



Meeting: **Adults and Communities Overview and Scrutiny Committee**

Date/Time: **Tuesday, 2 June 2015 at 2.00 pm**

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

Contact: **Miss. A. Rog (Tel. 0116 305 0455)**

Email: **anna.rog@leics.gov.uk**

Membership

Mrs. R. Camamile CC Ms. Betty Newton CC
Mr. M. H. Charlesworth CC Mr. A. E. Pearson CC
Mr. S. J. Hampson CC Mr. T. J. Richardson CC
Mr. D. Jennings CC Mr. S. D. Sheahan CC
Mr. M. T. Mullaney CC

**Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at <http://www.leics.gov.uk/webcast>
– Notices will be on display at the meeting explaining the arrangements.**

AGENDA

- | <u>Item</u> | <u>Report by</u> |
|--|------------------|
| 1. Appointment of Chairman.

To note that Mrs R. Camamile CC was nominated Chairman elect to the Adults and Communities Overview and Scrutiny Committee at the County Council meeting held on 20 May 2015. | |
| 2. Election of Deputy Chairman. | |
| 3. Minutes of the meeting held on 3 March 2015. | (Pages 5 - 8) |
| 4. Question Time. | |
| 5. Questions asked by members under Standing Order 7(3) and 7(5). | |
| 6. To advise of any other items which the | |



Chairman has decided to take as urgent elsewhere on the agenda.

7. Declarations of interest in respect of items on the agenda.
8. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
9. Presentation of Petitions under Standing Order 36.
10. Future Strategy for the Delivery of Library Services. Report of the Director of Adults and Communities. Director of Adults and Communities (Pages 9 - 18)

A copy of the report to be considered by the Cabinet at its meeting on 16 June is attached for the Committee's consideration. Any comments made on the report will be reported at that meeting.

11. Local Safeguarding Children Board and Safeguarding Adult Board Business Plans 2015-16. Independent Chair of the Safeguarding Boards (Pages 19 - 52)
12. Final Report of the Scrutiny Review Panel on Help to Live at Home. Review Panel (Pages 53 - 76)

A copy of the Review Panel's Final Report is attached for the Committee's consideration. Subject to approval, the Final Report will be considered by the Cabinet at its meeting on 16 June.

13. Date of next meeting.

The next meeting of the Commission is scheduled to take place on 1 September 2015 at 2:00pm.

14. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

Members serving on Overview and Scrutiny have a key role in providing constructive yet robust challenge to proposals put forward by the Cabinet and Officers. One of the most important skills is the ability to extract information by means of questions so that it can help inform comments and recommendations from Overview and Scrutiny bodies.

Members clearly cannot be expected to be experts in every topic under scrutiny and nor is there an expectation that they so be. Asking questions of 'experts' can be difficult and intimidating but often posing questions from a lay perspective would allow members to obtain a better perspective and understanding of the issue at hand.

Set out below are some key questions members may consider asking when considering reports on particular issues. The list of questions is not intended as a comprehensive list but as a general guide. Depending on the issue under consideration there may be specific questions members may wish to ask.

Key Questions:

- Why are we doing this?
- Why do we have to offer this service?
- How does this fit in with the Council's priorities?
- Which of our key partners are involved? Do they share the objectives and is the service to be joined up?
- Who is providing this service and why have we chosen this approach? What other options were considered and why were these discarded?
- Who has been consulted and what has the response been? How, if at all, have their views been taken into account in this proposal?

If it is a new service:

- Who are the main beneficiaries of the service? (could be a particular group or an area)
- What difference will providing this service make to them – What will be different and how will we know if we have succeeded?
- How much will it cost and how is it to be funded?
- What are the risks to the successful delivery of the service?

If it is a reduction in an existing service:

- Which groups are affected? Is the impact greater on any particular group and, if so, which group and what plans do you have to help mitigate the impact?
- When are the proposals to be implemented and do you have any transitional arrangements for those who will no longer receive the service?
- What savings do you expect to generate and what was expected in the budget? Are there any redundancies?
- What are the risks of not delivering as intended? If this happens, what contingency measures have you in place?

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 3 March 2015.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. M. H. Charlesworth CC

Mr. P. G. Lewis CC

Mr. S. J. Hampson CC

Ms. Betty Newton CC

Mr. D. Jennings CC

Mr. R. Sharp CC

Mr. J. Kaufman CC

68. Minutes.

The minutes of the meetings held on 13 January 2015 and 20 January 2015 were taken as read, confirmed and signed.

69. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

70. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

71. Urgent Items.

There were no urgent items for consideration.

72. Declarations of Interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Ms Newton CC declared a personal interest in item 9 Quarter 3 2014/15 Performance Report as her daughter was a Nurse Practitioner at the University Hospitals of Leicester NHS Trust.

73. Declarations of the Party Whip.

There were no declarations of the party whip.

74. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 36.

75. Preventative Mental Health Services in Leicestershire.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on the new model of preventative mental health services for the citizens of Leicestershire. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman welcomed to the meeting the Cabinet Lead Member for Adult Social Care, Mr. D. W. Houseman MBE CC. Mr Houseman advised the Committee that under the previous arrangements there had been issues regarding access to 'drop-in' Mental Health Services both in relation to the geographical spread and in relation to certain minority groups. However, since the Richmond Fellowship had won the contract for Leicestershire initial feedback appeared to indicate that access to services had improved.

Arising from discussion the following points were raised;

- (i) Work was ongoing to raise awareness of mental health issues in Leicestershire and further embed services amongst communities.
- (ii) The Richmond Fellowship had won the contract for all the 6 available areas in Leicestershire. The areas did not correspond exactly with district boundaries. The areas of Blaby and Oadby and Wigston were merged together into 1 area.
- (iii) Overall, for the first quarter under the new system 515 people used the preventative mental health services, as compared to 456 previously.
- (iv) Census data had been used to assess the percentage of people from Black and Minority Ethnic (BME) communities using mental health services in Leicestershire. Improvements had been seen in the number of BME people accessing services. Prior to the Richmond Fellowship obtaining the contract, 66 individuals from BME communities in Leicestershire were using the service, whereas under the new service the figure was 132.
- (v) There would be a more outcome led approach to assessing the effectiveness of the mental health services which would include monitoring the progress of individuals. However, it should be recognised that the Richmond Fellowship were not providing a crisis response service but rather a preventative service which would make assessing their effectiveness more difficult.

RESOLVED:

- (a) That the report and the generally positive initial feedback be noted.
- (b) That the Director be requested to provide further information to members on the performance of this contract.

76. Quarter 3 2014/15 Performance Report.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update of performance at the end of quarter 3 of 2014/15. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Chairman read out a statement from the Cabinet Lead Member for Heritage, Culture and Arts, Mr. R. Blunt CC regarding the performance of the cultural services provided by the Communities and Wellbeing Service. The statement noted the increase in visits to

heritage sites, and decrease in use of libraries. A copy of the statement is filed with these minutes.

Mr Houseman MBE CC introduced the report and referred to comments by members at the previous meeting regarding how the RAG (Red, Amber, Green) ratings were assessed. He pointed out that an explanation of how the assessments were made was provided in Appendix 2 of the report. Members welcomed the changes to the RAG rating system.

The Director advised that in setting targets the Department had sought to maintain these at previous levels or set improvements. This had proved a challenge especially at a time of increasing demand pressures and diminishing resources. In setting future targets the Department would need to have regard to this.

The Director reminded the Committee that the purpose of this report was to highlight performance in key areas and it was not intended to provide a comprehensive analysis of the department's activities. He went on to state that the information requested on the range and usage of the heritage service would be provided.

With regard to specific performance issues the Committee was advised:

- (i) Supporting people with Learning Disabilities had been given an amber rating because it was believed that this was an issue with recording the data, rather than poor performance.
- (ii) Whilst there had been some issues regarding delayed discharges due to difficulties with commissioning domiciliary care, the majority of the delays were due to the NHS not undertaking timely assessments, particularly for Continuing Healthcare. However, this needed to be seen in the context of unprecedented demands on the NHS and social care. An action plan had been developed to address the issues and the additional funding of £520,000 in a grant from the Department of Health would have an impact. The Director was confident there would be an improvement in performance at year end.
- (iii) A Development Plan was in place to provide safeguarding assurance across Leicestershire and Rutland which would sit under the Safeguarding Adults Board. Additionally, independent research had been commissioned from The Ann Craft Trust to investigate numbers of safeguarding referrals and provide a reasonable benchmark on which to assure performance across Leicestershire.

RESOLVED:

That the report and information now provided be noted.

77. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Commission would be held on 2 June 2015 at 2:00pm.

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CABINET – 16 JUNE 2015

FUTURE STRATEGY FOR THE DELIVERY OF LIBRARY SERVICES

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PART A

Purpose of Report

- 1 The purpose of this report is to update the Cabinet on the progress made with communities who have been assessed as meeting the County Council's conditions to enable them to manage their community library, and those where no Registration of Interest (ROI) has been received, or submitted and subsequently withdrawn.

Recommendations

- 2 It is recommended that the Cabinet:
 - a) Notes the work undertaken with communities who are progressing to operate their library with support from the County Council;
 - b) Notes that the submissions of outline business plans made by community groups from Barrow, Barwell, Castle Donington, Countesthorpe, and Markfield now meet the County Council's conditions and are capable of moving to formal agreements following approval from the Director of the Adults and Communities, and following consultation with the County Solicitor;
 - c) Agrees to allow additional time for community groups in Kirby Muxloe and Thurmaston to undertake the work required to progress their outline business plans to a point where they meet the Council's conditions for support;
 - d) Notes that Quorn has indicated their intention to submit an outline business plan. This will be assessed and if it does not meet the County Council's conditions for support, will be included in a second round of ROI as detailed in paragraph e) below.
 - e) Notes the continued engagement work being undertaken with communities where no ROI has been received, or submitted and subsequently withdrawn and approves a second and final period to invite ROIs and outline business plans for groups to engage with the County Council;
 - f) Does not accept the outline business plans submitted for Mountsorrel and Braunstone Town libraries in their current format and invites ROIs and outline business plans for those libraries in line with the recommendation outlined in e) above;

- g) Requests officers to commence development of proposals for alternative library service provision should no viable ROI or outline business plan come forward for those libraries referred to in e) and f) above;
- h) Receives a progress report in October 2015.

Reasons for Recommendations

- 5 The County Council has a statutory obligation to ensure the provision of a comprehensive and efficient library service. An analysis of the current library service indicates that, whilst it is comprehensive, there are a large number of service points, potentially leading to an inefficient use of resources. Alterations to the service proposed would continue to meet the statutory obligations of the Council whilst contributing towards Medium Term Financial Strategy (MTFS) savings.
- 6 The proposal is for the Council to enable and facilitate the ongoing provision, wherever possible, of services by closer working with communities and other providers, whilst at the same time sustaining the countywide infrastructure to enable it to meet its statutory obligations and budget challenges.
- 7 The Council seeks to ensure that local communities are given the opportunity to develop a way forward in managing their local library within the framework of a support package provided by the Council over a tapered period of seven years. A very positive response has been received from initial ROIs and the subsequent outline business plans with 29 of 36 communities responding by the initial deadline of 16 January 2015.
- 8 The proposals for community managed libraries are in line with the Community Strategy which was agreed by the Cabinet on 13 October 2014. Priority 2 of that Strategy aims to support community groups to operate community managed libraries and to work alongside the Authority to design and deliver services.
- 9 The submissions from Mountsorrel and Braunstone Town are based on assumptions of financial contributions by the County Council that are not compliant with the County Council's published offer of support as approved by the Cabinet in November 2014. Therefore it is suggested that, at this stage, a further opportunity is given to the existing or alternative groups to submit a ROI to develop an outline business plan that is compliant with the County Council's offer of support.

Timetable for Decisions (including Scrutiny)

- 10 The Adults and Communities Overview and Scrutiny Committee considered the report on the 2 June 2015, and its comments will be reported to the Cabinet.
- 11 A progress report will be presented to the Cabinet in October 2015.

Policy Framework and Previous Decisions

- 12 The 2014 MTFS was approved by the County Council at its meeting on 19 February 2014 and identified a reduction in funding for library services, including its supporting infrastructure. This saving consisted of a reduction in opening hours at market town and shopping centre libraries, a reduction in the bookfund, and the implementation of community managed libraries.

- 13 On 5 March 2014, the Cabinet approved a three-month consultation on a proposed remodelling of the library service based on the following elements:
- 16 major market town and shopping centre libraries funded by the Council with a 20% reduction in opening hours;
 - A support service that will enable local communities to run their local library;
 - An online library service available 24 hours a day, 365 days a year to those with access to the internet;
 - A mobile library service that will provide a regular library service to most villages without a static library.
- 14 On 19 November, 2014, the Cabinet agreed the proposed infrastructure support package to be offered to local communities wishing to operate community managed libraries.
- 15 On 16 March 2015, the Cabinet authorised the Director of Adults and Communities to assess the outline business plans put forward by community groups that had registered an interest in running their community library, and the County Solicitor to prepare the necessary legal agreements where communities were deemed to have in place a satisfactory outline business plan which was compliant with the County Council's requirements for providing support to community managed libraries.
- 16 It also agreed a further round of engagement with community groups would take place where either no ROI was received by the deadline date of 16 January 2015, or where the ROI had been subsequently withdrawn, or where the initial ROI submitted required further work to be compliant with the County Council's requirements.
- 17 On 11 May 2015, the Cabinet noted the assessments of 27 submissions of outline business plans and authorised the Director of the Adults and Communities, following consultation with the County Solicitor, to enter into agreements for 19 community managed libraries to be run by community groups/organisations, subject to appropriate legal agreements in relation to lease and grant funding being in place. It noted that three of the 19 community groups needed to make only minor adjustments to their outline business plans to meet the conditions for approval.
- 18 The Cabinet also noted the continuing engagement with the five communities whose submissions were identified as requiring further work to seek to progress them to meeting the Council's conditions for providing support, and another three communities where extensions to the submissions of an outline business case was agreed due to particular local circumstances affecting these libraries.
- 19 The Cabinet also noted the second period of engagement was underway, with nine communities, where an original ROI was not received, or submitted, but subsequently withdrawn.

Resources Implications

- 20 Members will be aware of the worsening financial situation which is reflected in the MTFs approved by the County Council on 18 February 2015. Savings of £2.6m will need to be made by the Communities and Wellbeing Service by 2018/19. Delays in implementing this year's savings target means that savings will have to be made

elsewhere within the department's budget and officers are currently considering options to meet this shortfall.

- 21 The annual savings from the community libraries programme remain in line with the initial estimates. For the 21 libraries that are well positioned to become community managed libraries, annual savings are expected to be £0.3m from staff savings and £0.2m from running costs, following the end of the seven year tapering period when the groups assume full responsibility for the costs in question. This will also help to enable further savings from the departmental infrastructure that supports all libraries.
- 22 The County Council has set aside £0.2m to support community groups in the initial set up stage. Latest claim estimates against this amount are slightly below this figure. These implementation costs will be funded from the transformation reserve, as will redundancy and pension costs relating to the staff changes.
- 23 The Director of Corporate Resources and the County Solicitor have been consulted on the contents of this report.

Circulation under the Local Issues Alert Procedure

- 24 As the proposals in this report affect a number of electoral divisions, this report is being circulated to all Members of the Council via the Members' News in Brief Service.

Officers to Contact

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PART B**Background**

- 25 On 11 May 2015, the Cabinet proposed to provide support to 16 community groups/organisations in the areas listed below to run community managed libraries, subject to appropriate legal arrangements in relation to lease and grant funding:

Anstey, Bottesford, Desford, Fleckney, Glenhills, Groby, Hathern, Kegworth, Leicester Forest East, Market Bosworth, Newbold Verdon, Ratby, Rothley, Sileby, South Wigston and Stoney Stanton.

- 26 In addition, three libraries in **Barrow, Barwell and Markfield** were recommended to move to this stage, subject to minor conditions being met.

- 27 The following five communities were identified as requiring further work being undertaken in order for them to progress to a stage where an agreement can be reached:

Castle Donington, Countesthorpe, Great Glen, Kirby Muxloe and Thurmaston.

- 28 Extensions to the deadline for submission of an outline business plan were agreed with **Mountsorrel, Braunstone Town and Quorn** due to particular local circumstances affecting these three libraries.

- 29 In addition to the above, a further period of engagement was begun with those nine communities where an original ROI was not received or was submitted, but then withdrawn. These communities are:

Burbage, Cosby, Enderby, East Goscote, Ibstock, Kibworth, Measham, Narborough and Sapcote.

Progress update

- 30 The Appendix to this report details the current status of all the 36 community libraries associated with this work and includes the position with regards to the libraries described in **paragraphs 25-29**.

- 31 Further details on the other libraries described in **paragraphs 26-29** above is set out below.

Barrow, Barwell and Markfield

- 32 These three libraries were identified as being capable of moving to a formal agreement subject to minor conditions being met. Sufficient progress has now been made for these three libraries to progress to a formal agreement as detailed in paragraph 4 b) above.

Castle Donington, Countesthorpe, Great Glen, Kirby Muxloe and Thurmaston

- 33 The current position regarding these five libraries, which were identified as requiring further work being undertaken to their submissions, in order for them to progress to a stage where agreement can be reached, is detailed in the table overleaf:

Library	Outline Business Plan Status	Recommendation
Castle Donington	Sufficient progress has been made	Approve for support, subject to minor conditions being met
Countesthorpe	Progress now satisfactory	Approve for support
Great Glen	Plan has been formally withdrawn by the group	Include community in second round of ROI as detailed in paragraph 4 e)
Kirby Muxloe	Progress delayed by Charity Commission requirements	Defer recommendation until October 2015
Thurmaston	Some progress being made	Defer recommendation until October 2015

- 34 On 14 May 2015, Great Glen withdrew their outline business plan due to a lack of support within the community to set up a group to run the library. It is recommended that Great Glen be added to those libraries referred to in **paragraph 39**.

Mountsorrel and Braunstone Town

- 35 The outline business plan submissions for Braunstone Town and Mountsorrel have been assessed. In both cases the financial assumptions underpinning the outline business plan do not comply with the published offer of grant funding as approved by the Cabinet in November 2014. Both of the outline business cases submitted assumed an ongoing element of County Council financial support, rather than the approved offer of seven year funding on a tapered basis.
- 36 It is therefore proposed that, in their current formats, the outline business plans for Mountsorrel and Braunstone Town libraries should not be accepted by the County Council at this stage, but are included in a second round of ROI. This will enable other groups or organisations to suggest alternatives that comply with the Council's agreed support offer and for the existing groups to reconsider their submissions.

Quorn

- 37 Quorn have a draft outline business plan that is awaiting further consideration by the newly elected Parish Council. It is therefore proposed to allow additional time to complete the work required to progress their plan to meet the County Council's conditions for support, and to submit it for assessment. If this does not meet the County Council's conditions for support, it is proposed to be included in a second round of ROI detailed in paragraph 4 e) above.

Burbage, Cosby, Enderby, East Goscote, Ibstock, Kibworth, Measham, Narborough and Sapcote

- 38 The nine communities in this grouping either did not submit an original ROI, or did submit but subsequently withdrew.
- 39 It is proposed that the Council holds a second and final round to invite ROIs in these communities, in order to enable them to further engage with the process and work towards a viable outline business plan for a community-managed library.
- 40 Additional engagement with existing groups and potential interested parties is already continuing with a round of local meetings scheduled for late May/early June 2015. These meetings are facilitated by Voluntary Action Leicestershire and the aim is to support any emerging local groups so that they are able to take part in the second round of ROI.

Conclusions

- 41 Further positive progress has been undertaken to enable the County Council to achieve its aim of supporting local communities to manage their local library.
- 42 It is intended that a further update on this work will be reported to the Cabinet in October 2015. This will include an outline of the final position for each library, final recommendations as to which community managed libraries can be supported and further recommendations for any communities that remain without a plan for a locally managed library service.

Background Papers

Report of the Cabinet to the County Council meeting, 19 February 2014 - Medium Term Financial Strategy 2014/15 to 2017/18

<http://ow.ly/JmQUZ>

Report to the Cabinet, 5 March 2014 - Consultation on Proposals for Changes in the Delivery of Community Library Services

<http://ow.ly/JmQOC>

Report to the Cabinet, 19 September 2014 - Outcome of Consultation on Proposals for Changes in the Delivery of Library Services

<http://ow.ly/JmQGv>

Report to the Cabinet, 13 October 2014 – Communities Strategy

[http://politics.leics.gov.uk/Published/C00000135/M00004268/AI00039244/\\$8CommunitiesStrategy.docxA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00004268/AI00039244/$8CommunitiesStrategy.docxA.ps.pdf)

Report to the Cabinet, 19 November 2014 – Future Strategy for the Delivery of Library Services

<http://ow.ly/JmQwT>

Report to the Cabinet 16 March 2015 – Future Strategy for the Delivery of Library Services

[http://politics.leics.gov.uk/Published/C00000135/M00004360/AI00043156/\\$4librariesreport3.docxA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00004360/AI00043156/$4librariesreport3.docxA.ps.pdf)

Appendix

Details the current status of all the 36 community libraries

Equalities and Human Rights Implications

- 43 An Equality and Human Rights Impact Assessment (EHRIA) for each of the 36 community libraries was prepared and attached to the Cabinet report of 19 November 2014.
- 44 The EHRIA process is iterative in nature and Equality and Human Rights Improvement Plan, attached to each EHRIA, outlines mitigating actions to be monitored as the move towards community partnerships develops.
- 45 The grant agreement that will exist between the County Council and the local organisation will additionally include an anti-discrimination clause and a requirement for compliance with the articles contained in the Human Rights Act.

- 46 An online interactive community profile for each area has been established which outlines key features associated with each community from a number of criteria. This can be viewed through the following link: <http://ow.ly/JmQgE>. This will help to identify the impact of the delivery model on areas which have higher levels of deprivation and go on to inform any future decision making.

APPENDIX

DETAILS OF THE CURRENT STATUS OF ALL THE 36 COMMUNITY LIBRARIES

Library	Current status	Indicative implementation date
Anstey	Transition plan to be developed	October 2015
Barrow upon Soar	Transition plan under development	July 2015
Barwell	Transition plan to be developed	February 2016
Bottesford	Transition plan to be developed	October 2015
Braunstone Town	Part of phase 2 registration of interest	
Burbage	Part of phase 2 registration of interest	
Castle Donington	Transition plan to be developed	To be scheduled
Cosby	Part of phase 2 registration of interest	
Countesthorpe	Transition plan under development	August 2015
Desford	Transition plan to be developed	November 2015
East Goscote	Part of phase 2 registration of interest	
Enderby	Part of phase 2 registration of interest	
Fleckney	Transition plan to be developed	February 2016
Glenhills	Transition plan to be developed	September 2015
Great Glen	Part of phase 2 registration of interest	
Groby	Transition plan to be developed	November 2015
Hathern	Transition plan to be developed	January 2016
Ibstock	Part of phase 2 registration of interest	
Kegworth	Transition plan to be developed	January 2016
Kibworth	Part of phase 2 registration of interest	

Kirby Muxloe	Outline business plan further development	
Leicester Forest East	Transition plan to be developed	December 2015
Market Bosworth	Transition plan to be developed	To be scheduled
Markfield	Transition plan to be developed	September 2015
Measham	Part of phase 2 registration of interest	
Mountsorrel	Part of phase 2 registration of interest	
Narborough	Part of phase 2 registration of interest	
Newbold Verdon	Transition plan to be developed	December 2015
Quorn	Outline business plan to be evaluated	
Ratby	Transition plan to be developed	January 2016
Rothley	Transition plan to be developed	October 2015
Sapcote	Part of phase 2 registration of interest	
Sileby	Transition plan to be developed	December 2015
South Wigston	Transition plan to be developed	September 2015
Stoney Stanton	Transition plan to be developed	November 2015
Thurmaston	Outline business plan further development	

**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE -
2nd JUNE 2015**

**REPORT OF THE INDEPENDENT CHAIR OF THE LEICESTERSHIRE AND RUTLAND
SAFEGUARDING BOARDS**

**LOCAL SAFEGUARDING CHILDREN BOARD/SAFEGUARDING ADULT BOARD
BUSINESS PLANS 2015/16**

Purpose of report

1. The purpose of this report is to bring to the Adults and Communities Overview and Scrutiny Committee's attention the Business Plans 2015/16 for the Leicestershire and Rutland Safeguarding Children Board (LRLSCB) and Safeguarding Adults Board (LRSAB) for consultation and comment.
2. The Business Plans were approved at a joint meeting of the Boards on 17th April 2015. However, the Plans are iterative and it remains possible to take on board comments or proposed additions and amendments made by the Overview and Scrutiny Committee and these will be considered by the Boards at their meeting on 3rd July

Policy Framework and Previous Decisions

3. The LRLSCB is a statutory body established as a result of Section 13 of the Children Act 2004 and currently works under statutory guidance issued in Working Together 2013. The LRSAB became a statutory body on 1st April 2015 as result of the Care Act 2014.
4. The Annual Report of the LRLSCB and LRSAB was considered by the Adults and Communities Overview and Scrutiny Committee in September 2014 and emerging priorities for the new Business Plans for 2015/16 were discussed at that meeting. The views expressed by the Committee at that stage were fed into the formative process for the Plans and are reflected in the final versions of the Plans which are attached as appendices 1 and 2.

Background

5. Scrutiny Panel members will be aware that in 2014/15 we combined the business plans and annual reports of the two safeguarding boards. Given the change in the statutory status of the LRSAB created by the Care Act 2014 and a wish more clearly to present the specific objectives of the two boards we have reverted to the production of individual business plans with one cross-cutting element that retains focus on those safeguarding issues that relate to both Boards.
6. The future improvement priorities identified in the Annual Report 2013/14 have been built into the Business Plans for 2015/16. In addition to issues arising from the

Annual Report the new Business Plans' priorities have been identified against a range of national and local drivers including:

- a. national safeguarding policy initiatives and drivers;
 - b. recommendations from regulatory inspections across partner agencies;
 - c. the outcomes of serious case reviews, serious incident learning processes and other review processes both national and local;
 - d. evaluation of the business plans for 2014/15 including analysis of impact afforded by our quality assurance and performance management framework;
 - e. best practice reports issued at both national and local levels;
 - f. the views expressed by both service users and front-line staff through the Boards' engagement and participation arrangements.
7. The new Business Plan has been informed by discussions that have taken place in a number of forums since the autumn of 2014. These include:
- a. the annual Safeguarding Summit of chief officers from partner agencies held in December 2014
 - b. meetings of the Scrutiny Panels in both Leicestershire and Rutland at which both the annual report 2013/14 and future priorities for action have been debated;
 - c. meetings of the Leicestershire and Rutland Health and Well-Being Boards at which both the annual report 2013/14 and future priorities for action have been debated;
 - d. discussions within individual agencies
8. Business Plan priorities were discussed and debated at a meeting of the Adults and Communities Scrutiny Committee at their meeting held on 17th September 2014. As stated above all the issues raised at that meeting have been incorporated into the draft Business Plans attached.
9. The proposed strategic priorities, priority actions and key outcome indicators set out in the new Business Plans were formulated through the annual development session of the two safeguarding boards held on 16th January 2015

Proposed Business Plans 2015/16

10. The strategic priorities for the two Boards remain the same as those agreed in 2014/15. They are as follows:
- Priority 1: To be assured that 'Safeguarding is Everyone's Business'
- Priority 2a: To be assured that children and young people are safe
- Priority 2b: To be assured that adults are safe
- Priority 3: To be assured that safeguarding services for children, families and adults are effectively co-ordinated to ensure both children and adults are safe;
- Priority 4: To be assured that our learning and improvement framework is raising service quality and outcomes for children, young people and adults;
- Priority 5: To be assured that the workforce is 'fit for purpose'.
11. Against each of these strategic priorities the Boards have now identified key outcomes for improvement and the actions that will need to be taken over the next

year to achieve these improved outcomes. These are set out in the two draft Business Plans that are attached as Appendix 1 and Appendix 2 to this report.

12. The Quality Assurance and Performance Management Framework for the two Boards has been adjusted to reflect the new Business Plans and were finalised by the two Boards at their meeting on 17th April 2015.
13. The views of a range of forums are being sought on the Business Plans. This includes the Cabinets, children and adult scrutiny committees and the Health and Well-Being Boards in both local authority areas.

Proposals/Options

14. The committee is asked to consider the Business Plans and to make any comments or proposed additions or amendments to the Plans that will then be considered at the meetings of the Boards due to be held on 2nd July 2015.

Consultation

15. All members of the Boards and their Executive have had opportunities to contribute to and comment on earlier drafts of the Business Plans. In addition discussions have been held with service users in both local authority areas to enable them to contribute their views about safeguarding in Leicestershire and Rutland.

Conclusions

16. The Adults and Communities Overview and Scrutiny Committee should note and comment on the attached Business Plans for 2015/16.

Officer to Contact:

Paul Burnett, Independent Chair, Leicestershire and Rutland LSCB/SAB
 Telephone: 0116 305 6306
 Email: Paul.burnett@leics.gov.uk

List of Appendices

Appendix A - LRLSCB Business Plan 201516

Appendix B - LRSAB Business Plan 201516

Relevant Impact Assessments

Equality and Human Rights Implications

17. Safeguarding vulnerable children, young people and vulnerable adults concerns individuals who are likely to be disadvantaged in a number of ways. The Annual Report sets out how the LSCB/SAB seeks to ensure that a fair, effective and equitable service is discharged by the partnership. Likewise the Annual Report and Business Plan 2014/15 extracts set out how the partnership will seek to engage with all parts of the community in the coming year.

Partnership Working and associated issues

18. Safeguarding is dependent on the effective work of the partnership as set out in national regulation, Working Together 2013, published by the Department for Education and the Care Act 2014.

APPENDIX A

Leicestershire and Rutland Local Safeguarding Children Board Business Plan 2015-16

This plan is in the process of being updated following feedback from the Board, scrutiny groups etc.

For the most recent version please go to:

<http://lrsb.org.uk/scbannualreports>

Introduction

I am pleased to present the LRLSCB Business Plan for 2015/16. The Plan is intended primarily to set out the key outcomes and impact that the Board wishes to achieve across the next year to ensure that children, young people and adults in Leicestershire and Rutland are safe. It does not show business as usual items unless they are addressing an issue that has been highlighted for specific or remedial work within 2014/15.

Following three integrated LSCB and SAB Business Plans that we have presented since agreement more closely to align the two Safeguarding Boards in 2012, this year we revert to a plan that seeks to clearly show the work of the two Boards as independent business units. The plans still maintain a number of priority issues that are common to both Boards. The decision more clearly to distinguish the business of each board is being driven by the fact that both Boards are now subject to statutory frameworks that are different. The LRLSCB is also subject to review by Ofsted and this has implications for the quality assurance frameworks that each Board works to.

The formulation of this Business Plan has been undertaken with the engagement of members of both Boards and other stakeholders. It aims to articulate the key improvement objectives that will underpin our work in the period 2015/16 and, most importantly, to set out the actions that will be taken to address these priorities. This increased emphasis on specific actions is also intended to ensure that we are more explicit about the outputs, outcomes and impact that the Boards intend to achieve. This, we believe, will strengthen our ability better to quality assure, performance monitor and risk manage the work of the Boards and their impact on safeguarding service delivery and on safeguarding outcomes for children, young people and adults.

The priorities in this Business Plan have been identified against a range of national and local drivers including:

- National policy drives to strengthen safeguarding arrangements and the roles of LSCBs and SABs
- Recommendations from regulatory inspections;
- The outcomes of Serious Case Reviews and Serious Incident Learning Processes (SILPs) and other learning review processes – emerging from both national and local reports;
- Evaluations of the impact of previous Business Plans and analysis of need in Leicestershire and Rutland;
- Priorities for action emerging from Quality Assurance and Performance Management arrangements operated by both Boards;
- Responses to the views of stakeholders including the outcomes of engagement activities;
- Best practice reports issued by Ofsted, ADCS and ADASS

Having considered these matters members of the Boards have agreed to reflect the five priorities within our performance management framework within this plan. These priorities are:

Priority 1: To be assured that ‘Safeguarding is Everyone's Responsibility’

Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility

Priority 3: To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe. Board Member Sponsor

Priority 4: To be assured that our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults

Priority 5: To be assured that the workforce is fit for purpose

This Business Plan sets out the key actions proposed to support work in support of these objectives with a view to further enhancing the impact of the two Boards in supporting improved outcomes in safeguarding the children, adults and communities of Leicestershire and Rutland.

Safeguarding is everyone's business. Never has it been more critical for LSCBs and SABs to show strong, robust and effective leadership in securing the safeguarding and well-being of our communities. This Business Plan is intended to set a clear framework within which this leadership can be delivered. The collaborative support of all agencies is essential to securing the impact this Business Plan seeks.

I commend the Plan to all partners and look forward to your support in achieving our goals.

Paul Burnett

Independent Chair, Leicestershire and Rutland LSCB and SAB

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility' Board member sponsor: _____							
Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Evidence to be provided
1.1	Full engagement by schools in the work of the LSCB, (including independent schools) including the requirements of Section 11 of the Children Act.	<p>Seek assurance from schools through S11 and operational audits</p> <p>Maintain representation on Board by school representatives of primary, secondary and Special schools from Leicestershire and Rutland</p> <p>Engage with Head teachers to provide assurance that their schools are engaged in the work of the LSCB</p> <p>Engage with Head teachers and with school representatives at Board meetings and ensure their issues are reflected within Subgroup meetings</p> <p>Work with schools to ensure that their voices are represented in the work of the sub-groups.</p> <p>Monitor safeguarding training attendance by independent schools</p>	<p>S11 strategic audit responses</p> <p>Attendance at meetings</p> <p>Operational audit</p> <p>Training attendance and evaluation</p>	<p>Board & SEG</p> <p>Board</p> <p>Independent Chair</p> <p>Independent Chair</p> <p>Training Subgroup</p>	<p>December 2015</p> <p>October 2015</p> <p>July 2015</p>		
1.2	Partner agencies are complying fully with their responsibilities under S11 of the Children Act	<p>Conduct an annual strategic S11 audit</p> <p>Monitor the Action plan for agencies identified as not being "fully compliant"</p>	<p>Compliance against the requirements of S11</p> <p>Compliance for completion of Action Plan</p>	<p>SEG Board</p>	<p>December 2015</p>		

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility' Board member sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Evidence to be provided
1.3	Board effectiveness in scrutinising and challenging the quality and impact of safeguarding children and young people in Leicestershire and Rutland	Encourage and maintain a culture of challenge and keep a "Log of Challenge and its impact " Conduct an annual self-assessment by Board members and develop an action plan to address any issues identified Gather evidence that the Board is driving improvements and changes which impact on positive outcomes for children and young people	Compliance with the "Log of Challenge" Identify areas of effectiveness agreed by Board and compliance with resulting action plan Evidence provided by agencies and Board through Board and executive meetings	Independent Chair Independent Chair Executive and Board	March 2016 November 2015 March 2016		
1.4	Appropriate representation of partner agencies on Board	Increase the membership of the board to include Public Health	Attendance by Public Health representative at Board meetings Attendance by all members at Executive and Board meetings	Executive and Board	July 2015		27
1.5	The implementation and impact of new national frameworks including: <ul style="list-style-type: none"> • Revised Working Together 2015 • Keeping children safe in 	Review current local provisions and identify any changes or improvements required. Implement these changes and identity indicators to test impact within the QA and PM framework	Include in the QA and PM framework those indicators developed to test impact	Executive From SCR report	March 2016		

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility' Board member sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Evidence to be provided
	education <ul style="list-style-type: none"> • Advice on information sharing • 						
1.6	To ensure that home educated children and young people are safeguarded	Seek assurance from Local Authorities that safeguarding measures are in place and procedures are up to date.	Percentage of home educated children and the checks/information that is being provided or carried out.	Executive group	March 2016		

Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility. Board Member Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
2.1 Improving outcomes for children identified by previous learning processes							
	LSCB thresholds are understood and consistently applied across agencies; Support offered to children and young people is proportionate to their needs	Roll out programme of training about thresholds for staff across partner agencies Raise awareness through Safeguarding Matters and Website Monitor use of thresholds through case file audits	Training attendance and evaluation Outcomes of Referral within Leicestershire and within Rutland All LSCB audits will include threshold question	Training Subgroup Board and SEG Board and SEG	October 2015 December 2015 March 2016		SEG will ask for info end of Q4
	Increased quality of referrals	Conduct training event about referrals Review multi-agency referral process and form, including multi-agency contribution to referral	Quality of referrals made by agencies tested through case file audit	SEG	December 2015 March 2016		End of Q4
	Increased quality of assessment	Review multi-agency assessment process and form, including multi-agency contribution to assessment at referral, assessment, conference and LAC stage	Quality of multi-agency contribution to assessment tested through case file audit	Business Office	March 2016		End of Q4

Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility. Board Member Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
	Increased quality of professional supervision	<p>Ensure professional supervision across partner agencies is effective by conducting conference and raising awareness through Safeguarding Matters</p> <p>Conduct training about professional supervision</p> <p>Ensure all agencies have supervision procedure</p> <p>Review quality of supervision through audit</p> <p>Review LSCB supervision procedure to ensure fit for purpose</p>	<p>operational audit responses</p> <p>Quality of referrals made by agencies tested through case file audit</p> <p>Ask for feedback on the training course</p> <p>Reviewed and Updated supervision procedures</p>	<p>SEG</p> <p>Training sub group</p> <p>Procedures Subgroup</p>	<p>December 2015</p> <p>December 2015</p> <p>December 2015</p>		Report on quality of supervision by all agencies by end of Q3
2.2 Early Help - wellbeing							
	Early Help Services are successful in sustaining improvements to the lives of children and young people and their families and reducing children experiencing abuse or neglect or coming into care	<p>Ensure all agencies are providing access to early help services through shared understanding of benefits of early help.</p> <p>Ensure that Supporting Leicestershire Families (SLF) and Changing Lives Rutland (CLR) are fulfilling their safeguarding responsibilities</p> <p>Consider the development of multi-disciplinary response at referral stage (MASH)</p>	<p>Referral rates to Early Help Services across the partnership</p> <p>Referral rates to Children's Social Care</p> <p>Caseloads of Early Help Services</p> <p>Safeguarding Outcomes reported by SLF and CLR</p> <p>Development of MASH</p>	Early Help Services (inc. SLF and CLR) and SEG to monitor	March 2016		PMF monitor via PMF every Q and voice etc once per year

30

Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility. Board Member Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
		<p>Ensure public awareness about safeguarding and improve public knowledge about support that is available</p> <p>Ensure that the voice of the child is captured and feedback used to influence service development and procedures</p>	<p>Help Services by young people or families;</p> <p>Voice of the child audits are conducted</p> <p>Recommendations embedded from Voice of the child audits</p>	<p>SEG</p> <p>SEG and Engagement Subgroup</p>	March 2016		
2.3 Child Protection							
	Multi-agency child protection services that are child-focussed and effective in safeguarding children and young people and maximising outcomes for these children and young people.	<p>Monitor the contribution of all agencies to safeguarding and ensure that good practice is disseminated, risks identified and mitigated</p> <p>Review multi-agency contribution to assessment at referral, child protection, conference and LAC</p> <p>Conduct multi-agency audits and review summary reports from single agencies at SEG</p> <p>Seek assurance that partner agencies are engaging directly with children involved in child protection services and that appropriate action is taken as a result.</p>	<p>Compliance with S11 through strategic and operational audits</p> <p>Agreed core data set through the SEG (impact and outcomes)</p> <p>Effectiveness of practice through single and multi-agency audit reports</p> <p>Evidence of action taken in response to feedback from children and young people</p> <p>Evidence of action taken in response to feedback from front line practitioners</p>	SEG	December 2015		
2.4 Looked After Children							
	Looked After children are safe and achieve health and education	Monitor the contribution of all agencies to looked after children and ensure that good practice is disseminated, risks identified and	Agreed core data set through the SEG (impact and outcomes)	Executive	December 2015		Annually

31

Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility. Board Member Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
	outcomes	mitigated Seek assurance that partner agencies are engaging directly with children involved in children in care services and that appropriate action is taken as a result. IRO annual report	Effectiveness of practice (including supervision) through audit reports Evidence of action taken in response to feedback from children and young people Evidence of action taken in response to feedback from front line practitioners Action taken in response to feedback from training / competency framework				

2.5 Other Safeguarding Priorities

Child Sexual Exploitation:
Increase in the identification of children and young people who are at risk of child sexual exploitation (CSE) and reduction in the number who experience CSE

Effective prevention, investigation and recovery for children

Agree definition of CSE across LSCB and agencies, including sub-regionally with Leicester City
Review and agree CSE Strategy and Protocol and update CSE procedures
Raise awareness of CSE in partner agencies through CSE training and events
Fully operationalise CSE co-located team (CSE hub) to ensure sufficient commitment and resources from partner agencies to achieve goals
Agree monitoring/measures for CSE
Ensure that the voice of the young person is captured and feedback used

Impact and outcomes for children and young people at risk or experience CSE -
Agreed core data set through SEG
Publication of CSE Strategy, Protocol and procedures – measure awareness of definitions and documents through S11 audit responses
Evaluation of CSE training (CWDC) and events (CSE Subgroup) reported to SEG
Referral rates to CSE Hub
Progress of CSE Hub through

CSE Subgroup SEG

CWDC and CSE Subgroup
CSE Subgroup and executive

Police, 3 x LAs, health, commissioners, other services – strategic oversight (LSCB, SLAs,

December 2015

Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility. Board Member Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
	and young people who are or have experienced child sexual exploitation	to influence service development and procedures CSE subgroup Raise awareness of CSE to public	reports to Executive and Board Voice of the child and other case file audits are conducted Recommendations are embedded from Voice of the child audits	KPIs)			
	Children Missing from Education are identified, safe and supported: That children and YP who are not receiving their statutory education are monitored to ensure they are safe.	Develop shared understanding about pathway of children who are missing from education Seek assurance from LAs and monitor through agreed core data set Develop LSCB safeguarding multi-agency procedures for children who are home schooled and traveller families Raise awareness amongst agencies about potential vulnerability of these children	Agreed core data set through the SEG (impact and outcomes) Effectiveness of practice through single and multi-agency audit reports Via procedures group	Education leads from Leics and Rutland via Executive group	July 2015		
	Children who are Privately Fostered are safe Children and young people are appropriately identified and supported in private fostering arrangements	Raise awareness with public about private fostering – media and social media campaign Raise awareness amongst agencies about potential vulnerability of these children Monitor through agreed core data set	LAs to provide quarterly reports to SEG	Executive group	July 2015		

33

Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility. Board Member Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
	<p>Robust Emotional Health of children and young people</p> <p>Assurance from CAMHS tier 1 to 4 is sufficient</p>	<p>Support the Better Care Together review of CAMHS and ensure partner agencies contribute</p> <p>Seek assurance from Better Care Together that the speed and quality of response by CAMHS is securing improved emotional health of children and young people</p> <p>Seek assurance from Better Care Together that there are agreed thresholds for access to CAMHS services understood by all partner agencies</p>	<p>Proportion of Referrals to CSC of children where emotional health is a factor and track child's journey through EH, CP and LAC</p> <p>Agreed core data from CAMHS to PMF Report</p> <p>Assessment by EH and CSC where emotional needs are assessed as a factor</p>	Executive group	March 2016		<p>Monitor LAC data set via CAMHS</p> <p>Are threshold clear – are waiting times ok, what are outcomes ?</p> <p>Look at board reporting from camhs</p>
	<p>E-Safety:</p> <p>Young people engaged in social media and aware of and avoiding risk appropriately</p>	<p>Gain an overview, spread and depth of e-safety, education awareness and training for children and young people</p>	<p>Percentage of staff/ children and young people trained.</p> <p>Feedback from young people through survey on website</p>	Executive group	March 2016		

34

Priority 3 – To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe. Board Member Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
3.1	<p>Female Genital Mutilation (FGM)</p> <p>Reduction in number of girls who suffer from FGM</p> <p>Increase in identification of girls at risk of FGM</p> <p>Increased community awareness of risks of FGM in identified communities</p>	<p>Continue to develop pathways and procedures for services to girls at risk or who experience FGM</p> <p>Raise awareness with public about FGM – media campaign</p> <p>Raise awareness amongst agencies about potential vulnerability of these girls</p> <p>Monitor through agreed core data set</p> <p>Work with communities at identified highest risk</p>	<p>Agreed core data set through the SEG</p>	<p>FGM task and finish group</p>	<p>December 2015</p>		
3.2	<p>Prevent – Channel</p> <p>Reduction in number of young people involved in terrorism</p> <p>Increase in identification of young people at risk of becoming involved in terrorism</p> <p>Increased community awareness of young people at risk of becoming involved in terrorism</p>	<p>Seek assurance from the Anti-Social Behaviour Strategy Group that the Prevent Strategy is being delivered appropriately</p> <p>Monitor through agreed core data set</p>	<p>Agreed core data set through the SEG</p>	<p>Executive group</p>	<p>July 2015</p>		
3.3	<p>Transition to adult services:</p> <p>Care leavers and disabled young people</p>	<p>Monitor the contribution of all agencies to Care leavers and young people transitioning to adult services and ensure that good practice is</p>	<p>Agreed core data set through the SEG (impact and outcomes)</p> <p>Feedback from young people</p>	<p>SEG</p>	<p>December 2015</p>		

are appropriately supported by children's services to work towards independence
Disabled young people successfully transition to be supported in adult services

disseminated, risks identified and mitigated
Engage with young people and adults at risk
Audit cases to assure of the effectiveness of services

and adults at risk
Feedback from front line practitioners

3.4 **Think Family:**
Effective joint working between the various interagency professionals and teams involved particularly focussing on relationships within the family and joint oversight of the ongoing work between services for adults and services for children.

Review LSCB multi-agency procedures

feedback on any new procedures produced

Procedures subgroup

July 2015

3.5 **Domestic Abuse: Multi-Agency Risk Assessment Conference (MARAC):**
Fully coordinated response to people who are at risk of domestic abuse
Improved attendance and participation by agencies at MARAC

Teenage Peer Domestic Abuse
Young people at risk of

Monitor the impact and outcomes of people who are supported through Domestic Abuse services
Seek assurance from the Leicestershire Domestic Abuse Partnership that the Domestic Abuse Strategy is being delivered appropriately
Monitor through agreed core data set provided by MARAC
Work with the Safer Communities Partnerships and Board to develop pathways and procedures for services to young people at risk of or who experience domestic abuse in their

Agreed core data set through the SEG (impact and outcomes)

Agreed core data set through the SEG (impact and outcomes)

SEG

December 2015

or who experience domestic abuse in their peer relationships are supported and safe

peer relationships
 Ensure that the procedures reflect the new referral pathway
 Work with the Safer Communities Partnerships and Board to raise awareness amongst agencies about potential vulnerability of these young people
 Monitor through agreed core data set

Produce new referral pathway and procedures

Procedures sub group

December 2015

Priority 4: To be assured that our Learning and Improvement Framework is raising service quality and outcomes for children and young people. Board Member Sponsor: _____							
Ref. no.	In 2015/6 we will	To achieve this we will	To evidence this we will	Who will lead?	Timescale	Risk	Progress
4.1	Ensure that outcomes for children and young people are improved through the application of the Learning & Improvement Framework	Ensure that learning from audit, SCRs and other reviews is shared and embedded. Increase methods of delivering and sharing key messages.	Test the impact of learning	SCR subgroup Training subgroup	December 2015		
4.2	Seek assurance that NHS settings such as Dentists and opticians are receiving and embedding appropriate recommendations from SCRs and other review processes	Identify existing communication channels that are used by NHS colleagues to provide relevant information	Request feedback from a sample of NHS settings	Executive group	March 2016		

4.3	Extend our capacity to provide comparative quality assurance and performance data to test performance in Leicestershire and Rutland against national and benchmark authority performance	Extend the QA and PM framework to include appropriate comparator information	Present comparative data and information as part of the quarterly reporting process	SEG	July 2015 onwards		

Priority 5: To be assured that the workforce is fit for purpose. Board Member Sponsor:							
Ref. no.	In 2015/6 we will	To achieve this we will	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
5.1	Assurance from provider agencies that their staff adhere to the requirements of the competency framework for safeguarding training	Develop a set of standards that commissioners should include in their contracts and include L & D competency framework for safeguarding training e.g. incorporate the markers of good practice Require commissioners to report assurance through reports to SEG	Report to SEG by CCG and other commissioners	SEG Training sub group	December 2015		
5.2	Workforce has appropriate level caseloads and are well supported in safeguarding children and	Seek assurance that workers have the appropriate level of caseloads compared with statistical neighbour and national data.	Caseloads are appropriate and manageable measured through agreed core	Executive	March 2016		

Priority 5: To be assured that the workforce is fit for purpose. Board Member Sponsor:							
Ref. no.	In 2015/6 we will	To achieve this we will	To evidence this, we will measure:	Who will lead?	Timescale	Risk	Progress
	young people through reflective professional supervision	Ensure quality of supervision is appropriately facilitated and supported. Engage with front line professionals through consultation, including questionnaire and audit activity Monitor allegations through LADOs	data set in PMR. Quality of Professional Supervision is tested within other audit processes Feedback from front line professionals from staff surveys Quarterly reports from LADOs to SEG				
5.3	Safeguarding training is relevant and effective in ensuring the workforce has appropriate skills and knowledge in working to safeguard children and young people	Encourage better attendance on some training courses Evaluate impact of training to embed learning into practice	Monitored through the LLR Inter-Agency Safeguarding Training and reported to Training Subgroup and SEG	Training Subgroup SEG	October 2015		

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Leicestershire and Rutland
Safeguarding Adults Board
Business Plan 2015-16

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For the most recent version please go to:

<http://lrsb.org.uk/scbannualreports>

Introduction

I am pleased to present the LRL SAB Business Plan for 2015/16. The Plan is intended primarily to set out the key outcomes and impact that the Board wishes to achieve across the next year to ensure that adults in Leicestershire and Rutland are safe. It does not show business as usual items unless they are addressing an issue that has been highlighted for specific or remedial work within 2014/15.

Following three integrated LSCB and SAB Business Plans that we have presented since agreement more closely to align the two Safeguarding Boards in 2012, this year we revert to a plan that seeks to clearly show the work of the two Boards as independent business units. The plans still maintain a number of priority issues that are common to both Boards. The decision more clearly to distinguish the business of each board is being driven by the fact that both Boards are now subject to statutory frameworks that are different. The LRLSCB is also subject to review by Ofsted and this has implications for the quality assurance frameworks that each Board works to.

The formulation of this Business Plan has been undertaken with the engagement of members of both Boards and other stakeholders. It aims to articulate the key improvement objectives that will underpin our work in the period 2015/16 and, most importantly, to set out the actions that will be taken to address these priorities. This increased emphasis on specific actions is also intended to ensure that we are more explicit about the outputs, outcomes and impact that the Boards intend to achieve. This, we believe, will strengthen our ability better to quality assure, performance monitor and risk manage the work of the Boards and their impact on safeguarding service delivery and on safeguarding outcomes for children, young people and adults.

The priorities in this Business Plan have been identified against a range of national and local drivers including:

- National policy drives to strengthen safeguarding arrangements and the role of SABs
- Recommendations from regulatory inspections;
- The outcomes of Serious Case Reviews and Serious Incident Learning Processes (SILPs) and other learning review processes – emerging from both national and local reports;
- Evaluations of the impact of previous Business Plans and analysis of need in Leicestershire and Rutland;
- Priorities for action emerging from Quality Assurance and Performance Management arrangements operated by both Boards;
- Responses to the views of stakeholders including the outcomes of engagement activities;
- Best practice reports issued by Ofsted, ADCS and ADASS

Having considered these matters members of the Boards have agreed to reflect the five priorities within our performance management framework within this plan. These priorities are:

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility'

Priority 2b - To be assured that adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers

Priority 3 – To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

Priority 4: To be assured that our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults

Priority 5: To be assured that the workforce is fit for purpose

This Business Plan sets out the key actions proposed to support work in support of these objectives with a view to further enhancing the impact of the two Boards in supporting improved outcomes in safeguarding the children, adults and communities of Leicestershire and Rutland. Safeguarding is everyone's business. Never has it been more critical for LSCBs and SABs to show strong, robust and effective leadership in securing the safeguarding and well-being of our communities. This Business Plan is intended to set a clear framework within which this leadership can be delivered. The collaborative support of all agencies is essential to securing the impact this Business Plan seeks.

I commend the Plan to all partners and look forward to your support in achieving our goals.

Paul Burnett

Independent Chair, Leicestershire and Rutland LSCB and SAB

Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility' Board Sponsor: _____							
Ref. no.	In 2015/16 we will:	To achieve this we will:	To evidence this we will measure:	Who will lead?	Timescale	Risk	Progress
	Be assured that The Board and partner agencies are fully compliant with the Care Act.	Delivery of the Care Act workplan, including: <ul style="list-style-type: none"> o Continued Development of an outcome focused performance management framework o Develop a new Training strategy. 	Audit partner's implementation of the Care Act (SAAF). Devise audit for testing implementation of MSP across partner agencies.	Executive group	March 2016		
	Be assured that Effective Board arrangements remain in place to provide strategic leadership.	Review of adults business plan to ensure it is Care Act compliant. Review structure of adults safeguarding board subgroups to ensure priorities discussed at the Board development session can be met.	Audit the Board against the SCIE recommendations for the operation of SABs	Executive group	July 2015		
1.1	Be assured that the Better Care Together programme incorporates, promotes, measures and evaluates on Safeguarding outcomes within its improvement plans.	Clearly identify the measures and indicators of safeguarding benefits that can be delivered through the Better Care Together Programme and agree with BCT a quality assurance and performance framework that will enable this to be reported appropriately Ensure a two way flow of	Reports to the LSCB and SAB twice per year that identify safeguarding outcomes.	Board	March 2016		

		information between the SAB to the BCT Board					
1.2	Enable members of the public in Leicestershire and Rutland to be aware/understand what constitutes a safeguarding concern/alert /referral with a view to increasing appropriate reporting	Deliver an awareness raising media campaign through website and other media to enable a better understanding of Safeguarding Adults. To gauge the appetite to complete this action on a LLR basis and respond accordingly. Monitor the ratio of safeguarding alerts and referrals between statutory and community settings.	Public awareness by increased website traffic. The number and proportion of alerts and referrals that arise from statutory/regulated services and those from the community	Engagement Group SEG	Media campaign delivered by December 2015		
1.3	Listen and report what members of the public say about their experience of safeguarding, and evidence how these views impact on Board priorities and plans of action. The engagement activity of the board will also be increased.	Promote the extension of service user engagement within and across agencies and ensure that the SAB is sighted on the outcomes of this work. Better joining together of work around public 'listening' in agencies, this to include commissioners and providers in health Run direct engagement events to supplement the information from partner organisations Engage with Healthwatch and other service user bodies to ensure that safeguarding issues are included in their	The quantity and quality of engagement activity across Leicestershire and Rutland.	Engagement group	March 2016		

		work and the Board is sighted and acts on the findings of this work.					
1.4	All agencies are compliant with safeguarding standards and expectations as monitored through the Safeguarding Adults Assurance Framework	Sustain currently compliant performance and improve levels of compliance where agencies self-assessed themselves not fully compliant in the 2015 audit.	SAAF audit 2016	SEG	March 2016		

Priority 2b - To be assured that adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers Board Sponsor: _____							
Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this we will measure:	Who will lead?	Timescale	Risk	Progress
2b.1	Assurance that thresholds are understood and provide proportionate assistance and risk management to adults	Monitor referral rates – core data set to be defined to ensure understanding and assure safety Ensure effective system in place to provide feedback to	The quantity and quality of feedback forms. the outcome of a thresholds audit	Executive SEG	December 2015		

	in need of safeguarding.	referrers by LA – monitor number of feedback forms through PMF to SEG					
2b 2	Implementation of the new care act compliant safeguarding procedures across Leicestershire and Rutland and assure ourselves that they are effective	Publish the procedures online via Policy Partners and update the procedures following initial feedback; Produce new training resources to support the roll out of the new procedures; Deliver multi agency training	Feedback on the procedures via direct contact forms. Numbers of visits to the procedures website.	Procedures and Development subgroup.	October 2015 March 2016		
2b. 3	Assurance that Adults are safe in care, including residential establishments, care homes and nursing homes?	Request quarterly reports as part of the performance monitoring framework.	Monitor through CQC data and contract compliance data - report through PMF and SEG	SEG	Quarterly		
2b. 4	Assurance that adults are safe in the community	Request quarterly reports as part of the performance monitoring framework.	Monitor referral rates as proportion of all referrals and monitor through PMF to SEG	SEG	Quarterly		
2b. 5	Assurance that DoLs are effectively managed to ensure safety of adults without capacity	Request quarterly reports as part of the performance monitoring framework.	Monitor number and trends and report through PMF to SEG	SEG	Quarterly		

2b6	Be assured that the increasing number of DoLS referrals can be managed across Leicestershire and Rutland.	Seek assurance from across the partnership that DOLS referrals are being managed effectively and within timescales.	Reported via the performance management report	SEG	Quarterly		
2b.7	Participate in the NHS England MCA/DoLS Programme to contribute to improvements in the implementation of MCA and DoLS across Leicestershire, Rutland, Leicester City and Lincolnshire	Receive quarterly reports on the progress and impact of the Programme's 5 work streams	Programme Evaluation process	SEG/Executive	Quarterly		
2b.7	Be assured that recommendations from Winterbourne are fully embedded in safeguarding practice	Request quarterly reports as part of the performance monitoring framework.	Monitor repeating of compliance audit with recommendations through PMF to SEG	SEG	Quarterly		

Priority 3 – To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

Board Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this we will measure:	Who will lead?	Timescale	Risk	Progress
3.2	<p>Transition to adult services: Care leavers and disabled young people are appropriately supported by children's services to work towards independence Disabled young people successfully transition to be supported in adult services where this is appropriate</p>	<p>Monitor the contribution of all agencies to Care leavers and young people transitioning to adult services and ensure that good practice is disseminated, risks identified and mitigated Engage with young people and adults at risk</p>	<p>Agreed core data set through the SEG (impact and outcomes) Feedback from young people and adults at risk Feedback from front line practitioners</p>	SEG	March 2016		
3.3	<p>Think Family: Children and young people and adults at risk are safe, especially as they transition between or across services Children and adult services being alert to and aware of the safeguarding needs of those in families other than their direct client – i.e. do adult services staff consider the safeguarding needs of</p>	<p>Develop shared understanding about pathway of children and young people who transition between services Monitor through agreed core data set Review LSCB multi-agency procedures Raise awareness amongst agencies about potential vulnerability of these children, young people and agencies at risk Ensure that the trainers networks are fully engaged and delivery this aspect of the</p>	<p>Agreed core data set through the SEG (impact and outcomes) Effectiveness of practice through single and multi-agency audit reports Feedback from children and young people Feedback from front line practitioners</p>	Procedures Subgroup	December 2015		

	children in the household and do children's services staff consider the safeguarding needs of adults in relation to children's needs.	training					
3.4	<p>Domestic Abuse: Multi-Agency Risk Assessment Conference (MARAC): Fully coordinated response to people who are at risk of domestic abuse Improved attendance and participation by agencies at MARAC</p>	<p>Monitor the impact and outcomes of people who are supported through Domestic Abuse services Seek assurance from the Leicestershire Domestic Abuse Partnership that the Domestic Abuse Strategy is being delivered appropriately Monitor through agreed core data set provided by MARAC Work with the Safer Communities Partnerships and Board to develop pathways and procedures for services to young people at risk of or who experience domestic abuse in their peer relationships Ensure that the procedures reflect the new referral pathway Monitor through agreed core data set</p>	<p>Agreed core data set through the SEG (impact and outcomes)</p> <p>Agreed core data set through the SEG (impact and outcomes)</p>	<p>SEG</p> <p>Procedures sub group</p>	<p>December 2015</p> <p>December 2015</p>		

Priority 4: To be assured that our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults

Board Sponsor: _____

Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this we will measure:	Who will lead?	Timescale	Risk	Progress
4.1	Ensure that outcomes for vulnerable adults are improved through the application of the Learning & Improvement Framework	Ensure that learning from audit, SCRs and other reviews is shared and embedded. Increase methods of delivering and sharing key messages.	Test the impact of learning through the QA and PM framework including targeted audits to test impact.	SCR subgroup Executive	March 2016		
4.2	Seek assurance that NHS settings such as Dentists and opticians are receiving and embedding appropriate recommendations from SCRs and other review processes	Identify existing communication channels that are used by NHS colleagues to provide relevant information	Request feedback from a sample of NHS settings	Executive group	March 2016		
4.3	Implement and update the learning and improvement framework	Convene a task and finish group to review and make recommendations	Proportionate type of review is used to deal with a case – proportionate response to the particular case	SCR subgroup	December 2015		

Priority 5: To be assured that the workforce is fit for purpose							
Board Sponsor: _____							
Ref. no.	In 2015/6 we want to achieve:	To achieve this, we will:	To evidence this we will measure:	Who will lead?	Timescale	Risk	Progress
5.1	Embed the new Training strategy and develop an adult training subgroup across LLR	Establish a new subgroup to jointly plan LLR adult safeguarding. training.	The Quality and quantity of training offered.	Executive	March 2016		
5.2	Be assured that the adult safeguarding training competency framework is understood and accessible to all practitioners	Esures all practitioners understand the framework and test how easily understood and accessible practitioners find the competency framework Seek and use feedback on existing framework and how to improve accessibility, e.g. electronic tool	Audit compliance and understanding across a range of provider services.	SEG	March 2016		
5.3	Seek assurance that supervision of workers and cases is good.	Develop a set of standards that commissioners should include in their contracts and include L & D competency framework for safeguarding training e.g. incorporate the markers of good practice	Request reports for inclusion with the performance management framework	SEG	October 2015		
5.4	Be assured that Caseloads are appropriate and manageable.	Collect and analyse case load data and compare with statistical neighbours.	Present the findings to SEG.	SEG	December 2015		



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY
COMMITTEE: 2 JUNE 2015

FINAL REPORT OF THE SCRUTINY REVIEW PANEL ON HELP TO
LIVE AT HOME

Foreword by the Chairman

The provision of good quality support at home is essential if the health and social care economy is able to tackle the needs of an ageing population, without the need even more acute, hospital or institutional based provision.

The current homecare market is under considerable strain and existing models for commissioning homecare services have led to a fragmented and unsustainable service that does not focus sufficiently on improving outcomes. Such an approach has also hindered the development of more integrated services.

The primary focus of the Panel was to explore and develop a new model for commissioning homecare services which focused on the following key outcomes:-

- Reablement – with the aim of increasing independence;
- Integration – so that the health and social care needs are both taken into account when commissioning an individual care package;
- Outcome and incentive based – so that providers are clear about what outcomes are to be achieved for each individual and provided with incentives for delivering those outcomes;

The Panel also focused on the current state of the homecare market and how the Council and Health bodies could help stimulate the market. Some initial proposals are put forward regarding this including the development of the provider market linked to the community health teams operating in localities across the county. Such an approach will help to deliver better partnership working between the public and provider sector resulting, we believe, in better trained staff, improved geographical coverage particularly in rural areas and ultimately an improved service for individuals.

The Panel report is a contribution to the current debate happening both nationally and locally on how best we help elderly people live in their own homes with the dignity they deserve. We would urge all stakeholders to consider the recommendations in our report and to seek to embed these in their commissioning plans.

Mr J Kaufman CC
Chairman of the Panel

Introduction

1. This report sets out the conclusions and recommendations arising from the Scrutiny Review Panel investigation into the Help to Live at Home project to develop, re-commission and implement a model of care to support people better to live independently and provide an improved care experience, better care outcomes and more cost effective service delivery.

Recommendations

2. The recommendations of the Panel are located within the body of the report. For ease of reference, they are also set out below:-
 - (a) The Panel recommends that stakeholder engagement continues throughout the development of the model, with specific reference to:-
 - (i) The need to engage with the voluntary sector and other community support and capacity building services such as Local Area Co-ordinators;
 - (ii) The need to ensure that the scene is set in some detail for focus groups;
 - (b) The Panel welcomes the intention to develop an outcomes-based model for domiciliary care services which will be focused on the needs of the individual. The Panel recommends that, in terms of the financial model, a two stage process is needed, with the fixed period stepped unit cost being adopted whilst continuing to develop the market and the necessary IT systems to deliver the incentive payment financial model in due course;
 - (c) The Panel recommends the adoption of the provider delivery model with more than one provider per area but with a fixed upper limit;
 - (d) The Panel recommends that the Help to Live at Home Project Team commissions only from providers that have the correct mix of skills within their workforce to provide services for people with a diverse range of needs;
 - (e) The Panel recognises the impact that the workforce has on the quality of care and recommends that the Help to Live at Home Project Team ensure that contracts are developed which will enable providers to have certainty regarding their levels of business so they can develop a more stable workforce;
 - (f) The Panel recommends that the County Council satisfies itself that all providers of the Help to Live at Home Service meet the statutory requirements relating to the minimum wage and assures itself regarding the overall terms of employment for staff;
 - (g) The Panel welcomes the proposal for support plans to be outcome-focused and developed in conjunction with the service user and provider;

- (h) The Panel welcomes the integrated approach to the Help to Live at Home Project and recommends that lessons are learnt from the challenges that have faced this project and that further opportunities are identified for the integration of health and social care services in the County, particularly where there are opportunities for savings to be made by both parties;
- (i) The Panel supports the review of HART and recommends that the future commissioning model for HART is reviewed again when appropriate to enable a consistent approach to be taken across all reablement services;
- (j) The Panel recommends that the development of the Help to Live at Home Business Case is aligned to the County Council's emerging prevention strategy.

Scope of the Review

3. The Adults and Communities Department is seeking to develop a new model for helping people to live at home in partnership with the local Clinical Commissioning Groups (CCGs). This new integrated model will form part of the Better Care Fund with a view to implementation in phases from 2016. The scope of this review forms part of the wider County Council Transformation Programme in the form of priority T2 – Help to Live at Home within the 'Work the Leicestershire pound' service transformation area. Given the multiple drivers for this review, Scrutiny activity in this area was considered timely.
4. The following outcomes for the Review were identified by the Scrutiny Commissioners:-
 - (i) To understand the challenges facing the County Council in relation to providing domiciliary care services and the need to develop a new more integrated service model.
 - (ii) To understand the current approach to outcome based commissioning for domiciliary care and other support offers, and how this compares to approaches taken by other local authorities.
 - (iii) To have an input in developing a new Help to Live at Home model for Leicestershire, focusing on improving the quality of service and addressing the following specific matters:
 - Capacity issues, especially in rural areas;
 - Improving the payment model from the current one which is based on time and task to one based on outcomes and which incentivises providers to deliver efficiencies;
 - Promoting and maintaining independence;
 - Increasing value for money and better use of family, informal, voluntary and community resources;
 - A better alignment with NHS services;
 - Improving the capability and skills of the workforce.

- (iv) To help ensure a more dignified, holistic and coordinated experience for service users as well as better working conditions and progression opportunities for care staff, thus creating a better quality and more sustainable service.

Membership of the Panel

5. The following members were appointed to serve on the Panel.

Mr D Jennings CC	Mr J Kaufman CC
Mr J Miah CC	Mrs C M Radford CC
Mr R J Shepherd CC	

Mr J Kaufman CC was appointed Chairman of the Panel.

Conduct of the Review

6. The Panel met on six occasions between 14 October 2014 and 19 May 2015 and over that period:-
- (i) Received detailed information on the current domiciliary care service model;
 - (ii) Hosted a stakeholder engagement event to seek the views of carers, service users, service providers, Leicestershire County Council, Healthwatch and the Clinical Commissioning Groups on the current difficulties and challenges, what a new model of service should deliver and how providers need to develop to meet people's outcomes;
 - (iii) Noted that the project was one of the 'accelerated' transformation projects and received a presentation from Ernst and Young on the Strategic Options for the new service;
 - (iv) Received detailed information on the development of the outline business case for the new service model.
7. The Panel was supported in its review by the following officers and is indebted to them for their contributions:-

Cheryl Davenport	Director of Health and Care Integration
Trish McHugh	Programme Manager, Help to Live at Home
Sandy McMillan	Assistant Director, Strategy and Commissioning

The need for a New Model of Care

8. Leicestershire County Council's current contracts for the provision of domiciliary care services for children/young people and Adults have been in place since April 2011. Since the award of these contracts there have been a number of issues which have affected Independent Sector providers' ability to meet increased

levels of demand. One of the key reasons for this is the difficulty in recruiting and retaining staff and subsequent capacity to deliver services in Leicestershire in the context of a changing health and care landscape where hospital stays will be shorter and more care will be delivered in community settings in the future.

9. Problems identified with the current offer also include:-
 - Fragmentation of services; there are over 60 Independent Sector agencies delivering care packages across the County;
 - Competing demands between Social Care, Continuing Health Care and self-funder markets;
 - Gaps in provision including difficulties in securing the right care at the right time and supply problems in some rural parts of the County.

10. In addition to this, the current model is neither sufficiently outcome-based nor person-centred and does not maximise value for money. This is in part because the time and task payment model does not provide a financial incentive for providers to help people become more independent and thus reduce their care package.

11. In reviewing the current service provision, it has also been identified that there is significant scope for further integration between health and social care services. The Clinical Commissioning Groups (CCGs) in Leicestershire also contract with independent care providers to deliver services for patients with Continuing Health Care (CHC) needs. The aim of the Help to Live at Home Project, then, is not just to improve the social care offer but also to develop an integrated offer, with a single procurement process for both health and social care domiciliary services and seamless care for patients and service users.

12. Other issues that a revised model would need to address are:-
 - An expanding older population with changing and increasing health and social care needs;
 - A number of disabled children with high dependency needs;
 - Children and young people with child protection plans.

13. With these factors in mind it has become clear that there is a need to commission services and work with the market differently. Rather than commissioning for 'time and task', there is a need for outcome focussed services which can bring together a range of elements, delivered holistically to support people at home to maximise their independence. Services will need to make efficient use of other, non- traditional, interventions that support and promote independence.

Stakeholder Engagement in the Process to Develop a New Model of Care

14. The importance of reviewing domiciliary care services and the need to change the way in which services are provided meant that this project was included in the County Council's Transformation Programme. The transformation programme incorporates 24 projects that have been identified as priorities to enable the County Council to deliver service transformation.

15. The Help to Live at Home Project was recognised as being critical in terms of its scale and delivery and was therefore selected for acceleration. The acceleration of the project meant that Ernst and Young undertook a strategic options appraisal to inform the development of a business case.
16. Stakeholder engagement has been key to the development of the new model. The Panel held an event with service users, carers, service providers, the County Council, Clinical Commissioning Groups and Healthwatch on 25 November 2014. The findings of the event are attached as Appendix 1 to this report.
17. The event highlighted the importance of joined up care to the service user, the need for flexibility in the model which the current 'time and task' offer did not provide, issues with recruitment and retention across providers and the importance of good care planning. The Panel is pleased to note that all these issues have been addressed through the development of the new model of care.
18. It has also been critical to the success of the project that providers are engaged with the development of the new model. The Panel is pleased that two events with providers were held in February to brief providers about the integrated approach being taken between the NHS and local government and take an initial test of market readiness. The key challenge identified by providers was the ability to provide an outcomes based service. In order to motivate providers to change their ways of working it will be important for officers to continue to engage with them throughout the process and to support them with their development.
19. Further market engagement events are planned for May and June. The intention of these engagement events is to build market readiness for:-
- Reablement;
 - Assistive technology;
 - Social capital and developing community resources;
 - Outcomes commissioning and delivering to outcomes;
 - Continuing Health Care.
- The Panel welcomes the focus on community resources and the alignment of the Help to Live at Home model with the wider County Council Communities Strategy. To that end, the Panel would like to see voluntary sector organisations such as the volunteer bureaux which provide befriending services involved with these events. It will also be important for the newly-established Local Area Co-ordinators to be engaged and to develop strong links with providers so they can support them to make the best use of community assets.
20. The Panel also notes that further engagements will be held in late summer to brief providers on the strategic option, the service specification and procurement timeline.
21. With regard to service user engagement, this will include focus groups consisting of between eight and ten people supported by an independent facilitator. It is hoped that a cross-section of the County's population can be recruited including service users, carers and people not currently in receipt of service. The Panel is keen that the service is set in some detail for focus groups as it is likely that

people not currently involved with domiciliary care services will have no idea of the requirements.

Recommendation

A. The Panel recommends that stakeholder engagement continues throughout the development of the model, with specific reference to:-

- (i) The need to engage with the voluntary sector and other community support and capacity building services such as Local Area Co-ordinators;**
- (ii) The need to ensure that the scene is set in some detail for focus groups.**

What the New Model of Care Should Look Like

22. The key to delivering a service that focuses on individual needs and aspirations is to ensure that it is outcomes-based. This means moving away from the time and task model, to a service that has:-

- An ongoing focus on reablement;
- Incentives for providers to meet outcomes, not outputs;
- An improved and more cost effective service delivery;
- Integration, built around the needs of the individual.

Examples of outcomes:

Care planning: I have as much control of planning my care and support as I want.

Communication: The professionals involved with my care talk to each other. I am listened to about what works for me, in my life. We all work as a team.

Information: I have the information, and support to use it, that I need to make decisions and choices about my care and support.

23. Three strategic options were identified through the options appraisal. Each option will support the move towards outcome-based commissioning. They are:-

- Contract payment mechanisms;
- Provider delivery model;
- Geographic market divisions.

24. With regard to contract mechanisms, the following two mechanisms were proposed:-

Fixed period stepped unit cost

Providers are paid on a spot purchase basis at an agreed higher unit cost for a fixed initial period , then at an agreed lower unit cost , to incentivise them to reable people.
This front-loads the incentive payment.

Incentive payment for achieving outcome	Providers receive payment for an agreed level of care, and once it is agreed that the outcomes have been achieved, payments continue at this level for a fixed period, before reducing to the ongoing new level of care (which may be nil). This back-loads the incentive payment.
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25. Appraisal of the two mechanisms identified that the fixed period stepped unit cost is the more viable model, although the benefits of the incentive payment model are greater in terms of maximising outcomes for service users. The difficulties with the incentive payment scheme are that the County Council's IT system cannot currently support it and the risk that, without significant further work to develop the market, providers would not be ready to deliver services in this way. The Panel is reassured to note that the payment mechanism is only one way of incentivising providers to deliver outcomes-based commissioning. Other factors, such as the track record of providers, will also be taken into consideration.

26. The provider delivery models identified by Ernst and Young were:-

Single provider per geographical area	Working with a single provider (including consortia) as the only point of contact within a certain geographical area – this could be through a prime/sub-contractor arrangement
Main provider with specialist secondary providers	There will be a generic provider within a geographical area: with LCC/CHC holding separate arrangements with a specialist provider
More than one provider per area, but with a fixed upper limit	Similar to current model but with a fixed upper limit of providers in a geographical area to aid contract monitoring and increase competition within a zone

27. The Panel, whilst recognising that the current number of providers (61 – the figure is well over 100 if you look across both social care and health) has resulted in the fragmentation of services, has concerns that the single provider per geographical area model will reduce competition and allow providers to operate a monopoly in their areas. It will also result in less choice for service users. In addition, if a provider fails there is no provision for another provider to take over providing services to people in that area. The Panel did, however, acknowledge that further appraisal of the options is needed and that any service put out to tender needs to be commercially viable.

28. Analysis identified that the main provider with specialist secondary providers is not a feasible model. This is because it is not possible to define what a specialist provider should look like and what services it would deliver. The Panel therefore suggests that the tender process focuses on providers who have a good mix of skills in their workforce so are able to provide services to users with a wide variety of needs.

29. With regard to geographical market divisions, the following options were identified through the strategic options appraisal:-

Align to current LPT/CCG localities	LPT Community Health teams work in 7 localities across the county, which would mean splitting the HTLAH contract into 7 areas which align with these
Commercial differentiation	Co-design with providers new areas to best support viable commercial operations based upon agreed parameters such as density or value

30. The Panel notes the geographical differences between the east and west of the county. The east is significantly more rural and it may be more difficult to let contracts in this area. The Panel was advised that the value of the contract is driven by market forces and that the County Council currently pays a differential rate for services in the Melton and Harborough areas in recognition of this.

31. The Panel wishes to highlight the importance of considering workforce development regardless of which commissioning model was selected. Members are pleased that the new model would guarantee business to providers and that this would enable them to identify staffing requirements and offer more consistent work for staff. This would result in a well-motivated, more stable workforce which would improve quality of care.

32. During the course of its deliberations, the Panel identified the need for the new service to improve staff retention. As well as more stability in levels of business, the Panel feels that it is important that the Council assures itself on the terms and conditions of employment of providers, for example with regard to the treatment of travel time, at award of contract and through ongoing contract performance monitoring. It is understood that some carers prefer zero hours contracts as they allow greater flexibility and the Panel suggests that there is a mix of full time and zero hour contracts available to staff. Workforce options will be explored with providers throughout the development of the model.

33. Support Plans will be a key feature of the new Help to Live at Home model. The Panel is of the view that they will ensure that the provider focuses on outcomes rather than tasks. The difficulty of defining and measuring reablement outcomes

consistently is recognised but the Panel is pleased to note that support plans, focused initially on reablement with the aim of the service user having a lower level of need going forward, will be developed by the County Council in conjunction with both the service user and provider. This will help to deliver person-centred care in line with the Council's Personalisation agenda.

Recommendations

- B. The Panel welcomes the intention to develop an outcomes-based model for domiciliary care services which will be focused on the needs of the individual. The Panel recommends that, in terms of the financial model, a two stage process is needed, with the fixed period stepped unit cost being adopted whilst continuing to develop the market and the necessary IT systems to deliver the incentive payment financial model in due course.**
- C. The Panel recommends the adoption of the provider delivery model with more than one provider per area but with a fixed upper limit.**
- D. The Panel recommends that the Help to Live at Home Project Team commissions only from providers that have the correct mix of skills within their workforce to provide services for people with a diverse range of needs.**
- E. The Panel recognises the impact that the workforce has on the quality of care and recommends that the Help to Live at Home Project Team ensure that contracts are developed which will enable providers to have certainty regarding their levels of business so they can develop a more stable workforce.**
- F. The Panel recommends that the County Council satisfies itself that all providers of the Help to Live at Home Service meet the statutory requirements relating to the minimum wage and assures itself regarding the overall terms of employment for staff.**
- G. The Panel welcomes the proposal for support plans to be outcome-focused and developed in conjunction with the service user and provider.**

Integration with the Health Service

34. The Help to Live at Home Project is an integrated project across health and social care. The project will result in service users receiving a single offer, whether they access services through social care or CHC. In order to deliver this, data relating to patients receiving CHC was needed. There were a number of difficulties in accessing the CHC data which led to the project being delayed by several months. In addition, the project has highlighted concerns regarding the quality of data across both the NHS and social care. The Panel recognises that poor quality data could have a significant impact on the final model, including that the service commissioned is not appropriate for the service users and therefore affects the quality of care received. It is important that data is quality assured and that lessons are learnt from this so that other health and social care integration projects are not faced with similar issues.

35. Analysis of the data has shown that approximately half of the providers of domiciliary care in Leicestershire are commissioned by both the NHS and the County Council. There are some differences in the levels of funding across the organisations. Further analysis of the data will show the cost of activity commissioned by both the NHS and the County Council and will enable identification of the potential for savings. The Panel welcomes the move towards identifying savings both individually and across the health and social care system, and is particularly pleased to see the joined up use of data to support the whole system. The Panel hopes that the Help to Live at Home Project will generate other integrated projects across health and social care.

Recommendation

H. The Panel welcomes the integrated approach to the Help to Live at Home Project and recommends that lessons are learnt from the challenges that have faced this project and that further opportunities are identified for the integration of health and social care services in the County, particularly where there are opportunities for savings to be made by both parties.

Reablement Services

36. Reablement is essential to the new Help to Live at Home Model, which is focused on outcomes for service users and helping them to be as independent as possible. All social care reablement services in the County are currently provided by the in-house Home Assessment and Reablement Team (HART). The new model proposes that community referrals are dealt with by the Help to Live at Home providers and that HART focuses on providing reablement services linked to hospital discharge, both for social care service users and patients funded through CHC. This would be a change to the current model which does not provide a service to CHC-funded patients.

37. The review of HART is not part of the Help to Live at Home project but is a related workstream. The review will ensure that the service is resized so that it is fit for purpose. The Panel welcomes the review of HART, which has also been influenced by a lack of capacity caused by both the volume of community referrals and by delays in putting a long-term package of care in place for people using HART services. The Panel also suggests that in due course a further review takes place as, subject to market development, the Help to Live at Home Providers may be able to scale up their reablement offer to include hospital discharge as well as community referrals.

Recommendation

I. The Panel supports the review of HART and recommends that the future commissioning model for HART is reviewed again when appropriate to enable a consistent approach to be taken across all reablement services.

Prevention and Early Intervention

38. Recognising the rising levels of demand for social care services, the Panel is pleased to note that the County Council is working with partners through the Better Care Fund to ensure that robust prevention and early intervention systems are in place to provide people from needing more intensive and costly support in the longer term. This includes appropriate signposting and engagement with Local Area Co-ordinators who will act as community champions. The Panel also welcomes the proposal to develop a Prevention Strategy which will enable preventative service to be more joined up in the future. It is hoped that this will help to make the new Help to Live at Home service more sustainable in the future.

Recommendation

- J. The Panel recommends that the development of the Help to Live at Home Business Case is aligned to the County Council's emerging prevention strategy.**

Resources Implications

39. The Help to Live at Home Programme has an MTFS target to save £1m.

Equalities and Human Rights Implications

40. Given the personal nature of these services, there is potential for disadvantage to occur. However, service users in Leicestershire are entitled to receive services to meet assessed need and as part of the process of assessment, care planning and service delivery, each service user's individual choice, preferences and outcomes are considered. This process also takes into account the gender of the person who will deliver the care, that care staff have knowledge and understanding of the service user's needs in relation to their disability/health condition. Care workers should be able to communicate in a person's first language, must have an understanding of a person's culture, and also must demonstrate respect in relation to a person's beliefs, religion and sexual orientation.
41. Contained within existing contract documents is the requirement for the Service Provider to deliver all commissioned care calls to meet the assessed needs of the service user taking into account the gender, age, race, ethnicity, culture, sexuality and disability in accordance with the specified tasks on the Service Users Support Plan, and which meet the Specification and the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009.

Circulation under the Local Issues Alerts Procedure

42. None.

Background Papers

43. File containing the reports submitted to the Scrutiny Review Panel on Help to Live at Home.

Recommendations

44. *The Adults and Communities Overview and Scrutiny Committee is recommended to:-*

- (a) support the findings of the Panel and refer the conclusions to the Cabinet for its consideration;***
- (b) receive further updates on the Help to Live at Programme at key milestones during the project.***

**Mr J Kaufman CC
Chairman of the Panel**

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HELP TO LIVE AT HOME

ENGAGEMENT MEETING 25 NOV 2014

Contents

1	WHAT ARE THE CURRENT DIFFICULTIES AND CHALLENGES WITH SUPPORTING PEOPLE AT HOME FROM YOUR PERSPECTIVE?	3
1.1	FLEXIBILITY	3
1.2	CARE DELIVERY.....	3
1.3	JOINED UP CARE.....	4
1.4	PERFORMANCE MANAGEMENT	4
1.5	BUSINESS RELATIONSHIP	4
1.6	FINANCE	4
1.7	FAMILY/CARERS	4
1.8	HELP TO LIVE AT HOME PROGRAMME.....	5
1.9	STAFF TRAINING.....	5
1.10	SAFEGUARDING	5
1.11	WORKFORCE ISSUES	5
2	WHAT WOULD YOU WANT A NEW MODEL OF SERVICE TO DELIVER – WHAT DOES ‘GOOD’ LOOK LIKE?	6
2.1	SELF-DIRECTED CARE	6
2.2	FAMILIES AND CARERS.....	6
2.3	FLEXIBILITY	6
2.4	QUALITY OF CARE.....	6
2.5	JOINED-UP CARE	7
2.6	REABLEMENT	7
2.7	COMMUNITY LIFE.....	7
2.8	COMMUNICATIONS	7

2.9	GOOD STAFF.....	7
2.10	STAFF TRAINING.....	7
2.11	STAFF TERMS AND CONDITIONS.....	8
2.12	MORALE	8
2.13	BUSINESS RELATIONSHIP	8
3	HOW DO THE AGENCIES WHO PROVIDE HOME-BASED SOCIAL CARE NEED TO DEVELOP TO MEET PEOPLE’S OUTCOMES?	9
3.1	BUSINESS RELATIONSHIP	9
3.2	EMPLOYMENT TERMS AND CONDITIONS.....	9
3.3	CARE MANAGEMENT	9
3.4	CARE QUALITY	9
3.5	TRAINING	9
3.6	COMMUNICATIONS	10
3.7	WORKFORCE DEVELOPMENT.....	10
3.8	HELP TO LIVE AT HOME PROGRAMME	10

1 WHAT ARE THE CURRENT DIFFICULTIES AND CHALLENGES WITH SUPPORTING PEOPLE AT HOME FROM YOUR PERSPECTIVE?

1.1 FLEXIBILITY

The ability to purchase the care that you want/need i.e. an appointment, a go to a football match

People receiving care are not the same every day

Not flexible at the moment – it all depends on the care plan

Care plans are not regularly reviewed

Need for an appeals process if people are not happy with the support plan

Reviews don't happen regularly enough

1.2 CARE DELIVERY

Everyone wants the service at a 'key' time (i.e. getting up in the morning)

Anything is possible but logistics make scheduling difficult

Logistics of scheduling care – mileage, wages

Client base changes very regularly

Dependent on organisation size (planners + staffing)

Care not provided locally – not having my care provided by someone who is from a local organisation that cares

Up to 10 care providers in a small area

Continuity of care (example given of 13 carers in 19 days) - challenge of scheduling over 3-4 calls - carers don't work all hours

'Time & Task' may not give adequate time to provide care

'Time & Task' – fine balance needed to give flexibility in a support plan

People with substantial + critical needs may not be able to be reabled

Current care system is reactive – responding to a need when it becomes obvious – not proactive

Lack of home help impacting on care, carrying out non-care tasks (washing clothes, ironing)

Lack of flexibility in a support plan to meet a changing level of need, not flexible, not in control

There needs to be a robust system to support people

1.3 JOINED UP CARE

Are adaptations provided promptly to meet the need? Timely interventions needed.

Care at home service needs to be provided quickly

Home needs to be a safe place people can be discharged to – local convalescence

Health & social care not joined up, leading to assessments not coordinated

Lack of communication between agencies – not helpful for families

Works well locally in some areas

Cannot always meet demand

Health & Safety: restricting what tasks the provider can/will do (e.g. giving medication)

Health services and Care services don't always join up on the Care Plan

Hospitals struggle to discharge patients: free health care moves into charging for social care (except if the patient qualifies for Continuing Health Care)

Physical and mental health care services are not joined up

1.4 PERFORMANCE MANAGEMENT

Adult Social Care is missing targets

Capacity problems

Difficult areas: Harborough, Melton, rural Leicestershire

1.5 BUSINESS RELATIONSHIP

Depends on who the commissioner is

Large inconsistencies in what is commissioned across the county

LCC is not aware of how flexible current service providers can be

1.6 FINANCE

Is there any more fat to cut from the bone?

Older people not spending because they are saving their money for their children, and not prepared to pay

1.7 FAMILY/CARERS

Change in family support – expectations from carers and family change

1.8 HELP TO LIVE AT HOME PROGRAMME

Bigger companies more impersonal

Doesn't matter how big a provider is, quality and training is what matters

1.9 STAFF TRAINING

Staff training is variable across the county (NVQ2, medications, etc)

Need to have training at a standard level

1.10 SAFEGUARDING

How to ensure safeguarding of vulnerable people across the county?

1.11 WORKFORCE ISSUES

Providers are unable to compete with LCC's HART Terms & Conditions

Recruitment & retention are a difficulty

Staff worry about job security – wages, sick pay, terms & conditions

Is this really cost effective?

Shortage of people coming into the care industry

Providers cannot get 'trained' carers

2 WHAT WOULD YOU WANT A NEW MODEL OF SERVICE TO DELIVER – WHAT DOES ‘GOOD’ LOOK LIKE?

2.1 SELF-DIRECTED CARE

Client to have a copy of the care plan

Care folder kept in the client’s home

Client to make their inputs to the care plan

Meals: good choice of food

“I go out shopping and I choose what I’d like”

‘Good’ is defined by the client, not by the council/ agencies/ staff

“My confidence is getting stronger”

“I decide what tasks need doing today. I am not locked into a task list.”

I can say “I prefer that staff worker X doesn’t give me care any more”; Agencies can also have right of refusal if the client’s behaviour is unacceptable. But do this with ‘no fault, no blame’.

“I give my feedback on changes I want to my care and how the service ought to work”

“I can request a review of my care package, and I take an active part in the review”

2.2 FAMILIES AND CARERS

Family also to see the care plan and folder

Family to have input (at the start, and ongoing) especially if the client doesn’t understand everything

Training for carers – how to give care to people with complex needs

Training for carers – how to employ someone/ handle a personal budget

Capacity of carers is allowed for

2.3 FLEXIBILITY

Flexibility of activities done each day

“I get my care at times I’d like”

Flexibility of care, so I can flex care as I wish

2.4 QUALITY OF CARE

Conversation is in itself caring.

Continuity of staff

Gaps in staffing are covered

“My carers always turn up”

2.5 JOINED-UP CARE

Hospital discharges link seamlessly with care at home

Assessment, equipment needed, care – all to be joined up

Help people to avoid having to go to hospital

2.6 REABLEMENT

2.7 COMMUNITY LIFE

“I get out and about, not stuck in my house all the time”

“I join in with activities in the community”

Staff accompany the client to go out (some agencies already do this, informally, unofficially)

Clients are helped to get out of the house, and to re-engage with community activities

Volunteers may have a role e.g. taking the person out of the house (but not for personal care tasks)

2.8 COMMUNICATIONS

Written assessment, risk assessment, care plan

Good daily record-keeping of what activities have been done each day

Plain English in all written documentation

Information to be widely available in all communities about what services are available

Good signposting to it is easy to link with care services

2.9 GOOD STAFF

Attributes needed: personality, practical, communication, active listener, friendly, welcoming, compassionate, cheerful, emotional intelligence, ‘salt of the earth’, not academic, not rules-bound

Staff know the clients really well

2.10 STAFF TRAINING

The right skills to meet the needs of each client (e.g. dementia, mental health, frail elderly)

Regular refresher training

Praise & support for the staff

2.11 STAFF TERMS AND CONDITIONS

Paid for travel time

Reasonable mileage rate

Access to mobile phone to call in visits

Better pay for staff

Salaried contracts

Workforce more stabilised

Performance monitoring of quality care staff

2.12 MORALE

Low staff turnover

Less staff sickness, particularly at key seasonal times

Staff feel more satisfied (valued, supported, trained, etc)

Staff supported if a client's behaviour is difficult

Staff supported if the client dies and it affects the carer

2.13 BUSINESS RELATIONSHIP

LCC to provide guaranteed volume of business to agencies

Agencies to monitor the performance of their staff

LCC's managed service continues (not all clients/carers are able to cope with self-managed care)

3 HOW DO THE AGENCIES WHO PROVIDE HOME-BASED SOCIAL CARE NEED TO DEVELOP TO MEET PEOPLE'S OUTCOMES?

3.1 BUSINESS RELATIONSHIP

LCC needs to trust the service provider agencies

Reduce the amount of evidence required to be submitted to LCC

Support from LCC to allow agencies to increase or decrease packages of care as may be needed

Stable hours for providers

Longer contracts (more than 5 years, ideally 7-10 years) due to the level of change and investment

Increase the hourly rate paid by LCC

3.2 EMPLOYMENT TERMS AND CONDITIONS

Standard hours not zero hours

Help staff with spoken English difficulties to improve how they speak

Pay the 'living wage'

Standard improved terms of employment

Travel time paid for

3.3 CARE MANAGEMENT

Electronic monitoring is an issue

More flexible service user reviews, at least yearly, even if only a 5 minute phone call

3.4 CARE QUALITY

Local solutions: same carers for the clients

Same staff for service users, leads to a more positive experience

The staff who comes to my home should ideally be able to do everything, social care + health care

Clear care plan for each service user

Providers/agencies to work to outcomes

3.5 TRAINING

Training for staff for specific types of clients (physical, mental health, reablement)

Train staff to deliver quality care

Well trained – NVQs

Train in reablement

3.6 COMMUNICATIONS

'Trip Advisor' ratings for carers, feedback on providers, part of quality reviews

Agencies (social care; health care) to provide a clear statement of what they can/cannot do

3.7 WORKFORCE DEVELOPMENT

Expertise required

Training

Will need funding

Make a career structure

3.8 HELP TO LIVE AT HOME PROGRAMME

Regular consultation with service users and providers as the model develops