



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

*Date/Time:* **Tuesday, 5 April 2016 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 (Chairman)

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

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– Notices will be on display at the meeting explaining the arrangements.**

### **AGENDA**

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 26 February 2016.	(Pages 5 - 10)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of Interest.	
6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.	



7. Presentation of Petitions under Standing Order 36.
8. Future Strategy for the Delivery of Library Services. Director of Adults and Communities (Pages 11 - 18)
9. Adults Social Care Strategy, Commissioning Intentions and Market Position Statement. Director of Adults and Communities (Pages 19 - 84)
10. Training and Development for the Independent Sector Provider Market. Director of Adults and Communities (Pages 85 - 112)
11. Date of next meeting.

The next meeting of the Committee is scheduled to take place on 14 June 2016.

12. 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 Friday, 26 February 2016.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. M. H. Charlesworth CC

Ms. Betty Newton CC

Mr. S. J. Hampson CC

Mr. A. E. Pearson CC

Mr. D. Jennings CC

Mr. T. J. Richardson CC

Mr. M. T. Mullaney CC

Mr. S. D. Sheahan CC

In Attendance.

Mr. R. Blunt CC, Cabinet Lead Member for Heritage, Leisure and Arts (Minutes 74 and 75 refer).

66. Minutes.

The minutes of the meeting held on 19 January 2016 were taken as read, confirmed and signed.

67. Question Time.

The following questions were put to the Chairman of the Adults and Communities Overview and Scrutiny Committee.

**Questions by Quorn Parish Councillor Olwen Jones:**

- “(a) Is the Committee aware of the difficulties facing Quorn Parish Council and the proposed Quorn Community Library regarding their continued use of facilities at Rawlins Academy, and will the Committee instruct its officers to expedite matters in this regard and keep the Parish Council fully informed?”
- (b) Will the Committee recognise the hard work and commitment of both the volunteers and the Parish Council in agreeing a library business plan, and the risk that the continuing delays in establishing the community library will de-motivate them?
- (c) Will the Committee work to ensure that the Library Service in Quorn is able to continue without interruption and for the extended opening hours set out in the Library business plan agreed with the County Council?”

**Reply by the Chairman:**

- “(a) I have been informed by officers of the current status of Quorn Community Managed Library and the ongoing dialogue with Rawlins Academy. As stated in my response to the Parish Council (tabled for members of the Committee), I have asked that officers provide an update on the matter at a future meeting of this Committee. The matter has been provisionally scheduled for consideration at our meeting on 5 April;
- (b) I am aware of the work that has been undertaken to get to this stage and that this has been indicative of the commitment of the local community to sustain its library. Officers are currently working to resolve the legal issues that have arisen around

the use of the Rawlins Academy site;

- (c) Officers have been asked to do everything they can to expedite a resolution with the Academy to enable community plan for the Library to progress.”

**Councillor Jones asked a supplementary question in respect of question (c) to the following effect:-**

Would the County Council ensure that, in the event that alternative premises are required in Quorn as part of the transfer of the library to community management, its full support be provided to the Parish Council?

**On behalf of the Chairman, the Director responded as follows:-**

“The County Council will do as much as possible to enable the successful transfer of Quorn Library to community management as set out in their business plan and will ensure every effort is made to support the resolution of issues concerning the lease arrangements at Rawlins Academy.”

68. Questions asked by members.

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

69. Urgent Items.

There were no urgent items for consideration.

70. 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.

The following declaration was made:-

Mr. T. J. Richardson CC declared a personal interest in the Future Strategy for Delivery of Library Services (minute 75 refers) as the Leader of Blaby District Council and a member of Narborough Parish Council.

71. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

72. Presentation of Petitions under Standing Order 36.

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

73. Change to the Order of Business.

The Chairman, having sought and obtained the consent of the Committee, changed the order of business from that set out on the agenda.

74. Cabinet Report. Future Strategy for Delivery of Library Services.

The Committee considered a report of the Director of Adults and Communities to be submitted to the Cabinet on 1 March, concerning the outcome of the public consultation and engagement held in four communities of Barwell, Braunstone Town, Mountsorrel and Narborough regarding alternative library provision. The report also set out the progress

made with regard to Kirby Muxloe library. A copy of the report, marked "Agenda Item 9", is filed with these minutes.

The Chairman welcomed to the meeting the Cabinet Lead Member for Heritage, Leisure and Arts, Mr. R. Blunt CC. In introducing the report the Cabinet Lead Member made reference to the issues faced in respect of the four libraries and stressed that, despite the good will and efforts of local people in Barwell it had unfortunately not yet been possible to find a way to keep the Library open. He did however stress that he would personally ask his colleagues on the Cabinet that the Council should remain open to any groups who wished to come forward to run the Library up until it was due to be closed in June and for a further year thereafter. The Cabinet Lead Member expressed his personal thanks to all communities who had committed their own time and skills to assist in running their local library.

The Director advised that a further report providing an update on the work currently being undertaken to achieve feasible business plans for Braunstone Town, Mountsorrel, and Narborough libraries would be provided at the Committee's meeting on 5 April 2016. An update on the legal issues encountered in the transfer of Kirby Muxloe Library, would also be provided at that meeting. The Director, in response to a request from members, indicated that every effort would be made to provide members with details regarding leasing arrangements for these libraries.

Arising from a discussion, the following points were noted:

- (a) The nearest alternative provision to Barwell were the libraries situated in Earl Shilton (7 minute journey time including a full cost bus fare of £4.20) and Hinckley (12 minute journey time including a full cost bus fare of £4.80). Bus services to these locations ran roughly every hour. It was recognised that this would mostly impact elderly and young people though it was noted that concessions and over 65 bus passes could be used on these bus routes;
- (b) It was difficult to capture the extent to which the Library in Barwell was used as a meeting venue, however it was noted that the George Ward Centre in the village was most commonly used for this purpose. Customers primarily used the Library for the loaning of books, however it was also used for accessing IT services and the education of young people;
- (c) A local group in Barwell had presented what was considered to be a good solution regarding the running of the Library at the George Ward Centre. However, a number of issues had meant that the group felt they could not ultimately guarantee the long term sustainability of the library and reluctantly withdrew its business plan. Despite this, it remained a possibility that the community's IT provision would be based there;
- (d) Deprivation in Barwell had been taken into account in drafting the proposals. Data had indicated that 44% of the community were not deprived, 33% were deprived in one dimension and 22% were deprived in two or more dimensions;
- (e) The current plan for alternative provision in Barwell was for a mobile library service. It was noted that this would be accessible to the community after school hours as this was deemed to be the most appropriate time. However this timing would be reviewed on an ongoing basis to ensure it remained as accessible as possible;

- (f) The selection of books in mobile libraries was smaller than at full-sized libraries. The Director indicated that the possibility of providing a free of charge book request service was being investigated;
- (g) In response to concerns expressed about the consultation process and the low level of response, the Director acknowledged that the Council would increasingly need to look at more innovative ways to obtain the views of local residents. It was however stressed that the local media had been involved in the consultation in an effort to broaden awareness amongst the public.

A view was expressed that, despite the community in Barwell having made a significant effort to overcome the issues, a lack of alternative premises in the village had meant that they had been unfairly disadvantaged over other communities in not being able to support their local library service. Members also pointed that the building of a significant sustainable urban extension (SUE) would add to the size of the community and therefore the demand for services. As a result, it was felt that an exception should be made, and in this case the Library should be allowed to remain open. The Cabinet Lead Member responded by stating that this would not be possible or fair to the other communities who had made a significant commitment to ensuring the future of their local library service. He suggested that S106 funds to supplement the mobile library service could be harnessed via the SUE, though it was recognised that these might not be available for some time.

The Chairman expressed a view that it was not in the spirit of the Council's policy to provide preferential treatment for any community over another and stated that each library had faced its own set of challenges in formulating a business plan.

It was proposed by Mr. Sheahan CC and seconded by Mr. Mullaney CC:-

“That the Cabinet be asked to make an exception with regard to Barwell Library and not put it forward for closure at the current time due to the unequal opportunity available for the community voluntary group as a result of a lack of alternative locations in the village within which to site it and formulate a feasible business plan.”

The motion was put and not carried, 3 members having voted for the motion and 5 against.

RESOLVED:

- (a) That the comments of the Committee be forwarded to the Cabinet for consideration at its meeting on 1 March;
- (b) That the Committee expresses its support for the adoption of a free book request service for all mobile library services.

75. Draft Communities and Wellbeing Strategy 2016-20.

The Committee considered a report of the Director of Adults and Communities which sought the Committee's views on the draft Communities and Wellbeing Strategy which was being consulted on up to 2 May. A copy of the report, marked "Agenda Item 8", is attached with these minutes.

In his opening remarks Mr. R. Blunt CC, Cabinet Lead Member for Heritage, Leisure and Arts, advised that the draft Strategy was based around a principle of "supporting more, providing less", owing to the Council's resource pressures. He hoped that the consultation exercise would allow services to be mapped to ascertain which were used and valued most by customers, as well as how the services could be co-designed and co-delivered with the users where possible. He emphasised that the Council had no pre-



conceived plan in regard to how services would be delivered following the consultation process.

In response to questions raised, members were advised as follows:

- (a) By asking questions of consultees around value to the health, education, business and tourism sectors, it was hoped that a more responsive service could be provided addressing the needs of communities working in partnership with service users. It was recognised that the capacity of communities to run further services was an issue, though it was emphasised that it was not intended for all Council services to be run in this way;
- (b) The Adult Learning Service (ALS) was not included in the draft strategy as it received funding from the Skills Funding Agency, the level of which was not yet known for the upcoming academic year. In addition, it was noted that the Combined Authority had a remit for “skills” which made the issue more complex. It was noted that the costs provided on page 40 of the report took account of the exclusion of ALS;
- (c) The breakdown of staff cost and income by categories for each Communities and Wellbeing Service was not included in the consultation document, as the primary aim of the consultation was to seek views on which services were valued the most. The feedback received would inform a more detailed report;
- (d) The Department was aware of the importance of making the consultation process as inclusive and accessible as possible though it was noted that obtaining the views of all communities remained a challenge. The Committee was advised that the way in which the views of the public and stakeholders were gathered was continuously reviewed in an effort to improve response rates;
- (e) The net budget for the Communities and Wellbeing Service in 2010/11 was £10.7 million (expenditure of £18.3 million and income of £7.5 million). The net budget for the service in 2014/15 was £6.1 million (expenditure of £10.5 million and income of £4.3 million);

RESOLVED:

That the comments of the Committee be forwarded to the Cabinet for consideration at its meeting on 17 June 2016.

76. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 5 April 2016 at 2.00 pm.

2.00 - 3.35 pm  
26 February 2016

CHAIRMAN

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 APRIL 2016**

**FUTURE STRATEGY FOR THE DELIVERY OF LIBRARY SERVICES**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

- 1 The purpose of this report is to update members of the Adults and Communities Overview and Scrutiny Committee on further engagement activity held in three communities (Braunstone Town, Mountsorrel and Narborough) regarding proposals made by local groups to manage their local library. The report also updates members of progress made in relation to Kirby Muxloe and Quorn libraries.

**Policy Framework and Previous Decisions**

- 2 In September 2014, following consultation, the Cabinet approved a remodelling of the library service based on the following elements:-
  - (i). 16 major market town and shopping centre libraries funded by the Council with a 20% reduction in opening hours;
  - (ii). A support service enabling local communities to run their local library;
  - (iii). An online library service available 24 hours a day, 365 days a year to those with access to the internet;
  - (iv). A mobile library service providing a regular library service to most villages without a static library.
- 3 In November 2014, the Cabinet agreed the infrastructure support package to be offered to local communities wishing to operate community managed libraries. On 16 March 2015, the Cabinet authorised the Director of Adults and Communities to assess the outline business plans and with the County Solicitor prepare the necessary legal agreements where communities were deemed to have in place a satisfactory plan which was compliant with the Council's requirements.
- 4 On 16 June 2015, the Cabinet agreed further engagement work and a second and final period to invite Registration of Interests (ROIs) and outline business plans for those communities where either no ROI had been received, or an ROI had been received and subsequently withdrawn, and also for Mountsorrel and Braunstone Town, as the outline business plans submitted by those communities were not considered acceptable.

- 5 The Cabinet also requested officers to develop proposals for alternative library service provision should no viable ROI or outline business case come forward.
- 6 On 7 October 2015, the Cabinet approved a three month consultation exercise with regard to those libraries where a viable business plan had not been put forward.
- 7 On 1 March 2016, the Cabinet noted the outcome of the consultation and approved the closure of Barwell library, with the proviso that the County Council would consider any plans from a local group to provide a library in the village if one were to come forward within 12 months of closure.
- 8 It also deferred decisions on Braunstone Town and Mountsorrel libraries to allow revised and new outline business plans to be assessed and further discussions to take place with the landowner at Mountsorrel.
- 9 In addition, a deadline of 31 March 2016 was set for the submission of an outline business plan from the local community group in Narborough.
- 10 The Cabinet was also informed of the complexities over the leasing arrangements at Kirby Muxloe library, and of the Parish Council's reluctant decision to withdraw their proposal to manage the library. Authorisation was given to the Director of Adults and Communities, in consultation with the County Solicitor, to determine any appropriate form of consultation to be taken in Kirby Muxloe following legal advice.
- 11 At its last meeting on 26 February 2016, the Committee asked for an update on Quorn library and Kirby Muxloe library.

### **Background**

- 12 The previous decisions recently made by the Cabinet with regard to the Council's policy on the delivery of library services are detailed in paragraphs 2 to 10 above.
- 13 Since that time the Council has engaged with supporting 36 communities to undertake the management of their local library with a tapered support package over seven years. To date, 16 libraries have so far transferred to community management.
- 14 In October 2015, the Cabinet approved a three month consultation exercise with regard to those libraries where a viable business plan had not been put forward. The aim of the consultation was to explore alternative library service provision based on the mobile library service for book lending, online library services and Council funded libraries for all other services.
- 15 At that time the communities affected were Braunstone Town, Mountsorrel and Narborough. Barwell was added following the community group's decision to withdraw its outline business plan and subsequently a decision to close the library and replace it with a mobile library service was taken by the Cabinet on 1 March 2016.
- 16 During the consultation period an alternative proposal to manage Braunstone Town library was submitted by a social enterprise, and ongoing discussions about the future of Mountsorrel library were still in progress with the landlord and the Mountsorrel War Memorial Trust (MWMPT). A decision was taken to defer recommendations for these sites by the Cabinet on 1 March 2016.

- 17 In addition, during the consultation a local group in Narborough emerged who indicated their intention to submit an outline business plan. A deadline of 31 March 2016 for the plan was approved by the Cabinet on 1 March 2016.
- 18 Kirby Muxloe Parish Council, who had originally submitted an outline business plan to manage the library, reluctantly took a decision to withdraw its plan. This was because the Parish Council elections in May 2015 did not give it sufficient elected members to be able to award itself the general power of competence required to undertake its original plans, and despite repeated attempts to recruit by the Parish Council, there was a lack of interest in volunteering.
- 19 A number of issues also remained to be resolved around the leases granted to the County Council at Kirby Muxloe that required further attention. A decision on further consultation and its form was a subject for further legal advice. Consequently a decision was made by the Cabinet on 1 March 2016 to delegate authority to the Director of Adults and Communities to undertake such consultation as he considered necessary.
- 20 The remainder of this report considers progress made to date with each of the sites and the additional information requested by the Committee.

### **Braunstone Town**

- 21 Braunstone Town Council (BTC) submitted an outline business plan to run the library either as part of a joined local authority service hub serving BTC, Blaby District Council and the County Council, or as a standalone library. At the time of assessment neither plans were considered compliant with the County Council offer of support as they assumed ongoing funding to cover building costs for a period in excess of the original offer. However, engagement with BTC on this issue have been ongoing.
- 22 Since the closure of the consultation outlined in paragraph 14, a staff-based social enterprise came forward with an outline business plan to manage the library. Their plan outlined their intention to manage the library with a greater focus on vulnerable young people, particularly those in care, and to retain access for adults to a public library service.
- 23 Pending some additional information that has been requested of the group, and further discussions with BTC there is a high level of confidence that this plan will represent a way forward for sustaining the library.

### **Mountsorrel**

- 24 The MWMT had previously submitted an outline business plan to run the library. At the time of assessment the plan was not considered compliant with the published offer of support from the County Council.
- 25 A revised outline plan has been received from MWMT and discussions are ongoing with the landlord regarding the options that have been submitted. There is a high level of confidence that one of the options outlined will represent a way forward for sustaining the library.

- 26 In making appropriate recommendations to the Cabinet about the way forward for both Braunstone Town and Mountsorrel libraries, officers will need to consider:-
- (i). If any viable plans in line with its offer were received following the ROI process and associated consultation on alternative provision;
  - (ii). If any alternative plans were received following the ROI process and associated consultation on alternative provision;
  - (iii). If there are satisfactory reasons why the body putting forward the alternative proposal is not able to deliver their proposals on the basis of the Council's support package;
  - (iv). Where the Council is not able to offer its support package to the body putting forward the alternative proposals, if it is feasible to make the adjustments required that would enable it to do so;
  - (v). What the impact of the alternative proposals would be on revenue savings for the Council.
- 27 The above factors will be taken into account when officers present their recommendations to the Cabinet on 19 April.

### **Narborough**

- 28 The local community group at Narborough met the deadline of 31 March 2016 for submission of an outline business plan to manage the library.
- 29 This plan has been assessed by officers and it is intended to recommend to the Cabinet to progress the library for transfer to community management.

### **Quorn**

- 30 At its meeting on 26 February 2016, the Committee was made aware of the concerns of Quorn Parish Council over the lease arrangement with Rawlins Academy. The Academy was concerned about a volunteer group managing the library on its site, and their intended proposal to withhold consent to a lease arrangement with the Parish Council due to the Academy stating the accommodation is needed for their own purposes.
- 32 Following advice from Counsel a letter has been written to the Academy seeking to reach a compromise which would enable a transfer of the library to community management run by the Parish Council and staffed by volunteers during 2016/17, with occupation guaranteed for a minimum period to be negotiated.
- 33 The Council will continue to keep an ongoing dialogue with Quorn Parish Council in order to support them in the progression of their plans.

### **Kirby Muxloe**

- 34 The status of Kirby Muxloe library is noted in paragraphs 18-19 above.

- 35 Following legal advice, and consultation between the Director of Adults and Communities and the County Solicitor, a three month consultation period began on 21 March 2016. The consultation seeks local views on the alternative library provision through a mobile library service, and invites a second and final period of ROI from local groups to submit an outline business plan to manage the library.
- 36 The consultation on alternative library services commenced on 21 March 2016 and will close on 19 June 2016.
- 37 The consultation will comprise of:-
- (i). A bespoke consultation document that outlines the background and proposals for the specific library available online and in hard copy;
  - (ii). A survey questionnaire available online and as hard copy;
  - (iii). An information event at Kirby Muxloe aimed at informing residents about the ROI process and the consultation;
  - (iv). An information display at the library.
- 38 The launch of a final period of ROI from the community commenced on 21 March 2016 and will close on 22 May 2016. A deadline for the submission of outline business plans to manage the library is set for 29 July 2016.
- 39 It is proposed to report on this activity and recommend a way forward for Kirby Muxloe at the Cabinet meeting on 9 September 2016.

### **Leases**

- 40 At its meeting of 26 February 2016, the Committee requested information regarding libraries that had lease arrangements. The following table details the type of leases, the term and the current position:-

<b>Site</b>	<b>Lease type</b>	<b>Term Years</b>	<b>Position</b>
Bottesford	Leased	20	Sub-lease agreed with Parish Council
Braunstone Town	Ground lease only	99	Potential transfer to Community group
Countesthorpe	Ground lease only	99	Lease surrendered
Enderby	Leased	15	Lease to be surrendered
Glenhills	Ground lease only	99	Lease surrendered
Kirby Muxloe	Ground lease only	99	On Parish Council managed land (ownership in trust). Consultation on alternative library provision from 21 March
Mountsorrel	Leased	120	Subject to negotiations with landlord

Quorn	Draft lease	25	Subject to negotiations with college
Rothley	Ground lease only	20	Sub-let to Community Group

- 41 It can be seen that long leases are held for both Braunstone Town and Mountsorrel libraries and consideration would need to be given as to whether the surrender of leases would represent best value for the Council in making recommendations to the Cabinet on 19 April 2016.

### **Resource Implications**

- 42 Since April 2014, the Communities and Wellbeing Service (part of the Adults and Communities Department) has implemented changes to deliver £1.0 million of savings from a mixture of efficiencies and service reductions.
- 43 Members will be aware of the worsening financial situation which is reflected in the 2016/17 MTFs approved by the County Council on 17 February 2016. A further £1.9m will need to be made by the Communities and Wellbeing Service by 2018/19.
- 44 The annual savings from the community libraries programme remain in line with the initial estimates. For the 32 libraries that are well positioned to become community managed, annual savings are expected to be £0.4m from staff savings and £0.3m from running costs, (net of income) 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.
- 45 The County Council has set aside £0.4m to support community groups in the initial set up stage. These implementation costs will be met from earmarked transformation funds, as will redundancy and pension costs relating to the staff changes.
- 46 The Director of Corporate Resources and the County Solicitor have been consulted on the content of this report.

### **Timetable for Decisions**

- 47 Recommendations to the Cabinet on Braunstone Town, Mountsorrel and Narborough will be made to the Cabinet on 19 April 2016.
- 48 Recommendations to the Cabinet on Kirby Muxloe will be made to the Cabinet on 9 September 2016.

### **Recommendations**

- 49 The Committee is recommended to note the latest position with respect to Braunstone Town, Mountsorrel and Narborough libraries, as well as the most recent update on the progress made with regard to Kirby Muxloe and Quorn libraries.

### **Background Papers**

Report to the Cabinet, 16 June 2015 – Future Strategy for the Delivery of Library Services  
<http://ow.ly/Ynrxw>



Report to the Cabinet, 7 October 2015 – Future Strategy for the Delivery of Library Services

<http://ow.ly/YnxuM>

Report to the Cabinet, 1 March 2016 – Future Strategy for the Delivery of Library Services

<http://ow.ly/ZqF9l>

### **Circulation under the Local Issues Alert Procedure**

Mrs J. Fox CC, Mr. P. C. Osborne CC, Mr. T. Richardson CC, Mr. R. Blunt CC, Mr A. M. Kershaw CC.

### **Officer to Contact**

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### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

- 50 During the process, Equality and Human Rights Impact Assessments (EHRIAs) were completed for each of the libraries referenced in this report. These are located at Appendix H in the Cabinet report dated 19 November 2014 <http://ow.ly/ZKewN>
- 51 Should a situation arise where a decision is taken to close any of the libraries, then the existing EHRIA s will be updated for the Cabinet report of 19 April 2016.

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 APRIL 2016**

**ADULT SOCIAL CARE STRATEGY, COMMISSIONING INTENTIONS**  
**AND MARKET POSITION STATEMENT**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

1. The purpose of this report is to inform members of the Committee of the current status of the Adult Social Care Strategy 2016-2020 and the associated Commissioning Intentions and Market Position Statement (MPS), including current work and intentions to deliver the aims and objectives of the Adult Social Care Strategy 2016–2020.

**Policy Framework and Previous Decisions**

2. The relevant policy framework includes:-
  - Better Care Together Five Year Strategic Plan 2014-2019;
  - The Care Act 2014;
  - Leicestershire County Council Provisional Medium Term Financial Strategy 2016/17–2019/20;
  - Leicestershire County Council Strategic Plan 2014–2018 (Leading Leicestershire: Transforming Public Services);
  - Leicestershire Communities Strategy 2014;
  - Leicestershire Commissioning and Procurement Strategy 2015;
  - A Country that Lives within its Means: Spending Review 2015, HM Treasury.
3. The Adult Social Care Strategy, associated Commissioning Intentions and MPS were approved by the Cabinet on 5 February 2016 (appended as Appendices A, B and C respectively).

**Background**

4. The Adult Social Care Strategy has been developed to fulfil statutory duties, meet efficiency targets and provide a basis for planning, commissioning and delivering adult social care services for the next four years. The changes required for the health and social care system to work in partnership have been identified, with the aim of providing more integrated services in line with the Better Care Together (BCT) strategic plan.
5. Funding for adult social care is decreasing as the Government continues to reduce local authority budgets to meet the national budget deficit, and increasing demographic pressures result in a funding gap. Key changes to the delivery model

for adult social care are therefore required in the next four years to keep the financial consequences of growth to a minimum.

6. The Medium Term Financial Strategy (MTFS) outlines a growth requirement of £23 million to meet adult social care demographic and legislative need over the next four years, together with a saving requirement of £16.7 million. Additionally, it is known that the National Living Wage will increase social care costs.
7. The Adult Social Care Strategy has been developed with a clear focus on ensuring delivery of statutory responsibilities, whilst capturing all available opportunities to prevent, reduce or delay need for ongoing Council funded support in light of the financial challenges it faces. The Adults and Communities Department has carefully considered how it can work with individuals with ongoing needs to ensure independence is maximised, and how systems and processes can be improved to ensure cost-effective support.
8. The Adult Social Care Strategy outlines the new model for delivery of adult social care in Leicestershire, which is aligned to both Care Act 2014 requirements and the BCT Five Year Strategy 2014–2019 and defines actions according to the following domains:-
  - **Prevent Need:** universal services, supporting wellbeing;
  - **Reduce Need:** intervening early for those who may be at risk of needing support in the future;
  - **Delay Need:** supporting recovery and reablement for those who have experienced a crisis or who have defined illness or disability;
  - **Meet Need:** promoting maximum independence and use of community and individual resources for those with long term needs.
9. The Adult Social Care Strategy ensures alignment with BCT and supports common understanding with Health partners. It also aligns with other Council services delivering the Council's new target operating model, in particular the unified prevention offer led by Public Health and the Communities Strategy led by the Chief Executive's Department.

## **Progress and plans**

### **Commissioning Intentions**

10. In order to ensure effective delivery of the Adult Social Care Strategy, overarching Commissioning Intentions have been developed to set out how the changes required can be achieved.
11. The Commissioning Intentions focus on meeting local needs and delivering value for money, aligned to the organisational priorities set out in the Council's Strategic Plan and the Commissioning and Procurement Strategy.
12. Engagement with other County Council Departments (particularly Public Health and Children and Family Services) has been undertaken to both ensure alignment of intentions and to highlight opportunities for cross-departmental working.

**Prevent Need**

13. The Adults and Communities Department will work with partners to ensure that preventative services are well aligned and maximise opportunities to preclude the need for social care support in the future (for example, by enhancing community capacity, increasing mental health awareness, and providing information and advice to keep people active, healthy and safe). Although the Department does not directly provide universal services, it will work more with partners, particularly across local councils and the NHS, to commission preventative interventions where they demonstrate effectiveness and will ensure awareness is raised about maintaining independence and planning for the future. This will help ensure that fewer people will require formal care and support in the future.

**Reduce Need**

14. The Adults and Communities Department will focus on early identification of people who are at risk of declining health and losing their independence and work with them to help avoid this. Access to community resources, including efficiently delivered advice and information services will be further developed. The Council will ensure that preventative services are targeted, evidence-based and are cost-effective. Services that do not meet these criteria will be decommissioned. The Council will further improve its information and advice offer to ensure people can get the right information when they need it, and that this is delivered as efficiently as possible. The invaluable role of carers in reducing the need for other services is recognised and they will be valued and supported in a flexible way.

**Delay Need**

15. In partnership with health and other service providers, the Adults and Communities Department will work to ensure effective recovery, rehabilitation and reablement services are available and adopt a problem-solving approach. This will include, for example, further development of its response to crisis, supporting people to self-care, and maximising use of assistive technology as a less intrusive, more cost effective option. Wherever possible people will be supported to remain at home. In addition, an integrated service supporting those transitioning from Children and Family Services to Adults and Communities will maximise independence.

**Meet Need**

16. The Strategy aims to meet people's needs whilst assisting them to increase their independence, providing just enough support to prevent higher levels of need through timely, cost-effective service provision, ensuring that support adapts to fluctuating needs. The focus will be towards cost-effective solutions to meet individual outcomes. All services will be expected to help people maximise independence over time and fully utilise informal and community support, reducing long term dependence on inappropriate or unnecessary levels of care and support. Cost effective accommodation options, including Extra Care Housing and Supported Living, will be developed further.

### **Market Position Statement (MPS)**

17. The MPS is a review of the capacity, demand and supply of the Leicestershire adult social care market. The MPS provides a statement of the current position and includes a number of key messages for providers to ensure that clear guidance is communicated to all sectors about the Council's intentions and the future direction of adult social care.
18. The key messages include our focus on working with providers to:
  - Promote self-reliance and facilitate access to community provision;
  - Measure, monitor and understand the impact of support;
  - Achieve value for money through the delivery of outcomes;
  - Deliver sustainable, cost effective and person-centred approaches to support.
19. Further MPSs will be developed which will provide more detailed reports for specific market segments, for example accommodation based support and community based support. They will be developed alongside providers to ensure there is an accurate assessment of market risks, opportunities and gaps requiring further market development activity.

### **Consultation/Patient and Public Involvement**

20. Initial proposals were based upon the outcomes of previous consultation, workshops and engagement with other stakeholders, leading to a draft Adult Social Care Strategy which was the subject of formal public consultation (21 September 2015–20 November 2015).
21. The range of stakeholders involved in consultation and engagement opportunities included social care providers, service users and carers, Council staff, partners from Health, District Councils and other public services, representatives of parish councils and community groups, and interested members of the public. A total of 722 people were involved in meetings, workshops or one-to-one discussions.
22. 321 people completed consultation questionnaires, and there was a high level of support for both the principles (83%) and the model (74%). The other key themes that emerged:-
  - Concern about over-reliance on communities, and how communities can be supported and sustained;
  - Achieving the right balance between price and quality;
  - The importance of effective communication;
  - The key role of information and advice;
  - The improvements required in Adult Social Care internal processes to ensure a prompt and efficient response.
23. The Adult Social Care Strategy and the Commissioning Intentions were reviewed in light of the responses, both from meetings/workshops and the written questionnaires, in order to reflect the views of respondents.

### **Activity to Support Delivery of the New Model**

24. The Adults and Communities Department will continue to engage with its customers, providers and partners to inform all areas of social care delivery, including the development of consistent, transparent and simple processes. It will ensure all commissioned services provide good value, and help people to progressively improve. It will take an outcomes-based approach to better understand the impact that services have on those accessing them.
25. Performance will be managed to ensure quality provision through the ongoing monitoring of costs, demand and effectiveness of provision, as well as ensuring people are supported to keep themselves safe.
26. Implementation will take place over the full four-year term of the Adult Social Care Strategy, complemented by an Action Plan and annual Departmental Business Plans which set the objectives that need to be met in that year. The Action Plan will be overseen by the Departmental Transformation Delivery Board.
27. The 2016-17 Business Plan is in the process of being drafted and will set out intentions for the recommissioning of Home Care Services (Help to Live At Home), Community Life Choices and Supported Living frameworks during the first year of the Strategy implementation.
28. The Director of Adults and Communities will continue to develop a comprehensive workforce strategy for both the internal and external social care workforce.

### **Timetable for Decisions**

29. Implementation of both the Adult Social Care Strategy and the associated Commissioning Intentions will take place over the full four-year term and underpinning activities as detailed in this report will provide foundations for the Strategy to be enacted and embedded. For each year of the Strategy term the annual departmental business plan will set the objectives to be met and progress will be reported through the publication of the Adults and Communities Department's 'Local Account' on the County Council's website.

### **Resource Implications**

30. Resource implications are being addressed through the Departmental Transformation Delivery Board.

### **Background Papers**

- 6 May 2014 - Report to the Cabinet County Council Strategic Plan and Transformation Programme - <http://ow.ly/ZwQ17>
- 19 September 2014 - Report to the Cabinet Outcome of the Consultation on the Strategic Review of Preventative Services in Leicestershire - <http://ow.ly/ZwQ7y>
- 13 October 2014 - Report to the Cabinet "Communities Strategy" - <http://ow.ly/ZwQcd>
- 14 January 2015 – Report to the Cabinet "Better care Together – Leicester, Leicestershire and Rutland Five Year Strategic Plan" - <http://ow.ly/ZwQgl>

- 6 February 2015 - Report to the Cabinet “Medium Term Financial Strategy 2015/16 - 2018/19” - <http://ow.ly/ZwQl0>
- 6 February 2015 - Report to the Cabinet “Commissioning and Procurement Strategy” - <http://ow.ly/ZwQxF>
- 11 September 2015 – Report to Cabinet: Draft Adult Social Care Strategy 2016-2020 - <http://ow.ly/ZwQHj>
- 3 November 2015 – Report to Adults and Communities Overview and Scrutiny Committee - Draft Adult Social Care Strategy 2016-2020 - <http://ow.ly/ZwQO0>
- 12 January 2016 - Report to the Cabinet - “Medium Term Financial Strategy 2016/17 to 2019/20” - <http://ow.ly/ZwQVa>
- 5 February 2016 – Report to the Cabinet – “Adult Social Care Strategy 2016-2020” - <http://ow.ly/ZwR2E>

### **Circulation under the Local Issues Alert Procedure**

31. The report affects all areas of Leicestershire and its citizens, including out of county placements.

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### **List of Appendices**

- Appendix A - The Adult Social Care Strategy 2016-20
- Appendix B - The Adult Social Care Commissioning Intentions 2016-2020
- Appendix C - The Market Position Statement 2016

### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

32. An Equalities and Human Rights Impact Assessment (EHRIA) was conducted and the subsequent action plan approved by the Adult and Communities Departmental Equalities Group in January 2016.
33. There will be subsequent EHRIAs conducted in relation to specific service areas and projects as these emerge from the action plan.



# Promoting independence, supporting communities

Our vision and strategy for  
adult social care 2016 – 2020



# Introduction



## Mr Dave Houseman MBE, County Councillor Cabinet member for adult social care

Adult social care supports people - including unpaid carers - who need practical or emotional support to lead an active life. Social care helps people do everyday things, participate in their community, and safeguards people from significant harm.

The number of people who might need adult social care services in the future is expected to rise significantly.

It has been estimated that by 2030 the number of people aged 85 and over will increase from 17,700 (2015 estimate) to 33,100 - an increase of 87%, and the number of people with complex disabilities will increase by 30%. This rise in demand for care comes at a time when funding is decreasing – because the government continues to reduce local authority budgets to meet the national budget deficit.

Nationally, social care budgets have been reduced by 26% in real terms over the last four years. Half of this has been through spending reductions and half through managing demand differently. To continue to do this means new ways of working.

In Leicestershire, the council has continued to prioritise social care and is investing additional resources to meet the demands on the service. Whilst there is a requirement to save £25.6m to balance the budget in the medium term, the council is working with NHS partners to protect social care services whilst making the necessary budget savings.

The Care Act 2014 brings new responsibilities for local authorities, with new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market and safeguarding. Social care services are changing and Leicestershire County Council needs to renew what it offers to people who need our help.

This is our plan for the next four years. It sets out how we will:

- put in place a new, more cost effective approach to delivering adult social care
- manage our finances
- work with partners to provide more joined up health and social care
- focus on preventive services which help to avoid problems from getting worse
- reduce demand and free up resources for those who most need them

### Read more

- To find out more about the specific levels of need now and what's predicted in the future – please read the 'Joint Strategic Needs Assessment'
- More information about the current social care market in Leicestershire can be found in the council's market position statements

By 2030, the number of people in Leicestershire over the age of 85 years will increase by 87%

Social care budgets have been reduced by 26%

# Our vision for adult social care in Leicestershire



**Jon Wilson**  
**Director, Adults and Communities**

Adult social care in Leicestershire is changing. Our focus will be to promote, maintain and enhance people's independence so that they are healthier, stronger, more resilient and less reliant on formal social care services.

To do this we need to ensure that everyone has access to information and advice which supports their wellbeing. Increasingly this will be online information, and telephone advice supported by trained customer service staff and advocates. This means information can be more responsive, up to date and tailored to individual requirements. Information will be available to enable people to assess their own needs, their eligibility for services and to understand the financial consequences of the decisions they are making. This will allow people to think ahead and plan for their future.

We will ensure that there is a wide range of information on services which may support people outside of the statutory social care services. This will enable people and families to help themselves through a range of preventative local services which can help people to stay healthy and well.

We will work with local communities and other providers of health and care services to develop local, community-based support that helps people stay independent and safe.

Working with partners we will also be able to identify people who may be at risk of needing help in the future and for whom support in the short term may prevent longer term needs developing. This will include working with colleagues in health services to ensure people's needs are diagnosed early, their care needs identified, and wherever possible people are enabled to manage their own care. Where people experience a crisis in their lives, rather than intervening to remove people from the crisis we will work with people and families to manage the crisis, become more resilient and develop skills to deal with issues in the future.

Where people do need support we will make it as easy to access as possible. People will be able to get the help, advice and support they need online, by phone, through clinic appointments or where required through pre-scheduled home visits. On first contact with people we will try to resolve their problems as quickly as possible and seek to utilise support from families and communities before resorting to formal social care services. We will do this because we know that this helps people to be more resilient and have better social outcomes; it reduces isolation and is more cost-effective. Support identified in people's local communities outside of local authorities makes life better for both the individual and the community.

Working together with partners, sharing information, and joining up services will help us to avoid duplication wherever possible and also to understand people's total health and care needs.

We need to ensure that everyone has access to information and advice which supports their wellbeing

We will work with local communities to develop local, community-based support that helps people stay independent and safe

We aim to deliver services which will enable people to gain or regain skills to help them to live independently and recover from illness. We will do this in the most unobtrusive and least restrictive manner possible. This means that we will support people in the short term whilst expecting that wherever possible people will support themselves in the longer term. For most people, long term support from the local authority will be the exception rather than the rule. We will provide ‘just enough’ support to assist people to build on their current strengths and develop their abilities to look after themselves without becoming overly dependent on council support.

We will work with partners to ensure that people have the right access to housing, health and community services so that they can have a good quality of life and make a positive contribution to their communities. Our aim is for people to have access to work, housing, and social networks which support them to be independent, improve their wellbeing and reduce isolation.

We will seek to use equipment and technology to provide less intrusive and more cost-effective care. Wherever possible we will keep people at home, with families and friends to enhance their social and personal experience.

Of course for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support we will share this responsibility with the individual, their families and their communities. We will try to meet people’s needs in a personalised way which delivers the outcomes that people require.

However, in delivering and commissioning services we want to achieve the best value and most cost-effective means of delivering high quality care. This is important, not just because local authorities are receiving less funding from government to provide care, but also because the vast majority of people using support services contribute to the cost, and many thousands of people in Leicestershire fund their own care entirely. Everyone should expect that the services they are buying or receiving represent the best possible value.

Therefore whilst choice is an important factor in people being able to manage their own care, it cannot be unrestricted. Wherever possible we will work with individuals to deliver personalised social care and health services, but we will only do this in the context that the services people receive will maximise their independence and provide the very best value for money. Working with providers of care we will constantly review people’s care arrangements to ensure their outcomes are being met in a cost-effective way.

We recognise that for some people there is an enhanced risk to their personal safety because of their particular disabilities or frailties, or due to wider issues in society. However we also recognise that we all need to take and accept a level of risk in order that we grow and develop as individuals. We will therefore work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm. Our response to concerns about people’s safety will be proportionate, flexible and personal and will always be based upon the individual’s wishes and feelings alongside the best interests of the wider community.

Where people need ongoing support we will share this responsibility with the individual and their families and communities

Everyone should expect that the services they are buying or receiving represent the best possible value

## OUR MISSION

**To make the best use of the available resources to keep people in Leicestershire independent.**

# Key design principles

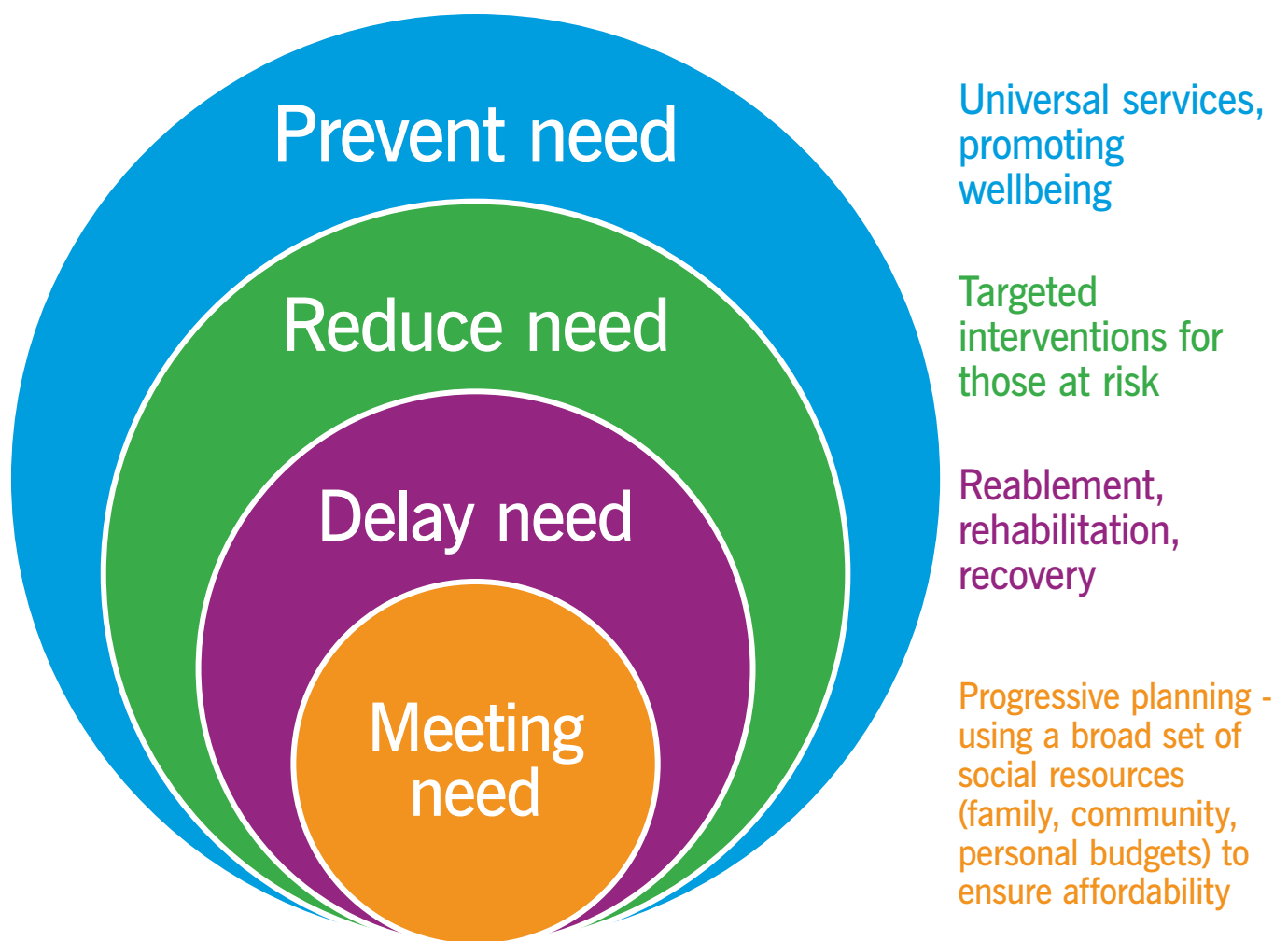
Our future model for social care will work to a set of principles which aim to put the person at the centre, and to ensure that the support they receive can deliver the right outcomes and manage any risks appropriately.

- **The right person:** people who need support are identified and prioritised
- **The right time:** to prevent things getting worse, increase resilience and maximise independence
- **The right place:** at home, in the community or in a specialist setting – according to need and what is most cost-effective
- **The right support:** just enough to keep people safe and prevent, reduce or delay the need for long term help, delivered by the right people with the right skills
- **The right partner:** working more effectively with individuals, their friends and families and in partnership with other organisations – to achieve more joined-up and cost-effective support.



# Our strategic approach

To meet our obligations under the Care Act 2014 we have developed a model which is 'layered'. It is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and maximise people's independence.



## **1. Prevent need**

We will work with our partners to prevent people needing our support. We will do this by providing information and advice so that people can benefit from services, facilities or resources which improve their wellbeing. This service might not be focused on particular health or support needs - but is available for the whole population – for example, green spaces, libraries, adult learning, places of worship, community centres, leisure centres, information and advice services. We will promote better health and wellbeing and work together with families and communities (including local voluntary and community groups).

## **2. Reduce need**

We will identify those people most at risk of needing support in the future and intervene early if possible to help them to stay well and prevent further need for services. For example we might work with those who have just been diagnosed with dementia, or lost a loved-one, people at risk of isolation, low-level mental health problems, and carers. Our work will be targeted at people most likely to develop a need, and try to prevent problems from getting worse so that they do not become dependent on support. This might include: information, advice, minor adaptations to housing which can prevent a fall, support and assistance provided at a distance using information and communication technology via telephone or computer.

## **3. Delay need**

This will focus on support for people who have experienced a crisis or who have an illness or disability, for example, after a fall or a stroke, following an accident or onset of illness. We will try to minimise the effect of disability or deterioration for people with ongoing health conditions, complex needs or caring responsibilities. Our work will include interventions such as reablement, rehabilitation, and recovery from mental health difficulties. We will work together with the individual, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost effective support.

## **4. Meeting need**

The need for local authority funded social care support will be determined once we have identified and explored what's available to someone within their family and community. People who need our help and have been assessed as eligible for funding, will be supported through a personal budget. The personal budget may be taken as a payment directly to them or can be managed by the council. Wherever possible we will work with people to provide a choice of help which is suitable to meet their outcomes. However, in all cases the council will ensure that the cost of services provides the best value for money. Whilst choice is important in delivering the outcomes that people want, maintaining people's independence and achieving value for money is paramount.



# How we plan to achieve our vision

## 1. Prevent need

### How it works now:

- People don't know how to find the information they want
- People rely upon formal services for support

### In four years' time:

- Information and advice will be co-ordinated and easily accessible
- People will be better informed about maintaining their own and their family's health and wellbeing, and identify what they can do for themselves and each other
- People will think about the future and plan ahead in case they need support

### We will:

- Support initiatives in the community which help people to stay independent
- Promote and facilitate access to 'universal services' – which are for everyone
- Further improve access to information and support people to plan ahead

### Preventing need

Maggie is 55 and got in touch with the Advice Service because she has a progressive physical condition, and wanted to make plans for her future finances and housing arrangements. An Advice Service Worker met with Maggie to discuss her needs and wishes and the options available to her. She has now put in place a Lasting Power of Attorney so her wishes can be enacted if she is unable to make decisions for herself later in life.



## 2. Reduce need

### How it works now:

- We have low expectations of what people can do for themselves
- We don't actively identify people who are at risk of losing their independence

### In four years' time:

- We will identify people who may be at risk
- We will have good information about current and predicted situation
- We will maximise what's in the community
- We will develop the support available in the community
- Carers will be aware of and will access support available, early in their caring role

### We will:

- Support initiatives alongside our partners which identify those at risk early - through, for example, our Local Area Co-ordination work
- Work with our partners to further develop and deliver services that reduce the need for help - such as peer support groups, telephone care and targeted advice
- Support carers to remain mentally, emotionally and physically well



### Reducing need

Bhavesh is a 77 year old gentleman caring for his 76 year old wife who has had a stroke. He has no family living locally and is keen to continue to care for his wife but is struggling with lifting and supporting her properly. Following contact with the council-funded Carer Support Service he was supported to enrol on a specific carer training course to learn techniques and to access equipment to enable him to make his day to day caring role easier so that he can continue to provide the care he wants to for his wife. He was able to find community transport to the training course, and has continued to meet with fellow course members on a regular basis which is helping him reduce his sense of isolation following his wife's stroke.



## 3. Delay need

### How it works now:

- The focus is upon people's disabilities or those things they find difficult
- Services are commissioned to maintain people at the same level of need
- We do not have good information about which interventions can reduce need

### In four years' time:

- We will focus upon what people can do for themselves, and enable people to be as independent as possible
- The proportion of people needing long term support will be reduced
- People and communities will be supported to help themselves
- There will be effective recovery, rehabilitation and reablement services
- We will have good communication with staff - who understand what we are trying to do and work towards this
- We will have an integrated transitions service
- There will be more joined up services across health and social care

### We will:

- Work with Children and Family Services to ensure young people have their opportunities maximised to live independently.
- Focus on how we can solve problems before we go through detailed assessments with people
- Target help which helps people to get better and stay well in the future
- Join up with health partners to delay the need for our help

### Delaying need

Vic is in his 60's and now lives alone. He had a stroke which affected his left side and has little function in his left arm (he cannot grip). His partner, who died a year ago, did all the cooking in the household – since then Vic has been reliant upon his daughter and domiciliary care services for his drinks and meals.

The reablement service worked with him to help him learn to use a microwave and a kettle fitted onto a tipper so that he can make drinks and reheat ready meals for himself. He is happy to be more independent, his daughter has more time for herself and Vic is no longer having any domiciliary care.



Felix is a young man who has a diagnosis of a severe learning disability and Autistic Spectrum Disorder, who lives at home with his mum and brothers. Felix started to refuse go to his specialist school, or to wash and dress; he was staying up late watching football and didn't want to think about or discuss what he would do when he left school. Learning disability nurses worked with Felix and his mum to set boundaries and to address his behaviour. The Transitions Team helped Felix and his mum to learn to use an iPad app to identify his interests and dislikes, and a support plan was developed. A local Community Life Choices service offering activities matching Felix's interests was found for 3 days a week in school holidays. Felix enjoys this, and knows he must attend school in order to go to the holiday service – this also gives his mum a break from caring, and she no longer needs extra respite. Felix has now joined a local inclusive football team, learned to walk to the football ground safely on his own, and has chosen a college course. At Felix's review meeting, it was agreed that he would not need a Personal Assistant at this time, as had previously been expected, because he was doing so well and gaining confidence daily.



## 4. Meeting need

### How it works now:

- Community and individual resources that can support people are not fully explored
- People have expectations that care will be funded through the council
- Services are ongoing regardless of people getting better or worse
- In some cases services may create reliance rather than promote independence, and avoid rather than manage risk

### In four years' time:

- We will provide support to meet people's needs where families and communities cannot
- Care will be focused on the person and be cost effective
- People will be supported with less funding from the council
- We will effectively manage demand within budget

### We will:

- Develop the skills our staff need so that they are innovative and creative when helping someone
- Regularly look at what we do so that we're working as effectively as possible and making the most of public money
- Work together with partners to manage risks and make sensible decisions which provide benefits which we can measure

### Meeting need

Malcolm is a 42 year old man with a learning disability, who had lived in residential care for over 20 years. He moved to supported living, with 20 hours per week of support. Twelve months later, he has learned to cook simple meals, do his own washing and keep his home clean, how to be safe at home and what to do if he needs some help. His support package has now reduced to 7 hours per week, and work with Malcolm focuses on maintaining his independence including household tasks, budget management, daily activities and planning for the future. To support him to be both safe and independent, and reassure his family, the property where he lives has door sensors fitted so that if he goes outside at night an alarm is triggered. The property also has fire detection equipment such as smoke and heat detectors. The alarm calls go through to waking night staff located nearby.



## Key activities to deliver the model

We will need to take some action to underpin our approach and help us to deliver what we have set out.

We will:

- Develop our staff to ensure that people have the right skills and knowledge, the right tools available, and are deployed in the right places
- Develop new ways of working, new practices and new procedures
- Gather good information about what people need, what we are supplying, and what works, to help us manage performance
- Understand local priorities and work with communities to develop and improve services
- Co-ordinate what we are doing with our partners
- Develop internal processes that are simple, transparent, consistently used and easy to understand
- Manage robust financial systems – making it clear who is accountable
- Develop a detailed action plan, which will be regularly reviewed, updated, and used to identify the next steps

## Monitoring our performance

Our progress will be monitored and reviewed regularly with the support of partners including Healthwatch, and the Making it Real Focus Group. Progress will be reported through our business plan and local account each year.

We also report yearly to the Association of Directors of Social Services (ADASS), and must submit performance data against the measures set out in the Adult Social Care Outcomes Framework (ASCOF).



# Adult Social Care

Commissioning Intentions  
2016 – 2020



# Introduction

This document sets out the Department's commissioning intentions to achieve the vision, objectives and outcomes of the Adult Social Care Strategy 2016-2020. It outlines our future approach to adult social care where we will have a reduced level of resources to meet increased levels of need. It will enable us to deliver our Medium Term Financial Strategy and to help us work together with our partners to provide more integrated health and social care services. We plan to meet the challenges facing public services through continued transformation of services and by changing the way we work in terms of commissioning and procurement.

The focus of services in the future will be to promote, maintain and enhance people's wellbeing and independence in order that they are healthier, stronger, more resilient and less reliant on formal social care services. By focusing on preventive services and avoiding the development or deterioration of long-term conditions, more expensive support can be avoided or delayed, decreasing demand and freeing up resources for those who most need them.

Intended activity is informed by the information contained within the Leicestershire Joint Strategic Needs Assessment 2015, and the Market Position Statement 2016 which outlines demand and supply within the local social care market in Leicestershire.

This will be supported by a Workforce Strategy to be developed in 2016, and by a detailed Delivery Action Plan for the activities outlined to deliver the Department's key aims and objectives.

We plan to meet the challenges facing public services through continued transformation of services and by changing the way we work in terms of commissioning and procurement.

# ADULT SOCIAL CARE SERVICES 2016 – 2020

## VISION

To make the best use of the available resources to keep people in Leicestershire independent

## Our principles:

Our model for social care works to principles which aim to put the person at the centre, and to ensure that the support they receive can deliver the right outcomes and manage any risks appropriately.

**The right person:** people who need support are identified and prioritised

**The right time:** to prevent things getting worse, increase resilience and maximise independence

**The right place:** at home, in the community, or in a specialist setting – according to need and what is most cost-effective

**The right support:** just enough to keep people safe and to prevent, reduce or delay the need for long term help, delivered by the right people with the right skills

**The right partner:** working more effectively with individuals, their friends and families and in partnership with other organisations – to achieve more joined-up and cost-effective support

Our model for social care works to principles which aim to put the person at the centre



# Our strategic approach:

We have developed a 'layered' model, designed to ensure that people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence.

## 1. Prevent need

Universal services, promoting and supporting wellbeing

## 2. Reduce need

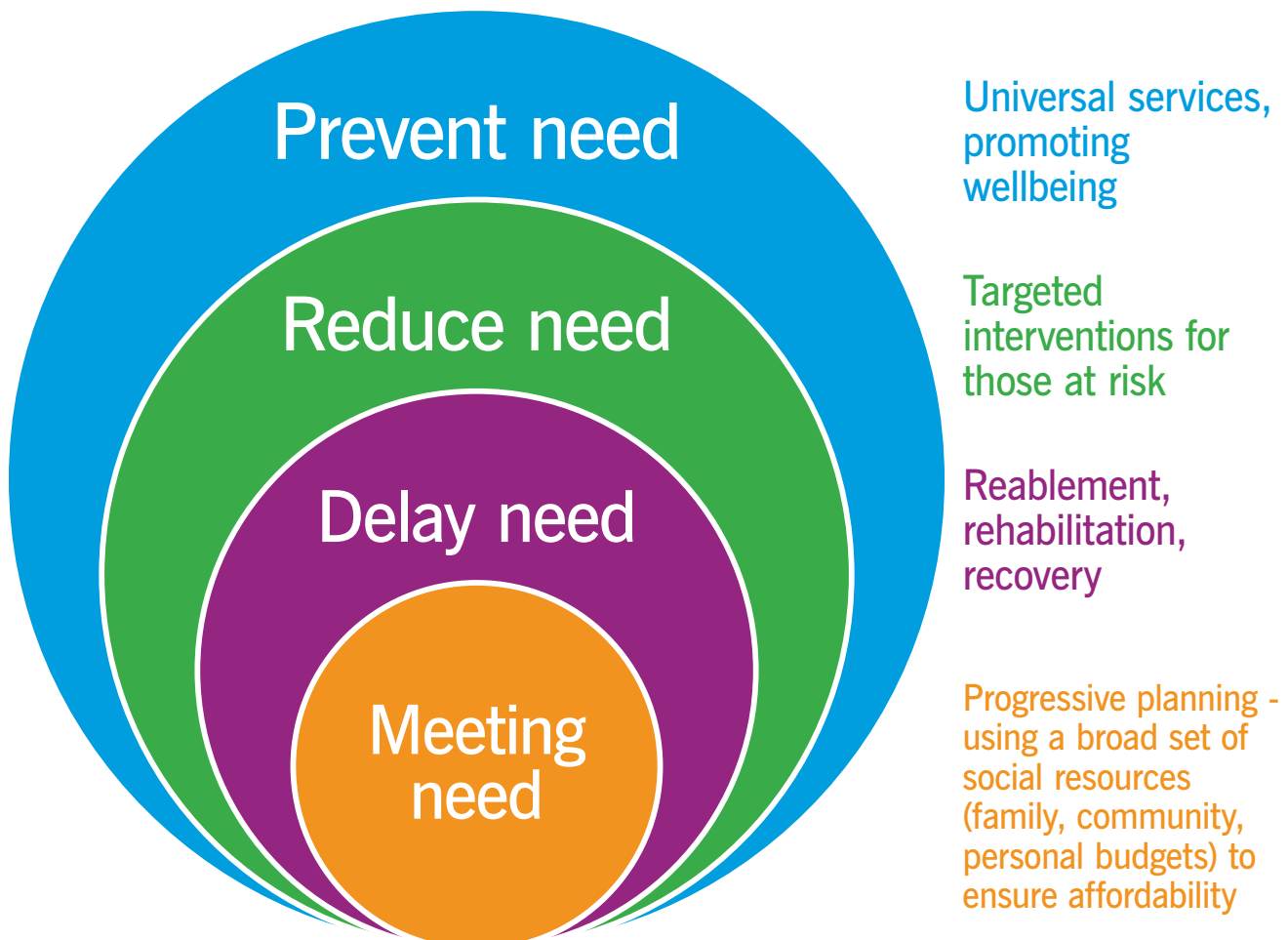
Targeted interventions for those at risk – intervening early for those who might need support in the future

## 3. Delay need

Reablement, rehabilitation and recovery for people who have experienced a crisis, or have a defined illness or disability

## 4. Meeting need

Progressive planning – using a broad set of social resources (family, community, personal budgets) to ensure affordability and maximise independence





# Strategic aims

In order to achieve the desired preventative approach to commissioning it is important to have clear aims and objectives. The commissioning intentions include activities that will enable Adult Social Care to:

- deliver its statutory duties under the Care Act 2014;
- manage increasing levels of demand as effectively as possible;
- deliver cost-effective social care services;
- achieve efficiencies and manage our financial resources;
- support people to be as independent and self-sufficient as possible;
- deliver services that are 'joined up' with health partners, to improve outcomes and avoid duplication.

These aims and objectives will be achieved through commissioning in ways that support our preventative approach

These aims and objectives will be achieved through commissioning in ways that support our preventative approach. We will work to improve our commissioning, procurement and contract management processes to ensure that people are safeguarded from abuse and neglect, and are actively encouraged to take responsibility to improve their own physical and mental wellbeing and to maintain a healthy lifestyle.

We will engage people who use services and their carers in co-production as far as possible, recognising their contribution to decision making about performance outcomes, the development of strategies and plans, and their implementation. This will link to an outcome focused commissioning approach to ensure that services are flexible, responsive and person centred. Our approach will acknowledge the importance and value of social and community networks, and establishing an ethos of reciprocity and mutual support.

Our commissioning will be based on evidence of what works, to secure robust, high quality services that are designed to meet the needs and desired outcomes of the people of Leicestershire. We will work to reduce the need for and dependency on expensive interventions such as extensive care in the community, admission or readmission to hospital or long term care by investing in creative and innovative solutions that promote wellbeing, re-ablement and independence.

Our approach will acknowledge the importance and value of social and community networks

We will seek the involvement of a broad range of strategic partners from the statutory, independent and voluntary sectors, who are responsible for contributing to the development of this strategic approach and overseeing the commissioning intentions and delivery.

# Ways of working

In order to achieve the savings required against current service delivery, and reshape services to ensure they can deliver the new model of social care in the future, this approach will require new ways of working, both for the Council's Adult Social Care Department and for providers delivering support.

## We will:

- develop skills across the workforce to embed a progressive approach through ongoing review;
- maximise effectiveness and value for money across all functions, including regular audit and review of provision;
- work jointly with partners to manage risk, and commission/deliver services where there are evidenced benefits;
- decommission services that are not outcome-focused or effective in their current form;
- develop outcomes-focussed commissioning and monitoring tools to support delivery of effective, high quality and value for money services and to facilitate evaluation of performance.

# Commissioning intentions

A detailed review of the way we work and the services we commission has been undertaken, and combined with the outcomes of consultation and engagement with stakeholders it has been concluded that we will focus on the areas of work outlined below.

## All services:

- We will outsource the provision of services where there is a clear business case to do so, i.e. it is more cost-effective than providing the service in-house (i.e. delivered by council staff).
- Where the local market is not working effectively (as identified in the Market Position Statement) we will actively commission new and different services

## Prevent

- Supporting improved access to a broad range of information, advice and support that can promote wellbeing and independence.
- Actively work to ensure there is an aligned, coherent offer of information and advice.
- Ensuring all contracted suppliers provide quality, accessible information as part of their service delivery.
- Work with Public Health to ensure services are commissioned that actively encourage people to take responsibility to improve their own physical and mental wellbeing and to maintain a healthy lifestyle.
- Support people who may have care needs in the future for as long as possible through access to universal community based services, by ensuring that information about such services is shared and utilised by strategic and operational partners.

## Reduce

- Alongside our partners, further developing a new model of early intervention and prevention support (this includes a range of services, for example preventative mental health services, peer support and advocacy).
- Ensuring that funding is targeted towards those at greatest risk of needing social care support.
- Developing monitoring and reporting systems to understand the impact and maximise the benefits of early identification and prevention services. Only those interventions that have significant cost benefits will be funded.
- Supporting carers to continue in their caring role by remaining mentally, emotionally and physically well. This will be achieved through ongoing identification within primary care settings, continued investment in cost effective carer support services, and the use of carers' personal budgets.

## Delay

- Enable more people with learning disabilities to access mainstream support and services, and reduce the numbers of people receiving care that limits their independence.
- Develop effective employment pathways for working age adults.
- Maximising the use of equipment and technology which can deliver less intrusive and more cost-effective care.
- Bed based reablement will offer a time limited intervention designed to support people to regain independent living skills in settings with flexible levels of support .
- Support people to achieve maximum possible independence, by moving to service models (including home care provision) which are focused on reablement and recovery, to delay the need for higher levels of support.

## Meeting need

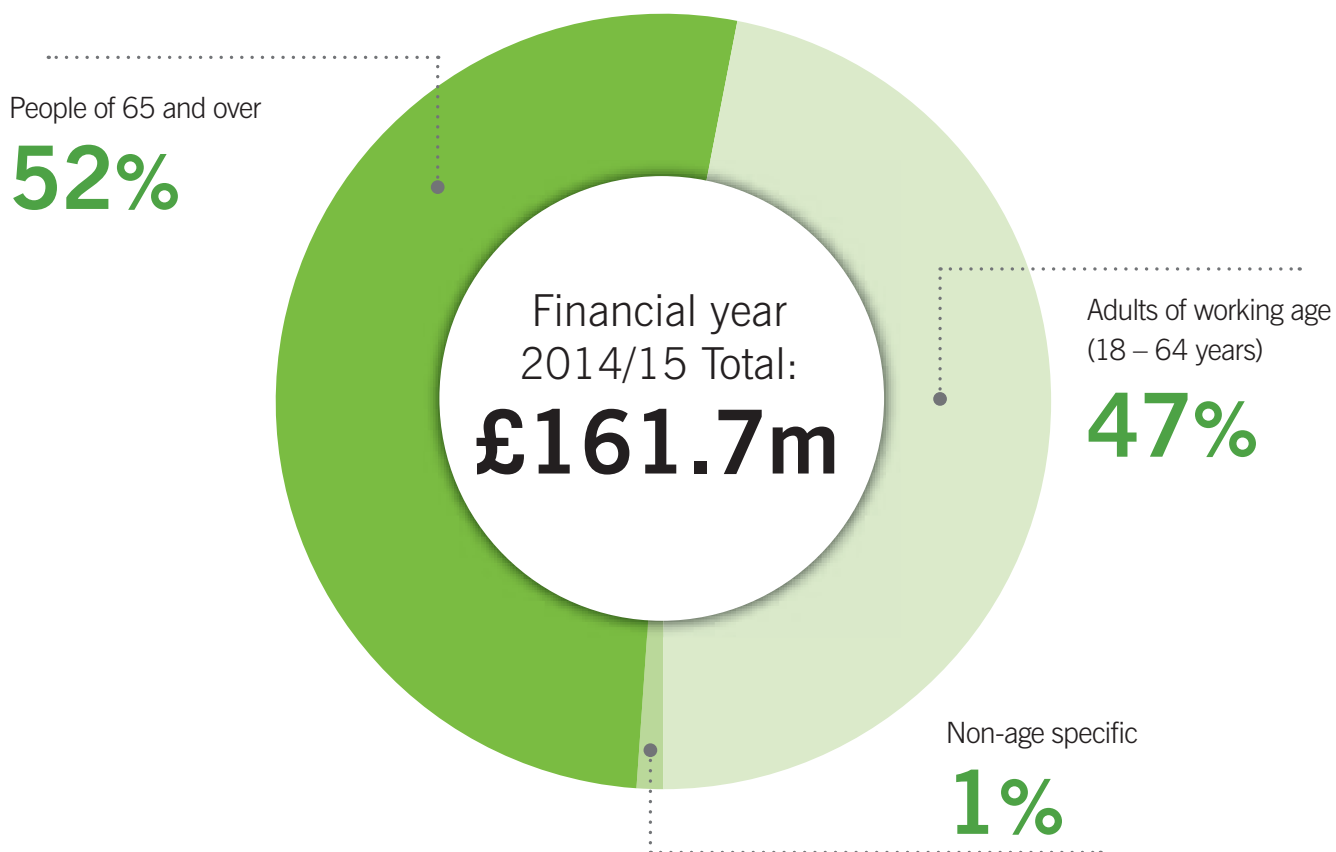
- The need for publicly funded social care support will be determined only once personal and community resources and assets have been identified and fully explored.
- Personal budgets will be taken as cash direct payments wherever possible. We will increase the proportion of cash Personal Budgets, facilitated through the provision of pre-paid cards. All personal budgets will be funded to the level that is just enough to meet eligible needs.
- We will work with providers to embed progressive models of support, to promote increasing wellbeing, maximise independence and ensure that capacity is available to meet the demand from the growth in numbers of people needing support. In the shorter term this will be implemented through the procurement of Home Care, Supported Living and Community Life Choices – working with fewer providers to progressively achieve optimum levels of independence for service users and reduce the amount of support required.
- We will be flexible in our approach to providers to allow for innovation, but this will be in the context of a greater focus on managing providers' performance to ensure we are getting the most from all of our commissioning and contracting arrangements.
- To further develop alternatives to residential care, a new Accommodation Strategy will be developed in 2016 and we will promote recruitment of new shared lives carers, alongside our new Supported Living Framework.

Further identification of services and work areas that require transformation will be ongoing throughout the life of the Adult Social Care Strategy and commissioning intentions and will be reported through our Annual Business Plans.

# Resources

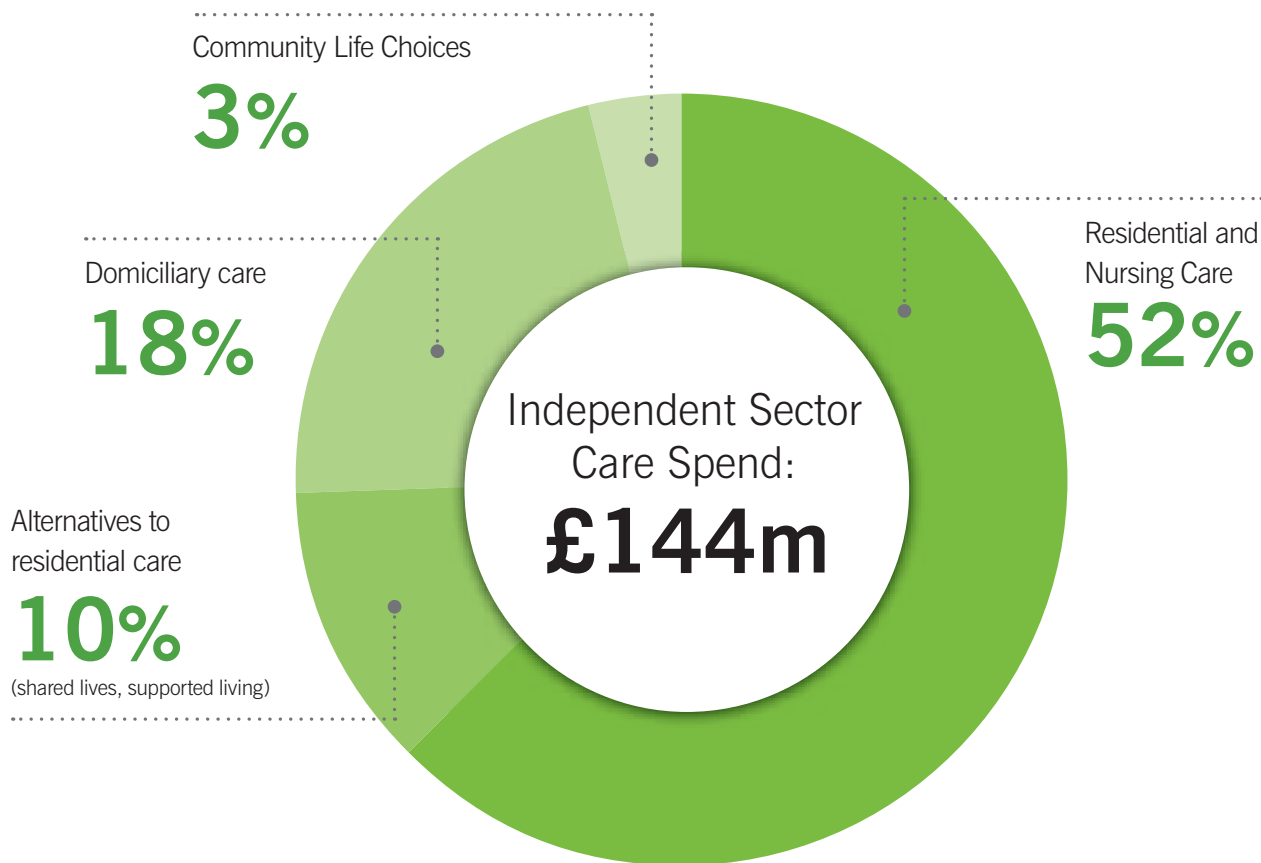
It is essential that transformation of services underpins the Medium Term Financial Strategy (MTFS) proposals to ensure that key outcomes are delivered and services are sustainable in the future. The departmental approach is consistent with the themes in council wide transformation.

In 2014/15, the Council spent £161.7 million on direct social care support for adults, as follows:



We anticipate that these proportions will change over time, in response to the implementation of progressive planning (reducing the proportion of spend on adults of working age) and the expected increase in the numbers of older people and of people with dementia.

Of the total budget, 11% (£17.6 million) was spent on in-house services (Council direct provision) – this proportion is expected to reduce over time as fewer services are delivered by in-house provision. Care commissioned from the independent sector was valued at £144 million, spent on the following types of service provision:



These proportions are also expected to change over time, with the new focus on supporting people to remain independent in their own home as long as possible. The remaining 17% was spent on direct cash personal budgets, and a small amount (0.35%) on community meals.

The current departmental savings targets as outlined in the MTFS are:

2016/17 £000	2017/18 £000	2018/19 £000	2019/2020 £000
-7,660	-13,970	-17,635	-18,585

This document highlights our commissioning intentions which will support the successful delivery of the savings set out in the MTFS, whilst delivering quality, efficient and responsive care for those who need it.





# Adult and Community Services

## Market Position Statement



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# Introduction

I am pleased to present our Adult and Community Services Market Position Statement which sets out Leicestershire County Council's vision for the care and support of people living in the county, as well as our commissioning intentions. We recognise and value the organisations that we work with in the provision of services for people living in the county and we anticipate that this statement will be of benefit to providers by informing them of likely future services and support requirements.

The Adult Social Care Strategy 2016-2020 'Promoting Independence, Supporting Communities' approach to helping people help themselves will shape how services are commissioned. We are committed to developing and supporting the market place for services that meet the needs and expectations of all our customers, including self-funders, and carers.

Leicestershire County Council wants to place the person at the heart of what it does and customers of the department are able to influence decision making through varied co-production, engagement opportunities and partnership boards. Working in this way gives a strong foundation for the introduction of the Care Act 2014 which brings a new focus for us to provide advice and information for people on how they both pay and plan for their future care needs.

We are committed to working with providers and customers as partners and will be open and transparent in our dealings with them. This approach will form the basis of discussions with providers and customers who inform and influence our commissioning activity. In 2016, for example, the 'Help to Live at Home' contract will change the way that home care is delivered as the result of consultation with customers and engagement with providers; the service will have a locality focus and allow for care staff to work creatively and flexibly with customers to help them maintain their independence.

In line with the Care Act, integrated commissioning with the NHS has been a significant development in the way new and different services are commissioned with the Clinical Commissioning Groups (CCGs) in Leicestershire; this is expected to deliver benefits for both providers in the market place and customers. It is a new way of working with the aim of working seamlessly with health so that customers are able to access the help they need when they need it regardless of organisational boundaries.

This statement contains information on the local market, our strategies for different service types, information on the state of specific markets in Leicestershire and analysis that will be of benefit to providers of services. Setting out our priorities and intentions in this way will enable providers to plan their businesses with confidence and meet customer expectations. Whether you are a commissioner, provider or other local organisation I hope you will be able to make use of the additional information and resources made available in the document and by web link.

In addition to this Market Position Statement, we will publish our Adult Social Care Commissioning Strategy and Workforce Strategy in 2016 and these key documents will inform prospective suppliers of our future procurement and market development intentions.

Sandy McMillan  
Assistant Director

We are committed to working with providers and customers as partners and will be open and transparent in our dealings with them.

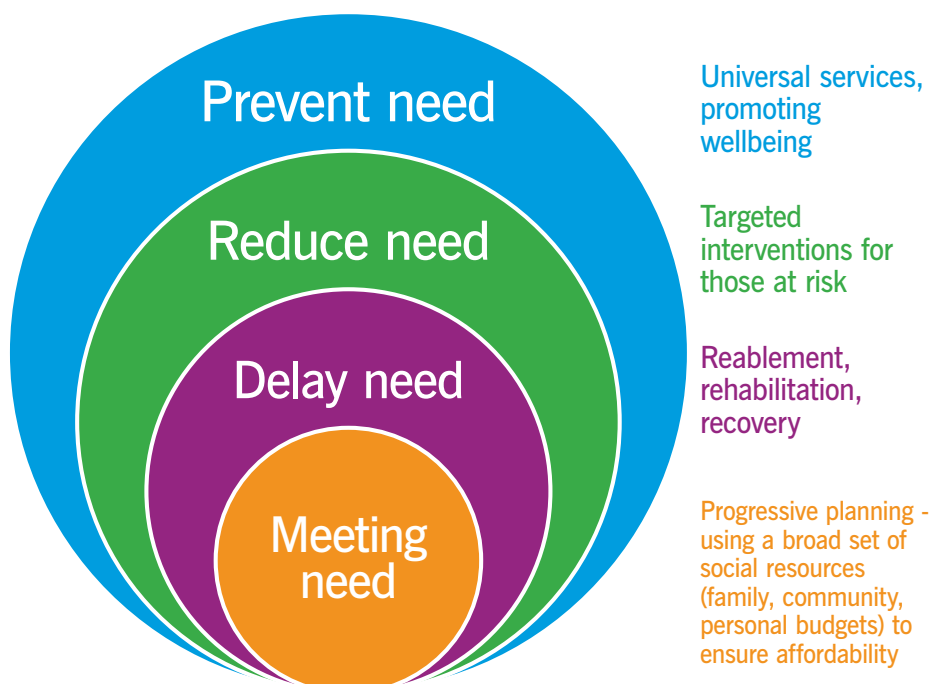
# Leicestershire's Strategic Approach

Leicestershire has adopted a strategic approach with a focus on providing information and advice, prevention and reablement; summarised in the [Promoting Independence, Supporting Communities strategy](#). Reablement and rehabilitation services are delivered jointly across the Leicestershire system so that the right interventions are available at the right time and in the right place and customers are supported in a seamless way, in achieving the independence and well-being outcomes they want and value.

At times of change and challenge it is important that the County Council continues to meet its statutory duties including achieving change within our resources. Through Promoting Independence, Supporting Communities our aim is to make the necessary savings to deliver our Medium Term Financial Strategy (MTFS) for 2016-20 while delivering good quality, flexible support to those who need it most.

Our model for social care works to principles which aim to put the person at the centre, and to ensure that the support they receive can deliver the right outcomes and manage any risks appropriately. This 'enabling' ethos is at the core of all service offers to customers and must be evident in the behaviours and approaches of the workforce at whatever level services are accessed. We will facilitate collaborative working between statutory, independent and voluntary sectors and promote partnership working to provide more integrated social care services. Where needed, customers will have a specific outcomes based reablement plan that will help them achieve short term goals to restore or maximise the skills they need to retain or regain independence. For those requiring longer term support we expect providers to maximise the use of a customer's existing support and assets, promote self-care, maximise the use of Assistive Technology and take a progressive approach, reducing reliance on local authority funded support over time.

Customers will be offered the appropriate level of help, within our strategic approach using a four tier model.



## Prevent need

See Page 17 »

- We will work with our partners to prevent people needing our support. We will do this by providing information and advice so that people can benefit from services, facilities or resources which improve their wellbeing.
- This service might not be focused on particular health or support needs - but is available for the whole population – for example, green spaces, libraries, adult learning, places of worship, community centres, leisure centres, and information and advice services.
- We will promote better health and wellbeing and work together with families and communities (including local voluntary and community groups).

## Reducing need

See Page 19 »

- We will identify those people most at risk of needing support in the future and intervene early if possible to help them to stay well and prevent further need for services. For example, we might work with those who have just been diagnosed with dementia, or lost a loved-one, people at risk of isolation, low-level mental health problems, and carers.
- Our work will be targeted at people most likely to develop a need, and try to prevent problems from getting worse so that they do not become dependent on support.
- Provision might include: information, advice, minor adaptations to housing which can prevent a fall, support and assistance provided at a distance using information and communication technology via telephone or computer.

## Delaying need

See Page 21 »

- This will focus on support for people who have experienced a crisis or who have an illness or disability, for example, after a fall or a stroke, following an accident or onset of illness.
- We will try to minimise the effect of disability or deterioration for people with ongoing health conditions, complex needs or caring responsibilities.
- Our work will include interventions such as reablement, rehabilitation, and recovery from mental health difficulties.
- We will work together with individuals, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost effective support.

## Meeting need

See Page 23 »

- The need for local authority funded social care support will be determined once we have identified and explored what is available to someone within their family and community.
- People who need our help and have been assessed as eligible for funding, will be supported through a personal budget. The personal budget may be taken as a direct payment using the new direct payment card predominantly.
- Wherever possible we will work with people to provide a choice of help which is suitable to meet their outcomes. However, in all cases the council will ensure that the cost of services provides the best value for money.
- Whilst choice is important in delivering the outcomes that people want, maintaining people's independence and achieving value for money is paramount.

The main opportunities in the year ahead will be related to the provision of services that offer a cost effective alternative to Residential Care, (such as Supported Living and Extra Care) and services that focus on maximising independence (such as Community Life Choices). We will be exploring further opportunities to expand on our reablement offer, to delay the need for more extensive and longer term support, as demonstrated in the imminent Home Care procurement (Help to Live at Home). We are also keen to explore the further use of Assistive Technology and integrated services that promote independence and reduce need.

## Key Messages for Providers

### Prevent

1. The department will develop our prevention offer with partners by promoting independence in the community, encouraging family support and commissioning services that actively encourage people to take responsibility for improving their own physical and mental wellbeing, maintaining a healthy lifestyle and planning for the future. **We want providers to promote self-reliance and facilitate access to community provision and a comprehensive range of advice and information.**
2. In line with the Public Services (Social Value) Act 2012 we as commissioners will seek to secure economic, social or environmental benefits when buying services above the Official Journal of the European Union (OJEU) threshold. **Therefore the department wants to work with providers that can embed social value within local communities and improve sustainability by developing and promoting innovative services.**

### Reduce

3. The department will support carers via a new care pathway, shaped by the requirements of the Care Act, offering information and advice, professional support and in cases where more significant support is required, provision via a personal budget. **The department is committed to continued investment in support services for carers that enable them to remain in their caring role.**
4. Monitoring departmental investment in any services that may reduce need (for example Mental Health Drop-ins peer support groups and Advice services), will ensure that they are targeted towards and accessible to those at future risk of need social care support. **The department will work with providers to measure and better understand the impact of early support in determining future commissioning intentions and targeting funding on services that are cost effective and deliver tangible results.**

### Delay

5. Through our central role in Better Care Together, the department is working with health services to reduce duplication and align procurement processes in order to come to the market with 'joined up' requirements and monitoring processes. **Key to this will be the development of reablement 'step down' services to provide temporary support to people leaving hospital and 'step up' services to reduce hospital admissions.**
6. **The department will support people with learning disabilities to access a broader range of resources, thus delaying the need for more traditional packages of care that limit their independence and reduce the potential cost of ongoing support.**
7. **The department will work with providers to develop and deliver an effective employment pathway for working age adults.**

8. **The department will support work with customers, families and service providers to promote the effective use of equipment, and assistive technology, to optimise independence, safety and well-being.**

## Meet Need

9. The department must operate within a context of increasing need as the population ages, without a corresponding increase in financial resources. **Achieving value for money is therefore critical to delivering our strategic objectives and we will be working with providers that can deliver outcomes, using person centred approaches that build on community resources and the personal assets of the customer.**
10. Block contracts will continue to reduce as they are replaced with personal budgets, framework agreements and outcome based commissioning arrangements to ensure more person centred provision. **Working with providers that can demonstrate high quality, person centred and progressive care (including access to employment), particularly with regard to support for people with Learning Disabilities or enduring mental health issues, is also a key priority for us.**
11. Procurement will move towards a focus on outcomes rather than time and task activity by identifying best practice nationally, consulting locally and learning from approaches identified through the Innovation programme. **Providers that can demonstrate the cost effective achievement of outcomes will be very well placed to work with us in the future.**
12. We will extend the use of Direct Payments and will welcome the development of more innovative approaches to support people. An increasingly diverse range of providers will be needed to meet the demand from people using their personal budgets to purchase such services. **Our desire to increase the number of Micro Providers and Personal Assistants goes hand in hand with this aspiration.**
13. **LCC will be focusing on developing strategic relationships with a smaller number of care and support providers**, with whom we can promote innovation, consistent quality and effectiveness of service delivery and respond flexibly to the changing needs of the local population. This approach underpins our current partnership programme with Leicestershire's clinical commissioning groups to reshaping homecare services, which focus on reablement and optimising independence. **The Help to Live at Home re-procurement that will take place early in 2016 is a major business opportunity for domiciliary or home care Providers.**
14. **We will be implementing new approaches to Community Life Choices and Supported Living in 2016**, to implement a progressive approach to support with a smaller number of providers.
15. With the high number of individuals transitioning from Children's to Adult services, and the number of high cost placements for those requiring complex care, particularly in relation to Learning Disability services, **we want to work with providers that can deliver sustainable, cost effective and person-centred approaches to support in this area.**



## The Population of Leicestershire

### PREDICTED POPULATION GROWTH OF



# 15%

2012-2037

### POPULATION 65-84



# GROWTH OF 56%

## 36,708 PEOPLE



### LONG TERM CONDITION OR DISABILITY

The population of Leicestershire is growing, and it is predicted to reach 753,100 people by 2037, an increase of over 96,000 from 2012. However, the population is not growing uniformly for all age groups; detailed information can be found in the [Joint Strategic Needs Assessment](#) for Leicestershire but summary information is provided here.

- Between 2012 and 2037, the total population is predicted to grow by 15%.
- The population growth in people aged 85 years and over is predicted to be nearly 190%, from 15,900 to 45,600 people.
- The population aged 65-84 is predicted to grow by 56%, from 106,000 to 164,900 people.
- The younger population, aged 0-24 years, is predicted to grow by 7% from 194,800 to 208,800 people.
- However, the adult population aged 25-64 years is predicted to reduce by 2% from 339,900 people to 333,900 people.

The population growth patterns have implications for the provision of services for older people. There will be more older people with complex care needs that will require additional input from all parts of the health and social care system. This will need to be supported by people providing unpaid care through informal caring arrangements.

However, the reduction in adults of working age suggests that, as well as planning for the increased needs for services there is a long-term need to consider the infrastructure needed locally to support people.

This will be essential to maintaining independence and to support people to manage their own health and care needs with a shrinking network of informal care and support.



## Health and Care Needs

The 2011 Census data provides an opportunity to review data on people's self-reported health and disability status, and how this changes for people that fall into many of the protected characteristics groups.

- Although 308,763 people in Leicestershire reported that they were in very good health (47%), 21,967 reported that they were in bad health (3%) and 6,053 people reported that they were in very bad health (1%).
- 36,708 people reported that their daily activities were limited a lot by a long term condition or disability (15%) and 44,851 people reported that their daily activities were limited a little by a long-term condition or disability (18%).
- There are a total of 16,431 older people providing unpaid care.
- Only 15% of people aged 85 years and over reported no limitations to their day-to-day activities, with 31% reporting that activities are limited a little and 54% reporting that activities are limited a lot.
- 60% of people aged 75-84 years and 34% of people aged 65-74 years report that their activities are limited by a long-term health problem or disability either a little or a lot.
- In the working age adult population, the proportion is lower but there are still 18% of people aged 50-64 years, 9% of people aged 35-49 years and 6% of people aged 25-34 who report that their activities are limited by a long-term health problem or disability either a little or a lot.
- The proportion of people that report their health as good or very good decreases with age; 98% of 0-15 year olds, 91% of 16-49 year olds, 77% of 50-64 year olds and 54% of people aged 65 years and over reported themselves in good or very good health;
- Nearly half of all people aged 65 years and over do not regard themselves as being in good health, with 34% of this age group reporting their health as bad or very bad.

**16,431  
OLDER  
PEOPLE**



**PROVIDING  
UNPAID  
CARE**

**NEARLY  
50%  
OF PEOPLE  
OVER 65**



**REGARD  
THEMSELVES  
AS HAVING  
POOR  
HEALTH**

# Key issues and priorities for Leicestershire

- 1. Frail Elderly People** - evidence shows that we are an aging population. The population growth patterns have implications for the provision of services for older people. There will be greater numbers of older people with complex care needs who will require more input from all parts of the social care system. This will need to be supported by people providing unpaid care through informal caring arrangements. However, the reduction in adults of working age (who can be informal carers and support providers) suggests that, as well as planning for the increased needs for services there is a long term need to consider the infrastructure needed locally to support people. This will be essential to maintaining independence and to support people to manage their own health and wellbeing. Closely linked to the ageing of the population is a projected increase in the demand for care and support for all people, especially those people affected by higher incidence conditions such as Diabetes, Visual Impairment, Depression, Dementia and Cardio-Vascular Disease (CVD).
- 2. Long term conditions** - the people identified through the 2011 Census as having their daily activities limited due a long-term health condition or disability are a key target population for early intervention and prevention services. The increasing ageing population in Leicestershire will be accompanied by a year on year increase in the number of people in this population group.
- 3. Dementia** - Because of the greater prevalence of dementia amongst older people, it is anticipated that demand for quality dementia services will increase proportionately with demographic changes. Linked to this it is estimated that three quarters of people with dementia also have a physical health condition; another factor likely to increase their need for social care support.
- 4. Mental Health** - There remains a high prevalence of mental ill health across the population and there is a need to have services across the board to meet the needs of this population. Recovery is a key issue for people affected by mental ill health, as is accessing support to secure and maintain appropriate housing, education, training and employment in the longer term.
- 5. Learning Disabilities** - The expected increase in numbers of young people (under 18) who have a learning disability who will transition into adult services during the next 5 years is significant. This will put additional pressure on adult social care services at a time when an increase in the number of older people with learning disabilities is also expected due to extended life expectancy.
- 6. Carers** - The Care Act has for the first time put carers on a par with those for whom they support. This, combined with the predicted rise of 29% in the number of carers by 2030 (corresponding to the number of people likely to need social care support), requires a proactive approach by the Local Authority in order to support them to continue caring, whilst maintaining their own well-being.

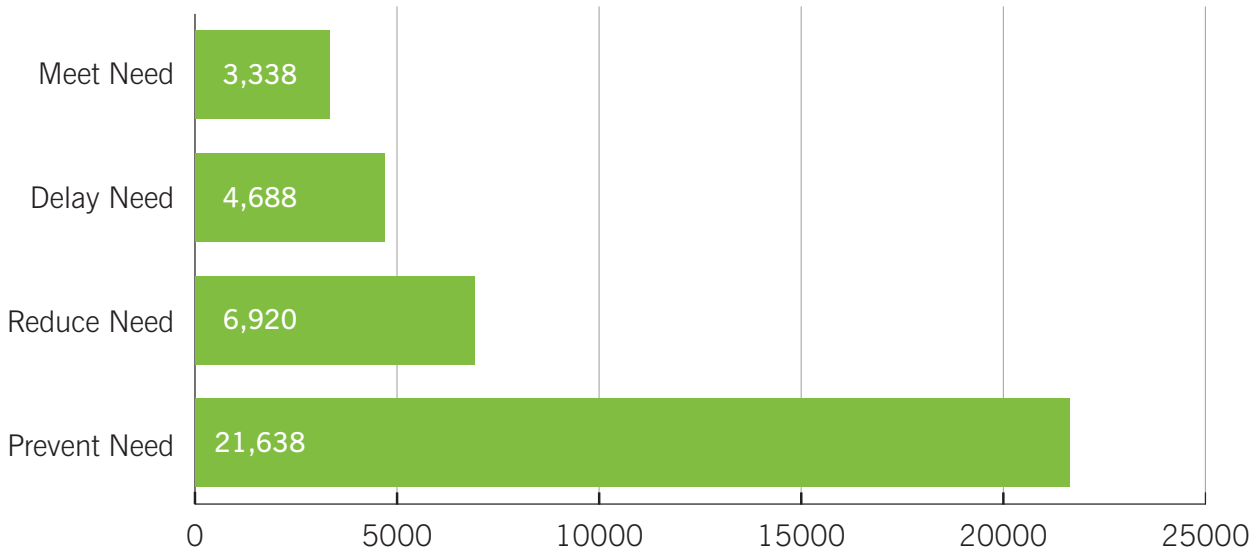
There will be greater numbers of older people with complex care needs who will require more input from all parts of the social care system.

The Care Act has for the first time put carers on a par with those they support.

## Overview of people using Adult Social Care

Set out below is a summary of the anticipated support which will be offered to new customers in Leicestershire during the current year, categorised by the activity undertaken by the council following the request made by the client (the sequel to that request).

**Sequel to Customer Requestes for Support 2015/16 (estimate)**



Source: SALT 2015/16

- People who contact Adult Social Care and may not be eligible, or need support from other agencies fall into the prevent category. This includes people that are signposted to other agencies such as Housing Support, the NHS and voluntary sector organisations.
- The reduce need group includes people that are supported with equipment, assistive technology, short term residential and home care, crisis response and advocacy.
- The delay need category includes people that receive reablement support either at home or in a short term residential placement and inclusion support for people with mental health challenges.
- People for whom the expected sequel will be that the council meet need include those that obtain long term support such as home, residential or nursing care. It also included people that take a Direct Payment, Supported Living and palliative care.

The central aim of the Adult Social Care Strategy is to shift resources and activities from meeting need to approaches that prevent, reduce and delay need.

The following tables detail the number of people supported in Nursing, Residential and Community Care, categorised by the Primary Support reason. The first table related to working age adults and the second table relates to people who are 65 years and older.

### The number of people aged 18-64 years accessing Long Term Support during the year to 31st March

Primary Support Reason	Nursing	Residential	Community				Total
			Direct Payment Only	Part Direct Payment	Managed Personal Budget	Commissioned Support Only	
Physical Support: Access and Mobility Only	-	36	189	26	30	63	345
Physical Support: Personal Care Support	7	23	144	77	110	133	494
Sensory Support: Support for Visual Impairment	-	-	10	-	-	0	13
Support with Memory and Cognition	-	7	-	-	-	-	15
Learning Disability Support	-	334	277	232	181	198	1,225
Mental Health Support	10	66	309	51	36	35	507
Social Support: Substance Misuse Support	-	7	-	-	-	-	16
Social Support: Support for Social Isolation/Other	-	-	22	5	13	-	44
	<b>21</b>	<b>474</b>	<b>958</b>	<b>394</b>	<b>377</b>	<b>436</b>	<b>2,661</b>

SOURCE: SALT 2015/16

## The number of people aged 65+ years accessing Long Term Support during the year to 31st March

Primary Support Reason	Nursing	Residential	Community				Total
			Direct Payment Only	Part Direct Payment	Managed Personal Budget	Commissioned Support Only	
Physical Support: Access and Mobility Only	94	350	127	58	251	298	1,178
Physical Support: Personal Care Support	238	989	220	173	1,519	1,130	4,269
Sensory Support: Support for Visual Impairment	-	-	-	-	12	-	25
Support with Memory and Cognition	36	144	15	14	126	32	367
Learning Disability Support	-	65	7	8	24	21	125
Mental Health Support	115	401	57	37	144	108	862
Social Support: Substance Misuse Support	-	-	-	-	-	-	-
Social Support: Support for Social Isolation/Other	-	8	5	-	35	14	66
	<b>484</b>	<b>1,971</b>	<b>434</b>	<b>297</b>	<b>2,119</b>	<b>1,608</b>	<b>6,913</b>

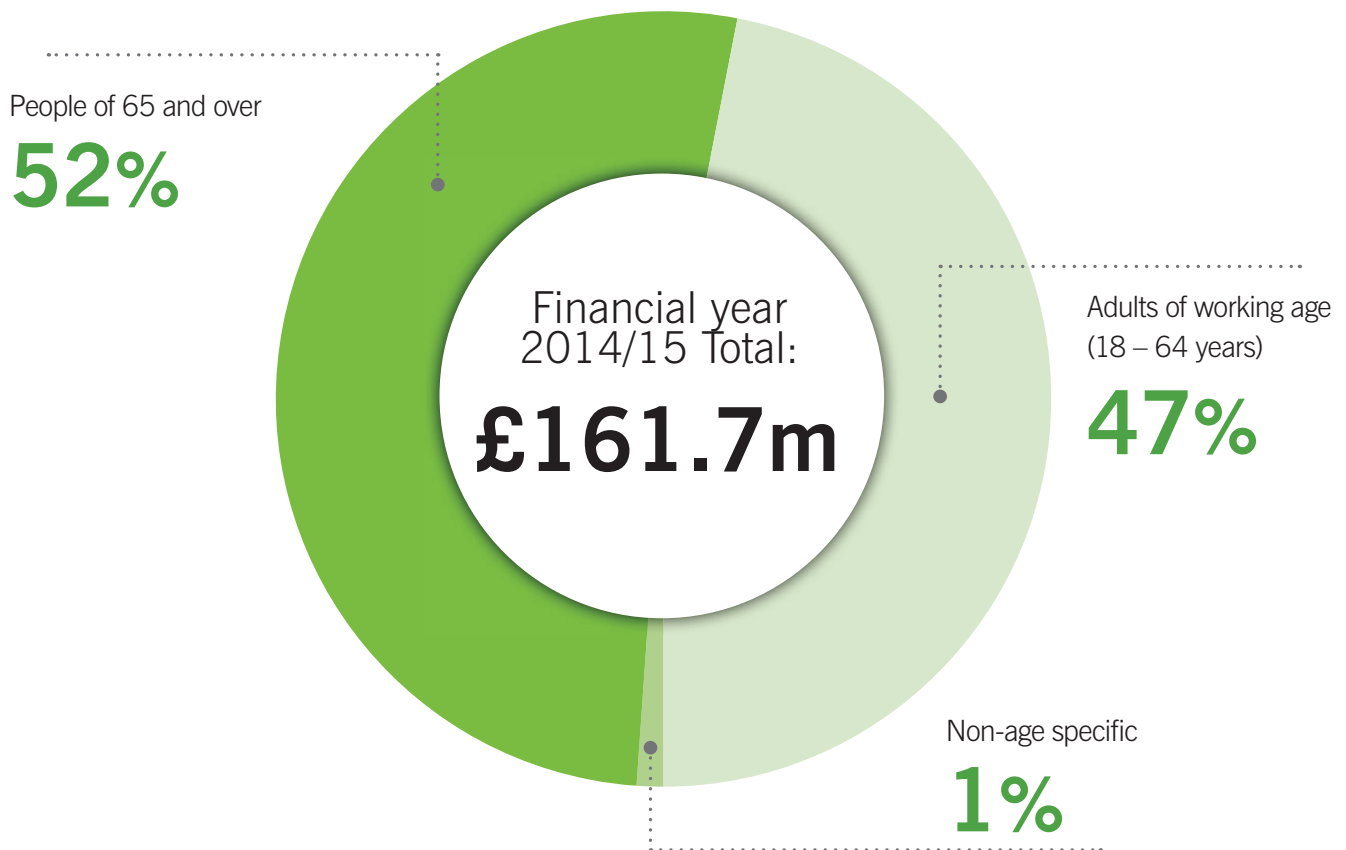
SOURCE: SALT 2015/16

- In the working age group, people with Learning Disabilities represent almost half of the people accessing long term support, the council is reviewing the support provided to this group with a view to improving commissioning to build independence and drive down costs.
- In the older age group, the incidence of dementia is increasing and there is an opportunity for providers that can provide integrated dementia care
- Increasing the take up of Direct Payments, using the Direct Payment Card remains a priority for both age groups.

## Resources

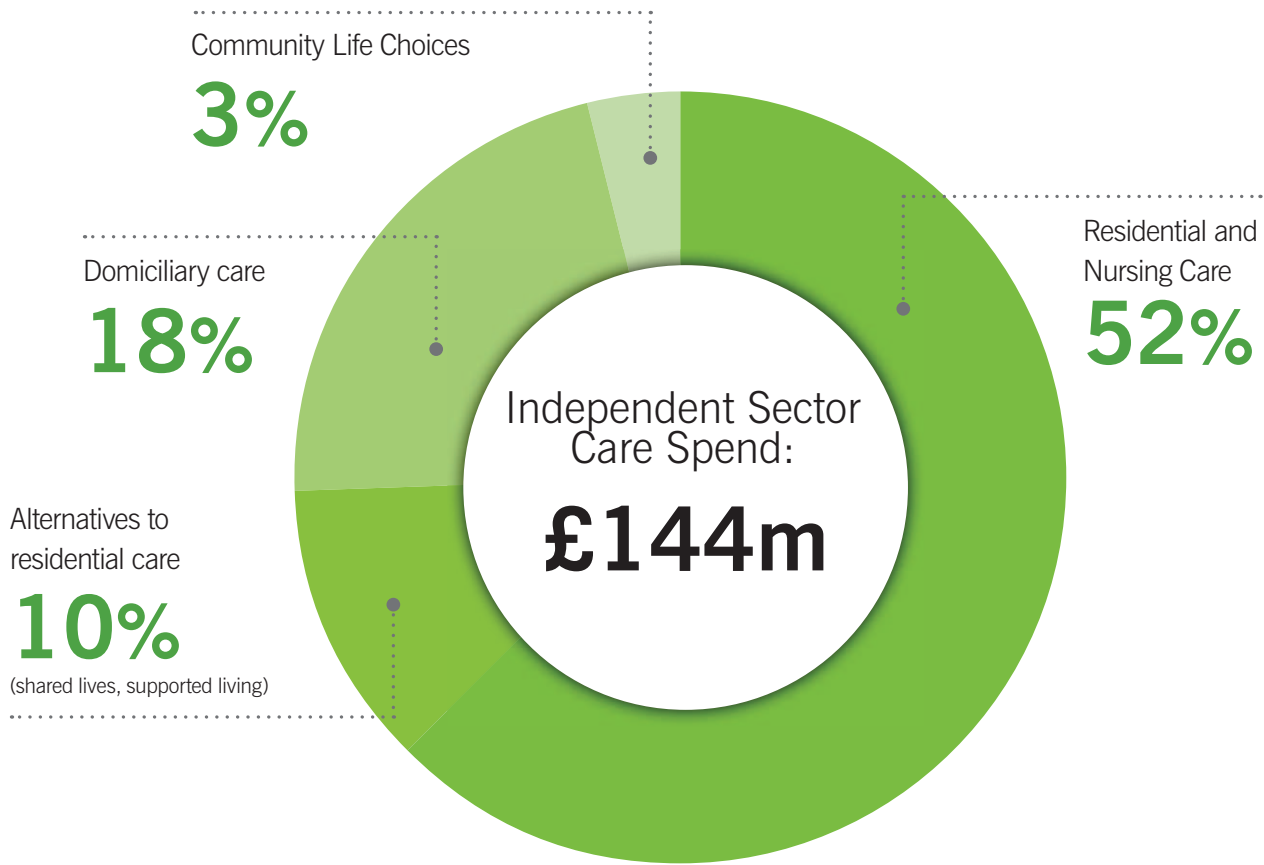
It is essential that transformation of services underpins the Medium Term Financial Strategy (MTFS) proposals to ensure that key outcomes are delivered and services are sustainable in the future. The departmental approach is consistent with the themes in council wide transformation.

In 2014/15, the Council spent £161.7 million on social care support for adults, as follows:



We anticipate that these proportions will change over time, in response to the implementation of progressive planning (reducing the proportion of spend on adults of working age) and the expected increase in the numbers of older people and of people with dementia.

11% (£17.6 million) of the spend on direct social care support was spent on in-house services (Council direct provision) this proportion is expected to reduce over time as fewer services are delivered by in-house provision. Care commissioned from the independent sector was valued at £144 million, spent on the following types of service provision:



The focus on prevention and supporting people to remain independent in their own home as long as possible is expected to reduce the proportion spent on residential and nursing care, whilst increasing the amount used for domiciliary care and alternatives to residential care. The remaining 17% was spent on direct cash personal budgets.

The current departmental savings targets as outlined in the Medium Term Financial Strategy are:

Year	Cumulative Savings (£k)
2016/16	7,660
2017/18	13,970
2018/19	17,635
2019/20	18,585

SOURCE: MTFS 2016/20

# Adult Social Care Outcomes for Leicestershire

The performance of councils in relation to adult social care is monitored at a national level via the Adult Social Care Outcomes Framework (ASCOF). This consists of between 25-30 indicators sourced from council collected data and two surveys of people's views.

Integrating health and adult social care is both a national and local priority, supported by the Better Care Fund (BCF), and locally the Better Care Together initiative which is a significant programme of work to transform the health and social care system in Leicester, Leicestershire and Rutland by 2019.

Progress against the BCF is monitored via a number of metrics including ASCOF indicators. ASCOF 2B monitors people discharged from hospital via a reablement service. Whilst the proportion in Leicestershire is lower than the national picture, performance is improving in relation to the percentage of people still living at home 91 days following hospital discharge.

The number of delayed transfers of care, commonly known as bed-blocking, is another area that the BCF focuses on. The position in Leicestershire over the past eighteen months has been similar to the national position with a general increase. However since a significant peak in summer/autumn 2014 performance has seen a marked improvement with BCF quarterly targets on the number of days people are delayed being met. The current performance in Leicestershire is better than average compared with that reported nationally and by comparator councils.

Avoiding permanent placements in residential or nursing care homes is a good indication of delaying dependency. Research suggests where possible people prefer to stay in their own home rather than move into permanent care. ASCOF 2A monitors the number of people permanently admitted to care and whilst admissions of those aged under 65 has increased over the past three years, the number of those aged over 65 has fallen year-on-year during the same period.

The views and comments from both people using adult social care services and carers are collated via annually conducted surveys. The indication from carers is a need for improvement - ASCOF 1D (quality of life), ASCOF 1I (social contact), and ASCOF 3D (finding information) all show a downward trend in performance over the last couple of years.

Recent findings from the survey of people who use adult social care services shows some similar challenges in relation to levels of social contact, and to a lesser extent finding information (although low, at 74%, this is improving).

Integrating health and adult social care is both a national and local priority

The number of people permanently admitted to care aged over 65 has fallen year-on-year over the past three years.



Feeling safe is another area explored in the survey and ASCOF 4B demonstrates a continuing view that, compared to the national picture, the services people receive help them to feel safe; the feedback in this area puts Leicestershire in the top 25% of councils in England.

Leicestershire County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a personal budget, preferably as a direct payment i.e. a cash payment. ASCOF 1C measures the progress in this area and during 2014/15 nine out of ten people were in receipt of a personal budget. Furthermore, over a third did so via a direct payment which is in the top 25% of councils in England.

Under the Care Act, from April 2015 carers have the same rights as the person they care for and the ASCOF metric has been extended to reflect their new rights. Again performance is high with 98% of carers receiving a personal budget and 95% via a direct payment.

The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion. ASCOF 1G monitors the proportion of customers aged 18-64 with a learning disability who are in settled accommodation. Performance is improving year-on-year and whilst the 2014/15 position was below the national average, further progress has been achieved.

ASCOF 1E measures the proportion of adults with learning disabilities who are receiving long-term services and are in paid employment. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing. It is a similar position to the accommodation indicator with performance improving albeit from a position that is low compared to the national position.

Overall, the ASCOF picture is one of progress and above average performance in some areas but in need of improvement for a larger proportion of the indicators; the views of carers is an area for particular focus. Integration of health and social care as measured through the ASCOF metrics in the Better Care Fund demonstrate good progress.

# Delivering the Strategy

## Preventing need

The Care Act 2014 brings new responsibilities for local authorities, with new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market and safeguarding. Social care services are changing and Leicestershire County Council needs to renew what it offers to people who need our help.

The Council will work with our partners to prevent people developing need for social care support through provision of information and advice to support people to benefit from services, facilities or resources that are not focused on particular health or support needs, but which support wellbeing and are available for the whole population; for example, green spaces, libraries, adult learning services, places of worship, community centres, leisure centres, information and advice services.

There is ongoing and continuous demand for information and advice about social care provision and its remit, and what is available elsewhere. The Council's Customer Service Centre receives an average of 700 calls per week relating to social care, and a commissioned independent service also offers advice about social care, alternatives and options to meet people's needs and helps people to identify suitable alternative support.

It has already been identified that the majority of people seeking social care support in the future will be older people, so it will be necessary to ensure that the information and advice provided targets them as a customer group, from sources and in formats which are accessible to them.

Adult social care has contractual arrangements with approximately 20 organisations in Leicestershire (including the specialist advice and dementia services), which make up part of the information and advice offer available to Leicestershire citizens. Some have a specific interest associated with a particular condition or disability (for example dementia and mental health), are targeted at carers or have a particular form of delivery; for example advocacy.

It has proved difficult to fully map provision other than services commissioned directly by the authority, but it is clear that there is a breadth of community-based resources across the county, and the local voluntary sector infrastructure support organisation Voluntary Action Leicestershire (VAL) has reported that there are 378 organisations or groups with a broad interest in social care.

The internet has significant potential to provide social care information and advice, and work has been undertaken (and will be ongoing) to develop the social care and health website in line with customer needs. Work to date has prioritised the key changes associated with the Care Act, maximising opportunities for people to self-serve.

Further web development work is planned to provide information which will be determined by customer need, routing the customer to further information, community resources, the Council or our partners. It is acknowledged that current information pathways are

not integrated or standardised, and that information is not consistent. So, there will be ongoing work to co-ordinate our offer with that of our partners, to clarify the access routes to good advice and information, and to adopt a set of standards for information to achieve consistency, clarity and ease of use.

The department's prevention approach, consulted on in 2015 was co-produced alongside a range of individuals including carers, current customers of social care, and those with no direct experience of receiving services.

It aims at identifying people at risk and addressing future demand, working with people to identify their needs and assisting them to get timely, effective and relevant information and to access community resources. This must be supported through a wide range of community resources, with the right infrastructure and social capital.

### **Commissioning Intentions to Prevent Need**

Adult Social Care is not the key commissioner for many preventative interventions, therefore underlining the necessity to work with key partners, including other departments within the council to promote positive health and wellbeing.

The department's future contributions include:

- Co-ordinating our information offer with partners in other county Council departments, health services, district councils and local community and voluntary sector organisations.
- We will develop and communicate key messages for those we identify as stakeholders, to increase understanding of our shared role in the promotion of health and well-being.
- We will require all contracted suppliers to provide information as part of their service delivery and review progress during the life of the contract.
- We will support initiatives to progress community developments which promote or maintain people's independence, including early identification of people at risk and facilitating access to universal services.
- We will map community based services that prevent and reduce the need for social care support, so that this can be shared with, and utilised by strategic and operational partners.

## Reducing need

To reduce need we will identify those people most at risk of needing social care support in the future and intervene early wherever possible to maintain wellbeing and prevent further need for services. Frail older people, people with dementia, learning disabilities and mental health problems will be the key targets groups for services designed to reduce the need for social care, together with carers. The incidence of these conditions and the proportion of these people are all expected to rise significantly in the forthcoming years.

Targeted interventions for people most likely to develop a need, aim to reduce further needs and ensure that people do not become dependent on social support, and might include; minor adaptations to housing which improve accessibility or provide greater assistance for those at risk of a fall, or telecare services.

The Council commissions a mental health drop-in service where people can access information, advice, peer support, and one to one sessions with a member of staff to help with specific issues. At March 2015 this service's customer database numbered 515 people.

The Memory Support Co-ordination Service (paid for by Better Care Funding) is part of the integrated dementia care pathway. The service provides support to individuals and those who are concerned about memory loss or have a diagnosis of dementia, through the provision of support groups and education, and dementia cafes.

Carers support service offers a wide range of targeted advice, information and support for all adults who care across Leicestershire. The service facilitates the countywide forums, support groups, telephone befriending and information around welfare benefit entitlements. The service provides a quarterly newsletter to over 3,500 carers and supported 385 people new to caring between April and September 2015.

The GP Health & Wellbeing Service supports local GP practices across Leicestershire to identify and support patients who are carers in the early stages of their caring role. The service supports them to look after their own health and wellbeing and ensure that they receive appropriate advice, information and support. It offers carer awareness training to primary care staff and aims to identify a dedicated carer champion in each surgery. Since April 2015 the service has made contact with over 310 carers and supported 82 carers to seek more formal support from ASC.

Local Area Co-ordination is being piloted in 8 areas in the county to build individual, family and community resilience by working alongside local people, community organisations and the voluntary sector to design and deliver services needed in the locality. The main role of Local Area Co-ordinators will be to support a caseload of vulnerable customers to access services locally to help them to maintain independence.

The department is supporting the development of local groups and social enterprises, which can increase social capital across the county, is also supported via the Shire Grant programme.

The Innovation Programme is funded by Leicestershire County Council and is now working with providers on phase 3. The purpose of the fund is to support small scale pilots to develop projects with new and innovative ideas, with an emphasis on prevention approaches. These should lead to improved and sustainable health and social care outcomes for vulnerable adults and in hard to reach communities in Leicestershire.

LightBulb is a countywide project led by Blaby District Council and being piloted in 2015/16, which involves the county council and local housing authorities working in partnership to deliver housing and support services for vulnerable people, which are targeted at reducing hospital admissions and delayed discharges. Lightbulb will develop a single point of contact to simplify customers' access to services; a new, integrated assessment and case management process and an enhanced service offer, ranging from handyperson services to affordable warmth advice.

Advocacy services have been reviewed and are being recommissioned jointly across Leicester City, Leicestershire and Rutland with the aim of providing a "seamless" service for customers, avoiding duplication and achieving the best value for money for all three local authorities.

Mental Health support across the county is provided via a drop-in service. We will work with health colleagues in the Better Care Together mental health work stream to achieve better alignment of mental health services across health and social care.

### **Commissioning Intentions to Reduce Need**

The Council will focus on reducing demand in the identified priority customer groups; frail older people, people with mental health difficulties, learning disabilities, dementia and carers.

- As part of the corporate preventative review, better alignment of grant funding will be sought to avoid duplication and offer more aligned approach to council funding for voluntary and community organisations and groups.
- We will support carers to remain mentally, emotionally and physically well through ongoing identification within primary care settings, continued investment in their support services, and the use of carers' personal budgets.
- We will support providers to recognise safe practice in safeguarding.
- We will work with providers to monitor and develop reporting systems to understand the impact and maximise the benefits of early identification services.

## Delaying Need

Activity here focuses on support for people who have experienced a crisis or who have a defined illness or disability, for example, after a fall or a stroke, following an accident or onset of illness also on minimising the effect of the disability or deterioration for people with ongoing health conditions, complex needs or caring responsibilities.

It includes interventions such as reablement, rehabilitation, and recovery from mental health difficulties. We will work together with the individual, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost effective support.

Services working to delay need include the Crisis Response Service, the Home Assessment and Reablement Team, and the Mental Health Crisis Service.

In 2014/15 the countywide Crisis Response Service handled 1,318 referrals, and provided support in 976 cases. The team focuses on preventing admission to hospital or residential care through the provision of up to 3 days of support at home, including community equipment as well as practical support.

The in-house Assistive Technology team works to help people stay in their own homes through the use of equipment and telecare (lifeline). In 2014/15 the team supplied 1573 items of telecare equipment and 1662 items of stand-alone equipment.

In relation to Mental Health recovery, Adult Social Care has an in-house service for people with a mental health need, which provides one to one support to individuals for up to 12 weeks to enable them to access community based social activities. In 2014/15 this service worked with 770 individuals. The Council also commissions a mental health recovery hostel, which provides 11 beds where people can stay for up to 9 months to learn or regain skills for independent living, and be supported to engage with and move back to community settings.

## Commissioning Intentions to Delay Need

We aim to deliver services which will enable people to gain or regain skills to help them to live independently and recover from illness. We will do this in the most unobtrusive and least restrictive manner possible. This means that we will support people in the short term whilst expecting that wherever possible people will support themselves in the longer term. For most people, long term support from the local authority will be the exception rather than the rule.

We will provide 'just enough' support to assist people to build on their current strengths and develop their abilities to look after themselves without becoming overly dependent on council support.

- With regard to bed based reablement we will work to identify appropriate venues across the county where people can be supported to regain independent living skills in settings with flexible levels of support.
- This will link with the work we will continue to develop shared working with health and new discharge from hospital pathways in order to reduce delayed transfers.
- In 2016 the Council will recommission Homecare Services as the Help to Live at Home (HTLAH) Service and incorporate a reablement component that providers will deliver with targets to achieve outcomes that are linked to the Adult Social Care Outcomes Framework. This is a significant shift from the traditional task and time method of delivering homecare services.
- Alongside the implementation of HTLAH, the Council will be facilitating greater use of telehealth, equipment, minor adaptations and assistive technology to help people to maintain independence in their own home and reduce the need for more extensive intervention and ongoing support.

## Meeting need

Where people do need support we will make it as easy to access as possible. People will be able to get the help, advice and support they need online, by phone, through clinic appointments or where required through pre-scheduled home visits. On first contact with people we will try to resolve their problems as quickly as possible and seek to utilise support from families and communities before resorting to formal social care services. We will do this because we know that this helps people to be more resilient and have better social outcomes; it reduces isolation and is more cost-effective. Support identified in people's local communities makes life better for both the individual and the community.

### **Outcomes and value for money are essential**

Of course for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support we will share this responsibility with the individual, their families and their communities. We will try to meet people's needs in a person centered way which delivers the outcomes that people require.

In planning, commissioning and advising regarding services we want to facilitate the best value and most cost-effective delivery of good care. This is important, not just because local authorities are receiving less funding from government to provide care, but also because a significant number of people using support services contribute to their cost and thousands of people in Leicestershire fund their own care entirely. Everyone should expect that the services they are buying or receiving represent value for money.

In order to achieve the savings required against current service delivery and reshape services to ensure they can deliver the new model of social care in the future we will decommission services that are not outcome-focused or effective in their current form.

Choice is also an important factor in people being able to manage their own care, however it cannot be unrestricted. Wherever possible we will work with individuals to deliver personalised social care and health services, but we will only do this on the basis that the services people receive will maximise their independence, provide value for money and be affordable. Working with providers of care we will constantly review people's care arrangements to ensure their outcomes are being met in a cost-effective way.

### **Community based services**

#### **Help to Live at Home**

The authority has recently extended current Homecare (domiciliary care) contracts to April 2017, and has embarked on a programme of work that will reshape the market. This will take account of the need to jointly commission services with the NHS locally; the requirements of the Care Act including the need to move towards outcome based commissioning. The programme objectives are to:



- Drive up quality and innovation
- Improve partnership working and develop joint commissioning
- Ensure best use of resources and achieve efficiencies
- Reduce admissions to hospital and delayed transfers from hospital back into the community

Currently the main challenges in the market are that supply is fragmented with over 100 providers across the county and that social care commissioners compete with NHS commissioners and self-funders for services. This, together with growing demand, results in some, but by no means all, delays in hospital discharges, supply problems in certain rural areas and delays in moving people on from Reablement services.

Moving forward, the role of Reablement in the delivery of Help to Live at Home will increase as the work of the local authority Home Assessment and Reablement Team focuses on people leaving hospital. New contract arrangements will also entail outcome based commissioning, which will be related to reablement.

### **Community Life Choices**

We recognise that good lives happen for people when they are supported in their communities. This means being connected to people and places in neighbourhoods and beyond.

Leicestershire aims to support people to work towards being as independent as they can, promoting progression wherever possible throughout a person's life. Our vision for the social care market is underpinned by the principle that wherever possible people should be supported to achieve greater independence, focusing on what people can do.

Our key priorities for improving community-based services for those with a physical or learning disabilities or a long-term condition are:

- Embedding a progressive approach to community support enabling customers to increase skills;
- Ensuring that people have access to effective services that are tailored to meet their individual needs; and
- Ensuring equity of access for all those assessed as needing these services

Commissioning and contracting will be redesigned to support personalisation for people with learning disabilities. Providers, people with learning disabilities and their families, will be fully engaged in this redesign. The Learning Disability Partnership Board, which supports Locality Groups and Subgroups will inform and support these service developments.

Also, in 2016 there will be a fundamental review of our approach to supporting people with Learning Disability via the Community Life Choices framework and providers will be able to participate in that review.

## Accommodation based services

### Residential and Nursing Home Services

There are currently 180 Care Homes registered with the CQC in Leicestershire and the overall number has been reasonable consistent for the last 5 years.

Summary of Residential and Nursing Homes in Leicestershire						
Locality	Number of beds - Nursing and Residential	Number of Care Homes - Nursing and Residential	Number of Nursing Beds	Number of Nursing Homes	Number of Residential Beds	Number of Residential Homes
Blaby	599	24	137	3	462	21
Charnwood	1,320	57	489	10	831	47
Harborough	600	17	246	3	354	14
Hinckley & Bosworth	774	30	159	3	615	27
Melton	337	10	61	1	276	9
NWL	610	24	234	5	376	19
Oadby & Wigston	578	18	195	4	383	14
Grand Total	4,818	180	1,521	29	3,297	151

Source: CQC Database - 01/10/2015

Surveys of occupancy during the summer of 2015, which had good response rates from a broad range of providers, indicate that occupancy is running at 95% in the residential care sector.

At this level, the market is reasonably stable in that occupancy is not so high that the council is unable to find places when they are needed, but not so low that it threatens the financial viability of care homes in Leicestershire. Further work will be undertaken during 2016 to better understand future demand and sustainability in relation to residential care, taking into account the new departmental strategy to develop alternative models of support.

### Extra care

Extra care housing offers older people the opportunity to lead more independent lives in a non-institutional setting, promotes social inclusion, prevents unnecessary hospital admissions and facilitates speedier transfers from hospital.

The council currently works in partnership with a number of extra care housing, care and support providers in the Melton, Harborough, Charnwood and Blaby areas, with further units planned for 2016/17. Following a recent residential reablement pilot, in October 2015 we initiated a Better Care Funded, extra-care reablement pilot, which provides short-term support to enable people to regain confidence, mobility and independent living skills immediately after leaving hospital and prior to returning to their own home.

We are refreshing our current Extra Care Strategy and needs analysis in line with the Medium Term Financial Strategy (MTFS) for 2016-20. We will be working with strategic housing authorities, customers and local providers to develop a consistent, sustainable model of care, support and reablement, which will inform a single, countywide procurement process for extra care.

### **Supported or Assisted Living**

Like Extra Care, Supported Living services can offer a positive alternative to traditional residential care options for adults with a learning or physical disability or enduring mental health condition. We want to review the services we commission to ensure customers have access to the widest range of options for their care and support arrangements.

We have recently refreshed our Support Living Framework and are reviewing our supported living offer, which will focus on progression, building on individuals' strengths, optimising independence and the achievement of outcomes. To further develop alternatives to residential care, a new Accommodation Strategy will be developed in 2016.

Commissioning Intentions for Meeting Need

#### **Commissioning Intentions to meet need.**

- Ensure that people have access to high quality information and advice in order to make the best decisions regarding their accommodation, care and support.
- Ensure that we have the right services in the right place at the right time with the right support.
- Help as many people as possible to live in ordinary houses in the communities of their choice.
- Support providers to be flexible and responsive to people's needs, and able to cope with emergencies.
- Develop services that dovetail with the critically important care provided by family and friends, and those services provided by community organisations.
- Support people to improve their quality of life via social inclusion and the development of relationships within a person centred service

## Self-funders

Self-funders are defined by the Care Act as people with eligible needs and financial resources, which are above the threshold and as such do not qualify Local Authority financial support. These people generally arrange their own care privately. It was envisaged, under the second phase of the implementation of the Care Act, that the Council would work closely with self-funders to support them in arranging their care and monitor expenditure on eligible support towards the care cap. The decision of the government to delay implementation of the second phase of the Care Act means that this work will not be completed until 2020.

The size of the self-funder market is affected by the cut-off point at which the council provides support, substantial and critical in the case of Leicestershire in recent years, the rate of home ownership, which is high at 72% for those over 85 years of age in Leicestershire, and the average house price which is £157k in Leicestershire compared with £134k across the East Midlands, also indicate that the self-funder market in Leicestershire would be high. Furthermore, another indication that the self-funder market in Leicestershire is strong is that at 137/149, Leicestershire score very low on the Index of Multiple Deprivation (2010) and is therefore a relatively wealthy county.

Substantive research into the size or nature of the entirely privately funded care has not been completed in Leicestershire, relating either to residential or home care. At the time of reporting (January 2016) Adult Social Care funded 2,205 of the 4,818 total places available. The remainder will be occupied by a mixture of people funded by health services or other local authorities, or who are self funders.

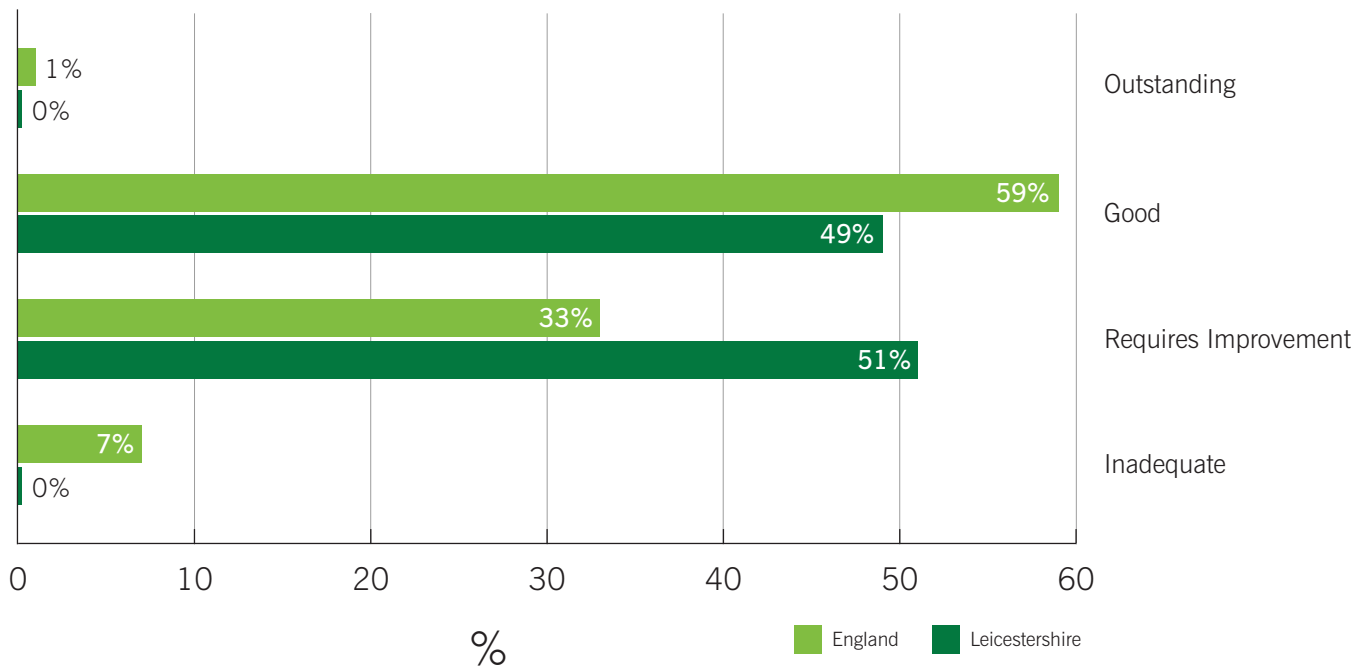
The council will continue to work to gather more detailed information about self funders in all sectors and will include this into specific market sector reports.

# Quality Management, Safeguarding and Workforce Development

In October 2015 the Care Quality Commission (CQC) produced its State of Care for 2014/15. For Adult Social Care it highlighted the pressures on care providers including increasing complexity of care needs, significant cuts to LA budgets and increasing staff costs. The main concerns relate to safety, including staffing levels and poor medicine management. Stable and consistent management was identified as a key factor in the development of quality in care services.

Despite the pressures, nationally 60% of Adult Social Care services inspected were judged as providing Good or Outstanding care on the new CQC reporting format. However, in Leicestershire of the 47 inspections undertaken only 49% were judged as providing Good care, none were providing Outstanding care.

## CQC State of Care Report 2014/15



SOURCE: CQC State of Care Report 2014/15.

## Improving the quality of care

The Quality Improvement Team (QIT) continues to develop and strengthen links with health colleagues to support, for example, the NHS Pressure Ulcer Ambition and to lessen the amount of medicine waste in residential care settings and work in close partnership with the NHS Quality Team, Mental Health in-reach Team, associated clinicians and others.

We continue to see an increase in the number of self-referrals from care providers wanting to improve or wanting to share best practice. QIT are working proactively with these providers to achieve and sustain the Quality Assessment Framework (QAF) and Dignity in Care Awards and to support them to move through the 3 tiers of QAF.

To date, our Quality Team have worked with 143 providers which include 104 residential and nursing care providers, 5 supported living, 2 day care and 32 domiciliary care providers. On referral, we offer providers an individual programme of support which identifies the areas of concern. Priority is given where there is potential risk to customers.

Within the agreed timescale we provide supporting evidence on progress. If the provider has reached agreed performance indicators QIT pull out and the compliance team undertake a compliance validation visit. QIT then revisit the provider at 3, 6, 9, and 12 months to monitor compliance and sustainability and to promote further progress. If the provider remains non-compliant the case is referred back to the compliance team to follow the usual contract monitoring process.

## Quality Checkers

A group of people with Learning Disabilities have been supported to become quality checkers. As experts by experience they have developed their concept of quality and had training to prepare them for this role. In 2015, this group started to check council services and will move into the review of independent services in 2016.

## Leicestershire Social Care Development Group

Leicestershire Social Care Development Group (LSCDG) has been operational since 2006, the aim of LSCDG is to support the workforce development and raise quality for independent and voluntary sector across Leicestershire and Leicester.

LSCDG works with over 400 care providers including care homes, nursing homes and homecare providers. It runs a series of courses that are delivered by experienced experts in the field; this includes in-house local authority staff and external providers who have been through a robust selection process. Working with partners who are in touch with the independent and voluntary sector enables LSCDG to formulate and direct training plans as well as implement new legislation and procedure.

## Safeguarding

The experience of the Safeguarding Team has been that, although fewer investigations are being undertaken, the referral is often of a more serious nature, and there have been a number of investigations recently in response to serious allegations of psychological and physical abuse by staff members in care homes, often reported by whistle-blowers. The Safeguarding Team continues to work in close partnership with the Police, Compliance and QIT, Care Quality Commission, other funding authorities and with providers within these investigations. The Council recognises the key, on-going role of providers in risk management and mitigation and the embedding of best practice in the safeguarding of vulnerable adults.

We recognise that for some people there is an enhanced risk to their personal safety because of their particular disabilities or frailties, or due to wider issues in society. However we also recognise that we all need to take and accept a level of risk in order that we grow and develop as individuals. We will therefore work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm. Our response to concerns about people's safety will be proportionate, flexible and personal and will focus on the individual's wishes and feelings alongside the best interests of the wider community.

## The workforce in Leicestershire

As at July 2015, Skills for Care hold information on 6,700 staff working in adult social care in Leicestershire. Across the whole sector, Skills for Care estimates that there are 12,000 direct care workers, 1,200 managerial and supervisory workers, 521 professionals and 2,006 jobs in other non-care providing roles in social care.

The majority of positions held are full-time (61%), which is similar to that of the region where the majority are employed full-time (55%).

The average number of sickness days taken in Leicestershire was 7 in the last year, which is lower than the regional average of 8 days per year. Sickness is a large cost to the sector, with an estimated workforce of 15,700 this would mean Leicestershire lost almost 110,000 days due to sickness in the last year.

Recruitment and retention data shows that Leicestershire has an average staff turnover rate of 31.0%, as at July 2015. This is higher than the turnover rate for East Midlands which is 25.2%. The turnover rate varies depending on job group. Direct care staff have the highest turnover rate (38.7%), followed by regulated professional staff (18.6%) and managerial staff (9.2%). Additionally, as at July 2015, Leicestershire has a vacancy rate of rate of 4.1%.

Given an estimated 12,000 direct care jobs in Leicestershire and a turnover rate of 38.7% this equates to around 4,644 positions being made vacant in the last 12 months. Managerial and supervisory roles had a turnover rate of 9.2% and an estimated 1,200 jobs, this equates to 110 positions being made vacant. There are an estimated 521 regulated professional roles, and a turnover rate of 18.6%, this equates to 97 positions being made vacant in the last 12 months.

From the data available around workforce age e.g. the National Minimum Data Set for Social Care (NMDS-SC) we can assume that the majority of the workforce (43%) in Leicestershire are aged between 45 to 64. Those aged 24 and under represent 13% of the workforce and those aged over 60 represent 10%. With an estimated workforce of 15,700, some 1570 jobs may be lost to retirement in the next 5 years.

The majority of the workforce are female (85%) and the ethnicity of workers is mainly white (84%), with the remainder being of black and other minority ethnic groups (16%). Across the East Midlands as a whole, 87% are of white ethnicity and 13% are of black and other minority ethnic groups.

The data shows that 54% of the workforce in Leicestershire hold a relevant qualification in adult social care. This is lower than the average for the East Midlands wherein 61% hold a qualification. Around 58% of direct care workers hold a level 2 or above social care qualification in Leicestershire. A new Workforce Strategy will be produced in 2016 and working with providers across the county will be vitally important to ensure that it delivers the improvements and sustainability needed.



# Conclusion

## The need for change: 2016-2020

Demand is increasing significantly; budgets are being cut, so we need to change our approach to the planning and delivery of Adult Social Care in Leicestershire. Our strategic aim will be to promote, maintain and enhance people's independence so that they are healthier, stronger, more resilient and less reliant on formal social care services. This underpins our Market Position Statement and will inform our commissioning intentions and the development of our strategic relationships with suppliers.

Over the next four years LCC will:

- put in place a new, more cost effective approach to delivering adult social care
- work with partners to provide more joined up health and social care
- focus on preventive services which help to avoid problems from getting worse
- reduce demand and free up resources for those who most need them

Alongside this Market Position Statement, the Adult Social Care Strategy takes account of the main factors that are influencing the care market in Leicestershire and sets out the Council's approach, over the period 2016 – 2020.

Adult social care supports people, including unpaid carers, who need practical or emotional support to lead an active life. Social care helps people do everyday things, participate in their community, and safeguards people from significant harm. The number of people who might need adult social care services in the future is expected to rise significantly as explained earlier.

## Working in partnership with Providers

As well as providing an overview of the social care market in Leicestershire it is important that we provide information about how we intend to shape the market and work with providers to do that. Early in 2016 we will draft a provider engagement plan for consultation which will set out our approach, the opportunities for providers to engage and coproduce, and communication tools that we want to use.

Following on from this Market Position Statement, and in line with preferences expressed at the Multi Sector Provider Forum, we will produce more detailed State of the Market reports for specific market segments, for example Supported Living. The prevalence of self funders in each market segment will be a key focus in those reports and we will need to collect information from providers to produce a comprehensive view of the market.

The providers of Adult Social Care Services are a vitally important stakeholder and we hope that you will work closely with us as we seek to provide the best possible information, advice, support and care to the people of Leicestershire.

## Further information

Further information about the Leicestershire ASCOF performance for 2014/15 is available at the [Health and Social care Information Centre](#).

Further information about the Leicestershire workforce is available at available at the National [Minimum Data Set section of the Skills for Care](#) website.

Further information about the [Medium Term Financial Strategy](#) is available at the Leicestershire County Council Website.

Further information about the Short and Long Term Support (SALT) provided to people by Leicestershire County Council in 2014/15 is available at the [Health and Social care Information Centre](#).

Further information about the CQC State of Care Report can be found at the [Care Quality Commission](#) website.







**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 APRIL 2016**

**TRAINING AND DEVELOPMENT FOR THE INDEPENDENT SECTOR**  
**PROVIDER MARKET**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

1. The purpose of this report is to provide members of the Committee with details of the range of training opportunities available to providers of services for adults and older people in Leicestershire.

**Policy Framework and Previous Decisions**

2. The Care Act 2014 places duties on local authorities to facilitate and shape their market for adult social care as a whole. This means for all people in Leicestershire who need care and support, whether this is arranged or funded by the state, by the individual themselves, or in other ways.
3. The Care Act also outlines that local authorities must facilitate markets which offer a diverse range of high quality and appropriate services and that they must ensure the continuous improvement of those services and encourage the development of a workforce which effectively underpins the market.
4. The Care Act also highlights that those working in the care sector play a central role in providing high quality services, and that local authorities must consider how to help foster, enhance and appropriately incentivise this vital workforce.

**Background**

5. Leicestershire County Council commissions a range of services from community, voluntary and independent sector providers, through contractual arrangements, to prevent, reduce, delay and meet need. In addition, there are significant numbers of providers who provide services outside of formal contractual arrangements.
6. Contracting is a legally binding method by which commissioned services are delivered, and contract management is the process by which the Council ensures that the services continue to be delivered to agreed quality standards. Training and ensuring that the workforce is suitably competent to deliver services to specific standards, and in line with best practice, forms a key component of contract management. Officers of the Council cannot specify to providers of social care who should provide training, nor does the Council recommend the format that the training should take, but will specify what training is required to ensure that staff are competent to meet the needs of people for whom services are provided.

7. Providers of care services can access training in a number of ways:-
  - (i). Through Skills for Care (the organisation responsible for training and development in the care sector);
  - (ii). Though the Social Care Information and Learning Service (SCILS) – this is an online resource/community dedicated to the Health and Social Care Sector. The County Council is one of a number of Councils that utilises geographic subscription, allowing local authorities covering all Social Care and Health Organisations working with Adults and Children/Young People (this also includes the private, voluntary and independent sectors to access the service);
  - (iii). Through the Leicestershire Social Care Development Group (LSCDG);
  - (iv). By accessing independent training organised by a range of independently operated organisations;
  - (v). The Adults and Communities Department’s Quality Improvement Team (QIT) also provides training and support to providers.
8. Officers from the Council’s Learning and Development Section have forged and maintain strong relationships and links with both commissioners and providers of health and social care, including East Leicestershire and Rutland Clinical Commissioning Group (CCG), West Leicestershire CCG, Leicestershire Partnership NHS Trust, East Midlands Care Association and QIT. These relationships aim to ensure that training is developed to support safe and effective service delivery and that providers can access training in line with nationally and locally agreed standards.
9. The Council is unable to oversee the contents of external training as this is outside of any contractual arrangement held with the Council to deliver training. The Adults and Communities Department therefore does not assess the quality of training provided externally which providers of social care may access through their own arrangements.

### **Skills for Care**

10. Skills for Care is the employer-led workforce development body for adult social care in England. Skills for Care works with organisations across England to ensure they equip staff with the right skills and values to deliver high quality care. Skills for Care is also the home of the National Skills Academy for Social Care, which offers workforce learning and development support and practical resources from entry level right through to those in leadership and management roles.
11. Skills for Care state that their vision is to achieve a confident, caring, skilled and well-led workforce that is valued by people who need care and support through working with employers.
12. To achieve this vision the aim is to:-
  - (i). Work together with organisations that provide adult social care and other partners to develop qualifications and standards that meet the leadership, learning and development needs of the workforce;

- (ii). Work with organisations that provide adult social care to make sure their workforce can access high quality learning and development opportunities;
  - (iii). Encourage innovative thinking and learning helping the workforce provide person-centred care and support with dignity and respect at its heart.
13. Skills for Care offer an extensive A to Z list of materials and resources to support the development of the social care workforce resources and access to training that covers a range of topics from assisted living technology to working together to improve end of life care (see attached link [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk) and then search 'Topics').

### **Social Care Information and Learning Services (SCILS)**

14. Though SCILS, providers are also able to access a wide range of social care materials either for online or group learning along with other services that support social care professionals in furthering their knowledge (see attached link regarding the range of materials available at [www.scils.co.uk](http://www.scils.co.uk) and then click 'About us' and search 'Topics available').
15. SCILS offers a holistic A to Z set of materials, from acquired brain injury to young carers. These resources can be used for either individual learning for training delivered in a group setting.
16. There are 1,689 users registered on SCILS and in 2015/16, the website received the following number of hits by providers within Leicester, Leicestershire and Rutland (LLR):

<b>Group</b>	<b>Hits</b>
Leicestershire	688
Leicester City	152
Rutland	786
Users not defined under Leicester, Leicestershire, and Rutland (LLR)	152

### **Leicestershire Social Care Development Group (LSCGG)**

17. LSCDG is a partnership between the three LLR local authorities and adult social care providers. It has been operational since 2006, and its aim is to support workforce development and raise quality for independent and voluntary sector (IVS) across LLR. The IVS plays a key part in shaping the training requirements of the sector and provides feedback on the content of current training courses.
18. The LSCDG works with over 400 adult social care providers including care homes, nursing homes and domiciliary care agencies. The partnership is governed by the Sub Regional Workforce Group (SRWG) which meets quarterly, and its administration is hosted by the County Council. The IVS has representatives that sit on the SRWG and providers across all sectors of social care in Leicestershire are represented by the following organisations:-

- Janice Haywood, VISTA (Voluntary Sector Representative);
  - Jane Fielder, Waltham Hall Nursing Home (Residential and Nursing Care Representative);
  - Jayne Young, Carewatch (Domiciliary Care Representative).
19. The LSCDG currently offers a series of courses, which are delivered by experienced experts in the field including in house local authority staff. These staff are subject to the Council's supervision and performance and development policies and procedures and external providers will have been through a robust selection process in order to deliver training on behalf of the LSCDG. External providers who deliver services/training are subject to ongoing performance and contract management. All courses delivered by in house staff and external providers are subject to evaluation by those who have attended the training.
20. The LSCDG works with partners who are in touch with the IVS to help formulate and direct training plans, as well as implementing new legislation and procedures. One of the main functions of the LSCDG is to organise and arrange a training plan that runs from April to March each year with a selection of core training, which is funded via the partnership. The training plan consists of fully funded courses, such as:-
- Moving and Handling Train the Trainer;
  - Autism;
  - Dementia Education Programme;
  - Safeguarding.
21. All other courses can be accessed with a contribution levied per delegate; these include the Mental Capacity Act and Introduction to Learning Disability. All courses are delivered in a classroom and supported by e-learning. The e-learning consists of bite size chunks of 30 minute sessions to raise awareness on topics such as Autism and Dementia. Other e-learning includes downloading of training materials that providers may want to use in supervisions or group sessions; this includes the common induction standards. Over the past year the LSCDG has provided training relating to the Care Certificate to 121 staff and to 81 providers. The full range of training available through the LSCDG and numbers of staff who have accessed training in the past year is set out in Appendix A. Also attached, as Appendix B, is a presentation providing members with an overview of the work of the LSCDG.
22. The LSCDG is also responsible for the administration of the Workforce Development Fund (WDF); a Department of Health funding stream distributed by Skills for Care, which LSCDG have successfully managed for over 10 years. Employers across LLR can use the WDF to make a significant contribution towards the costs of workers completing units and qualifications on the Qualifications and Credit Framework.
23. QIT supports providers of care services and will assist with developing their workforce through the delivery of training, in particular, around Moving and Handling, Medication and Management of Falls. This can be beneficial because the training can be delivered on site and will focus to address the individual issue or concern identified. QIT work with providers to support improvements to care practice and delivery and identify a need for a specific type of training, and LSCDG's role involves supporting the delivery of this training in a number of ways, eg bespoke training around the specific needs of the workforce and access to training through the LSCDG programme. If a shortfall in training is identified, the LSCDG will use this to shape and influence future training programmes. The SRWG members are working



with the Better Care Together colleagues to develop a joint and sustainable approach to workforce development for the future.

### **National Minimum Data Set for Social Care (NMDS)**

24. Providers across Leicestershire are encouraged to make use of Skills for Care's National Minimum Data Set for Social Care (NMDS-SC). This is not a mandatory requirement for providers, however, the NMDS is recognised as the leading source of robust workforce intelligence for adult social care. The NMDS-SC collects information online about providers offering a social care service and their employees. Social care providers can register, maintain and access their business information at [www.nmds-sc-online.org.uk](http://www.nmds-sc-online.org.uk). Providers of care use NMDS-SC to record information about their workers. Providers can use the NMDS to track training records.
25. Across Leicestershire 126 providers have submitted data to the NMDS. This represents less than a quarter of all contracted service providers commissioned by the Council to deliver adult social care services. It therefore does not provide a holistic view of the social care workforce, their qualifications or the training that the workforce has received.

### **Future Developments**

26. The department is refreshing its Adult Social Care (ASC) Workforce Strategy to reflect recent legislation changes and the new ASC Strategy "Promoting Independence, Supporting Communities". Adult social care workers in all sectors will need to be empowered to make confident and competent decisions and training plans will need to support that aim. Planning for the implementation of the Workforce Strategy has begun and providers and training organisations will be included in the planning.

### **Background Papers**

None.

### **Circulation under the Local Issues Alert Procedure**

None.

### **Officers to Contact**

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### **List of Appendices**

- Appendix A - Details of the list of training courses available through the LSCDG and the numbers of providers who have accessed training during 2015-2016.

- Appendix B - Presentation on the role and remit of the LSCDG

### **Relevant Impact Assessments**

#### Equality and Human Rights Implications

27. All training is accessible to all providers of social care in Leicestershire.

#### Partnership Working and Associated Issues

28. The report highlights how the LSCDG has developed and maintains robust relationships with social care commissioners and providers to ensure that providers of social care can access a range of training courses to assist them to meet the needs of people in need of care and support in Leicestershire.

# APPENDIX A

## LEICESTERSHIRE SOCIAL CARE DEVELOPMENT GROUP COURSE ATTENDANCE

April 2015- February 2016

Course Title	Length of Course
Autism Cat B	1 day
Autism Cat C	1 day
Autism Beginners Guide	1/2 day
Autism in the context of LD	1 day
Care Certificate Workshops	1/2 day
Communication Awareness - LD	1 day
Easy Write	1/2 day
Dementia Cat B	1 day
Dementia Cat C	2 day
Dignity in Care Train The Trainer	1 day
Deprivation of Liberty Safeguards	1 day
Health & Social Care Protocol	Series of Days
Introduction to Learning Disability	1 day
Leadership In Social Care - LD	9 sessions
Leadership In Social Care - Generic	3 days
Mental Capacity Act	1 day
Memory Plus	3 days
Mental Health in the Context of LD	1 day
Moving & Handling Train The Trainer	5 day

Moving & Handling Update	2 day
Nutrition	1/2 day
Profound Moderate LD	1 day
Safeguarding Adults Referrers	1 day
Safeguarding TFT	2 day
Signalong	2 day
Working In Person Centered Way	1 day

<b>Total to Date</b>		
<b><i>No of Courses Delivered</i></b>	<b><i>No of Staff who Attended</i></b>	<b><i>No of Care Providers</i></b>
9	141	74
5	83	36
4	42	30
1	18	9
7	121	81
1	10	7
1	9	4
10	189	66
7	125	73
2	24	17
5	95	48
17	126	42
1	12	8
2	31	30
2	27	27
3	68	28
1	15	10
3	53	20
5	37	33
11	82	61
0	0	0
2	30	18
5	89	50
5	89	67
3	26	16
2	23	13
114	1565	868

# Leicestershire Social Care Development Group

## Training & Support For PVI Sector



## Appendix B

# Leicestershire Social Care Development Group

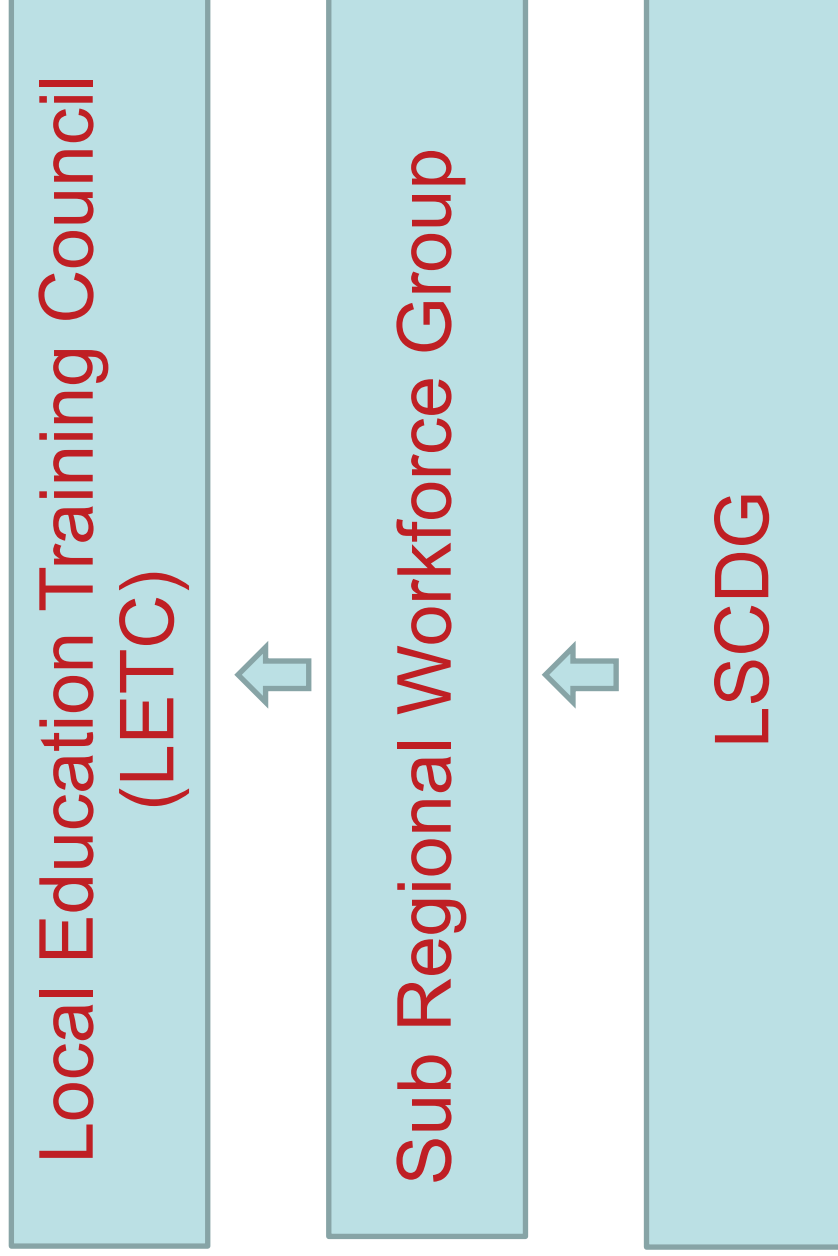
Legal Partnership that involves the following

- Existence since 2006

## **Sub Regional Workforce Group**

- Leicestershire County Council (LP)
- Leicester City Council (LP)
- Rutland CC (NLP)
- Skills for Care (SfC)
- EMCARE – Private Sector (East Midlands Combined Association of Residential Establishments)
- VISTA – Voluntary Sector
- Domiciliary Sector
- Health

# Leicestershire Social Care Development Group



# Leicestershire Social Care Development Group

**AIM: Support workforce development and raise quality for independent and voluntary sector, adult social care across Leicester and Leicestershire, Rutland**

- Part Funded Training Programme
- Funding
  - Workforce Development Fund [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)
- Free On line Resources
  - Scils (Social Care Information & Learning Services) [www.scils.co.uk](http://www.scils.co.uk)
  - E-Learning <http://lscdg.learningpool.com>
- One Off Events
- LSCDG is part of East Midlands Core Network (SfC)
- LSCDG website [www.lscdg.org](http://www.lscdg.org)



# Leicestershire Social Care Development Group

## Statistics

- **2015/16 (April 2015 to Feb 2016)**
- 114 Training Sessions Delivered
- 1565 Staff Trained
- 868 Accessed by Providers

(400 + Providers across LLR as per Care Directory)

# Leicestershire Social Care Development Group

## Examples of training available to PVI Care Providers

- Moving & Handling Trainer the Trainer (3 days)
- Safeguarding Adults Training the Trainer ( 2 days)
- Mental Capacity Act & Deprivation of Liberty Safeguarding Training
- Dementia Education Programme (3 Tiers)
- Autism Programme (3 Tiers)
- Leadership & Management LD (Winterbourne Review)
- Leadership (Generic)
- Dignity in Care Train The Trainer ( 2 day)
- Signalong (2 days)
- Memory Plus (Year Long)
- Care Certificate Workshops (Half Day Sessions)

# Leicestershire Social Care Development Group

## Training

What does it cost?

- Some Courses Fully Funded (Autism, Dementia, Safeguarding TtT, Moving & Handling TtT)
- £30 per course (invoiced after the event).
- Non attendance £100 per day
- No Lunches provided, refreshments are included
- [www.lscdg.org](http://www.lscdg.org) – on line booking

# Leicestershire Social Care Development Group

## Funding

- Workforce Development Fund
  - Qualifications Credit Framework (QCF)
  - Completion of national minimum data set social care (nmds-sc)
  - Can claim £15 per credit
  - Since 2006 LSCDG have met 100% of contract
  - [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

## Leicestershire Social Care Development Group

- Engagement with Care Providers (Relationship)

### How does this happen?

- Website
- Training Courses
- Events (both ways)
- Referral via compliance (city & county)
- Word of mouth
- Other sources

# Leicestershire Social Care Development Group

## Who ?

- Owners
- Manager/Senior Staff /Training Co-ordinator
- Health
- CCG's
- Local Colleges
- Training Providers
- Other Departments/LA's, Organisations

# Leicestershire Social Care Development Group

## How & What

- Care Provider Settings/County Hall, Other
- Resources available (information pack – use website – Lap Top/PC -)
- Conversation (two way process)
- Can you show me...
- How do you source...
- How many staff...
- Building a picture

# Leicestershire Social Care Development Group

## Feelings Matter Most





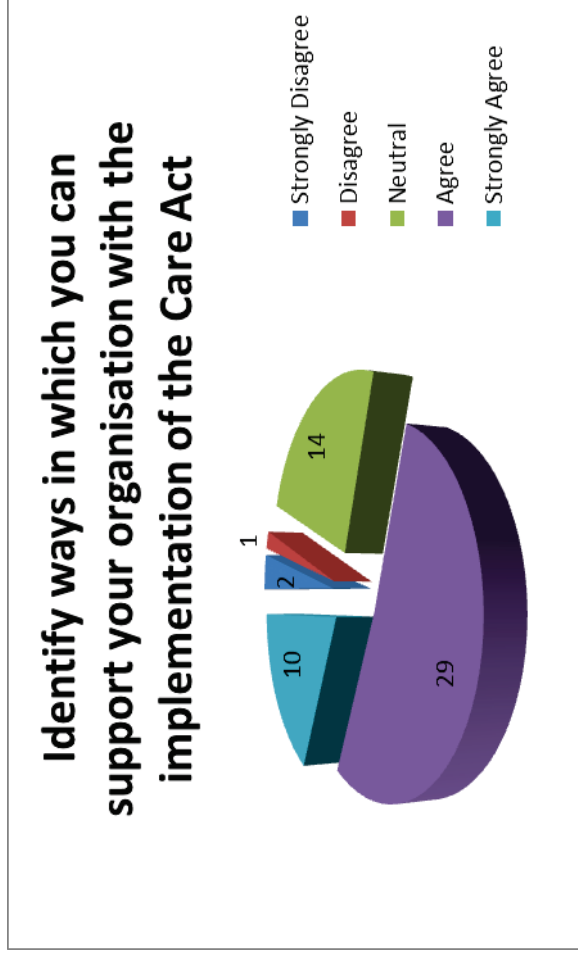
# Leicestershire Social Care Development Group

- MCA/Dols Conference



# Leicestershire Social Care Development Group

- **Care Summit**
- 124 Delegates
  - 79 PVI
  - 35 LA
  - 10 Health



# Leicestershire Social Care Development Group

- Careers In Health & Social Care



## Leicestershire Social Care Development Group

- Sub Regional Workforce Group

### Engagement with Health

- LETC Workforce Stream (Monthly)
- LETC Finance Task & Finish Group (Quarterly)
- LETC Wider Workforce Development Group (Bi-Monthly)
- LETC Future Education Sub Group

# Leicestershire Social Care Development Group

## Working with Health

- Better Care Together Programme
- Leadership Pilot Programme (2 cohorts)
- Recruitment & Retention Issues in Dom Care Sector & other areas
- Care Certificate
- Health & Social Care Protocol
- And more.....

# Leicestershire Social Care Development Group

## Summary

- Successful Partnership
- Multi Agency work via LSCDG
- Working with Providers
- Working with Health
- Working with CCG's

## Next Steps

- To work with other partnership's
- To work with other LA's

## Leicestershire Social Care Development Group

- Any Questions?
- [www.lscdg.org](http://www.lscdg.org)
- [lscdg@leics.gov.uk](mailto:lscdg@leics.gov.uk)

# Leicestershire Social Care Development Group

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