for Supporting Leicestershire Families (SLF) intensive support after the case which had recently been stepped down from Social Care was discussed at hub.

There were concerns over the risk that Dad posed to the children as he was due to be released from prison and professionals were sure that he would return to the family home. Dad had received a custodial sentence for assault on mum and had a history of substance abuse and domestic abuse on mum and children. Roberts's school had informed Robyn that he was exhibiting violent and aggressive behaviour towards other pupils which was likely due to the domestic abuse he had experienced. Both children, especially Robert were exhibiting poor behaviour/anger outbursts within the home and mum was struggling to parent this behaviour. Mum was also said to be using illegal substances and a recent incident had found mum collapsed in the front garden, incoherent and partially clothed at 8:15am.

Robyn engaged mum into a number of SLF groups that included, budgeting and cooking that helped increase her confidence and social skills and a series of one to one sessions on parenting including boundaries, consequences and behaviour triggers. The family were taken on family activities that included swimming and climbing and they were able to enjoy positive family time. Robert was referred to a kickboxing group to help with his anger and mum was referred to and supported to attend 1-1 sessions at Swanswell for her substance misuse and enrolled on the DWP's back to work programme. Both children received support through a DV outreach worker and worked on anger management.

On case closure, mum was said to be out of her abusive relationship with Dad having moved away to Newcastle and having a new partner. Mum is still attending Swanswell appointments and is now completely drug free. She has completed the DWP back to work programme and is currently involved in voluntary work. Mum is now able to parent her family without support and says that the children's behaviour is much improved and they all have a happier relationship.

When asked about the changes that she had managed with the help of her SLF worker, she said 'I never in a million years thought I would be drug free, I feel like I have a normal life now and my children do too'. When asked what she thought would have happened without this worker she replied 'I would have lost my kids and I would have ended up on heroin'.

This SLF intervention means that there have been considerable savings in involvement from the Police with no further call outs for domestic violence/ offending/ASB behaviour, Social Care through further involvement with the family and the high probability of child removal and the health services through the effects of prolonged substance misuse and domestic abuse. Due to mum's progress, it is also safe to say that there will be a significant saving to future universal services as more positive aspects are passed on to future generations.

### Case study 4 : Parents and children with a range of health problems

The Underwood family is made up of Mum, Dad and Jamie 5. Family Support Worker – Rory.

The referral for Supporting Leicestershire Families (SLF) intensive support came via the local hub after a referral was received by the NSPCC with regard to domestic violence within the home.

Rory's assessment highlighted that there were also a range of health issues that needed addressing within the intervention. Dad had a heart condition and worked on a zero hour contract with very little hours and so the family had fallen behind with rent and were at risk of eviction. The home was damp and dirty and there were concerns about the impact that this could have upon Jamie's health. Jamie was having difficulties at school associated with having a learning disability, but nothing had been diagnosed. There were issues with regular healthy eating with Jamie, who mostly ate, bread and butter, chips, chicken nuggets and chocolate. Mum had a history of depression due to historic sexual abuse, but had stopped taking the medication, she was struggling to cope and unable to get out of bed in the morning which meant that Jamie was regularly late for school.

Dad was taken to a DWP appointment to see if he would be eligible to get a disability benefit, Rory worked with the family to put in a cleaning routine around the home and liaised with the local council in order to get the damp inside the house treated. Rory had regular meetings with Jamie's SENCO at school, making a referral to SPAR in order to look further into the issues that were affecting his development. The family had activities around healthy food options where they had new food tasting days, making the experience fun. Mum was supported to go back to the GP's and review her mental health/ medication and referrals were made to counselling services specialising in supporting women recovering from the trauma of child sexual abuse.

Dad is now receiving Employment and Support Allowance benefit due to his illness and Ryan has supported parents to meetings at the local council where a payment plan has been accepted meaning the family are no longer at threat of eviction and due to the cleanliness of the home, the council have been to treat the damp. The family experiment much more with new, healthy foods and their diet is more balanced with Jamie eating fruit and vegetables. Mum has an appointment with a councillor where she will be learning how to manage her feelings and triggers of stress and anxiety and is also receiving regular support from her GP and has had her medication reviewed which she is taking regularly. Mum is now more motivated to get up in the morning and Jamie is arriving on time for school. The SPAR referral has resulted in an appointment with a paediatric consultant to explore learning difficulties and potential pathways to support

When asked what they think would have happened without SLF support mum said, 'suicidal thoughts, end of the family relationship and lose their home'.

This SLF intervention will have made significant savings to the health authority having reduced the risk of poor living conditions on physical health as well as the future possibility of family obesity and heart trouble.

**Case study 5 : Parents and children involved in crime or antisocial behaviour**

The Moore family is made up of Mum, Dad, Jane 17, Hannah 13, Jerry 12, Arial 12, Zane 8, Erica 7, Rodney 4, Enya 2. Family Support Worker - Solomon

This case was referred to Supporting Leicestershire Families (SLF) for intensive support by Hannah's school where she was exhibiting extremely poor behaviour. Hannah had recently been involved with the Police and had a Section 5 public order offence and there had been numerous incidents involving criminal damage and verbal abuse.

Multi-agency meetings were held with Hannah's school, Police, Youth Offending Service YOS), the Borough Council and Prospects. Hannah's offending behaviour was being influenced by the negative friend groups that she was currently a part of. There had also been CSE concerns raised, as Hannah was said to go missing from home on a regular basis and staying out with older males until the early hours of the morning.

Solomon had one to one sessions working on areas including confidence and self-esteem, positive and negative friendships, consequences, anger management and the impact of her behaviour upon family members. A multi-agency team consisting of the Leicestershire County Council CSE team, YOS and SLF worked on a number of CSE areas including, self-esteem, risk taking, drugs and alcohol, healthy relationships, grooming and internet safety.

Solomon worked with Hannah and her mum, putting in boundaries and sanctions for poor behaviour and preventing Hannah from engaging with her existing friend group which would reduce Hannah's offending

SLF had been receiving alerts on a weekly basis regarding Hannah's risky and offending behaviour, but since the intervention there had been no alerts, there had been no incidents of Hannah going missing or being out late and she was engaging with a new, positive friend group. The police had made no reports of Hannah being involved in offending behaviour and her attendance in education had increased from 29% - 79%. Mum and Dad had both said that her behaviour was greatly improved and that they now had a much better relationship. Hannah has said that she now wants to work towards re-integrating back into mainstream school.

When asked what she thought would have happened without SLF support mum said, 'Hannah would of been in more trouble if we hadn't of had support and who knows what would of happened especially with the people that she was hanging around with committing crime and becoming involved in anti-social behaviour'.

This SLF intervention will have created a significant reduction on the Criminal Justice System services in general.

## 11. Case Studies

### Case study 6 : Children who need help

The Bayfield family is made up of Mum, Grandma, Liam 15, Nick 27 and Jodie 16 (who is currently a looked after child). Family Support Worker – Grace

The referral for Supporting Leicestershire Families (SLF) intensive support came after the case had been stepped down from Social Care, but was still subject to a CSE investigation.

During the intervention, Jodie had been removed from the family home and into a placement for homeless young people. She had been in a relationship with her current boyfriend who was an older male since she was 13 years old and there were high concerns of CSE, although Jodie would not engage with the CSE team. Jodie was in an abusive relationship and partner had assaulted her on a number of occasions and was said to be controlling. She had a history of criminal activity and drug abuse and was known to associate with risky males. Jodie would often abscond and go missing from her placement and not return home until 2am. Jodie was classed as a NEET young person.

Grace maintained the intensive support work with Jodie, even though she had left the family home. There were regular 1-1 meetings to address the current issues that Jodie faced in her life and there was multi agency working with a variety of agencies including Social Care, the CSE team, Prospects and Jodie's partners Youth Offending Service worker. Grace Supported Jodie in collecting clothing from her partners flat and to secure a move to alternative accommodation when Jodie stated that she wanted to end her abusive relationship, but felt this would not be possible when living in the same area as her partner.

Jodie is now living permanently at her alternative address. She has made a new group of friends and has had another partner, whom she has been confident enough to end the relationship when she felt it was not a healthy one. Although Jodie does still occasionally go missing from her new accommodation, there has been a significant reduction in the amount of times this happens and although there are still concerns that Jodie is going to see her ex-partner, there has been a significant reduction in CSE. Jodie is currently being referred to the Princes Trust where she will attend a 12 week course aimed at improving her confidence and social skills and is hoping to move onto a course in Health and Social Care.

This SLF intervention has created a significant reduction in out of hour's calls to the Social Care team, First Response regarding missing persons reports, as well as a significant reduction in Police time spent looking for a missing child, safety checks at known addresses when missing and when there has been no Police involvement due to assault and domestic abuse incidents.

### Case study 7 : Children who have not been attending school regularly

The Robinson family is made up of Mum, Dad and Paul 15. Family Support worker – Jean.

This case was referred by the Local Hub Attendance Officer to Supporting Leicestershire Families for intensive support. This was due to the significant amount of time that Paul had been absent from school. Parents had both stated that Paul was staying in his room playing computer games and refusing to listen to any parental instructions. He exhibited very poor behaviour and when asked or challenged by parents, he would become aggressive and violent towards them. Paul also had asthma and weight issues, but refused to attend GP and dentist appointments.

Jean Supported parents to attend the Fun and Families parenting group for living with teenagers and helped them with implementing the new boundaries and consequences with Paul in the home. She supported them in dealing with Pauls following challenging behaviour working with them on de-escalation skills and conflict resolution. A safety plan was produced for parents to use when Paul became aggressive or violent.

Jean had 1-1 sessions with Paul around anger management, looking at triggers and ways to recognise when Paul was getting angry and put in the necessary techniques to avoid the anger reaching outburst levels. Eventually Jean was able to join both Paul and Parents together in sessions and they were able to work on communication as a family.



Team around the family meetings were organised and chaired by Jean, she was able to work with Paul's school on obtaining an Educational, Health Care Plan (EHCP) and the legal action that parents were due to receive as a fine via the school was dismissed. Jean was able to arrange for the school nurse to examine Paul at home and appointments to attend a dietician were discussed.

Paul's attendance in year 10 was 26.6% and since the SLF intervention in year 11 was 61% and Paul is currently in the process of making an application to attend Leicester College to study catering. Paul has attended regular appointments with the dietician and also attended the dentists (first appointment in 5 years). Parents have said that they have not had to use a safety plan produced for Paul's violent and aggressive behaviour since the intervention.

On case closure, parents were asked what they thought would have happened to the family without the intensive intervention and they stated that 'the family would have broken down and Paul would have ended up in care'.

This SLF intervention has created a significant saving to the health authority by decreasing the possibility of child obesity, untreated health conditions and the impact of poor dental hygiene. With the high risk of family breakdown, there has also been a potential reduction of future Social Care involvement and expense of a child being taken into care.

**APPENDIX**

**SCHOOLS THAT WORK FOR EVERYONE – RESPONSE OF THE LEICESTERSHIRE COUNTY COUNCIL**

**Page 11 – The need for more good school places - Families who are just about managing**

Q: *How can we better understand the impact of policy on a wider cohort of pupils whose life chances are profoundly affected by school but who may not qualify or apply for free school meals?*

**Key points for response:**

A better way to understand the impact of the policy would be to ask if there is a process to identify families that have had no previous generations attending university and if we could target these families who also have talented and gifted children with the ability to access Higher Education?

Q: *How can we identify them?*

**Key points for response:**
At the start of any admissions application process there has to be valid eligibility criteria that parents will willingly provide such as tax credits, housing benefits and then show a combined income below £30,000. If there is a potential student debt considerably in excess of the annual family's income it makes the decision to attend university somewhat harder to make even if the benefits are clearly evidenced and documented.

**Page 15 – Independent Schools - Proposals for reform**

Q: *What contribution could the biggest and most successful independent schools make to the state school system?*

**Key points for response:**

It is easy to generalize but it is generally accepted that most pupils attending independent schools come from stable, secure and relatively wealthy backgrounds and more pertinently have had family descendants also attending independent schools. That heritage and tradition is a vital part of the school culture and enables a sense of place and belonging to enable students to feel comfortable which allows them to maximize their potential and develop their self-confidence and resilience. It would provide inspiration and an aspiration to achieve. If an independent school can translate this to the state sector it would break down barriers and assist in removing myths about higher education (too costly, too much debt, etc.).

Q: *Are there other ways in which independent schools can support more good school places and help children of all backgrounds to succeed?*

**Key points for response:**

There has to be more consideration given to provision for pupils with
- Learning difficulties and /or disabilities
- Sensory impairment – hearing and visual
- Mental health issues
-

All schools including those in the independent sector must share the challenge and support for vulnerable learners.

Q. *Are these the right expectations to apply to all independent schools to ensure they do more to improve state education locally?*

**Key points for response:**

There has to be proper collaborative working between all local schools in a given area to maximise funds and expectations for the community and for all pupils; it has to be inclusive and share resources and facilities including sport. Only where independent schools can demonstrate capacity and a successful track record to support others will state schools be willing to work in partnership.

**Page 16 – Independent Schools - Proposals for reform**

Q: *What threshold should we apply to capture those independent schools who have the capacity to sponsor or set up a new school or offer funded places, and to exempt those that do not?*

**Key points for response:**

Similar criteria to academies wishing to sponsor others for example;

- A strong financial probity including a substantial financial turnover ( in excess of £5million?)
- Ability to manage large numbers of staff
- Experienced Headteacher of at least five years who is able to demonstrate quality leadership
- Improvements in all Key Stage results and progression destinations.
- A successful history of supporting or working in partnership with other schools from another sector

Q: *Is setting benchmarks the right way to implement these requirements?*

**Key points for response:**

No because it implies coercion. There has to be a common moral purpose with a coherent understanding behind the reasons for working alongside or with the independent sector. If one party feels forced it will undermine relationships and the outcomes will under-perform.

Q: *Should we consider legislation to allow the Charity Commission to revise its guidance, and to remove the benefits associated with charitable status from those independent schools which do not comply?*

**Key points for response:**

If we risk de-stabilising the independent sector it will not incentivise their involvement; there has to be a benefit to both parties.

Q: *Are any other changes necessary to secure the Government's objectives?*

**Key points for response:**

- Same inspection frameworks for independent schools, academies and maintained schools

**Page 19 – Universities - Proposals for reform**

Q: *How can the academic expertise of universities be brought to bear on our schools system, to improve school-level attainment and in doing so widen access?*

**Key points for response:**

- Helping to develop the curriculum in specialist subjects
- Providing better research evidence driven teaching methods to improve attainment and aspiration
- Providing inspiration to attend university
- Sharing expertise

Q: *Are there other ways in which universities could be asked to contribute to raising school-level attainment?*

**Key points for response:**

Sponsor a school with poor Ofsted grades, or known poor performance.

Q: *Is the Director for Access (DfA) guidance the most effective way of delivering these new requirements?*

**Key points for response:**

The DfA rarely uses any sanctions although universities should be encouraged to work in partnership with local schools who have a high proportion of FSM / pupil premium learners who are expected or have the ability to attend any University for any subject.

**Page 20 – Universities - Proposals for reform**

Q: *What is the best way to ensure that all universities sponsor schools as a condition of higher fees?*

**Key points for response:**

Introducing new legislation for Universities that requires them to sponsor a local school would certainly be beneficial in encouraging a partnership arrangement for strengthening routes into higher education. The sanction of higher fees is not appropriate; there has to be a moral obligation to assist.

Q: *Should we encourage universities to take specific factors into account when deciding how and where to support school attainment?*

**Key points for response:**

Yes. Encouraging senior leaders of universities to become members of a school governing body would be a positive step in developing productive relationships on behalf of all learners. Universities are vital partners in supporting a deliverable pathway into higher education or employment from school. There is always a danger that the best universities develop close links with the best schools and disparities of achievement polarise as a consequence.

**Page 25 – Selective Schools – Proposals to reform**

Q: *How should we best support existing grammars to expand?*

**Key points for response:**

In Leicestershire 86% of 280 schools are good or outstanding which implies that the case for more grammar schools is not proven. However if there is an expansion of grammar schools then their admissions process should prioritise learners from disadvantaged backgrounds.

Q: *What can we do to support the creation of either wholly or partially new selective schools?*

**Key points for response:**

There has to be consideration for supported learners such as SEN and in particular those with behavioural difficulties. Wholly selective schools should only be established where there are sufficient opportunities and they must be properly funded.

Q: *How can we support existing non-selective schools to become selective?*

**Key points for response:**

They must demonstrate a coherent curriculum or education offer that meets the needs of a locality and show the benefit of all learners rather than a narrow few. The funding needs to consider how schools can be assisted with

- Uniform costs
- Transport costs
- Music / sport costs

particularly for learners from disadvantaged backgrounds.

There has to be due diligence of all proposals to avoid what has happened to many studio schools and University Technology Colleges.

**Page 26 – Selective Schools - Proposals to reform**

Q: *Are these the right conditions to ensure that selective schools improve*

*the quality of non-selective places?*

**Key points for response:**

Yes but:

- where is the appeals process for individual decisions?
- will you lose grammar school status if you fail an Ofsted inspection?
- Will legislation show how you can lose selective status?

Q: *Are there other conditions that we should consider as requirements for new or expanding selective schools, and existing non-selective schools becoming selective?*

**Key points for response:**

Further consideration should be given to

- Transport costs
- Uniform costs
- SEN
- Permanent Exclusion
- Behaviour difficulties

In addition all schools should develop a strategic dialogue with the local authority to embed their connection with the local community.

Q: *What is the right proportion of children from lower income households for new selective schools to admit?*

**Key points for response:**

Set it as high as possible – preferably as a minimum 13% - evidence states that it varies from 1% to 50% nationally – most selective schools are lower than 10% and the average is 3% compared to the rest of the school sector which is 13%

Q: *Are these sanctions the right ones to apply to schools that fail to meet the requirements?*

**Key points for response:**

Yes but those responsible must have the authority to implement them and for the process to be transparent. It could make admissions highly competitive and selective.

**Page 27 – Selective Schools – Proposals to Reform**

Q: *If not, what other sanctions might be effective in ensuring selective schools contribute to the number of good non-selective places locally?*

**Key points for response:**

Provide a collaborative role for local authorities to ensure selective and non-selective schools work in partnership

Q: *How can we best ensure that new and expanding selective schools and existing non-selective schools becoming selective are located in the areas that need good school places the most?*

**Key points for response:**

By working with local authorities. It has to be based on participation need and/or quality deficiencies.

**Page 28 – Selective Schools – Existing Schools**

Q: *How can we best ensure that the benefits of existing selective schools are brought to bear on local non-selective schools?*

**Key points for response:**

By relying on the knowledge and expertise of local authorities who understand the local landscape

Q: *Are there other things we should ask of existing selective schools to ensure they support non-selective education in their areas?*

**Key points for response:**

They should provide a yearly evaluation and monitoring report of performance and activity.

Q: *Should the conditions we intend to apply to new or expanding selective schools also apply to existing selective schools?*

**Key points for response:**

Yes

**Page 33 – Faith Schools – Proposal for Reform**

Q: *Are these the right alternative requirements to replace the 50% rule?*

**Key points for response:**

Yes

Q: *How else might we ensure that faith schools espouse and deliver a diverse, multi-faith offer to parents within a faith school environment?*

**Key points for response:**

Legislate to deliver a national core RE offer in which all locally syllabi are to be based

**Page 34 – Faith Schools – Proposal for Reform**

Q: *Are there other ways in which we can effectively monitor faith schools for integration and hold them to account for performance?*

**Key points for response:**

Report on the share of core faith on roll in school performance tables

Q: *Are there other sanctions we could apply to faith schools that do not meet this requirement?*

**Key points for response:**

Many attend faith schools with the belief that it will be character building, develop resilience and understanding and enhance compassion for others in a supportive and effective learning environment.

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**Appendix**

# Leicester and Leicestershire Place Marketing Organisation

# Outline Business Plan

## 1. Introduction

Over the past two years the economic potential of Leicester and Leicestershire has been significantly enhanced with recent events including the reinterment of King Richard III and the success of Leicester City Football Club being crowned as the premiership champions. Both these events have significantly raised our profile worldwide. In addition we have unrivalled economic assets including businesses of international stature, a strong and growing SME sector, a truly vibrant City and County with a strong industrial, cultural and sporting heritage, three world class universities delivering cutting edge innovation and a central location with excellent connectivity.

There is an opportunity to develop a sustainable and memorable narrative that will attract visitors, businesses, investors and students to the area for years to come. The City and County Councils are committed to working with stakeholders to maximise the economic benefits of this unique opportunity.

## 2. A New Place Marketing Organisation for Leicester and Leicestershire

Over the past 12 months, led by the City and County Councils, local stakeholders have been considering how best to market our place. There has been considerable consultation and engagement with over 100 public and private stakeholders as part of a tourism review. In addition, key messages about the importance of place marketing were repeated throughout extensive business consultation during the development of the Leicester and Leicestershire Enterprise Partnership Sector Growth Plans. Some key messages that emerged included:

- Need for a strong, clear brand and narrative for the destination
- Support for an effective destination management, development and marketing body that is better connected with strategic decision-making
- Potential for a broader place marketing role similar to that of other comparable city regions

Many successful cities and counties promote their respective territories to business investors, leisure and business tourists and to students and potential workforces through a shared set of messages and communication channels.

These arrangements invariably engage other key stakeholders such as universities and leading business professionals and are delivered through bodies that have distinct identities and brands. Some are municipally owned but carry a distinct brand, others are entirely independent. Such profiles and structures also typically underpin and assist sponsorship strategy and commercial income earning.

Therefore based on the current opportunities, consultation and review of other area the City and County Councils are proposing to establish a new Place Marketing Organisation for Leicester and Leicestershire.

This document provides an outline business plan for the new organisation which will require further refinement following political approval from both the City and County Councils and subsequent discussion with key stakeholders.

## 3. Marketing Leicester and Leicestershire

The title 'Marketing' followed by a named geography is commonly used to describe similar organisations elsewhere. It is proposed that the registered name for the company should be Marketing Leicester and Leicestershire. How the company is branded will be developed subsequently by a newly established Place Marketing Group which will advise the PMO.

Following independent legal advice, the City and County Councils will jointly establish the company as a Company Ltd by Guarantee. Ownership will be limited to local authorities and subsequently the Teckal Exemption will apply allowing local authority funding to be directly transferred to the PMO; however this will limit trading or commercial activity to no more than 20% of turnover.

## 4. Governance

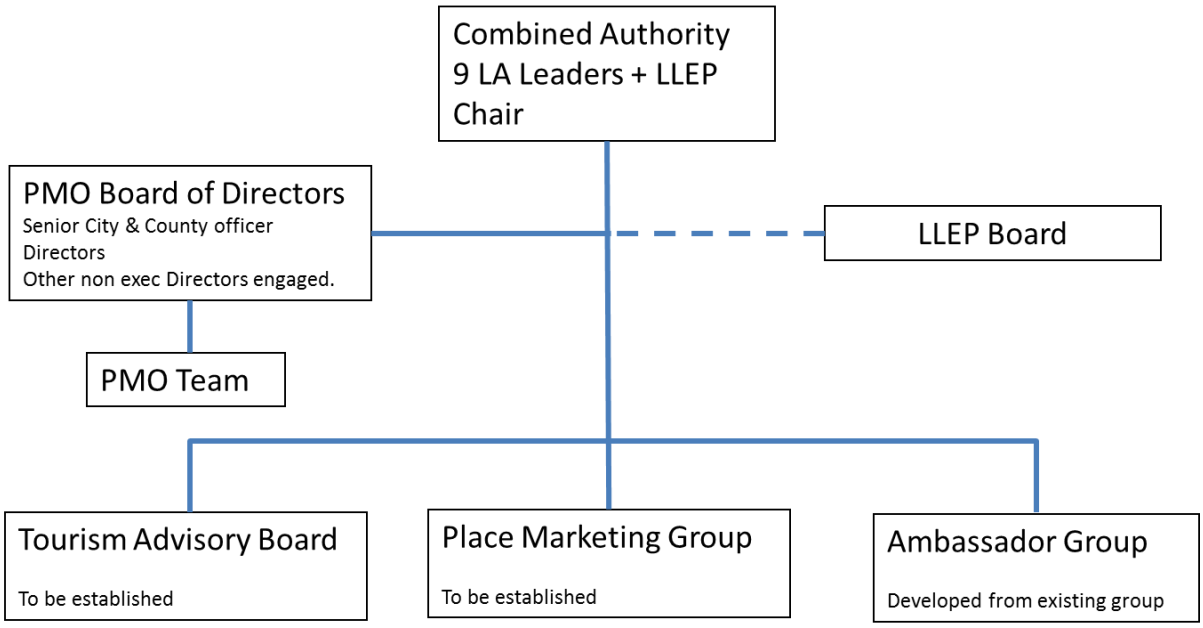
The PMO will receive strategic direction from the Combined Authority (CA), subject to approval by the CA for this role once established.

It is proposed that the role of the CA will be to:

- Make decisions on strategic priorities in relation to place marketing, tourism and inward investment; including approval of the Destination Management Plan and Place Marketing Strategy
- Align and prioritise public sector resources and wider policies / services to maximise the economic outcomes of place marketing, inward investment and tourism.
- Identify and exploit collaborative opportunities for the LLEP and local authorities to jointly deliver better outcomes for less.
- Commission the PMO to undertake activity on its behalf and monitor its ongoing performance.

The Combined Authority and PMO will be advised via three stakeholder boards for each of its three main functions: place marketing (new Board established to include senior stakeholder communication and marketing representatives); inward investment (extended private sector Ambassador Group currently in existence); and strategic tourism (new private-public Tourism Advisory Board to be established). The proposed governance structure is illustrated in figure 1.

Figure 1: Governance Structure




It is suggested that the Director of Tourism, Culture and Investment for the City Council and the Assistant Chief Executive for the County Council act as Directors for the PMO Company. Having 'officers' as Directors will provide a more hands-on approach to company management in terms of finance, staffing issues and business planning.

Further consideration will be given to the appointment of Non-Executive Directors and / or having an independent chair. Many other Place Marketing Organisations do this deliberately to emphasise the importance of external stakeholder engagement, particularly with the business community. It would be possible for example to draw non–exec Directors from the various advisory boards and other key stakeholders such as the LLEP Board.

Note: Decisions relating to local authority financial contributions, amendments to the Articles of Association, Members Agreement or wind-up of the company will be reserved for the respective authority's political decision-making processes.

## 5. Stakeholder Engagement

Under the auspices of the Combined Authority, the PMO will seek to engage a broad range of stakeholders including residents, businesses, universities and public partners to develop the Leicester and Leicestershire brand, narrative and investment priorities through its Place Marketing Strategy and Destination Management Plan. The development of which will be a priority for the PMO.

Members on the advisory boards will be selected to ensure there is good private and public representation from across the sectors and the required expertise to effectively advise the CA and PMO on strategic priorities and required interventions.

The PMO will seek a close relationship with any new BID company for the city centre if one is established in 2017. Options could include potential co-location, the delivery of services for the BID (for a financial contribution), a BID nominated Director on the Board etc.

The PMO will also work closely with county bodies including the five District Tourism Partnerships (currently in Melton, Harborough, Charnwood, North West Leicestershire, and Hinckley and Bosworth), the three town centre BIDs (Melton Mowbray, Loughborough and Hinckley) and the National Forest Company.

## 6. Company Functions

The PMO primary functions will include Inward Investment, Place Marketing and Strategic Tourism. Further details of each of these functions are provided below:

Place Marketing

*To position and promote Leicester and the wider sub-region as a destination of choice to live, invest, visit and study through brand management and targeted place marketing activities focusing on measurable outcomes shared by key stakeholders.*

Activities to be delivered:

- Development and implementation of a Place Marketing Strategy and Action Plan.
- Identification of market segments and key target audiences with the most potential for return on investment.
- Develop a place brand that defines, shapes and manages the place image through a strong, clear narrative.
- Create a sense of place that target audiences can identify and engage with.
- Establish collaborative place marketing approaches with key stakeholders and partners to maximise the impact domestically and internationally on target markets and audiences.
- Increase awareness of place and improve perceptions inside and outside of the region.
- Manage the place brand and integrated place marketing strategy consistently to all consumer touch points and relevant communication channels.
- Develop and manage brand imagery and video library in order to create a coherent, recognisable “place” visual identity.
- Develop and implement digital content marketing plan for place marketing websites and social media channels.

The PMO will co-ordinate the development of effective ‘Place Marketing’ initiatives, particularly via digital channels, working closely with other key stakeholders in the city and county to develop a shared narrative and key messages that can be used to attract and retain talent, lure visitors and encourage investors. This will complement other ‘Place Making’ activity that is already re-shaping the public realm of the city, along with the enhancement of market towns and visitor attractions across the county.

Inward Investment

*Strategic lead for securing new jobs and business investment into Leicester and Leicestershire. Promoting the city and county as a global investment location, through delivering of the inward investment strategy.*

Activities to be delivered:

- Investor development work in the UK (and overseas in USA, China and India)
- After care and account management
- Supporting existing strategic businesses to expand in order to safeguard jobs
- Assisting Leicester businesses to export their products and services, with networking opportunities and specialist advice
- Lead generation and enquiry handling
- Creating networking opportunities and specialist advice

The City Council Inward Investment service has already delivered hundreds of high quality new jobs for the city, has won a national award and has ambitious plans for expansion. The County Council is contributing £100,000 to support the expansion of the Inward Investment team as part of this PMO initiative and the service scope will extend across the sub region.

Strategic Tourism

*To coordinate the sub-regions strategic approach to maximising the economic potential of the tourism sector.*

Activities to be delivered:

- Development and delivery of a Destination Management Plan (DMP) for Leicester and & Leicestershire.
- Establishment and servicing of the Tourism Advisory Board.
- Coordinating implementation of the Tourism and Hospitality SGP.
- Economic strategy development working closely with the LLEP and LAs to inform local economic strategies and associated investment and funding decisions.
- Management of the Tourism strand for the 'Collaborate for Business Growth' programme (ERDF).
- Sector research and intelligence collation.
- Strategic engagement with major hotels and attractions.
- Working in partnership to develop new products and funding bids which support delivery of the DMP.
- Supporting effective partnership and collaborative working within the sub-region and beyond.

The PMO will also commission some tourism support services including a Destination Management Plan for the sub region and tourism business support activity funded through the ERDF Collaborate for Business Growth project.

The PMO will work closely with Leicestershire Promotions Ltd (LPL) which has extensive experience in delivering tourism support services across the city and county. LPL have indicated that moving forward their primary focus would be to deliver tactical marketing campaigns which could include:

- Short and extended leisure break activity.
- Event bidding and conference support services
- Product development activity – mainly in the districts
- Event development and delivery
- Support for town centres and BIDs

LPL is also a registered Destination Management Organisation for the sub-region.

## 7. KPIs / Targets

The new PMO will be responsible for an ambitious programme to deliver new jobs, investment, bed spaces and visitors. Some of these activities and targets are linked to European funding that will be used to help establish the company. Others are drawn directly from the LLEPs tourism and hospitality growth plan. A three year summary is illustrated in Table 1.

Table 1: Indicative KPIs 2017-2020

| PMO Key Performance Indicators | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| Jobs Safeguarded | 50 | 70 | 80 |
| Jobs Created | 60 | 80 | 110 |
| £ Value of new Investment Projects | £15m | £20m | £30m |
| Increased bed spaces in city and county | tbc | tbc | tbc |
| Grow value of tourism and hospitality sector to £2.2bn by 2020 | | | £2.2bn |
| Increase annual visitors to 35,000 | | | 35,000 |

Other performance measures to be developed include:

- Growth in numbers using Visitor Centre
- Improve positive perceptions of Leicester and Leicestershire
- Growth in use of Place Marketing websites and social media platforms
- Increase average visitor spend

## 8. Staffing

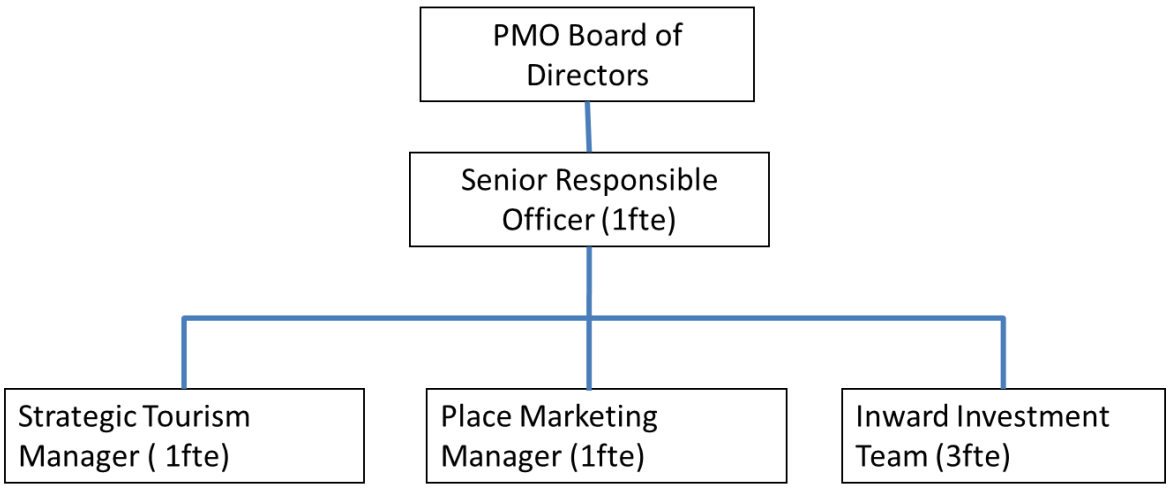
It is proposed that on establishment the PMO will initially fund six employees. Further consideration is required to consider whether TUPE may apply.

If it is determined that TUPE does not apply then secondment arrangements for any existing staff currently fulfilling the proposed PMO services e.g. the existing inward investment team, and newly appointed staff could be entered into. In this instance it

would be necessary to have a secondment agreement in place recording the arrangement.

The proposed staffing structure is illustrated in figure 2.

Figure 2: PMO Staffing Structure




In terms of support resources for the PMO, independent legal advice will be externally procured and financial support will be provided by the City Council finance team at market cost. It is proposed that media and PR support for the PMO will also be provided, at cost, by the city or county council – yet to be determined.

## 9. Location

To be determined but there is a preference for the PMO to have a city centre base for central accessibility purposes and to allow for easy joint working with key stakeholders including the LLEP, LPL, City Council and County Council, similar to the arrangements now in place for the LLEP team.

## 10. Finance

The total proposed 3 year financial contributions to the PMO include City Council £1.2m, County £0.475m, ERDF £0.5m (awaiting final approval); totalling approx. £2.2m.

These resources will comprise:

i) existing staffing and operational budgets transferred to the new PMO
ii) resources from the 'Collaborate for Business Growth' ERDF project
iii) some existing budget previously used to support tourism support services
iv) new County Council contribution to expand the inward investment service
v) in future - membership subscriptions, sponsorship and / or trading income

An outline budget for the first 3 years is illustrated in table 2. The figures show what is anticipated to be available for the period and are cautious but appear adequate to generate a strong PMO team that is adequately resourced to make an impact.
Table 2: PMO Indicative Expenditure 2017-20

| PMO Expenditure 2017-20 | 17/18 | 18/19 | 19/20 | Total |
|---|---|---|---|---|
| **Staffing** | | | | |
| Inward Investment | £233,620 | £234,055 | £223,343 | £691,018 |
| Place Marketing | £50,000 | £50,000 | £50,000 | £150,000 |
| Visitor Economy Suport Officer | £50,000 | £50,000 | £50,000 | £150,000 |
| **Operational** | | | | |
| Overheads and operational budget | £352,600 | £476,800 | £381,050 | £1,210,450 |
| **TOTAL** | **£686,220** | **£810,855** | **£704,393** | **£2,201,468** |

These figures don't assume any income from membership subscriptions, trading / sponsorship or from a new BID company at this stage. Neither do they assume any contributions to the PMO from District Councils though that may be possible.

Over the three year period it is anticipated that such income streams will be developed and used i) to replace ERDF resource once that project expires and / or ii) to reduce further city and county contributions if that is felt to be feasible and desirable and / or iii) to expand the service offer of the company. Targets for income generation will be established as part of a year one PMO workplan.

**Collaborate for Business Growth** – is a wide ranging and sub-regional ERDF business support programme titled 'Collaborate' and is due to be approved imminently by DCLG. It has been developed and will be managed via the city council's economic regeneration team and will attract a little more than £3m of ERDF resource over the next 3 years.

Several strands of the Collaborate project will directly support the establishment of the new PMO. In particular, almost £400k ERDF will enable the Inward Investment team to recruit a further officer to lead on international activity and to commission specific analysis work on key business sectors, generate and manage new leads and deliver services across the county as well as city area.

A further £150k ERDF will support the PMO to commission tourism business support services.

## 11. Indicative Implementation Timeline

| PMO Set-up - Indicative Timeline | Timeline | | | | | |
|---|---|---|---|---|---|---|
| | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 |
| **APPROVAL PROCESS** | | | | | | |
| City Council Executive Briefing | 10 | | | | | |
| County Scrutiny Commission | 16 | | | | | |
| County Council Cabinet | 23 | | | | | |
| Economic Growth Board | | 5 | | | | |
| Combined Authority sign-off (date tbc) | | | | | | |
| Articles of Association and Members Agreement approved by City Executive and County Cabinet | | | | | | |
| **GOVERNANCE** | | | | | | |
| Establishment of Advisory Boards | | | | | | |
| Articles of Association and Members Agreement drafted | | | | | | |
| Board of Directors appointed | | | | | | |
| New Company Established as Legal Identity | | | | | | |
| **OPERATIONS** | | | | | | |
| Confirm Scope for Year 1 Strategic Tourism Commissioning | | | | | | |
| Strategic Tourism Activity Procured (ERDF) | | | | | | |
| TUPE implications considered in detail | | | | | | |
| Recruitment of 3 'new' posts | | | | | | |
| Full Business Plan developed in consultation with key stakeholders | | | | | | |
| PMO Board of Directors sign-off company 3-year business plan | | | | | | |

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