Leicestershire County Council

Meeting: **Health and Wellbeing Board**

Date/Time: **Thursday, 7 July 2016 at 2.00 pm**

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

Contact: **Ms. R. Palmer (Tel: 0116 305 6098)**

Email: **rosemary.palmer@leics.gov.uk**

Membership

Mr. E. F. White CC (Chairman)

John Adler	Rick Moore
Karen English	Mr. I. D. Ould CC
Lesley Hagger	Cllr. P. Posnett
Ch. Supt. Sally Healy	Cllr. P. Ranson
Mr. Dave Houseman MBE, CC	Toby Sanders
Dr Andy Ker	Mike Sandys
Dr Satheesh Kumar	Trish Thompson
Dr Mayur Lakhani	Jon Wilson

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 5 May 2016 and Action Log.		(Pages 3 - 10)
2.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
3.	Declarations of interest in respect of items on the agenda.		
4.	Position Statement by the Chairman.		
	Strategy.		
5.	Approach to the Wider Determinants of Health.	Director of Public Health	(Pages 11 - 16)

6.	Accommodation Strategy for Older People.	Director of Adults and Communities	(Pages 17 - 74)
7.	Developing the Joint Health and Wellbeing Strategy.	Director of Public Health	(Pages 75 - 90)
8.	Leicestershire County Council's Early Help and Prevention Strategy.	Director of Public Health	(Pages 91 - 124)
9.	Progress on the Emotional Health and Wellbeing of Children Transformational Plan.	Director of Children and Family Services	(Pages 125 - 132)
	<u>Performance.</u>		
10.	Listen to Me: Work with Children and Young People.	Healthwatch	(Pages 133 - 156)
11.	CAMHS Enter and View Report.	Healthwatch	(Pages 157 - 180)
12.	BCF Quarterly Submission.	Director of Health and Care Integration	(Pages 181 - 184)
	<u>Governance.</u>		
13.	Terms of Reference for Supporting Leicestershire Families Executive.	Director of Children and Family Services	(Pages 185 - 190)

14. Date of next meeting.

The next meeting of the Health and Wellbeing Board will be held on 15th September at 2.00pm.

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

Agenda Item 1

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 5 May 2016.

PRESENT

Leicestershire County Council

Mr. E. F. White CC (In the Chair)
Mr. Dave Houseman MBE, CC
Mr. I. D. Ould CC
Lesley Hagger
Mike Sandys
Jon Wilson

Clinical Commissioning Groups

Karen English
Dr Andy Ker
Prof Mayur Lakhani

Leicestershire Partnership NHS Trust

Dr Satheesh Kumar

Healthwatch Leicestershire

Rick Moore

Leicestershire District Councils

Cllr Pam Posnett
Cllr Pauline Ranson

In attendance

Angela Bright, West Leicestershire CCG
Wendy Hoult, NHS England
Det Supt Mark Newcombe, Leicestershire Police

275. Minutes and Action Log.

The minutes of the meeting held on 10 March 2016 were taken as read, confirmed and signed.

The Board also noted the Action Log, which provided an update on actions agreed by the Board at its previous meetings. It was noted that although Director of Public Health had not established a formal relationship with NHS England for developing the commissioning plans for pharmaceutical services (action 176(e) refers), the informal relationship that existed was felt to be positive and well developed. This action was therefore complete.

276. Urgent Items

There were no urgent items for consideration.

277. 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.

No declarations were made.

278. Position Statement by the Chairman.

The Chairman gave a position statement on the following matters:-

- Support for Dying Matters Week;
- Local Developments;
- Publications.

A copy of the position statement is filed with these minutes.

279. Carillon - Radio for Wellbeing.

The Board received a presentation from the Station Manager at Hermitage FM Radio providing background information about the radio station, which had developed out of the model for hospital radio. The presentation also outlined the current offer which consisted of a community radio station and a coffee lounge which operated as a community hub in Coalville. A copy of the slides forming the presentation is filed with these minutes.

The Board also considered a leaflet which set out a proposal for the radio station to apply for a community licence which would enable to broadcast beyond the hospital campus to GP waiting rooms and patient's homes. It was intended that the radio station would provide cognitive stimulation, health information and social opportunities for service users and their carers. A copy of the leaflet is filed with these minutes.

The Chairman indicated that this presentation was made at his request as it was a good example of a community initiative that promoted health and wellbeing.

Board members agreed to show their support to the proposal to seek a licence, as the radio station's work was seen as beneficial in reducing social isolation, sharing health and wellbeing information and engaging with remote communities. It was also hoped that the radio station could promote self help and potentially reduce demands on services. It was suggested that the project should engage with GP Federations and Patient Participation Groups for individual surgeries to promote its offer. Consideration should also be given to extending the area covered by the project to include Rutland and the clinical lead for East Leicestershire and Rutland CCG agreed to follow this up.

RESOLVED:

That the Chairman be asked to write on behalf of the Board to confirm its support for the Radio Wellbeing project.

280. Sustainability and Transformation Plan.

The Board considered a report of the Leicester, Leicestershire and Rutland (LLR) Sustainability and Transformation Plan (STP) Lead which provided an update on the

progress and development of the STP including details of the first checkpoint submission on 18th April. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

Arising from discussion the following points were raised:-

(i) The inclusion of prevention in the priorities for the STP was welcomed. It was recognised that the Health and Wellbeing Board could be responsible for delivering elements of the plan for Leicestershire and that this could include prevention.

(ii) In terms of the development of GP practice federations, the importance of the local GP surgery serving a particular community was acknowledged. However, it was felt that Practices could also gain support and benefit from being part of a larger network, hence the federated way of working. They could also become more sustainable by working together to provide certain services on behalf of each other.

(iii) A Five Year Forward View for General Practice had been published which set out NHS England's ambitions for new models of primary care. There was some concern locally regarding the sustainability of the GP services, particularly given the difficulties with GP recruitment along with the general challenges of GP practice configuration in in Leicester City. An LLR-wide group was being set up to look at the future of primary medical care and respond to the five year forward view. It would be important for the County Council to be represented on this group.

RESOLVED:

(a) That the content and process of the Sustainability and Transformation Plan be noted;

(b) That the 11 suggested priority areas for Leicester, Leicestershire and Rutland's STP be supported as appropriate priorities for the system.

(c) That County Council representation be sought for the LLR working group on the future of models of primary care

281. <u>NHS Quality Premium 2016/17.</u>

The Board considered a report from East Leicestershire and Rutland CCG and West Leicestershire CCG which provided information on indicators that related to the Quality Premium for 2016/17 and confirmed specific indicators where choices had been made in agreements with NHS England. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

The CCGs had been required by NHS England to choose local targets which would be challenging to achieve. Therefore, although Leicestershire performed comparatively well in reducing the number of delayed transfers of care, West Leicestershire CCG had chosen a target linked to discharge from mental health units and community hospitals, as it was an outlier in terms of its performance in this area.

It was confirmed that performance of the urgent care system was a priority for both CCGs and that significant investments had been made in this area.

RESOLVED:

That the local priorities for the Quality Premium chosen by East Leicestershire and Rutland CCG and West Leicestershire CCG be supported.

282. Better Care Fund Plan Final Submission and Assurance.

The Board considered a report of the Director of Health and Care Integration which provided assurance that the Better Care Fund (BCF) Plan had been submitted to NHS England in line with the national timetable and provided an overview of the spending plan and outcome metrics for 2016/17. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

On behalf of the Board, the Chairman thanked all partners for their work in developing the Plan. Initial feedback from NHS England had been positive, welcoming the commitment and engagement in the Plan from providers and communities. There was also confidence that the Plan would be delivered. Formal assurance, to be received via letter from NHS England, was expected during the following week.

It was confirmed that the pooled budget for the BCF was £187,000 higher than the minimum required value because some funding had been received from the Vanguard programme in addition to the core BCF budget.

RESOLVED:

That the approval of the Better Care Fund by representatives of all organisations represented on the Health and Wellbeing Board at the meeting of the Integration Executive on 26 April and submission of the Plan to NHS England be noted.

283. Approach to Social Prescribing

The Board considered a report of the Director of Public Health which provided details of the work being undertaken to develop a consistent approach to social prescribing across Leicestershire and sought endorsement of the emerging approach. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion the following points were raised:-

(i) The Unified Prevention Board would lead this work in Leicestershire. It would seek to explore areas of communality with Leicester City. However, the social prescribing model would not be the same in the two areas as, for example, the physical activity offer and approach to community development were different.

(ii) A strategy for social prescribing was being developed. This would include a requirement to evaluate the schemes to ensure that they were effective. To this end, a performance dashboard was being co-produced by partners. A communications plan was also needed to ensure all partners, particularly GPs, were aware of and engaged with the model.

(iii) There was an overlap between social prescribing and the wider models of community support, such as the Braunstone Blues project which was collaboration between the emergency services to reduce demand through education, home visits and campaigns aimed to direct residents to other, more appropriate services.

RESOLVED:

(a) That the work to coordinate approaches to social prescribing be noted;

(b) That the emerging model for social prescribing in Leicestershire be endorsed.

284. Update on Discharge Arrangements.

The Board considered a report of the LLR Urgent Care System which provided an update on the progress of completion of the 'High Impact Change Model – Managing Transfers of Care' and how this would inform the Whole System Discharge Summit, to be held on 5 May 2016. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

RESOLVED:

(a) That the work that has taken place on improving discharge process across Leicester, Leicestershire and Rutland, previously taken forward by the Discharge Steering Group, which has been instrumental in achieving the 2.5% Delayed Transfer of Care target for UHL be noted;

(b) That the progress on completion of the High Impact Change Model 'Managing Transfers of Care', as set out in Appendix 1 to the report, be noted.

285. Suicide Prevention.

The Board considered a report of the Director of Public Health which provided an update on the work of the LLR Suicide Audit and Prevention Group and set out progress on development of the next LLR Suicide Prevention Strategy and Action Plan (2016-19). A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussion the following points were raised:-

(i) The Suicide Prevention Strategy would need a good communication plan to emphasise the importance of preventative measures. Social prescribing could also be effective in preventing suicide as the groups of people most at risk often had low level mental health problems and social deprivation issues.

(ii) 60 people per 100,000 of the population in Leicestershire committed suicide each year. It was confirmed this figure included suicide rates for children and young people. Although the numbers for Leicestershire were small, they were felt to be significant and a focus on children and young people in the Suicide Prevention Strategy would be welcomed.

(iii) The Board discussed the impact on mental health for the cohort of people entering local communities who were refugees and migrants, and expressed concern that this group may be at risk. It was noted that, although migrants and refugees generally had high levels of mental distress caused by the circumstances and potential trauma of their displacement, there was no historical link to increased suicide. These groups were usually resilient given their experiences, once settled in their new place of residence

(iv) It would be important for the action plan to include pro-active measures aimed at suicide 'hotspots' and the Board was pleased to note that the Group was involved

in the 'R U OK?' awareness raising campaign and six monthly events led by Network Rail.

(v) It was felt that a specific tool for classifying risk would be useful for GPs although it should not act as a replacement for clinical judgement. Training would also be important and should be provided to all primary care staff, including receptionists.

RESOLVED:

(a) That the impact of death from suicide in Leicestershire be noted;

(b) That the purpose and work of the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group be noted;

(c) That the current and emerging priorities of the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group, particularly in relation to the development of the next Suicide Prevention Strategy and Action Plan (2016-19) be supported.

286. Outputs from the Health and Wellbeing Board Development Session - 10 February 2016.

The Board considered a report of the Director of Health and Care Integration which provided assurance that the actions arising from the Board Development Session held on 10 February 2016 were being progressed. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

It was noted that the template for reports had been revised to enable more challenging discussions to take place at Board meetings.

RESOLVED:

(a) That members of the Health and Wellbeing Board receive the Integration Programme Director's Highlight Report on a monthly basis;

(b) That the items set out in paragraph 8 of the report relating to health and social integration be approved for consideration at future meetings of the Board;

(c) That the Unified Prevention Board report directly to the Health and Wellbeing Board, recognising that specific elements of the work associated with the Better Care Fund will also be subject to monthly assurance via the Integration Executive;

(d) That a report on the wider determinants of health be submitted to the next meeting of the Board for consideration;

(e) That the revised Terms of Reference for the Health and Wellbeing Board be approved.

287. Date of next meeting.

The next meeting of the Board would take place on Thursday 7 July at 2.00pm.

2.00 - 3.45 pm CHAIRMAN
05 May 2016

No.	Date	Action	Responsible Officer	Comments	Status
219(d)	17/09/15	Circulate the Healthwatch signposting directory to members of the Board.	Vandna Gohil	The Directories are available and hard copies will be circulated at the July Board meeting.	GREEN
252(e)	07/01/16	Submit regular progress reports from the JSNA/JHWS Steering Board on the development of the strategy to the Board.	Jackie Mould	The first progress report is scheduled for the Board meeting in July 2016.	GREEN
254(e)	07/01/16	Receive progress reports on the CAMHS Transformation Plan, including performance information with regard to the outcomes framework on a quarterly basis.	Lesley Hagger	First progress report is scheduled for the Board meeting in July 2016.	GREEN
266(c)	10/03/16	Submit a report to the Health and Wellbeing Board in July setting out a timed and quantified plan for addressing issues related to Parity of Esteem	Jim Bosworth/ Mike McHugh	Report now scheduled for the Board meeting in September 2016	GREEN
279	05/05/16	The Chairman to write on behalf of the Board to confirm its support for the Radio Wellbeing project.	Rosemary Palmer	A letter has been sent to Carillon Radio confirming the Board's support for the Radio Wellbeing project	GREEN
280(c)	05/05/16	Seek County Council representation for the LLR working group on the future of models of primary care	Jon Wilson	Discussions are ongoing.	AMBER
286(a)	05/05/16	Circulate the Integration Programme Director's Highlight Report to all members of the Health and Wellbeing Board on a monthly basis.	Rosemary Palmer	The report is now being circulated.	GREEN
286(b)	05/05/16	Consider the following items relating to health and social integration at future meetings of the Board:- • Lightbulb Business Case; Health and Wellbeing Outcomes for Social Prescribing; Summary Care Record Solution for Care Planning; Joint Commissioning Work Plan.	Rosemary Palmer	The Board has already considered a report on the emerging approach to Social Prescribing, other reports will be scheduled in as appropriate.	GREEN

No.	Date	Action	Responsible Officer	Comments	Status
286(d)	05/05/16	Submit a report to the Health and Wellbeing Board in July on the wider determinants of health.	Mike Sandys	A report is on the agenda for the July meeting.	GREEN

Agenda Item 5

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

WIDER DETERMINANTS OF HEALTH

Purpose of report

1. The purpose of this report is to address one of the key actions arising from the Board's development session held in February 2016, which was to take a more systematic approach to the wider determinants of health and wellbeing within the agenda of the Board, including ensuring the Board's strategy and work plan gives more prominence to these matters in 2016/17.

Link to the local Health and Care System

2. This report considers a number of key determinants of health and wellbeing which relate to the following strategies:-

    a. The Joint Health and Wellbeing Strategy;
        - Work on the wider determinants of health will be a core element of the revised Health and Wellbeing Strategy
    b. The Better Care Fund;
        - Initiatives like Lightbulb, and social prescribing recognise the importance of the wider determinants of health to achieving the aims and metrics of the better care fund
    c. Better Care Together;
        - The BCT prevention strategy recognises the importance of all partners maximising prevention through the wider determinants of health
    d. The Sustainability and Transformation Plan;
        - The STP plans recognises the importance of local government maximising prevention through the wider determinants of health.

Recommendation

3. The Board is asked to:

    a. Approve the proposed arrangements for Health and Wellbeing Board Members to receive targeted updates from other bodies delivering work relating to the wider determinants of health;
    b. Approve the proposed approach to health in all policies;
    c. Ensure that the refreshed Joint Health and Wellbeing Strategy presents a systematic approach to the wider determinants of health and wellbeing, in accordance with the proposals set out in this report.

d. Note that the recommendations from this report will support the implementation of the Better Care Together Programme and Sustainability and Transformation Plan in Leicester, Leicestershire and Rutland

Background

4. Almost everything shapes the health and wellbeing of the population – where people work, live and play and the social and economic conditions around them make a major contribution to their health and wellbeing.

5. Most studies agree that the contribution of health care itself, although important, is responsible for less than half of people's health and wellbeing status. The biggest contributor is the wider bundle of factors often referred to as 'the wider determinants of health', those factors that are not a product of health care, behaviours or genetics.

6. Creating healthy places is an essential component of the County Council's focus on prevention. Healthy places can enable people to make healthy choices; promote physical activity and active travel; provide access to green spaces, healthy food and warm homes. In addition creating employment and high quality training opportunities are inextricably linked to physical and mental health and wellbeing.

7. Social relationships, norms and networks – or the absence of these – have an impact on the development of, and recovery from, health problems such as heart disease. They also affect:

   (a) our ability to maintain independence
   (b) our resilience
   (c) whether we take up and maintain unhealthy behaviours such as smoking.

8. The LLEP, which is made up of both public sector and business representatives, has a key role in economic development which has included the development of the Strategic Economic Plan (2014-20) which provides the framework for achieving the economic vision of the city and county.

9. The plan forms the basis of a short and medium-term prioritisation of investment including Local Growth Fund, European Structural and Investment Funds and Growing Places Fund. The Strategic Economic Plan is being reviewed in 2016, ensuring that it reflects recent changes in the global, national and local economy.

10. In support of the LLEP's Strategic Economic Plan and the County Council's Strategic Plan 2014-18, the Council has produced a three year Enabling Growth Plan which sets out how it will contribute towards the overarching economic vision and priorities for Leicester and Leicestershire, setting out what the Council will do, and what it will invest in, to improve the economic prosperity of the county and the economic wellbeing of communities, residents and workers.

11. The Council is currently developing an Infrastructure Plan, which will establish a more strategic approach to infrastructure planning across its service departments by prioritising capital investment to support Leicestershire's economic growth priorities."

12. The Planning and Infrastructure Members Advisory Group oversees strategic land-use planning work in Leicester and Leicestershire and acts as a vehicle for Local

Planning Authorities to work collaboratively when preparing a development plan document such as a Local Plan. Its membership consists of representatives from all nine local authorities in Leicester and Leicestershire.

13. The proposed development of a Combined Authority for Leicester and Leicestershire will bring more formal governance arrangements to issues of economic development and regeneration, as well as transport by creating a clear and effective platform for accelerating economic prosperity in Leicester and Leicestershire through the creation of integrated, strategic frameworks to enable the delivery of investment plans for planning, transport and skills.

14. The Housing Services Partnership's primary objective is for existing homes and housing related services to be improved to meet better the needs of the people of Leicestershire. Board members will be familiar with the progress made on maximising the health gain from housing, through initiatives such as Lightbulb. It also has a role in ensuring that impact on and from housing provision on other strategic outcomes is adequately considered.

15. The Safer Communities Strategy Board is made up of the chairs of each of the six Community Safety Partnerships and their officers, the County Council and representatives from the CCG, Public Health, Police, National Probation Service, Community rehabilitation Company. A forward plan of meetings is in place for 2016/17 that sets out the reports going to each of the Boards quarterly meetings. There is a Safer Communities Performance dashboard in place that sets out the performance against each of the priority areas for the Board.

16. The Safer Communities Strategy Board has strong links with the Strategic Partnership Board, chaired by the Police and Crime Commissioner. The Strategic Partnership Board's priorities for 2016/17 include Child Sexual Exploitation, Domestic Abuse and Sexual violence, supporting the most vulnerable and tackling hate.

17. It is proposed that the Health and Wellbeing Board receives regular, targeted updates from the above groups which will ensure board members gain and maintain a level of understanding about current work in progress across the range of these matters and, crucially their strategic alignment with, and contribution to, place based strategies including Leicestershire's Joint Health and Wellbeing strategy and the STP covering the LLR-wide footprint.

18. The purpose of bringing these matters to the board is therefore to challenge Board Members to:

- leverage the strategic opportunities that arise from these developments across partners;
- take a cross cutting approach to achieving health and wellbeing outcomes;
- seek the added value (both to the Leicestershire citizen and the Leicestershire pound) by maximising the health and wellbeing benefits that can be realised;
- jointly promote prevention and demand management through our joint health and wellbeing strategy and other related strategies and policies.

Health in all Policies

19. To support the Board in focusing on its impact on the wider determinants of health and wellbeing and measuring this impact, it is recommended that the Health and Wellbeing Board make use of an existing tool and systematic approach called “health in all policies” (HIAP), which builds on the application of Health Impact Assessment (HIA).

20. HIA is a systematic and objective way of assessing both the potential positive and negative impacts of a proposal on health and wellbeing and suggests ways in which opportunities for health gain can be maximised and risks to health and wellbeing assessed and minimised.

21. HIA looks at health in its broadest sense, using the wider determinants of health as a framework. HIA highlights the uneven way in which health impacts may be distributed across a population and seeks to address existing health inequalities and inequities as well as avoid the creation of new ones. HIA is a tool to implement a Health in all Polices (HIAP) approach.

22. HIAP describes a collaborative approach which emphasises the connections and interactions which work in both directions between health and policies from other sectors. Central to HIAP is the concept of addressing the social determinants of health which are key drivers of health and health inequalities.

23. During 2015/16 the Public Health Department undertook a number of HIAs in order to pilot an approach to HIA/HIAP across Leicestershire focusing on healthy places. Examples of the pilot approach to HIAP are set out below:-

Lubbesthorpe

18. A desk based HIA of the for a proposed major development in Blaby District for over 10,000 people with a variety of homes, schools, shops, places to work, community facilities and parks and natural green spaces was undertaken with support from the New Lubbesthorpe Delivery Group and Blaby District Council. Key evidence based recommendations were made covering:
    - road safety and active travel;
    - street scene development;
    - sustainability of residential units including community energy; and
    - use of buildings and land for community develop projects.

19. The recommendations are being considered by the Lubbesthorpe Executive Board for inclusion into the final plans.

Melton Borough Council Local Plan

20. The emerging Options (draft plan) provided an opportunity to undertake a HIA. The Local Plan includes the development of at least 6,125 homes and 51 hectares of employment land between 2011-2036. The focus for the HIA was on two new large scale sustainable neighbourhoods – ‘Melton North’ and ‘Melton South’ urban extensions.

The HIA included policy analysis, literature/evidence review, analysis of health needs and inequalities, and a stakeholder engagement event with members of the Local Plan reference group. Recommendations cover a number of policy areas including:

- minimising the disruption, anxiety and uncertainty – especially during construction phases;
- fostering and enabling community cohesion and social networks
- provision of sufficient and appropriate housing types,
- provision of allotments, community gardens and school gardens,
- accessibility and affordability of sports facilities;
- prioritising active transport and including 20mph zones.

21. The recommendations will now be considered alongside all other formal consultation responses in the development of the final plan

North West Leicestershire Housing Strategy 2016 - 2021

22. This desk based/ rapid HIA also included community engagement as well as evidence appraisal, community profiles gaps analysis and recommendations. The latter covered:
    - Supply – holistic delivery of housing; lifetime homes; Training skills and employment
    - Standards – affordable warmth; focus on private rented sector; build for life
    - Support – energy advice; homelessness; community development and social networks.

23. As well as the opportunity to use HIA/HIAP for major strategies, plans and developments, this approach can also be used to enhance major procurements through applying these principles to social value policies.

Officer to Contact

Mike Sandys
Director of Public Health
Tel: 0116 305 4239
Email: Mike.Sandys@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

24. Health in All Policies and Social Value policies will consider the impact on protected characteristics and groups and others. The tools provide a way of maximising health gain and reducing negative impacts on those groups.

Partnership Working and associated issues

25. Developing approaches to HIA and HIAP will depend on consistent application by partner organisations and good joint working between boards and stakeholders. Capacity in HWBB members may prevent the full joint working on HIA.

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Agenda Item 6

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

DRAFT LEICESTERSHIRE ADULT SOCIAL CARE ACCOMMODATION STRATEGY FOR OLDER PEOPLE 2016-2026

Purpose of report

1. The purpose of this report is to advise the Health and Wellbeing Board on the forthcoming consultation on the draft Adult Social Care Accommodation Strategy for Older People and to present the annual review of progress in relation to extra care housing in the County.

2. The key aims of this high level Strategy are to help people to live in their own home for as long as possible and provide specialist accommodation for those who can no longer manage living in general purpose accommodation, with a view to continuing to maximise people's independence and wellbeing.

3. The Strategy also considers the direction of travel in relation to extra care housing development in Leicestershire.

Link to Better Care Together

Workstream	Relevance	Workstream	Relevance
Maternity, neonates, children and young people		Mental health	
Long term conditions	✓	Frail and older people	✓
Urgent care	✓	Planned care	
Learning disabilities		End of life	✓

Recommendation

4. Health and Wellbeing Board members are invited to seek comments from their respective organisations as part of the consultation process, and note the actions arising from the Extra Care Annual Review as highlighted in paragraph 15 a)-f).

Policy Framework and Previous Decisions

5. The Care Act 2014 recognises the importance of accommodation in promoting an individual's wellbeing. It provides guidance on the care and support planning responsibilities in determining what type of accommodation will best suit a person's needs and the procedures where a local authority is responsible for meeting a person's care and support needs.

6. On 15 July 2014, the County Council's Cabinet authorised a capital contribution of up to £1.56m towards the cost of the Derby Road, Loughborough extra care scheme, funded from £1.3m from the capital receipt from the sale of the Council's nine Elderly Person's Homes and including £260,000 of the County Council's New Homes Bonus for 2014/2015. The scheme is now in the build phase.

7. In March 2015, it was identified that the Leicestershire Extra Care Housing Strategy 2010-2015 needed to be refreshed over the forthcoming year.

8. On the 17 June 2016, the County Council's Cabinet agreed the consultation on the draft Adult Social Care Accommodation Strategy for Older People and also noted the actions to be undertaken arising from the Extra Care Annual Review as highlighted in paragraph 15 a)-f).

Background

9. As highlighted in Leicestershire's Joint Strategic Needs Assessment (JSNA), the older population is significantly growing in numbers and life expectancy. Creating a proactive approach, that is supported by the wider public and integrated with a range of partners, is therefore required to ensure positive outcomes for older people and to ensure delivery of the Council's MTFS. The revised draft Accommodation Strategy for Older People sets out how the Council will work to achieve this through the development of preventative interventions and raising awareness about maintaining independence and planning for the future, thus helping to ensure that fewer people will require formal care and support in the future.

The draft Accommodation Strategy for Older People

10. The draft Strategy focuses on the provision of a preventative approach that maintains independence and reduces the demand for more expensive interventions. It proposes that the Council:

    a) Takes a more proactive approach to providing advice and information which relates to housing, to enable people to maintain their homes, make changes and plan for their old age;
    b) Works with partners to promote the need for sufficient lifetime homes, bungalows and sheltered/retirement accommodation options distributed around the County to incentivise downsizing and thus prevent demands on health and social care services and unnecessary admissions to extra care or residential care;
    c) Empowers front line social care workers to encourage people to take responsibility for their housing needs in order that they can maintain their health and independence;
    d) Shares and promotes new learning on how the home and housing interventions, eg dementia friendly housing and housing adaptations, can deliver health outcomes and improve wellbeing;
    e) Supports older people with dementia and mental health problems to live in homes that support their wellbeing and that of carers.

11. By working with individuals and partner agencies to identify those most at risk and providing early intervention to reduce the likelihood of losing independence, the Council will:

a) Work to ensure a shared approach, linked to Better Care Together, to aid the integration of housing, health and care;
b) Explore opportunities with partners to develop a more proactive and innovative approach to develop the private market for adaptations, assistive technology and daily living equipment, including use of trusted assessors and accreditation schemes;
c) Utilise health risk stratification tools to identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation;
d) Promote greater integration of telecare and telehealth (explained in more detail in Appendix A) into accommodation provision;
e) Explore evidence and opportunities to develop and extend the Shared Lives Service and Homeshare schemes[1].

12. Wherever possible, the Council will help people to remain at home or as close to home as possible. Through partnerships with Health and other service providers, the Council will work to ensure effective reablement services are available to support people at times of crisis to regain their maximum independence and be more robust to avoided similar situations happening in the future, or be able to manage effectively if it does happen again. To do this, the Council will:

a) Review the effectiveness of the Extra Care reablement pilot at Oak Court in Blaby to establish if it is beneficial to utilise more extra care schemes to provide opportunities for reablement, convalescence or respite;
b) Support the development of residential reablement opportunities;
c) Ensure that individuals abilities are maximised and informal/community support networks are explored before local authority funded support is considered;
d) Ensure that all specialist accommodation has dementia friendly facilities (including appropriate training for staff and environmental design features to support people with dementia).

13. Clear guidance and robust allocation protocols need to be in place to ensure extra care schemes are used appropriately and that individuals are being reviewed and packages of care adjusted in a timely way.

14. Some people will still require residential care, but the aim is that it will only be commissioned where it is the most appropriate and cost effective option. Alternative forms of accommodation will be further developed.

Extra Care Strategy Review

15. Alongside the development of the Strategy, a review of progress against the Extra Care Strategy 2010-2015 has been undertaken (attached as Appendix B). This has informed the overarching Accommodation Strategy and highlighted specific actions required in order to further develop and enhance the local extra care offer going forward.

[1] Shared lives is a registered service run by the County Council where people provide long term, short breaks or daytime support in and from their own homes.
Homeshare is an intergenerational scheme which matches an older person with living space with another person, often students, who provides an agreed amount of support in exchange for a low rent level.

16. In line with the proposals set out in the Council's Adult Social Care Strategy ('Promoting Independence, Supporting Communities; Our vision and strategy for Adult Social Care 2016') to develop extra care options, the Council will:

    a) Establish a multi-agency steering group to support the successful implementation of the new extra care provision at Derby Road, Loughborough and share best practice and promote the use of extra care to ensure sufficient local nominations;
    b) Commence a re-procurement process for 24-hour on-site care and support services within extra care schemes to ensure they provide value for money for individuals and the Council and are outcome based;
    c) Ensure schemes are well integrated with health services and able to contribute to achieving specific health outcomes;
    d) Utilise information from the National Strategic Housing Market Analysis, due to be available in the Summer/Autumn 2016 and localised analysis undertaken by district councils to identify the split needed for different types of sheltered/retirement/extra care accommodation;
    e) Work with partners to identify potential locations and funding options, including attracting investment from mainstream builders, to provide new appropriate accommodation in areas where required. This will include marketing the Catherine Dalley/Silverdale site in Melton Mowbray as a potential extra care development opportunity. Interested developers will be invited to submit proposals to the Council about how to make best use of the site, and these will be evaluated to determine options for the Cabinet to consider in due course;
    f) Ensure existing assets are being fully utilised to act as 'community hubs' to provide additional support to older people in their community such as opportunities for acting as equipment and wheelchair loan store, site for visiting chiropodist, hairdresser, optician, social and voluntary activities etc, providing assisted bathing/showering facilities, and providing temporary support in times of crisis.

17. Further examination of current extra care schemes will be undertaken during the consultation period to determine future commissioning intentions and will need to be considered on a scheme by scheme basis.

The Local Picture

18. The population of older people in Leicestershire is projected to increase significantly up until 2036. The Leicestershire JSNA predicted that between 2015 and 2030 the number of people aged over 75 years is expected to increase by 39.74% (from 59,900 in 2015 to 99,400 in 2030).

POPPI projections 2015	**2015**	**2020**	**2025**	**2030**	**% increase from 2015 to 2030**
People aged 65-69	42,400	38,600	41,200	47,900	11.48%
People aged 70-74	31,700	40,200	36,900	39,600	20.00%
People aged 75-79	24,400	29,000	37,100	34,300	28.86%
People aged 80-84	17,800	20,500	24,800	32,000	44.38%
People aged 85-89	11,100	12,900	15,500	19,100	41.88%

People aged 90 and over	6,600	8,300	10,700	14,000	52.86%
Total population 65 and over	**134,000**	**149,500**	**166,200**	**186,900**	**28.30%**
Total population 75 and over	**59,900**	**70,700**	**88,100**	**99,400**	**39.74%**

19. Figures from 2011 show that the majority of people over the age of 65 years are living in owner occupied properties:

People aged 65-74	**85.04%**
People aged 75-84	**81.63%**
People aged 85 and over	**72.11%**

20. Projected numbers of people living in Leicestershire over the age of 85 years with dementia is predicted to rise from 4,169 in 2015 to 8,159 in 2030. The number of people over 85 years of age with a limiting long-term illness is predicted to increase from 10,324 in 2015 to 19,894 in 2030.

21. The Adults and Communities Department needs to ensure that, alongside partners, older people are effectively supported to maintain wellbeing and independence in appropriate accommodation settings.

Development of the draft Accommodation Strategy for Older People

22. Although the development of this Strategy will further support implementation of the Council's Adult Social Care Strategy, significant activity across partners is already being undertaken to address the needs of the older population in terms of accommodation. District Housing Services are already working on their strategies to identify demands and gaps in service provision and innovative ways of addressing these issues. The Strategy is intended to clarify further the required contribution of Adult Social Care to strengthen the local offer. It is important that the needs of older people are given due priority and information is shared to ensure a common approach across the County.

23. Early engagement with partners has been sought through existing forums and a stakeholder event held at the beginning of March 2016 which was attended by housing colleagues from the district councils, colleagues from the Clinical Commissioning Groups (CCGs), Leicestershire Partnership NHS Trust, and the voluntary sector.

24. The work has included research into current available evidence and best practice, an appraisal of existing local provision including the current nominations and allocation processes; service provision; an examination of outcomes and the cost effectiveness of schemes and identifies recommendations for next steps.

Consultation

25. A 12 week public consultation exercise commenced on the 4 July 2016 to 23 September 2016. The consultation will seek feedback regarding the proposed approach to develop accommodation strategies to prevent, reduce, delay, and meet need.

26. The consultation survey will be accessible online on the Council's website and available as a hard copy on request. Key partners in the housing and healthcare

sector will be approached directly and further dissemination will also be sought through relevant partners including, district councils, Healthwatch and the voluntary sector.

27. Through the consultation, the Council will also aim to get feedback on how it can best encourage people to prepare for their older age by making their homes accessible, safe, warm and convenient. The Council will particularly want to hear from people over the age of 55 as this is the age group that can best consider the proposals from a personal perspective. Feedback will also be sought from people currently living in specialist accommodation.

28. A focus of engagement will be on district councils, housing providers and providers of housing related services, from both the social housing sector and the private sector, to explore if there is an appetite to develop accommodation options for older people as described in the draft Strategy and obtain feedback on perceived opportunities and barriers.

29. Comments on the draft Strategy will also be actively sought from Health partners, including Public Health, CCGs, and local Health providers in primary and secondary healthcare. This is likely to extend beyond the initial 12 week consultation period and it is hoped that links through the Better Care Together workstreams will provide opportunities to raise awareness and facilitate discussion on how accommodation initiatives can support health objectives.

30. The consultation will also actively seek feedback from residential care providers, focusing on what they could offer in the way of innovative solutions for support to older people.

31. The outcome of the consultation will help to further shape the Strategy, inform the approach to future service delivery, and guide future commissioning decisions.

Proposals/Options

32. The views of customers and stakeholders are necessary to inform the new model of social care delivery and to determine how this can be best achieved through the commissioning of both existing and new services.

33. Although the Council does not directly provide accommodation, it will work alongside partners, particularly across local councils and the NHS, to develop preventative interventions and raise awareness about maintaining independence and planning for the future. This will help ensure that fewer people will require formal care and support in the future.

34. The Annual Review of the Extra Care Strategy identified further work that could be carried out with partners to develop preventative interventions and raise awareness about maintaining independence and planning for the future.

Consultation/Patient and Public Involvement

35. The draft Strategy has considered consultation responses from the Leicestershire Adult Social Care Strategy where relevant to accommodation issues and engagement with key stakeholders including District Councils, East Leicestershire

and Rutland CCG, West Leicestershire CCG, Voluntary Action Leicestershire, and Healthwatch has been undertaken. As described above, the consultation will seek further views from both the public and key stakeholders to inform the future approach to service delivery.

Resource Implications

36. Over the period of the Medium Term Financial Strategy [MTFS] (to March 2020), growth of £41.3m is required to meet demand and cost pressures across the Council as a whole. The largest element of cost is Adult Social Care (£23.0m). This is mainly the result of increasing numbers of people with learning disabilities and an ageing population with increasing care needs. This proposed Accommodation Strategy for Older People will help to manage these demand-led cost pressures by reducing and delaying people's need for services.

37. The target saving from extra care within the MTFS is £30,000 in 2016/17 and £95,000 in 2017/18, which relate to the effective development of extra care as a cost effective alternative to residential care.

Timetable for Decisions

37. A 12 week public consultation commenced on the 4 July 2016 to 23 September 2016. A report will be presented to the Adults and Communities Overview and Scrutiny Committee in September as part of the consultation process.

38. The consultation outcomes and proposed revised model will be reported to the Cabinet in November 2016.

Background papers

- Promoting Independence, Supporting Communities: Our Vision and Strategy for Adult Social Care 2016–2020
  http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf
- Leicestershire Extra Care Housing Strategy for Older People 2010-2015
  http://politics.leics.gov.uk/Published/C00000135/M00002688/AI00023882/$FExtraCareHousinginLeicestershireAppendixA.doc.pdf
- Report to Cabinet Report:16 March 2015 - Progress On Taking Forward The Development Of The Extra Care Housing Strategy In Leicestershire
  http://politics.leics.gov.uk/Published/C00000135/M00004360/AI00043151/$4ProgressExtraCareHousingStrategy.docA.ps.pdf
- The Housing Learning and Information network http://www.housinglin.org.uk provides a useful source of background reading and access to most reports referenced in the strategy.

Circulation under the Local Issues Alert Procedure

40. This report affects all areas of Leicestershire and its citizens.

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List of Appendices

- Appendix A: Draft Adult Social Care Accommodation Strategy for Older People 2016-2026
- Appendix B: Draft Extra Care Annual Review 2016

Relevant Impact Assessments

41. The Strategy recognises the composition of the older population is increasingly diverse in terms of interests, ethnicity, marital status, living arrangements, religion, to name but a few. It may become more challenging to provide environments that will meet everyone's preferences, but the Strategy encompasses personalisation principles which require us to consider service user choice when delivering services. For example, the inclusion of multi-faith prayer rooms can be included into shared accommodation to help address people's preferences.

42. The consultation process will be informed by the screening exercise (and can be accessed via the following link http://ow.ly/7cJ4301mj73 and the full Equalities and Human Rights Impact Assessment report will take account of consultation findings. This will be presented alongside the consultation outcomes and final Strategy to assist the Cabinet with the exercise of its Public Sector Equality Duty under the Equality Act 2010. The Equality Act 2010 imposes a duty on the local authority when making decisions to exercise due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who have a protected characteristic and those who do not.

Partnership working and associated issues

43. Engagement with partners including health, housing and voluntary sector organisations in the production and delivery of the Strategy is critical.

Risk Assessment

44. Further work is required following the consultation to understand the probability and impact of risks and mitigations to address these.

Leicestershire County Council

Leicestershire Adult Social Care

Accommodation strategy for older people 2016 – 2026

Contents

Executive summary

This high level strategy reflects the adult social care vision to prevent need, reduce need, delay need and meet the need for health and social care services. It considers the demands of an increasingly older population, supply and gaps in different types of housing options and considers cost effective models of accommodation to support the older population over the coming years.

Given the important role housing plays in individual's health and wellbeing and therefore on their need for health and social care services, the strategy recognises the value of working in an integrated way with the housing sector, health partners, and the voluntary sector, to deliver a flexible and co-produced plan that achieves the required outcomes for partners and citizens. The development of this strategy intends to build on the many successful partnership approaches already delivered locally and provide further opportunities to develop approaches that not only meet the priorities of adult social care, but can also support the delivery of joint local strategies such as Better Care Together and the Health and Wellbeing Board. The strategy is intended to guide, co-ordinate and facilitate adult social care's contribution to developing different types of accommodation support for older people.

The strategy is intended to guide, co-ordinate and facilitate adult social care's contribution to developing different types of accommodation support for older people

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

Engagement of key stakeholders and partners during the development of this strategy reinforced the need to develop a multi-agency approach in relation to accommodation for older people that ensures the concept of 'the last home/last time buyer' is regarded as important as first time buyers and family housing. The delivery and promotion of Leicestershire County Council's accommodation strategy for older people will require on-going multi-agency collaboration to achieve real change.

Introduction and background

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

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

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

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

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

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

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

1 Age UK Housing in Later Life, 2014

Legislative drivers

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

This strategy recognises that Leicestershire County Council and its service providers must ensure that:

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

The Care Act states that if a person has been assessed as requiring a certain type of accommodation to meet their needs, then they have the right to the choice of options available for that type of accommodation. If that choice is out of the local authority's area, the responsibility for meeting that person's needs still remains with the 'placing authority'. This principle does not apply where the person moves to accommodation in a different area of their own volition without the local authority making the arrangements.

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

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

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

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

The Better Care Fund is required to achieve specific targets in relation to avoiding admissions to hospital and residential care, preventing delayed transfers of care, preventing readmissions to hospital for people discharged from hospital and undergoing reablement, reducing injuries in people over 65 years as a result of a fall and improving customer experience. There is a strong recognition locally of the value of joint initiatives between district and borough councils, health and social care to achieve these targets. Specific housing related schemes have been piloted under the 'umbrella' of the Lightbulb Project, including a pilot to focus on adaptation processes across the county and districts, improving self- help options through advice and information, exploring opportunities for smarter procurement, targeting housing support services to link with primary and secondary health services and initiatives. Lightbulb is a partnership programme supported by the seven district councils, health partners and the county council to bring together a range of practical housing support into a single point of access or referral.

The district councils, 'housing offer for health and wellbeing report'[4] describes the 'housing offer' that Leicestershire's district and borough councils can contribute to the delivery of the local health and wellbeing strategy's objectives and includes a range of support for older people.

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

Accommodation that older people occupy includes;

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

For further descriptions and details of local supply please see appendix 1 - page 23

It is important that professionals across health and social care are supported to understand what accommodation options are available locally so that the range of alternatives that are appropriate to meet people's needs can be fully considered with the person. Information and advice needs to be available for older people regarding potential housing for all tenures, including affordable or private sector housing for rent, outright or shared ownership.

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

Current demand and supply of accommodation for older people in Leicestershire

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

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

See appendix 2 (page 26) for projected demographic information.

The Leicester and Leicestershire Strategic Housing Market Assessment (SHMA) is about to be refreshed, together with Leicestershire's Local Enterprise partners. It will review demographic data and market signals that will identify needs profiles for the districts and any 'hot spots'. The first full report will be available in July/August 2016.

The data sources available provide an indication of requirements, however, there are limitations in determining exact requirements, particularly in light of our strategic intentions to prevent, reduce and delay need, and the opportunities that interventions such as assistive technology can offer.

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

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

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

125 x conventional sheltered housing properties;

20 x 'enhanced' sheltered housing properties - it might not, for example, have the full range of communal and other facilities typically available within extra care;

25 x extra care properties.

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

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

5 Strategic Housing Market Analysis (SHMA)2014.

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

Along with housing partners we need to review the definitions of these three types of housing as there can be an overlap. Local experience indicates that current conventional sheltered housing stock is often difficult to fill as it isn't built to mobility/wheelchair accessibility standards, and there is a lack of facilities, on-site support and social activities. The various descriptions can cause confusion and make comparisons difficult. However, the overall target suggested for a range of 'specialist accommodation' for older people across different tenures may act as a useful guide.

Since 2012, there have been an additional 50 extra care units at Oak Court in Blaby and a further 62 extra care units are currently being built in Loughborough. There have been some private retirement developments notably Glenhills Court in Glen Parva (50 units).

There are many more sheltered housing or 'independent living schemes' around the county than extra care schemes. Historically, these schemes had a live in or visiting scheme manager, but this model was phased out some years ago, leaving current provision with a remote call system and limited on-site support services with residents needing to be capable of independent living, although they do offer some opportunity to promote inclusivity and combat social isolation.

Some districts have reviewed their sheltered housing provision and undertaken refurbishment and/or a decommissioning programme, but some schemes still provide outdated facilities that do not meet the current space and accessibility standards required for meeting the needs and aspirations of older people.

The opportunity to provide further refurbishment or remodelling, and additional care and support within these complexes may mean they can provide suitable accommodation for some people who do not need the full level of support provided by extra care.

The local picture in relation to specialist accommodation will be further informed through the refresh of the SMHA.

Indicative projected need for specialist housing for older people to achieve 170 per 1,000 by 2036 SHMA 2014

Locality	Need	Supply	Net need as at 2012	Additions since 2012	Net need 2016
Blaby	2,706	934	1,772	50 +50	1,722
Charnwood	4,459	1,154	3,305	62	3,243
Harborough	2,903		2,037		1,937
Hinckley & Bosworth	3,169	670	2,499		2,499
Melton	1,581	319	1,262		1,262
NW Leicestershire	2,593	496	2,097		2,097
Oadby & Wigston	1,640	475	1,165		1,165
Total			14,137		13,975

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

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

Bottom national quartile = 790.5

Average national quartile = 641.9

Top national quartile = 539.6

There are 180 care homes registered with the Care Quality Commission in Leicestershire (total of 4,818 beds); of these 151 are registered as residential care, (3,297 beds) and 29 are registered as nursing homes (1,521 beds).

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

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

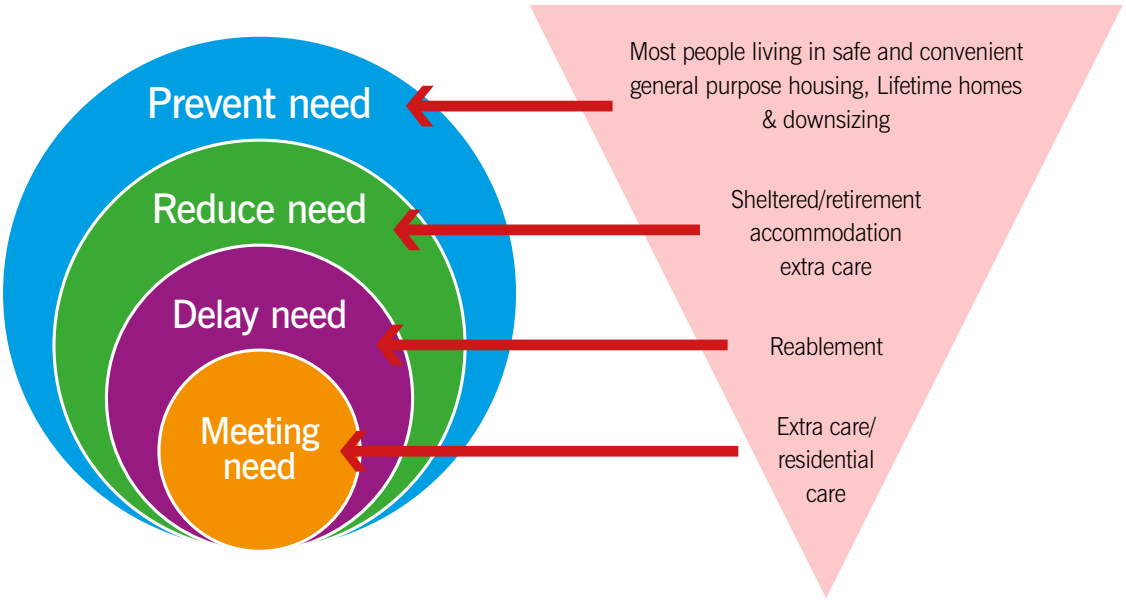
A survey carried out by Leicestershire County Council in September 2015, as part of the fee review identified that the care homes were running at between 90 to 95% occupancy. This includes a mixture of self- funded places and places commissioned by health and social care.

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

Leicestershire adult social care strategic approach

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

7 Strategic Housing Market Analysis (SHMA)2014.



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

Prevent need

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

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

- Warm and affordable to heat;
- Free from hazards, safe from harm and promotes a sense of security;
- Enables movement around the home and is accessible, including to visitors;
- Support from others if needed.

Advice and information

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

Housing support services such as advice and information services, housing options advisors, in-reach housing support into hospitals and primary care services can help people to cope with issues relating to their tenancy and keeping their homes warm and in good repair to prevent emotional stress or practical difficulties. This support needs to be available to people in all tenures of housing, and adult social care staff need to act as a signposting service in connection to Care Act responsibilities.

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

Ensuring people have access to independent advice, including independent financial guidance, to enable them to make informed decisions is vital. For example it might be better for some people to let out their current property and rent somewhere less expensive.

Adaptations and equipment

Older people's housing needs can mostly be accommodated through simple alterations to their current homes such as modernising heating systems, good home maintenance, handrails, assistive technology and replacing baths with showers.

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

An adult social care equipment, adaptations and assistive technology strategy and action plan 2016 – 2020 is currently being developed.

Accommodation choice

Working with housing partners to facilitate increased availability of lifetime homes and bungalows will result in people having homes that can meet their needs as they get older and experience changes to their health and social circumstances, so delaying the need for them to move to alternative accommodation.

A study of 1,500 people over 60 years in 2013 showed over half are interested in moving[9] (88% of those who didn't said it was because they felt their current accommodation already suited their needs). The study showed more people were interested in downsizing than in purchasing specialised property.

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

9 The top of the Ladder, Wood 2013.

A survey carried out among subscribers to **www.retireeasy.co.uk** found the average age at which people envisage downsizing is 65. However it needs to be recognised that when considering downsizing many older people may still want access to a garden and to keep their pets. Two bedrooms appeared to be the preferred choice, providing space for family, carers, storage, hobbies or separate bedrooms for a couple. Bungalows were found to be very popular with older people downsizing, but it is clear that there remains an inadequate supply and consequently increases prices. In reality, it may be difficult to provide a significant number of bungalows and increasing the supply of lifetime homes may be a more cost effective option. District and borough council strategies will be considering providing bungalows in locations where a specific demand can be established and bungalows on smaller plot sizes may make them more affordable to provide.

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

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

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

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

The equity release market is reported to have hit an all-time high supporting the development of high-quality residential developments for older people[10]. However Elderly Accommodation Counsel (EAC) findings[11] shows some owners may want to relinquish the responsibility and move into rented property as they grow older but that people are wary of leaseholds and service charges.

People's aspirations are often influenced by their knowledge of what is available. Lack of information about the market can limit people's thinking beyond what they are aware of, or make it difficult for older people to fully understand the options available to them and therefore to be able to make informed choices about their future.

There may be opportunities to re-designate the use of some outdated, difficult to let housing stock into 'community hubs' to provide innovative, preventative services to the local community.

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

At present;

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

We will;

- Work closely with housing organisations, providers and partners to take a more proactive approach to advice and information which relates to housing, to enable people to take more responsibility for maintaining their homes, make changes and plan for their older age.
- Utilise evidence from the Lightbulb pilots and ensure alignment with the emerging adult social care equipment, adaptations and assistive technology strategy and action plan 2016 – 2020.
- Work with partners to promote the need for sufficient lifetime homes, bungalows and sheltered/retirement accommodation options distributed around the county to incentivise downsizing and prevent demands on health and social care services and unnecessary admissions to extra care or residential care. This will include the review of existing outdated accommodation and identifying possible alternative use for such properties.
- Empower staff to encourage people to take responsibility for their housing needs in order that they can maintain their health and independence.
- Share and promote new learning on how the home and housing interventions, e.g. dementia-friendly housing and housing adaptations can deliver health outcomes and improve wellbeing.
- Support older people with dementia and mental health problems to live in homes that support their wellbeing and that of carers.

Reduce need

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

Councils and some social landlords provide adaptations in their tenanted properties and local authorities administer Disabled Facilities Grants (DFGs) in other tenure properties, to fund home adaptations such as stairlifts, level access showers(LAS) and ground floor extensions, in order to facilitate access into and within the home for older and disabled people. The Disabled Facilities Grant allocation is now part of the integrated Better Care Fund. A study in 2015 by the national body for home improvement agencies, Foundations, has shown that older people who had adaptations made to their home via the DFG move into residential care around four years later than those who have not[12]. Many people will not be eligible or want to apply for a DFG but could benefit from adapting their homes to enable them to retain their independence or just incorporating design features that make life easier as they get older.

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

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

Adaptations can sometimes take a considerable time to be provided. Reducing waiting times and speeding up the delivery of home adaptations is essential to ensure people's housing needs are met in a timely way and anticipate future needs if the person has a progressive condition. Home Adaptations for Disabled People: A detailed guide to related legislation, guidance and good practice[13] recommends timescales for each stage of the process. The Lightbulb pilot is already having a positive impact on achieving this.

Homeshare schemes are another way of reducing the needs of older people for health and social care services. Limited research currently exists into the outcomes achieved from these relatively underdeveloped opportunities for older people. Currently we do not have a Homeshare scheme in Leicestershire, but there is potential for development, particularly in areas with a high student population such as Loughborough.

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

At present;

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

We will;

- Building on the Lightbulb pilot, work to ensure a shared approach with health partners, linked to Better Care Together and the locally developing Memorandum of Understanding, to aid the integration of housing, health and care.
- Explore opportunities to develop a more proactive and innovative approach to develop the private housing adaptation, assistive technology and daily living equipment market, including use of trusted assessors and accreditation schemes.
- Utilise health risk stratification tools and patient management and tracking systems, to identify people who may most benefit from assistive technology, daily living equipment and adaptations to their accommodation.
- Explore evidence and opportunities to develop homeshare schemes

Delay need

We will focus on support for people who have experienced a crisis or have an illness or disability by providing accommodation and housing related services in a way that makes sure a crisis can be avoided in the future, or managed effectively if it happens again.

Housing schemes linked to supporting recovery and reablement, for those who have experienced a crisis or who have defined illness or disability, has received policy support from the Department of Health as one means of prolonging and regaining independence[14]. Reablement can enable patients/ service users with physical and mental health needs to stay in their own homes for longer, reduce the need for home care or residential care and improve outcomes for users.

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

14 The NHS Outcomes Framework for 2014/2015

Leicestershire hospital pathways work[15] has identified 'Pathway 2' as home based reablement for people to maximise their independence following a hospital admission and 'Pathway 3' as being for patients who are medically fit for discharge from hospital, but deemed not to be initially safe to return to their home. Residential reablement schemes provide a safe environment for optimising health and well-being and undertaking further assessments and reablement prior to the person returning home. This can help to make significant improvements in the timeliness and effectiveness of discharge from hospital, especially for frail older people, supporting the reduction in length of hospital stay and deconditioning that occurs.

At present;

There have been a number of developments locally, through the Better Care Fund, including the new approach to home care across health and social care (to be introduced in November 2016), developing a comprehensive approach to reablement, an extra care reablement pilot (Oak Court October 2015 to March 2016) , the commissioning of bed based reablement by health colleagues, increased use of assistive technology, development of falls prevention strategies and the introduction of Local Area Co-ordinators. However there is still a need for further integration of services and ensuring new ways of working are thoroughly evaluated and effective approaches embedded into 'business as usual' delivery models.

We will;

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

15 Better Care Together Leicester, Leicestershire and Rutland Pathway redesign

Meeting need

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

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

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

National evidence suggests that extra care housing can help to reduce levels of social isolation and loneliness, which are known to affect people's emotional and mental wellbeing. Studies have concluded that living in extra care housing is associated with improved mental health, quality of life and social wellbeing and can therefore help to reduce the risk of older people needing greater levels of health and social care support associated with mental health decline.[16]

Extra care is regarded as an effective alternative to residential care as a way of meeting needs of people who can no longer manage living in general purpose or sheltered/retirement housing, even with adaptations or a support package. In 2012/13, East Sussex County Council commissioned an independent evaluation of its extra care housing that concluded that when assessing where residents in the schemes would live if they were not living in extra care housing, 63% were judged as needing residential/elderly mentally ill/nursing care[17].

There are currently five extra care housing schemes in Leicestershire, that are funded or commissioned by Leicestershire County Council, plus a further development being built in Loughborough that is due to be available during 2017. These schemes have been set up under differing arrangements and so it is difficult to demonstrate cost effectiveness and it is recognised that the current extra care model may not be achieving the savings originally forecast. The cost of extra care for both the individual and the local authority varies considerably depending on the person's level and type of needs and their personal and financial circumstances. The non- financial outcomes or indirect financial savings therefore also need to be taken into consideration in determining the benefits of extra care. An ongoing review seeks to clarify and identify a recommended way forward. Once these actions have been undertaken and outcomes can be evidenced there will be a clearer remit for further expansion.

16 Housing Learning and Improvement Network.
17 Extra Care Housing in East Sussex, Evaluation Report, Georgiana Robertson Consultant, Social Care and Housing, June 2013

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

The International Longevity Centre undertook a study of three extra care schemes and found extra care does delay the need for transfer to institutional care, when compared to a matched group in the community[18]. About 10 per cent of residents in extra care housing in this study enter institutional accommodation from extra care housing after five years of residence compared to 19 per cent of those living in the community in receipt of domiciliary care. The difference improves for people entering extra care aged over 75 years when their chances of entering institutional care are reduced by 47% in the first two years and by 35% in the first five years, when compared with a matched group in the community.

Evidence[19] shows that extra care residents are potentially less likely than older people living alone in the community to call upon emergency, out of hours and routine health care advice and assistance, due to the support and reassurance available from support staff and neighbours within their scheme. Extra care schemes also offer opportunities for cost effective delivery of therapeutic, treatment and health promotion activities, such as flu jabs, lunch clubs, nutrition, exercise and general wellbeing advice sessions. No evidence has been found to show if this same level of prevention could be achieved in other forms of sheltered or retirement accommodation, but this could be achievable depending on the ethos and role of the scheme manager.

One study[20] of three extra care schemes found it does appear to reduce the number of admissions to hospital by one day a year for people aged 80 years plus, when compared to a matched group in the community, but it does not appear to impact materially on the lengths of stay once admitted. This research also found lower levels of domiciliary care were required.

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

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

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

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

Residential care and residential nursing care can be provided for both permanent and respite placements in accordance with Leicestershire social services eligibility criteria and practice guidance. The care home market is reasonably stable in that occupancy is not so high that the council is unable to find places when they are needed, but not so low that it threatens the financial viability of care homes in Leicestershire. It is important that when people move into residential care there is still a focus on maximising and maintaining individual's independence and wellbeing.

At present;

Sometimes other housing options, such as adaptations and the use of assistive technology, Shared Lives or extra care housing need to be more carefully considered before a move to residential care is arranged. Systems such as Just Checking[21] may not be as widely used as they could be and the use of the current extra care schemes in the county need to be reviewed to ensure they are being used appropriately and are delivering the required outcomes.

We will;

- Explore opportunities to develop the share Lives scheme run by the council.
- Ensure comprehensive assessments and robust allocation protocols are in place to ensure extra care schemes are used appropriately and that individuals are being reviewed and packages of care adjusted in a timely way.
- Review current mix of residents within existing extra care schemes and compare with proposed mix to identify if residents needs are being met and schemes are delivering objectives.
- Evaluate current usage of extra care schemes and financial outcomes being achieved and use finding to outline a cost effective model of extra care moving forward.
- Utilise information from the Strategic Housing Market Analysis, due to be available in the Summer/ Autumn 2016 and localised analysis being undertaken by some borough and district councils, to identify the split needed for different types of sheltered/retirement/extra care accommodation. Clarify locations where more or different stock is needed, or if there is any under-utilisation, to ensure there are sufficient affordable schemes that will support people to remain as independent as possible and avoid unnecessary admissions to residential care.
- Work with partners to identify potential locations and funding options, including attracting investment from mainstream builders to provide new appropriate accommodation in areas where required.
- Work with partners to ensure combined property assets used effectively to develop accommodation for older people.
- Utilise evidence from other areas to inform size, scope and design of new extra care schemes.
- Clarify ratio of residential care to extra care housing required and increase the balance of extra care provision.
- Ensure existing assets are being fully utilised to act as 'community hubs' to provide additional support to older people in their community such as opportunities as equipment and wheelchair loan storage, sites for visiting chiropodist, hairdresser, optician, social and voluntary activities etc, providing assisted bathing/showering facilities and providing temporary support in times of crisis.

21 *www.justchecking.co.uk*

Other issues to be considered

1. Leicestershire County Council needs to understand and keep abreast of the impact of proposed changes to housing benefit payments, rent rates and caps, right to buy schemes and other policy or legislative changes, introduced nationally or locally, which may affect people living in private rented properties or in social housing and assess the impact on providers to maintain existing properties and invest in new stock.
2. Some people with learning disabilities encounter issues related to ageing at an earlier stage in their lives and people are more likely to need support and care as they grow older, so specific consideration needs to be given to identifying numbers and strategies for appropriate support. As long as the accommodation remains suitable for them, people with a learning disability living in a supported living schemes should not be expected to move from their home just because of their age.
3. New Extra Care schemes take on average four years from identification to completion so there is a need to have dialogue with district and borough councils about potential schemes 'in the pipeline'.
4. In order to make funds available to help pay for the cost of care, to adapt or maintain their homes, and to support their incomes for other living expenses many older people have turned to equity release as a means of supplementary pensions and other assets.

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

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

   Home reversion involves the older person selling their home, or part of it, to a reversion company who will in turn provide a lease allowing the older person to remain in their home rent-free (or for a token rent), either until death or movement into a care home. Concern has been highlighted due to the compound interest attached to equity release loans, which can reach 'staggering' sums after a number of years; particularly given that equity release packages can be made available to people as young as 55, hence the need for independent financial advice to be readily available. The strategy could explore ways of people having access to 'independent financial information and advice', support for social lending possibly coupled with some grant help.

Finance

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

The impact/uncertainty regarding rent reductions from housing associations and the likely Local Housing Allowance rent cap, in addition to any effect of the introduction of the 'living wage', will need to be taken into account and may affect available investments in future developments.

Conclusion

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

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

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

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

For people who can no longer manage to live in general purpose or sheltered accommodation, extra care can provide not only a more cost effective alternative to residential care but also achieve more positive outcomes in terms of optimising independence and reducing loneliness for some people. Some evidence exists that shows people with medium to high needs aged 80 years plus are most likely to provide the best financial return on investment in developing and providing this type of accommodation. We need to review the local situation to ensure the current strategy is effectively delivering outcomes and providing value for money and that we maximise the opportunities extra care can offer going forward.

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

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

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

Appendix 1 Accommodation that older people occupy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The core capital finance for new housing schemes is:

- Social Housing Grant – available to registered providers (generally housing associations) through the Homes and Communities Agency (HCA) has been a funding source but will cease for any schemes not already agreed.
- Developers own resources, either for outright sale or shared ownership.
- Adult social care or housing authority resources
- Clinical commissioning groups
- Section 106 agreements

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

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

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

Residential and nursing care;

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

Appendix 2 Demographic projections.

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

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

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

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

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

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

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

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

Leicestershire County Council

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Draft extra care annual review, June 2016

Contents

Introduction

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

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

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

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

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

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

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

Leicestershire's approach

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

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

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

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

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

The locations identified in 2012 were;

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

Current position regarding extra care housing provision in Leicestershire;

Current schemes

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

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

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

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

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

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

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

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

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

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

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

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

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

Review findings – issues and opportunities

24 hour on-site care and support

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nomination and allocation processes

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

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

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

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

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

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

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

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

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

Community balance

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

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

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

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

Current use of residential care in Leicestershire

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

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

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

Future considerations for extra care development in Leicestershire

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

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

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

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

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

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

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

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

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

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

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

Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Next Steps

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

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

Appendix A: Illustrative case scenarios

Scenario 1

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

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

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

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

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

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

Scenario 2

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

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

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

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

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

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

Scenario 3

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

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

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

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

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

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

Appendix B: Evidence base for extra care housing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Leicestershire County Council

Agenda Item 7

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

Purpose of Report

1. The purpose of this report is to

   - Set out the proposed new Outcomes and scope of the new Health and Wellbeing Strategy 2017-2020.
   - Feedback from the discussions that have taken place with Board members and stakeholders about the Joint Health and Wellbeing Strategy (JHWS) including the Health and Wellbeing Board Development Session of 21st June 2016.
   - Gain the Health and Wellbeing Board's support for finalising the strategy and wider engagement focussing on an approach to prioritisation, delivery and performance management.

Link to the local Health and Care System

2. The Strategy has been developed in the context of the following national policies:-
   - Health and Social Care Act 2012;
   - The Care Act 2014;
   - The Children and Families Act 2014;
   - The 2016/17 Mandate to NHS England
   - The NHS Five Year Forward View.

3. The local context for the development of the Joint Health and Wellbeing Strategy is set out in paragraphs 10 – 14 of this report.

Recommendations

4. The Health and Wellbeing Board is recommended to:
   - Approve the proposed outcomes set out at paragraph 34 of the report and to provide a clear steer regarding the content of the priority objectives and actions which will underpin the Joint Health and Wellbeing Strategy;
   - Approve the mission statement and principles to enable the Board to work in a more proactive and collaborative way;
   - Approve the timetable for completion of the Joint Health and Wellbeing Strategy outlined in Paragraphs 48 to 52 of this report;

- Ask Members of the Board to consult their own organisations on the content of the Joint Health and Wellbeing Strategy in order to approve the final strategy at the Health and Wellbeing Board meeting in November.

Background

5. The current Joint Health and Wellbeing Strategy was published in January 2013 and refreshed in January 2015. The strategy forms the Health and Wellbeing Board's (HWB) response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment (JSNA). It sets out the key priorities that partners need to address in order to improve the health and wellbeing of the population.

6. The 2013-16 strategy identified the following broad key outcomes:-

   - Outcome 1: Getting it right from childhood;
   - Outcome 2: Managing the shift to early intervention and prevention;
   - Outcome 3: Supporting the ageing population;
   - Outcome 4: Improving mental health and wellbeing; and
   - Cross cutting theme: Tackling the wider determinants of health by influencing other boards.

7. A fifth outcome, improving services for people with learning disabilities was added in 2014.

8. When considering the refresh of the JHWS, the Board emphasised the importance of focusing on a small number of key strategic issues which were not addressed through other plans and strategies but would have a positive impact on the health and wellbeing of the people in Leicestershire based on the evidence from the JSNA.

9. The Board has requested that the Strategy identifies priorities where a collaborative, partnership approach is needed to effect improvements. This will ensure shared ownership and bring focus to the work of the Board.

Context

10. The Joint Health and Wellbeing Strategy is being refreshed at a time of rapid and significant change to the health and care system, both in terms of resources and the ways in which services are delivered. There is an ongoing need to deliver efficient and effective services that make the best use of available resources.

11. Significant work is already been undertaken locally to transform the health and care system across Leicester, Leicestershire and Rutland (LLR) and to ensure that services are sustainable and built around the needs of the local population. The key drivers for this work are the Better Care Together Programme, which has a Five Year Plan covering the period up to 2019, and the requirement from NHS England this financial year to develop a Sustainability and Transformation Plan for LLR for the period 2016 – 2021. The Joint Health and Wellbeing Strategy will be aligned to these overarching Plans.

12. The national introduction of the Better Care Fund (BCF) in 2014 has led to an increased focus on the integration of health and care services in Leicestershire. The BCF is a pooled budget used to transform and improve the integration of local health and care services, in particular to:

    - Reduce the dependency on hospital services, in favour of providing more integrated community based support, such as reablement, early intervention and prevention;
    - Promote seven day working across health and care services;
    - Promote care which is planned around the individual, with improved care planning and data sharing across agencies.

13. The JHWS will not duplicate the BCF Plan but will support its aims and will also include a focus on joint working.

14. An iterative approach will be taken to the drafting of the Strategy, so the Board can ensure that it adapts and responds to the changing landscape. This will enable it to stay relevant throughout the five year period it covers and will support the Board in its aim to complement and contribute to the wider health and care system across LLR.

Proposals

15. The development of the JHWS is an iterative process, which so far has included a combination of gathering evidence from the JSNA and using the current knowledge and experience of board members and stakeholders. The proposals in this report have been developed following desk based research, bilateral conversations with individual board members and dialogue with key stakeholder bodies and feedback from the board session on the 21st June.

16. This has highlighted and confirmed a number of shared issues across partnership organisations. Many partners raised the need to shift toward prevention and intervening early to avoid individuals sliding into crisis and service dependency. There is support for an approach which promotes self-help within communities, which promotes healthy lifestyles and provides a good quality local support network helping people to stay well.

17. The toxic trio of mental health issues, alcohol and other substance misuse and domestic violence has been raised by many agencies as being detrimental to children, their families and the wider community.

18. As the demography of Leicestershire will see an increasingly ageing population with complex needs in the future, partners have expressed a real concern about the need to plan ahead, particularly for housing that will maximise independence, the capacity of carers now and in the future and the quality of life of our older people when they become isolated.

19. Mental health is almost unanimously seen as a priority for partnership working across the life course both in terms of parity of esteem and positive mental health promotion but also early identification and access to services, particularly for the young.

20. Although not as advanced in all organisations there is a move towards targeting resources at the most vulnerable and at risk and locality based services. In a county such as Leicestershire where health outcomes are generally good it was clearly felt that improvements would come from understanding and targeting the 'health gaps' for some people and places. Outcomes for children with complex needs and individuals with disabilities where mentioned by multiple agencies as having worse outcomes than the general population. Although evidence is available for geographical differences across Leicestershire in diagnosis of long term conditions, infant mortality and other health outcomes many agreed that a 'deep dive' of health inequality across the county would be a valuable additional planning tool.

21. The process highlighted gaps in the current system such as effective collaboration between prevention activity and clinical commissioning. It was also raised that despite the Health and Wellbeing Board membership consisting of leaders from across key organisations in Leicestershire, representing vast knowledge and expertise and influence, this has not been used to full potential.

22. However, it was clear that there is a vast amount of work in place or planned to rectify these issues and there was very little capacity for new initiatives. Although health and social care colleagues are working increasingly closely together, many thought there were more opportunities to link up with wider partners related to housing, development planning and decision-making, employment and transport to create healthy 'places'.

Outcomes

23. Following these discussions, a set of proposed high-level outcomes have been developed and tested against the following criteria; that the outcomes:

    - Are underpinned by evidence, local knowledge and experience;
    - Require a collaborative approach whereby the contribution of a range of partners is needed in order to achieve the outcome;
    - If not addressed will have significant impact on the system in 5 years' time;
    - Have a positive impact on the health and wellbeing of Leicestershire;
    - Take account of the wider determinants of health.

24. There were a number of other issues that were considered as part of the process and that were highlighted by partners but have not been included in the list of outcomes.

25. For example, it was felt that it would not be suitable to refer to performance on specific conditions in the strategy e.g. liver disease and tooth decay as it is a high level strategy and there would be too many conditions to include. However, it was seen as appropriate to include these as outcomes indicators that would require close monitoring. Some issues were seen as the responsibility of a single organisation and would therefore not meet the requirement to promote partnership working. Elsewhere it was considered that although the health and wellbeing strategy could contribute to the agenda through prevention and reducing demand it was outside its remit to directly intervene e.g. hospital admissions and emergency care.

26. The outcomes originally proposed to the recent Development Session are set out in Appendix 1 with a rationale for their inclusion. However, feedback from the Session has led to a number of changes which have been incorporated into the set presented below.

Summary of feedback

27. There was broad support for an outcomes-based approach but the importance of identifying specific priority objectives where partnership working would add value and give a sharper focus was also highlighted.

28. There was consensus to reduce Outcome 1 to self-care by removing the wording relating to communities and focusing instead on patient activation. Several issues were raised for inclusion as priority objectives within this outcome that support prevention. Building on community strengths and influencing the wider determinants of health were suggested as essential actions to help people to stay well.

29. In general, many members suggested that self-care and inequality should be the leading statements with children, older people and mental health outcomes following as important sub-outcomes.

30. Board members commented that the emphasis should be on a sound delivery approach, that “implementation is key” and to reflect the Board’s role for coordination and collaboration through the Strategy.

31. Concerns were raised that there was the potential for duplication of the Leicestershire Safeguarding Children’s Board role within the children’s outcome – however, others felt that the contribution of the partners to safeguarding children should be reflected in the Joint Health and Wellbeing Strategy.

32. There was some discussion regarding the mental health outcome and whether it should be considered covered in Outcome 1 to reflect parity of esteem. However, it was concluded that with some improvements to the priority objectives it would be a useful way to demonstrate a commitment to the importance of mental health throughout the life course.

33. Other issues that were raised for inclusion were carers, dementia, whole life disability, Special Educational Needs and Disability and veteran health which will be considered during wider engagement on the priority objectives beneath the five outcomes.

34. The following outcomes are proposed following the feedback from the Development Session:

    Outcome One - The people of Leicestershire take responsibility for their own health and well being

    Outcome Two - The gap between health outcomes for different people and places has reduced

Outcome Three - Children and young people are safe and free from harm and are supported by families and others to reach their full potential

Outcome Four - People plan ahead to age well and stay healthy and older people feel they have a good quality of life

Outcome Five - People know how to take care of the mental health and wellbeing of themselves and their family

Priority Objectives

35. It is proposed that each Outcome is underpinned by priority objectives and focussed actions. The priority objectives presented to the recent Development Session are set out in Appendix 1.

36. In response to feedback from the Development Session, it is proposed that further consideration is given to the priority objectives following wider engagement with the partners of the Health and Wellbeing Board before finalising the Strategy.

37. It was agreed that the objectives under all Outcomes needed further development to ensure a focus on partners' priorities.

Delivery

38. In order to enable the Board to track progress against the outcomes it is proposed that a delivery plan is developed through engagement with all partners and wider stakeholders.

39. The 'action plan' will be used to identify current activity which contributes to the delivery of the outcomes, focussing on programmes which involve collaboration and integration. This will enable the Board to complete a 'diagnostic' against the agreed priorities through capturing and describing existing activity, identifying gaps and the issues that would benefit from improved joint working.

40. The action plan will set out the current position, the change we would expect to see in five years' time, the actions that will be taken, with a lead Board member as contact and measures of success. Appendix 2 illustrates how this could be developed.

41. At the Board Development session there was support for the proposal to identify a lead board member or members for each outcome/priority. However, several members commented that the role should be very clearly about being a champion and lead Board 'contact' and not considered responsible for delivery. The ambition for the 'leads' needs to be realistic in view of the busy senior managers at the Board.

42. There was no support for targets but a desire for a performance framework that was streamlined to focus on the 'big issues'. The Board supported a performance framework which reflected the aims and ambition of the Board and clearly illustrated current performance and trends. Delegates raised the

importance of using performance data to drive learning and evaluation and to prompt action. It was also seen as a tool for communications and wider engagement and should therefore be relevant and understandable for the public.

The role of the Board – a new way of working

43. At the recent development session of the Board, members highlighted their desire to shift to a more proactive and collaborative approach. The health and wellbeing board is operating in a complex and fast moving environment and therefore the Board needs to be able to 'navigate' the system ensuring that key strategies and interventions are joined up and identify and respond to change.

44. Further, at a time of increasing demand and reducing resources partners need to work together more proactively to maximise their impact for the good of the people of Leicestershire.

45. The new JHWS will set out the Board's commitment to participating in a combined effort towards shared priority outcomes.

46. As such a set of Board Principles were proposed to the Board Development Session. These were broadly welcomed but it was felt that that there were too many and that many overlapped or had the same message as an outcome. It was also suggested that the first principle could form a 'mission statement' for the Board**.**

47. The following are therefore recommended as a mission statement and Board principles for inclusion in the final strategy:

The Health and Wellbeing Board will provide leadership and champion opportunities to improve health and wellbeing outcomes for everybody in Leicestershire by:

(a) Working together in partnership to provide a positive, seamless experience of care which is focussed on the individual to give the right support, in the right place, at the right time.

(b) Putting health and wellbeing at the centre of all public policy making by influencing other agendas such as economy, transport, planning and housing.

(c) Having a clear understanding of the roles and responsibilities of all partner organisations and how collaboration can improve health and wellbeing through support and challenge.

(d) Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.

(e) Building on the strengths in our communities and using place based solutions.

Timetable for Decisions

48. Following approval from the Health and Wellbeing Board for these proposals, the Leicestershire Joint Health and Wellbeing Strategy will be drafted based on the Outcomes and Principles included in this report.

49. Wider engagement with Board partners will take place during July and August, focused on developing a set of priority objectives to be included under each outcome. At the same time, a linked exercise will develop a delivery plan to describe the key programmes of action against each priority objective. This will highlight gaps in the existing activity to provide a 'diagnostic' to the Board for consideration.

50. The draft Joint Health and Wellbeing Strategy will be presented to the Board in September for consideration; following which a short period of public engagement will take place. It is intended that this engagement will be web based and will be supported by Healthwatch Leicestershire.

51. This period will allow Board members to gain endorsement from their own organisations to allow them to give approval to the final Strategy.

52. The final version of the Strategy will be presented to the Health and Wellbeing Board in November for approval.

Resource Implications

53. The development of the JHWS has been led by Leicestershire County Council.

54. Implementation of the JHWS will require co-ordination by the Health and Wellbeing Board with plans to deliver the strategy being integrated into the commissioning cycles of all organisations represented on the Health and Wellbeing Board with the associated human resource implications this will need.

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Relevant Impact Assessments

Equality and Human Rights Implications

55. The JHWS will subject to a full equalities and human rights impact assessment and a health impact assessment.

Partnership Working and associated issues

56. The JHWS is a partnership document that will involve all partners represented in the Health and Wellbeing Board and will include a commitment to working with other partnerships responsible for housing, community safety, economy and transport

Appendix 1

Outcomes proposed to the Health and Wellbeing Board Development Session - 21st June 2016

Outcome One - The people of Leicestershire take responsibility for their own health and our communities inspire and enable good choices for all

1. This outcome aims to address the need to make a greater shift to prevention by supporting the population of Leicestershire to make good lifestyle choices and by developing and investing in community based approaches to health prevention.

2. It is proposed that the Outcome is underpinned by specific objectives and focussed actions. It is proposed that consideration will be particularly given to the following objectives:

    - Working together to build health into the local environment and support communities to help themselves

    - Encouraging and support people to stay well and target the most vulnerable and at risk

    - Working together to keep communities safe and free from harm

Outcome Two - Children and young people are safe and free from harm and are supported by families and others to reach their full potential

3. This outcome highlights the importance of ensuring a co-ordinated and proactive approach to keeping children and young people safe with a particular focus on the following objectives:

    - Ensuring the best start in life for children and their families

    - Working proactively in partnership to keep children and young people safe and free from harm and sexual exploitation

    - Supporting those families identified as most troubled to become self-sufficient and resilient

    - Preparing and supporting children with complex physical and mental health needs, and their families, as they move between child and adult services

Outcome Three - People plan ahead to age well and stay healthy and older people feel they have a good quality of life

4. This outcome responds to the increasing importance of ensuring a better quality of life in later life. There are increasing numbers of older people in the County who have multiple and complex issues in later life. This outcome aims to address the gap in ill health and maximise the independence of older people by a

concerted and planned focus on wider determinants (e.g. housing, connectivity) as well as high quality frail elderly service provision. There will be a particular focus on the following objectives:

- Plan for the ageing population, particularly their housing needs
- Improve the diagnosis and management of long term conditions
- Maximise independence of older people and work with communities to help them stay connected
- Enable older people in Leicestershire to keep well and healthy with a focus on the needs of the increasing number of frail elderly people

Outcome Four People know how to take care of the mental health and wellbeing of themselves and their family

5. This outcome aims to address the pressing issue of mental health and the need to ensure that it is given the same level of consideration, effort and co-ordinated support as physical health. The issues are complex and require a collaborative approach across the partnership. It is proposed that the Board focus their efforts and resources to:

    - Provide positive mental health promotion through improved coordination and collaboration
    - Increase the early detection and treatment of children and young people with mental health and wellbeing needs

Outcome Five - The gap between health outcomes for different people and places has reduced

6. This outcome is about addressing the need to tackle health inequalities within Leicestershire. Whilst the County performs well on many health indicators when compared with other parts of the Country there remain a number of health inequalities including life expectancy which need focused attention. This outcome proposes a focus on both reducing health inequalities between the most vulnerable groups and the rest of the population and reducing health inequalities between different geographical areas in the County by:

    - Improving our understanding of the most vulnerable and at risk within the Leicestershire population
    - Using evidence to improve the targeting of activity to reduce health inequality between people and places
    - Improving outcomes for people with special educational needs and disabilities

Appendix 2

How we will deliver the change
Example of the recommended approach to the Delivery Plan

Outcome 1: The people of Leicestershire take responsibility for their own health and our communities inspire and enable good choices for all

We will improve our communities for health and wellbeing					
Where are we now?	***Where do we want to go?***	***How do we get there?***	***How will we know we've succeeded?***	***Who will be the lead Board contact?***	***Key Partnership***
Health and wellbeing needs can be overlooked outside the health and social care sector	Making the most of the total contribution available for health and wellbeing	Sharing evidence to build health into the local environment through Health Impact Assessments and Health in All Policies Using Social Value in commissioning and procurement			
Encourage and support people to stay well and target the most vulnerable and at risk					

Illness not wellness	Improved health outcomes for all now and in the future through people taking responsibility for their own health	Providing joined up approaches to universal information and advice	Population outcomes	Director of Public Health, LCC	Unified Prevention Board
		Harness the strength of communities			Communities Strategy Board LCC
Our workforce are not always being advocates for a healthier lifestyle	Our workforce are health exemplars	Implementing new approaches to workplace health			Better Care Together
Variation in detection rates of long term conditions	There is no variation in detection rates and conditions do not go undetected	Develop and embed what we know works in health and social care prevention			Better Care Together
Lifestyle behaviours such as smoking, poor diet, alcohol and sedentary behaviour and low levels of exercise are leading to preventable health gaps	Healthy choices are the norm	Deliver integrated lifestyle change services	Smoking prevalence Obesity Liver disease		

Carers of all ages provide essential care and need support					Better Care Together
We will work together to keep communities safe and free from harm					
Mental health, drug and alcohol abuse and domestic violence impact on the wellbeing of too many children and families.				Leicestershire Police, Community Safety Partnership	

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Agenda Item 8

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 7th JULY 2016

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

LEICESTERSHIRE COUNTY COUNCIL'S EARLY HELP AND PREVENTION STRATEGY

Purpose of report

1. The purpose of this report is to inform the Health and Wellbeing Board of:

   a. the medium term strategy for early help and prevention services within Leicestershire County Council and the associated review of current delivery, and
   b. the governance proposal and outline programme approach to deliver the recommendations of the strategy as approved by County Council Cabinet on the 17th June 2016

Links to the local Health and Care System

2. A consistent approach to early help and prevention has been identified as a key priority for the County Council in achieving its Medium Term Financial Strategy (MTFS) target. The approach outlined in the strategy will have an alignment with the preventative approach set out in Better Care Together and the Sustainability and Transformation Plan.

Background

3. In February 2016 Leicestershire County Council engaged the consultancy firm Peopletoo, with the objective of developing a broad medium term strategy for early help and prevention services to support a new target operating model (TOM) that is efficient, that enables the delivery of strategic outcomes and that represents value for money.

4. The work was completed and resulted in an Early Help and Prevention Strategy, and findings from a review into the current provision of early help and prevention services across Leicestershire County Council.

5. The strategy encompasses a vision for early help that by 2018 there will be a comprehensive offer for community based prevention for the citizens of Leicestershire, funded by bringing together all the resources available to Local Councils and partners.

6. The strategy recognises that in Leicestershire a focus on early help and prevention is fundamental to tackling the root causes of problems as soon as they arise, critical to improving people's quality of life throughout each stage.

7. The strategy sets out a clear direction of travel that outlines a more integrated approach across the Council, and indeed Leicestershire, for the provision of early help and prevention activity. The strategy seeks to build upon the good practice and existing strategies of the Council; identifying areas where these can be further developed e.g. the Council's Commissioning and Community strategies.

8. The strategy also describes the way by which the Council's related assets and services could be refocused on better supporting outcomes through new and modern ways of providing early help and prevention e.g. through greater use of Local Area Co-ordinators.

9. The Early Help and Prevention Strategy can be found at Appendix A.

Governance Proposal and Outline Programme Approach

10. In order to deliver the implementation plan outlined within the report, it is proposed that the eight workstreams set out in the recommendations of the strategy are configured as a programme.

11. The Senior Responsible Officer (SRO) for this programme is the Director of Public Health as corporate lead. A Programme Board will be established with membership including senior stakeholders from all affected Departments.

12. The lead for member for health within the County council, and chair of the Health and Wellbeing Board, Mr White CC, will be the lead member for the prevention review,

Resource Implications

13. Implementing the recommendations of the review is expected to result in savings of just over £3m in the prevention expenditure of the County Council.

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Relevant Impact Assessments

Equality and Human Rights Implications

14. Developments within the strategy that will lead to service redesign will be subject to equality impact assessment.

Partnership Working and associated issues

15. The delivery of the strategy is dependent on close collaborative working from Health and Wellbeing Board partners.

Appendix A – Leicestershire County Council Early Help and Prevention Strategy

APPENDIX A

Leicestershire County Council Early Help and Prevention Strategy

Contents

1. Introduction

There is a long standing and strong commitment to early intervention and prevention across all agencies and strategic partners in Leicestershire. In response to a range of national and local policy developments, this new strategy for **Early Help and Prevention** represents a refresh of our approach and reflects our desire for an integrated approach to Early Help and Prevention across children' and adults services, and public health as part of a Whole Council approach.

This strategy has been developed as part of an externally commissioned review of Early Help and Prevention in March / April 2016. This scope of this review included services either directly delivered by Leicestershire County Council or externally commissioned, and was undertaken to ensure that the Leicestershire approach to Early Help and Prevention:

- Ensures an integrated approach to commissioning and delivery of services.
- Is efficient across children and adults' services, and public health.
- Focuses scare resources on services that make the biggest impact
- Operates within available resources

This strategy therefore reflects the findings of this review in driving forward a newly integrated approach by Leicestershire to early help and prevention. In doing so, this strategy aims to build upon the good practice and existing strategy which already exists in Leicestershire in respect of Early Help and Prevention, but contains clear actions as to how this can be further developed. To this end, where relevant, each section in the strategy has an action plan for future development which is then collated into an overall action plan at the end of the strategy.

2. Purpose of Strategy and Legislative Framework

In Leicestershire we see a focus on early help and prevention as fundamental in tackling the root causes of problems as soon as they arise; this is critical to improving people's quality of life throughout each life stage. We want to break down intergenerational cycles of deprivation and poor outcomes, preventing problems from escalating and reducing the need for the involvement of statutory services. In doing so and promoting better outcomes for the communities and people of Leicestershire, we also help to ensure that we reduce avoidable spend in acute services where early intervention would have prevented, reduced or delayed the need for them, and hence provide better value for public money.

Legislative Framework

The recent changes in legislation have reinforced the need to consider the needs of all vulnerable children and young people in the context of the whole family, as well as the needs of vulnerable adults.

The Children & Family Act 2014 sets out a range of new responsibilities including the promotion of greater integration across education, health and social care. This focus on joint approaches to deliver integrated and personalised care provides a fresh impetus on achieving together the outcomes that matter to children, young people and their families. The act requires particular attention to be given to:

- Prevention
- Early identification
- Access
- Transition across life stages, and
- Preparation for adult life.

Also important to Early Help and Prevention work for children are the Children Act 1989 and 2004; the Ofsted single inspection framework ; the thematic Ofsted framework; the Ofsted Children's Centre inspection framework; and the new Ofsted SEND inspection framework.

The Care Act 2014 highlights the requirement of effective person-centred planning to help intervene at the earliest possible stage. It states "It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible".

3. What do we mean by Early Help and Prevention?

In Leicestershire, all agencies working with children or adults recognise that **prevention and earlier intervention** is more successful and cost effective than later or more formal interventions. We are all engaged to a greater or lesser extent in work that seeks to prevent the escalation of difficulties or the deterioration of circumstances which could adversely affect people at any age.

Defining "early help" is much more common when describing it within the context of children's services than it is in adults. The following definition is adapted from the C4EO publication 'Grasping the Nettle' in 2010:

"Taking targeted action early and as soon as possible to tackle problems emerging for children, young people and their families, or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life".

Though this definition focusses on children, young people and their families, it usefully helps to form the basis of the Leicestershire approach to early help across children's and adults' services, and public health. However, it does not necessarily capture the concept of prevention and early intervention starting at a stage even earlier than when it needs to be targeted. Nor does it capture the role of communities to support early intervention through an "asset based approach" that makes the most of the support that people may have on their doorstep.

Leicestershire's definition of "early help and prevention" across children's and adults' services and public health may therefore be described as thus:

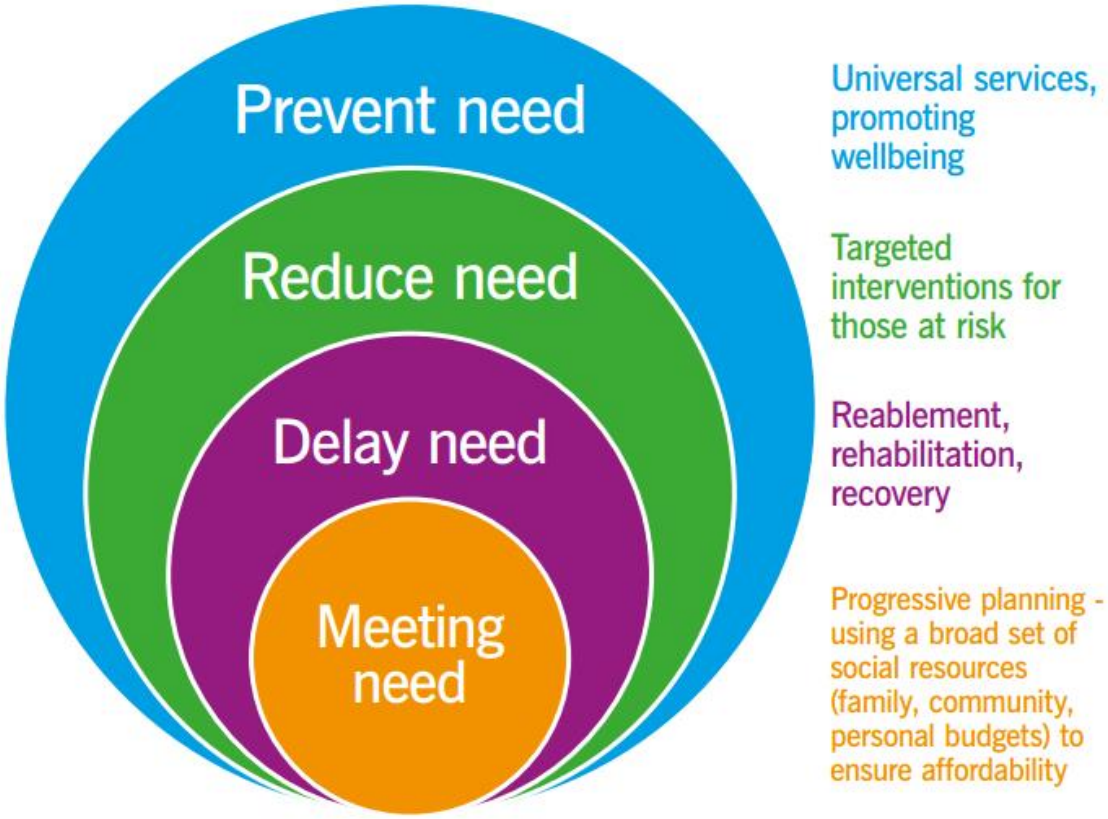
"Supporting communities to prevent and reduce need at the earliest stage whilst taking targeted action as soon as possible to tackle problems emerging where there is a risk of a person developing problems. Early intervention may occur at any point in a person's life".

By **early intervention** we mean **the targeted action** that we take to prevent the development or escalation of problems. This definition importantly includes both help provided **early in life** (with young children, including pre-birth interventions) as well as the help delivered **early in the development of a problem** (with any person, regardless of age).

Specifically in relation to children's services, Eileen Munro (2011)[1] outlines three levels of prevention; primary, secondary and tertiary. Focussed more on adults, the Care Act 2014 provides a similar categorisation using the language of prevent, reduce and delay.

[1] Munro 2011, Munro Review of Child Protection: Final Report – a child-centred system.

The following diagram shows how both the principles of “Prevent, Reduce, Delay” interrelates with Primary, Secondary and Tertiary Prevention, so that whether we are talking of children’s or adults’ services, we have a clear framework to describe early help and prevention work in Leicestershire.



We recognise that the 4 elements of Prevent, Reduce, Delay and Meet Need originate from the Care Act 2014 and have particular resonance with adults and communities, including public health.

The work of the Children and Family Services department will be mapped onto only the prevent, Reduce and Meet elements to reflect the inappropriateness of describing any of our work as potentially contributing to delay in addressing a child’s needs.

The table below summarises the different levels of prevention to help agencies to describe their contribution across three levels.

Primary Prevention: Prevent	Secondary Prevention: Reduce	Tertiary Prevention: Delay
Preventing the occurrence of problems	**Preventing problem escalation**	**Reducing the severity of problems**
Early Intervention is taken at the level of the whole population in order to prevent the development of risk factors. At this universal level agencies build resilience across the population. Informal and formal education, awareness raising, helps to strengthen the support communities provide for local people.	At this level agencies will intervene early with families who have existing risk factors, vulnerabilities or acknowledged additional needs to ensure that problems are halted and do not become either more significant or entrenched.	At this level agencies work with families to tackle more complex problems to reduce the severity of problems that have already emerged and reduce or delay the need for specialist services involvement. This includes children, young people and families in crisis and on the edge of family breakdown.

Vision for Early Help

Our vision is that by 2018 we will have a comprehensive offer for community based prevention for the citizens of Leicestershire, funded by bringing together all the resources available to Local Councils and partners.

This will include a core menu of preventative services will wrap around individuals and communities, as an essential component of the model of integrated care.

As part of this, every opportunity will be taken to improve health and wellbeing, support vulnerable people, maintain people's independence, manage demand, and address the wider determinants of health and wellbeing.

Principles of Early Help

There are some clear principles to successfully delivering secondary, more targeted prevention.

- **Identification** – this is concerned with identifying those at risk and addressing future demand. Timeliness is a key factor – it is essential to be proactive and to intervene at the right time. The offer may be targeted and in some instances it may be necessary to make a repeat offer of support or to 'follow up' with some individuals. To make identification successful, there will need to be a range of information and service access points provided by a range of providers, including Clinical Commissioning Groups where established methods of identifying people at risk are utilised (risk stratification tools). The community should also be playing a key role in early identification;
- **Supporting Independence** – working with people to identify what their needs are and assisting them to get timely, effective and relevant information and to access community resources. This should be a largely short-term intervention which enhances control, increases resilience, facilitates participation and promotes inclusion. It should be outcomes-focussed and evidence-based and include an element of contingency planning for the future;
- **Maximising and Enhancing Community Resources** – maximising community resources. There should be a wide range of community resources available or developed and these should be able to respond to need associated with social isolation, health concerns, living environments, and carers. This community resource includes families, friends, neighbours, communities of interest, community groups and providers;
- **Community Development** – developing and supporting existing community infrastructures and community development. Key to community development is the Local Area Co-Ordination approach which harnesses existing and developing social capital, has knowledge of local assets and which can ensure that the right infrastructures are in place to sustain community responses to the needs of groups and individuals.

This strategy aims to deliver the Leicestershire approach to Early Help and Prevention which takes a collaborative approach involving the Council, its partners and the local community.

4. The Leicestershire Early Help and Prevention Framework

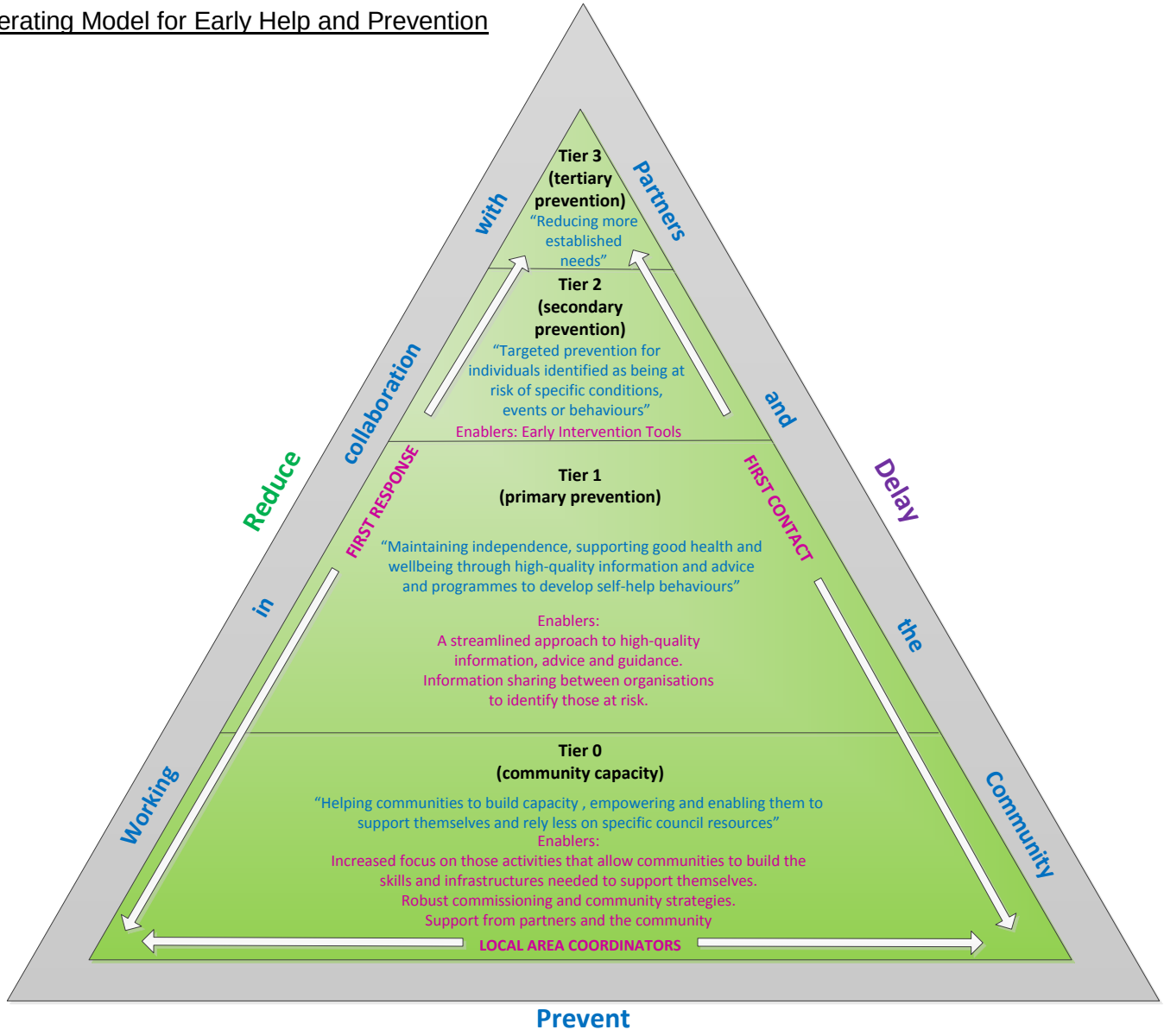
To help understand more specifically how existing services in Leicestershire contribute to Early Help and Prevention, a Target Operating Model has been developed alongside the Council's commitment to the principles of Prevent, Reduce and Delay.

There are four tiers to the Target Operating Model as it incorporates a "tier 0" which incorporates a range of community based initiatives which operate at a universal level to enable communities to support themselves and operate at a particular "reduction" / pre-primary prevention level.

The tiers of the Target Operating Model can be described thus:

Tier 0 (Community Capacity)	Helping communities to build capacity , empowering and enabling them to support themselves and rely less on specific council resources
Tier 1 (Primary Prevention)	Maintaining independence, supporting good health and wellbeing through high-quality information and advice programmes to develop self-help behaviours
Tier 2 (Secondary Prevention)	Targeted prevention for individuals identified as being at risk of specific conditions, events or behaviours
Tier 3 (Tertiary Prevention)	Reducing more established needs

Target Operating Model for Early Help and Prevention



Commissioning and Performance Management

The Early Help and Prevention Review undertaken in May 2016 established that there were separate commissioning processes for early help and prevention services across departments. There was therefore a variation in the levels of performance management of externally commissioned early help and prevention services.

Though this strategy promotes an integrated approach to Early Help and Prevention, the following sections 4-6 highlight the specific services delivered via Public Health, Adults' Services and Children's Services.

5. Public Health - Key Elements of an Approach to Early Help and Prevention

There are three key elements to Public Health's contribution to Early Help and Prevention:

Service Provision

Public Health commissions a range of services as outlined in the Target Operating Model in section 3. Actions to support a more consistent approach to the commissioning and contract management of external contracts are contained in the action plan in section 3.

First Contact

First Contact provides a central point of contact for professionals, which coordinates access for individuals to a range of organisations providing advice, information and other services. At present all referrals into the service come from professionals, using the First Contact referral form, however, from summer 2016 the new First Contact Plus service will allow self-referrals from the public into the service.

First Contact also provides a link with Local Area Coordinators (see below).

Whilst managed and administered by Leicestershire County Council, there is a strong emphasis on engaging partners in supporting the identification of those in need of early intervention and prevention. This is done via the First Contact Checklist which enables partners to identify key vulnerability factors in the course of carrying out their more substantive duties.

Local Area Coordinators

Local Area Coordination is a national initiative fully embedded into the Leicestershire approach to Early Help and Prevention which works in partnership with individuals, families and local communities to support them to access community resources and build capacity within communities. There are three key functions to Local Area Coordination:

- Working with individuals who are frequent users of formal service to support them in accessing more preventative support within the community
- Working with communities to develop resilience and capacity
- Using knowledge and capacity held within Leicestershire County Council to enable communities and other agencies to support people in their local areas.

The initiative is particularly important in supporting Tier 0 and Tier 1 prevention aims of the Target Operating Model, supporting communities to help themselves, and is closely aligned with the LCC Community Strategy.

Access into the service for individuals can be through direct introductions from GPs (linking in with the "Social Prescribing" model below) and other health professionals, including hospitals at point of discharge, from parishes, members of the community, or through other LCC organisations such as the Customer Service Centre and First Contact. Local Area Coordinators also work alongside the children's Early Help Hubs and Supporting Leicestershire Families to support families who have been referred into the service through First Response and may only need a low-level of support.

Case Study 1: Local Area Coordinators – Gwen's Story

Gwen is in her 90s and is living independently with a diagnosis of dementia. She requested a place at a day centre. The Local Area Coordinator visited her at home to find out her interests and the Coordinator then accompanied her to several of these groups to give her confidence. These included a coffee morning and a social group in a local church. Referrals were also made to the Alzheimer's society and RVS Good Neighbours Scheme for befriending service, therefore avoiding any need for social services input at this time.

At the time of developing this strategy there were 8 Local Area Coordinators in Leicestershire, each covering a small local area within the County as part of a pilot programme delivered through Better Care Fund funding. Leicestershire County Council is committed to exploring the extension of this programme both beyond its current pilot and to a wider area of the County.

Case Study 2: Local Area Coordinators – Luke's Story

Luke is 18 and was introduced to the Local Area Coordinator by the Job Centre. He was not in education, employment or training and lacked the confidence to deal with people face-to-face. He felt isolated and wished he had more friends. The Coordinator took time to explore what Luke's strengths and interests were and supported him to join a training course 4 days a week. The programme includes lifeskills and confidence-building alongside B-tech qualifications. The course refunds Luke's bus ticket and also gives him a lunch voucher, so he isn't out of pocket. So far Luke has maintained a 100% attendance record and says that he has made new friends and feels more confident talking to people.

Social Prescribing

Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. Research into social prescribing reports benefits in three key areas (Friedli and Watson, 2004):

- Reducing social exclusion
- Improving community wellbeing
- Improving mental health outcomes

Social Prescribing is often seen as targeted towards older people with depression or who are socially isolated. Statistics show that one in four older people have symptoms of depression.which is exacerbated by feelings of social isolation. The risk of depression increases with age, with 40 per cent of people over 85 are affected. Furthermore, approximately 3.7 million older people live alone and about 17 per cent of older people see family, friends and neighbours less than once a week.

However, the definition of Social Prescribing need not to be limited to older people, and many younger adults would also benefit from addressing issues relating to social isolation or emotional health.

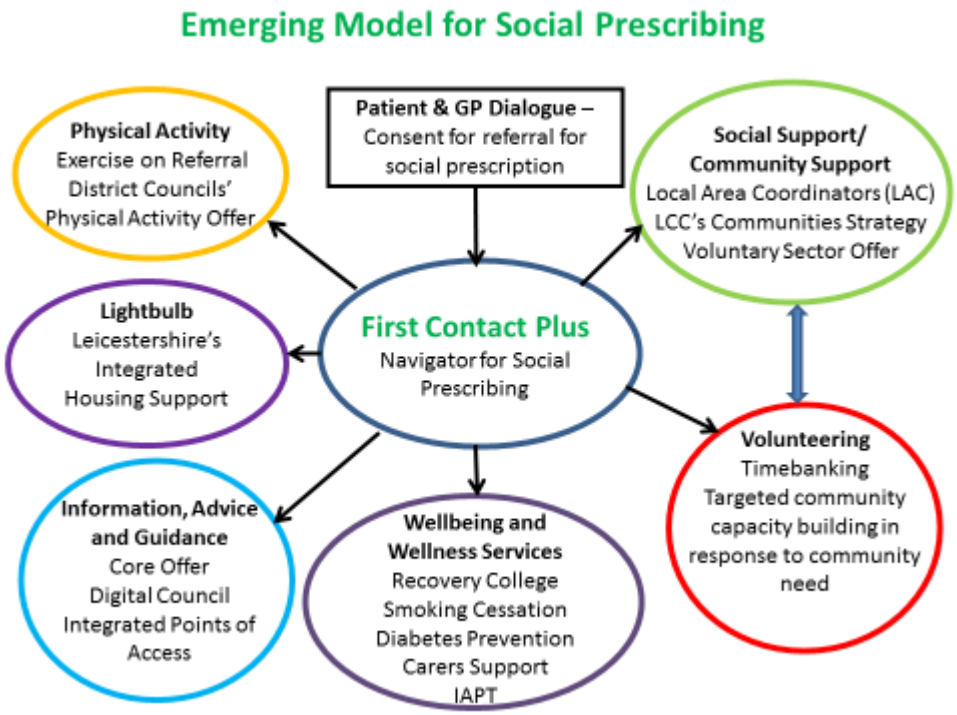
Case Study 3: Social Prescribing – Arthur's Story

Arthur was referred by his GP because of his depression. He was upset that he was in hospital and was not with his wife when she died. He received considerable support from his children but they were all still grieving. Age UK referred all the family members to CRUSE and provided emotional and social support to Arthur over several weeks. Arthur was referred to a local community group and is attending a weekly men's group and lunch group. Age UK introduced Arthur to another social prescribing client who also attends the community centre. They were old family friends who had lost touch, but now meet regularly.

Case Study 4: Social Prescribing – Mary's Story

Mary's husband committed suicide three years ago. Mary returned to work after a very short period of compassionate leave. Recently, she was made redundant from her job and at the same time, her two children were diagnosed with mental health problems. Age UK provided emotional support during three home visits. Practical support was offered to assist Mary to sort out a number of financial issues. An appointment was made for advice on will-writing with a solicitor who visits Age UK monthly. Mary decided to look for new employment in a different sector and Age UK provided information on appropriate courses and training. In the meantime, Mary is volunteering as an Age UK befriender while looking for paid work. She has also attended a number of Age UK theatre outings.

The model below demonstrates how Social Prescribing may work in Leicestershire:



6. Adults' Services – Key Elements of an Approach to Early Help and Prevention

The majority of Early Help and Prevention services driven by Adults' Services are driven through the commissioning of external services. These are detailed in the Target Operating Model in section 3.

Actions to support a more consistent approach to the commissioning and contract management of external contracts are contained in the action plan in section 3.

First Contact Points for Information and Advice

The following all act as first points of contact to provide information and advice to the public:

- LCC Customer Service Centre (Adults)
- Leicestershire Advice Service (Adults)
- First Contact Plus (Adults – self-referral from Summer 2016)
- Local Area Coordinators (Adults and Families)
- Family Information Directory Children and Families)

In addition to this, Children's Centres and the Supporting Leicestershire Families team can also provide advice to families. However, advice and guidance from Supporting Leicestershire Families is generally at the secondary level of prevention and requires an initial referral through First Response, the Children's Duty Team.

Assisted Living Technology

As part of its approach to early help and prevention, Leicestershire County Council deliver an Assisted Living Technology service for adults. The service provides both stand-alone equipment, including easy-to-use mobile phones, memory aides and equipment for those who are deaf or hard of hearing, and a linked telecare service.

There is clearly some overlap between early help and prevention services within Adults' Services and Public Health, including the role of First Contact and the Local Area Co-Ordinators. These services are detailed more in section 6 under "Public Health"

7. Children's Services - Key Elements of an Approach to Early Help and Prevention

Early Help in Children's Services covers the service areas of Youth Offending Service (YOS), Community Safety, Children's Centres, Supporting Leicestershire Families (Troubled Families) and Strengthening Families Service (Edge of Care services). In Leicestershire, the YOS still do some preventative work with those at risk of offending and also those at risk of re-offending. There are also a range of externally commissioned contracts to support early help and prevention.

Commissioned Contracts

Children's Services commissions a range of services as outlined in the Target Operating Model in section 3. Actions to support a more consistent approach to the commissioning and contract management of external contracts are contained in the action plan in section 3.

Children's Centre Provision

There are 36 Children's Centres across Leicestershire that are grouped in line with district/borough council boundaries: Blaby, Oadby and Wigston; Charnwood; Harborough District; Hinckley and Bosworth; Melton; and North West Leicestershire.

Each area has a Co-Ordinator and a core team of Family Outreach Workers, Pathway Support Workers and Parent and Community Inclusion Workers.

Each area operates the 2 Year Pathway and benefits from two centrally commissioned services – Baby Beginnings and Family Action.

The Two Year Pathway

This is targeted work with parents who are identified predominantly through midwifery services at the pre-birth stage, and who are therefore referred to the 2 Year Pathway. This is an intensive programme of weekly intervention for the first year, with transition to other services in year 2 and support where applicable to access the 2 Year Old Offer. Some referrals will come via the Early Help Hub where needs are not identified until after the child is born.

Work with 3-5 year olds

This is a targeted caseload approach to families of children aged 3-5 who are referred via the Early Help Hubs. Caseloads are held by the Family Support Workers.

Universal Offer

Children's Centres still offer a universal offer predominantly delivered by other agencies, with examples being breastfeeding support, weaning support, baby clinics and parent led groups.

Supporting Leicestershire Families

The Supporting Leicestershire Families initiative focuses on families whose needs fall just short of the Child in Need criteria. The team is divided into North and South localities and then 5 areas across these – North West, Harborough / Oadby Wigston / Blaby, Loughborough / Shepshed, South Charnwood / Melton, and Hinckley / Bosworth. The service delivers brief intervention work and will work with a family for up to a year. Roles within the team include a two Locality Managers, team leaders for the 5 areas, Senior Family Support Workers, Family Support Workers, Youth Development Workers, Youth Workers and Youth Support Workers. The Youth Development Workers and Youth Workers are a more recent addition to the service after a restructure in April 2015. A pooled budget with police, CCG and districts is in place to support staffing costs.

Case Study 5: Supporting Leicestershire Families

The Grant family were at risk of eviction and were isolated from their family and community. The housing department had received complaints about anti-social behaviour and there were concerns raised about Mum's capacity to keep her children safe.

A Supporting Leicestershire Families worker carried out an initial assessment and drew up a plan to provide the right support. They helped Mum to get the right benefits, clear rent arrears and avoid eviction. They also parenting advice to help Mum to create better routines and a safer environment and they help to ensure that she had support from family members and local community groups.

The Grant family are still living in their home and have avoided eviction. Mum now feels more confident about asking for help and has rebuilt relationships with her family. There have been no further complaints about anti-social behaviour from the children.

Youth Offending Service

The Youth Offending Service (YOS) works with children and young people between the ages of 8 and 17 in order to prevent offending and re-offending. The YOS offers a range of interventions to support young people across Leicestershire and Rutland; one to one work, group work, substance misuse, mental health, reparation, health based interventions and street based work in anti-social behaviour hotspot areas.

As well having indicators relating to Youth Justice, in terms of prevention, the Youth Offending Service deliver the IMPACT and YISP programmes.

IMPACT work through local partnerships to work with young people in areas affected by high levels of ASB, engaging with young people who are causing concerns for local residents, and trying to prevent them becoming involved in criminal or anti- social behaviour through advice and support.

The YISP works with young people who are referred to them primarily through schools, the police, and internally from within the YOS, and who are on the cusp of offending or have committed an initial low level offence which was not pursued by the criminal justice system.

A Social Return on Investment review of the IMPACT and YISP programmes in September 2014 showed that for every £1 spent on IMPACT there was a return of £1.34, and for every £1 spent on YISP a return of £2.59.

Families Information Service

Leicestershire County Council's operate a Family Information Service which holds extensive information on many useful local organisations providing information and advice for families who have children or young people aged 0-25 years with special educational needs or disability. both a Family Information Directory (FID) and a Family Information Service (FIS). This service enable the public to access information about services and activities in their local area which may in many cases be "universal" but which can also direct to services which could be described as "early help".

Early Help Hubs

Early Help Hubs are multi agency task groups which meet on a monthly basis to discuss the needs and ultimately allocation of individual cases who are defined as in need of secondary or in some cases tertiary intervention, but which do not meet the criteria for social care intervention. There are 7 Early Help Hubs covering 8 districts. Referrals come from First Response, and partners attend from a wide variety of services.

Case Study 6: Early Help Hubs – Family 'M'

Family 'M' live in a small village with very little public transport. Dad has physical disabilities and Mum helps to care for him. They are finding the behaviour of their child to be challenging and are feeling isolated. Mum wanted some help with benefits, getting back into wok and support with behaviour strategies to use at home.

Mum was referred to the local Children's Centre who invited her to attend the parenting group. They offered to arrange transport for her if she couldn't get there using public transport. She was also referred to "Me and My Learning" through Melton District Council who supported her with checking the benefits that she was entitled to and devising a plan to help her get back into work.

Case Study 7: Early Help Hubs – Family 'S'

Family 'S' are struggling with multiple issues. Their youngest child has autism and anxiety and their eldest child has mental health difficulties; both are in receipt of services via CAMHS. Mum is struggling with depression and anxiety and is also having to manage her diabetes and chronic fatigue. The family are unable to pay their mortgage and are worried they may be evicted. Mum feels that she can no longer cope and doesn't know where to start or how to get support.

The Adult Social Care Inclusion Service contact Mum to offer a 12 week programme of support. They will help her to make and attend a range of appointment to seek advice with her health needs, housing difficulties and debt support. The team will also liaise with Supporting Leicestershire Families who can provide help to Mum if she feels she needs further advice and support after the programme.

8. Communications

Communicating the Leicestershire approach to Early Help and Prevention is a key part of the drive towards promoting early intervention, and its contribution to a fully understood, Council wide approach to early intervention cannot be underestimated.

Driven by a proavctive programme of communications, a key priority is to build a positive dialogue with the community about how the council's direction and role is changing, in the face of continued budget pressures. This the supports the Council's priorities around Early Help and Prevention to prevent, reduce and delay need.

To this end, the corporate communications function supports the following key messages:

- Communicating to residents what they can do themselves to stay healthy and well
- Promoting what's available locally and where people can find information and advice
- Encouraging people to go online and self-serve
- Prompting changes in behaviour – so that people make the most of resources
- Promote how people, communities and businesses can solve problems

The Council operates a substantial Communications Strategy which this Early Help and Prevention Strategy links intrinsically to.

For the purposes of this strategy, the key elements of the Council's approach to communicating its Early Help and Prevention approach is outlined here.

Stakeholder	Method of Communication	Key Messages
Leicestershire County residents	Website Newsletter Press Articles	Launch and ongoing promotion of the LCC Early Help and Prevention Strategy and the key elements of the LCC Early Help and Prevention approach. Promotion of a community, asset based approach to early help and prevention. Promotion of an asset based, self help approach to early help and prevention.
Leicestershire County Council staff	Staff newsletter Staff roadshows Tailored, more focussed Early Help and Prevention development programme for staff within Adult's Services, Children's Services and Public Health, to help embed consistent and positive messages about community asset, self help approach to early help and prevention.	All staff to be aware of the key Early Help and Prevention messages and be aware that the promotion of these messages is "everyone's business" and that all staff have a contribution to conveying this.
Leicestershire County Council elected members	Elected Member roadshows	Elected Members to be aware of the key Early Help and Prevention messages and be aware that the promotion of these messages is "everyone's business" and that all staff have a contribution to conveying this.
Partner Agencies and Organisations	Partners event Key Partnership fora	Launch and ongoing promotion of the LCC Early Help and Prevention Strategy and the key elements of the LCC Early Help and Prevention approach. Partners to be aware of their unique contribution to Early Help and Prevention as part of a co-ordinated and consistent approach.

9. Workforce Development

Workforce Development is a key element of supporting Leicestershire County Council's drive to promote and embed early help and prevention as part of "everyone's business", as well as remain at the cutting edge of innovation.

Workforce development is delivered corporately to Adults' Services, Communities and Well Being Services and Public Health. For Children's Services, some workforce development is commissioned though the corporate programme but they will also arrange their own training separately.

The Council are also a key driver in the partnership led "Commissioning Academy" which involves 15 public sector partners. This programme has been funded by the cabinet office and drives two key programmes – a 100 day "project" to identify how to work more effectively with service users at the high, medium and lower end of the prevention spectrum, and a "Behavioural Insights" programme focussed on how practitioners can support a change in public behaviour and expectations of early help and prevention provision. This is currently aimed at two cohorts – one with chief officers of Leicestershire County Council and other public sector organisations, and one with assistant directors / service managers but there is an opportunity to widen the reach of this programme.

10. Community Capacity Building – Working Towards an Community Asset Based Approach

Leicestershire County Council has always helped communities to "help themselves", including helping people to understand their needs and develop their own solutions to these needs. Communities already help the Council to deliver some services, including snow, flood and heritage wardens, Youth Offending Service volunteers, and latterly in supporting the delivery of libraries.

The Council's approach is captured in a new vision within its Community Strategy which commits to **"Leading Leicestershire by working with our communities and partners for the benefit of everyone"**

The Communities Strategy sets out how the Council works with communities with the following key priorities:

- Priority 1 - Unlock the capacity of communities to support themselves and vulnerable individuals and families – reducing the demand on public services
- Priority 2 - Support communities to work in partnership with the Council to design and deliver services, including those currently delivered by the Council
- Priority 3 – Develop voluntary and community sector (VCS) organisations in Leicestershire as effective providers in a diverse market which supports delivery of the Council's (service devolution and support for vulnerable families) priorities.

The Community Strategy is key to driving Leicestershire County Council's drive to develop services at Tier 0 of its Early Help and Prevention Target Operating Model and its Communities Model supports this. However, Leicestershire County Council realise that the Community Strategy needs to link closely with the Council's Corporate Communications Strategy and Workforce Development Strategy as part of a whole Council approach to developing community capacity.

There are a number of national examples of how a community based approach to early help and prevention can work well.

Case Study 8: Community Capacity Building – Men in Sheds

Men in Sheds is a programme set up by Age UK in Exeter focused on reducing isolation of older men, particularly those that may be unlikely to engage in traditional schemes such as coffee mornings. It encourages men over 50 to meet for a few hours a week to socialise over renovating and refurbishing tools and gardening equipment. There are now around 100 Sheds in the UK and many more at the planning stage, helped by the formation of a UK Men's Shed Association, offering help and support in setting up prospective new sheds.

Age UK Cheshire is currently looking at how the idea can be adapted to meet the needs of the veterans community offering a range of activities and services with other forces charities, in a friendly all inclusive environment.

Case Study 9: Community Capacity Building – Timebanking

Taff Housing Association in Cardiff piloted its Timebanking project with young women from supported housing projects. The women were encouraged to earn time credits by contributing to the running of the hostel and participating in projects. For each hour contributed, the women earned one-time credit that could be spent attending house events, such as parties, BBQs and picnics. Following the success of the pilot, Taff Housing Association rolled out the Timebank to the rest of its tenants and, with the support of Spice, engaged partners in the city to contribute to the project. Now tenants are able to spend their time credits at local arts centres, theatres and sports and leisure clubs.

11. Early Help Assessment Tools

To support the early identification of those in need of early help and prevention support, Leicestershire County Council is committed to collaborating on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults. This will help practitioners and partner agencies in identifying if there is a need which may require further assessment.

Current examples of early help tools include the First Contact Checklist used within Public Health to support Adult's Services and the Early Help Assessments within Children's Services.

Summary Action Plan

All workstreams will develop action plans with appropriate leads and timescales.

Workstream	Scope of Workstream	Outcomes
Commissioning	1. Consider a joint approach to the commissioning of Early Help across Public Health, Adults' and Children's Services: a) Centralising the process of commissioning of contracts across the Council to reduce the risk of inconsistent commissioning b) Considering how the corporate commissioning strategy, departmental strategies and commissioning intentions can align to support this process. 2. Undertake a further review of current contracts and internal services across Public Health, Adults and Children's Services departments to identify where there may still be duplication or the opportunity to cluster contracts. 3. Develop a consistent quality assurance and performance management framework to be applied across all externally commissioned contracts. 4. Alongside the Communities Strategy, develop work with the VCS to develop consortia behaviour, whereby when new contracts are tendered or where they come up for review, the VCS may undertake a consortia approach to tendering to contract under a single agency agreement. 5. Develop a consistent approach to contract renewal, reviewing all contracts 6 months prior to expiry against set criteria based upon: a) The new performance management framework. b) Relevance to Council priorities and latest analysis of need. c) Contribution to the TOM framework and the principles of Prevent, Reduce, Delay. d) Options appraisal of all ways of delivering the aims, objectives and intended outcomes of the service.	Centrally held record of contracts across Public Health, Adults' Services and Children's Services. Performance Management Framework consistently applied. Commissioning intentions and activity within one department are consistent with and complement those in other departments.

Workstream	Scope of Workstream	Outcomes
Review of Children's Services: - Children's Centres - Supporting Leicestershire Families / Youth Offending Team Linkages	1. Implement Children's Centre reconfiguration as per the recommendations in the Early Help and Prevention review. 2. Review linkages between the Supporting Leicestershire Families and Youth Offending Teams in respect of young people at risk of anti - social behaviour. 3. Explore potential efficiency savings through reviewing advice services in line with current plans by Leicestershire County Council. 4. Explore increasing the level of support to address needs relating to autism within the Early Help Hubs, and to the Supporting Leicestershire Families Service in particular, as a number of cases appear to come to the hub with complex needs relating to autism that the Hubs appear to find challenging to address.	An opportunity to further align with other Local Authorities that are reviewing Children's Centre provision without significantly reducing the offer to service users. An opportunity to ensure that the Supporting Leicestershire Families and Youth Offending Teams work efficiently together to reduce anti – social behaviour.

Workstream	Scope of Workstream	Outcomes
Communities Strategy	1. In line with Council plans, review, update and redevelop the Communities Strategy to include: a) How it supports the development of Tier 0 of the Target Operating Model across Public Health, Adults' Services and Children's Services. b) How the corporate Communications Strategy can support key messages to the community around asset based, self- help approach to early help and prevention. c) The development of consortia behaviour within the VCS. d) How the Workforce Development Team can support Council staff, elected members, partners and the VCS in promoting the culture of an asset based, self- help approach to early help and prevention. 2. In line with Council plans, review the voluntary sector infrastructure arrangements. Any savings should be re-invested Tier 0 work. 3. In order to justify further investment in Tier 0 activity in the future, ensure that more rigorous KPIs are put in place for current Tier 0 contracts to evidence their impact on demand within other tiers and that the Council considers developing a model to evidence social return on investment.	An updated, reviewed and most importantly integrated Communities Strategy that supports the development of Tier 0 of the Target Operating Model across Public Health, Adults' Services and Children's Services.
Workforce Development	1. Consider further investment in the Commissioning Academy, including how a focus on Early Help can be built in. 2. Develop further the concept of the Behavioural Insights training and develop a programme targeted at practitioners, elected members and wider partners. 3. Develop a bespoke Workforce Development Strategy for Early Help and Prevention, integrated across all departments, to operate as a subset to the Council's Corporate Workforce Development Strategy.	The Leicestershire County Council approach to an asset based, self help approach to early help and prevention is understood by all key stakeholders and the culture of a "Leicestershire Way" is developed.

Workstream	Scope of Workstream	Outcomes
First Contact Points / Information and Advice	1. Review Information and Advice services across Public Health, Adults' Services and Children's Services, identify / address where there may be duplication and explore where they may complement each other further and consider the role of the digital agenda. 2. Consolidate services to make it simpler for the public to have one point of contact, whilst still remaining Care Act compliant. 3. Consider the establishment of a low-level advice and information 'temperature-check' service for families, possibly through bringing this into the First Contact service alongside information for Adults. 4. Consider directing more individuals away from the Customer Service Centre and towards First Contact as a central point of advice and information (via the new online self-referral too when developed) through information provided on the Council website and a diversion option on the CSC phone line akin to that currently set up for the Leicestershire Advice Service. 5. Develop a policy for information sharing between First Contact, Early Help Hubs (including Supporting Leicestershire Families), and the Local Area Coordinators to proactively identify those who may require additional support from partner services.	The approach to Information and Advice is clear and complementary, reducing duplication where this may exist.

Workstream	Scope of Workstream	Outcomes
Partnership	1. Review the approach to Partnership to ensure that key stakeholders are involved at appropriate levels and stages. In particular: 2. Review and develop the role of the Police and Fire Service as key partners in early help and prevention. 3. Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these. 4. The emerging group focussing on identifying frequent users of public sector services needs to include all relevant services. There appears to be a reluctance of health agencies to share information at this stage, but other areas have overcome this as part of a "social prescribing model". Learning from how these barriers have been overcome would benefit this group. 5. Review the range of partnership groups which exist and develop a clear governance structure that ensures that these groups are accountable and add value. 6. Collaborate on the development and introduction of a single Early Help Assessment checklist to support a whole workforce approach to identifying early indicators of vulnerability across Children and Adults.	Partners are involved at an appropriate stage and an integrated approach is taken to early help and prevention. Information is shared appropriately which helps identify those in need of early help and prevention.

Workstream	Scope of Workstream	Outcomes
Assisted Living Technology	1. Further review arrangements for the provision of Assisted Living Technology to explore: a) Opportunities for joint commissioning with districts to provide better economies of scale and a simpler and more consistent service for residents across the county. b) A review of the provision of stand-alone equipment as a free to use service through the introduction of means testing c) Further investigation of the benefits of developing self-assessment for basic pieces of Assistive Living Technology equipment via an online form akin to 'AskSARA', which would reduce the number of self - referrals to the customer service centre d) Consider how Assistive Living could be developed as part of the Lightbulb Project in the future. e) Further develop partnerships between the eight Districts and the Council to support the provision of preventative activity throughout all areas of the county, reduce costs to the Council and districts by assessing areas of duplicated provision and working together to rationalise these.	The provision of Assisted Living Technology is clear to professionals and service users. Financial efficiencies are gained through a more integrated approach between the Council and districts.
Local Area Co-Ordination	1. Consider how the Local Area Co-Ordination pilot may be extended, both in terms of the duration of the current programme but also extension across the County.	An approach to Local Co-Ordination is taken which supports the Prevent, Reduce, Delay model by meeting need at a community based level at the earliest opportunity.

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Leicestershire County Council

HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES

'FUTURE IN MIND' (MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE) AND BETTER CARE TOGETHER WORK STREAM

Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on progress made by the Better Care Together programme for improving the mental health and wellbeing of children and young people.

Link to the Local Health and Care System,

2. Outcome 4 of Leicestershire's Health and Wellbeing Strategy 2013-16 is 'Improving mental health and wellbeing' and includes priorities for children and young people. Its ambition was further strengthened by the publication of the national report 'Future in Mind' which sets out a clear direction for local leadership across the system to work together to improve mental health services and outcomes for children and young people.

3. The Leicester, Leicestershire and Rutland (LLR) Better Care Together programme has eight work streams, one of which is focused on children's services. This work stream has three distinct programme areas: children's hospital; community based services; and emotional health and wellbeing. The Senior Responsible Officers for this work stream are the Chief Nurse for the Leicester City Clinical Commissioning Group (LCCCG) and the Director of Children and Family Services for Leicestershire County Council.

Recommendation

4. The Health and Wellbeing Board is recommended to note the contents of this report.

Policy Framework and Previous Decisions

3. The Health and Wellbeing Board has received five reports about the progress of the Better Care Together programme for improving the

mental health and wellbeing of children and young people. At its meeting in January 2016 the Board agreed that the next progress report would be presented in six months.

4. In October 2015, the Health and Wellbeing Board agreed the Transformational Plan to improve the mental health and wellbeing for children and young people. The Plan was also approved by the CCG Board. The Plan was then submitted to NHS England and received full approval in November 2015.

Financial implications

6. The approval of the Plan secured five years funding for the whole care pathway, from universal preventative programmes to specialist acute services. £1.87m of non-recurrent funding was received in November 2015 relating to the 2015/16 allocation. There was the expectation that this allocation would be made recurrent on top of any national growth in allocations for future years.

7. Following receipt of the confirmed allocations for 2016-17 and beyond, on 8th January, and subsequent clarification supplied by NHS England, the minimum growth uplift for CCGs for 2016-17 was identified as 3.05%. However, the uplift did not include an amount specifically for the delivery of the Transformational Plan. The CCGs were also required to fund the following pressures from that uplift:

- Provider tariff uplift of 1.1% to 1.8%;
- Demographic and other activity growth (discussed nationally as between 2.7% and 3.5%);
- Growth in prescribing, continuing healthcare and a range of other areas that traditionally significantly exceed demographic growth;
- Compliance with “business rules” to ensure maintenance of 1% surplus, 1% uncommitted headroom and 0.5% uncommitted contingency.
- Any other cost pressures and investments faced by providers or the CCGs.

8. In order to be able to produce a balanced financial plan for 2016/17, CCGs were therefore required to stringently review and prioritise all developmental and growth areas and as a result £1.87m of recurring budget has been provided to support the implementation of the Plan. The release of this funding is contingent on Clinical Commissioning Board (CCB) approval of Business Cases for each delivery element of the Plan.

Governance

9. A Steering Group was established to progress the Transformation Plan via the Women and Children’s work stream of Better Care Together. The Steering Group is co-chaired by the Leicester City CCG Chief

Nurse and Leicestershire County Council's Director of Children and Family Services. There is good representation from commissioners and providers across health (including GPs), the 3 local authorities (including Public Health), the voluntary and community sector (through Voluntary Action Leicester - VAL), the Office of the Police and Crime Commissioner, NHS England, and Healthwatch.

10. The Steering Group reports to the three Health and Wellbeing Boards in LLR, as well as through the individual agency assurance and authorisation mechanisms. It also contributes to the Better Care Together governance arrangements as required by virtue of being an identified work stream: 'Children'.

11. Five multi-agency task and finish Delivery Groups were created: Prevention, Early Help, CAMHS Access and Home Treatment, Crisis, and Workforce. These groups formulated Business Cases for consideration by the Clinical Commissioning Board during June and July 2016.

Progress

12. Partners have worked closely since March 2015 to collaborate on the development and submission of the Transformation Plan and its subsequent delivery. The Plan was launched on 14th April 2016 through an event organized by and held at the offices of VAL. Key Performance Indicators have been identified and a Performance Dashboard will be finalised at the meeting of the Steering Group on 28 June. It is anticipated that the first quarter performance reporting will be available in September 2016. Other progress to date is set out below in relation to the five delivery areas.

EATING DISORDERS

13. The CCB has agreed recurrent investment of £443k into an Leicestershire Partnership Trust (LPT) Eating Disorders Service. This has resulted in the recruitment of permanent staff and will lead to meeting the access target and prompt support for this group of children and young people, including reducing the demand on the Child and Adolescent Mental Health Services (CAMHS) Access Service (see below).

CAMHS ACCESS

14. Over the past few years the providers of CAMHS have failed to meet the 13 week target for the first access to services appointment. There was a backlog of breaches against the 13 week performance indicator, meaning that at the time of the last report to the Health and Wellbeing Board, 250 young people were waiting for more than 13 weeks. Immediate additional resource of approximately £82k was provided supporting four locums with a target to address the backlog to a zero

base position by the end of June, by which time a new pathway will be in place. As a result of the additional resource that has been provided and the change in the access to services pathway, the number of children and young people waiting as a result of backlog in May had reduced to 27 and the target to remove the backlog by the end of June has been met.

15. An innovative new pathway has been developed which focuses on a consistent streamlined model across LLR that ensures earlier assessment leading to earlier treatment, where necessary. This involves delivering a structured mental health assessment within 8 weeks of the first contact. The previous 6 points of access have been incorporated into one multi-disciplinary, multi-agency hub, staffed by CAMHS Multi Disciplinary Team clinicians at the Valentine Centre. The additional investment is approximately £192k per annum and the Business Case was approved by the Commissioning Collaborative Board on 26th May 2016.

16. By the end of June a dedicated care navigator system will be in place, ensuring that children and young people with mental health difficulties are able to receive the right care at the right time in a co-ordinated way close to where they live. Care navigation ensures that if CAMHS is not the appropriate service, the child or young person is given access to alternative appropriate support, including access to building resilience resources to support service users and families in supporting themselves.

17. The new pathway also ensures that there is integration with Tier 4 services (where there are significant concerns about the child or young person), the new crisis model, specialist treatment packages, short-term treatment and discharge, discharge to self-care and also the early help offers in all three local authority areas.

CRISIS AND HOME TREATMENT SERVICES

18. This is a system of rapid response and multi-agency assessment of mental health, leading to community services provided by a specialist team with the potential to offer comprehensive acute psychiatric care at home or in the community until the crisis is resolved, usually without hospital admission.

19. The services will be aligned to and work in collaboration with the Adult Crisis Response and Home Treatment service, thus enabling the delivery of a 24/7 assessment of children and young people referred into the service at the point of crisis.

20. The Veritas Report highlighted the need to create a crisis response service to include multi-disciplinary assessment and joined up working between health and social care. The proposed service will avoid the unnecessary use of the Emergency Department and eliminate or

reduce the need to use POD 5 in the Agnes Unit for children and young people requiring immediate intervention.

21. The new service team include a consultant psychiatrist, 1 clinical team manager, 5 community psychiatric nurses, 4 social workers, plus administration, ICT, etc. The full Business Case for the new service, requiring resource of £662k in 2016/17 and £1.15m ongoing, was approved by the Commissioning Collaborative Board in June.

TARGETED EARLY HELP

22. A new multi-agency 'first response' and early help service will provide a clear offer across the three local authority areas, providing targeted support for children and young people with complex emotional, behavioural, and mental health needs which challenge universal services.

23. The service will be aligned to the redesigned LPT primary mental health service, to deliver a community interface model that will have dedicated capacity in communities and named primary health personnel in each LPT/LA neighbourhood. The service will include 6 full time mental health nurses, a co-ordinator and resource for spot purchasing and additional commissioning.

24. This will be further supported by the Children and Young People's 'Improving Access to Psychological Therapies' programme which will upskill staff across all sectors, provide additional capacity in staff supervision and leadership support.

25. The service will interface with the new CAMHS Access model and resilience services and tools.

26. The full Business Case for the new service, requiring resource of £196k in 2016/17 and £352k ongoing, was approved by the Commissioning Collaborative Board in June.

RESILIENCE and WORKFORCE LEARNING AND DEVELOPMENT

27. Business Cases to support the further development of universal services (resilience) and multi-agency workforce learning and development are in preparation and it is anticipated that they will be presented to the CCB in July.

28. A number of new universal services have already been commissioned over the past few months including an online counselling service – 'Kooth', which is already being well-used and has received excellent feedback from service users.

Vanguard

29. "The Vanguard Programme is focused on the delivery of a simplified, integrated system of urgent and emergency care that wraps care around the patients, is easier for patients and staff to navigate and blurs organisational boundaries. The current system is overly complex, containing a number of different entry and exit points and multiple hand overs. The Vanguard Programme seeks to implement the recommendations of the Keogh review and simplify the urgent and emergency care system, with an emphasis on better self-care, a more consistent, 7 day urgent care system and a redesigned emergency department".

30. As part of the overall Vanguard, a clinical reference group has been established, chaired by a Consultant at Leicester Royal Infirmary. There are 6 strands within the Vanguard project, one of which is mental health and therefore the children and young people's Emotional Health and Wellbeing Steering Group is represented.

31. A Vanguard bid was submitted to support 'All-age Liaison Psychiatry'.

32. A further Vanguard will open in August and it is intended to bid for additional resources for an appropriate 'Place of Safety' for children and young people.

Single Pathway

33. During the summer, further work will be completed to ensure that a single pathway to services is developed, incorporating all of the new services set out above and then publicized across all sectors to ensure understanding of the pathway and easy access to it.

Key Performance Indicators

34. A new KPI dashboard will be presented to the Steering Group on 28 June. Once agreed, this will be reported to the Health and Wellbeing Board, the CCBs, and the Better Care Together Board.

Background papers

The report to Health and Wellbeing Board on 7 January 2016 can be accessed via the following link:
http://politics.leics.gov.uk/documents/s115368/HWB%20CAMHS%20Update.pdf

Equality and Human Rights Implications

Effective and early interventions for mental health difficulties can be an important part of reducing inequalities in other outcomes e.g. education attendance and attainment for groups of children and young people with multiple and complex needs, such as adopted children, those not in education or training and children and young people in and leaving care.

The national ‘Future in Mind’ report recognised that commissioners and providers across the whole system need to work together to develop appropriate and bespoke whole care pathways that incorporate models of effective, evidence based interventions for vulnerable children and young people, ensuring those with protected characteristics such as learning disabilities are not turned away.

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Agenda Item 10

healthwatch Leicestershire

HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF HEALTHWATCH LEICESTERSHIRE

LISTEN TO ME #YOUNGVOICESMATTER REPORT

Purpose of report

1. The purpose of this report is to present the findings of Healthwatch Leicestershire's (HWL) **'The Listen to me: #YoungVoicesMatter report'** (**Appendix 1**), that saw HWL listen to the views, opinions and experiences of young people.

2. As part of the HWL work programme, it was decided that there needed to be a dedicated focus on Children, Young People and Families (CYPF). Therefore the project consists of three strands of work which form part of the CYPF Series:

    - Enter & View CAMHS Unit visit
    - Listen to Me #YoungVoicesMatter Report
    - Parents Quick Poll

3. The 'Listen to me: #YoungVoicesMatter report' highlights a number of experiences and insights into how young people feel about services.

4. In total 429 young people were spoken to: 346 were via hard copy and online surveys; and 83 were in groups via youth engagement, which included Loughborough University, South Leicestershire College, Children in Care Council, County Youth Council for Leicestershire and TwentyTwenty.

Policy Framework and Previous Decisions

5. The County Council, following the Health and Social Care Act 2012, is required to directly commission a local Healthwatch. The local Healthwatch in turn has a set of statutory activities to undertake, such as gathering local views and making these known to providers and commissioners, monitoring and scrutinising the quality of provision of local services and a seat on the Health and Wellbeing Board.

Context and Background to the project

6. Involving young people in the process to improve services is an important element in building confidence that their opinions will be listened to and acted upon.

7. In mid December 2015 HWL met with members of the Student Council at South Leicestershire College to gather insights to help shape and inform the work. An interactive session was held to capture themes and issues that attracted 40

students aged 16 to 19, which asked them what mattered most to them concerning their health and social care. From the feedback gathered, mental health and sexual health were the key topics that emerged.

8. Between 3 February 2016 and 13 May 2016, HWL listened and talked to young people about their experiences and suggested improvements of services, in order to highlight emerging issues to commissioners and service providers locally.

Key Findings

9. These key findings can be found in the main report and alongside this, HWL want to highlight observations and reflections on a number of experiences and insights into how young people feel about services.

Joint approach to raising awareness

10. The Children and Young People element of the Better Care Together (BCT) programme has committed to 'Improving emotional health and wellbeing for children into adulthood' and to 'making services easier for patients and parents to understand and find their way around'. Many of the conversations with young people were based around knowing where to find and access services. Over 50% of young people thought that their school, college or university did not provide enough information about mental health. They felt that key messages and signposting to appropriate services could be delivered better. HWL's recommendations are as follows:-

a) Stakeholders and service providers work together with educational establishments to improve the visibility and information about mental health support services available to young people.

b) More awareness through public health about the signs of mental health including anxiety and depression.

Developing early emotional resilience

11. The BCT Transformational plan for mental health and wellbeing services for children and young people has a vision to provide high quality support to help young people overcome emotional and mental health challenges quickly and locally.

12. During conversations with young people, they spoke about the aspiration of greater emotional support whilst waiting for services that support people with mental health issues. Young people said that whilst waiting to see a health professional, they are left to deal with their situation alone. They spoke about some initial organised peer support and some guidance on how to deal with their emotions.

13. The survey findings showed that 1 in 3 (102) young people had self-harmed, which is a significant number from the overall respondents. Again, young people recognised that they needed more emotional support to deal with their self-harming. HWL's recommendations are as follows:-

c) ***An information pack given to young people who are waiting to access mental health services about relevant support services and websites available.***

d) ***More support groups to provide emotional support to young people is investigated, to support people with early signs of mental health problems and those that are waiting to access services.***

e) ***An accessible and approachable specialised service for young people that self-harm.***

Culture and Stigma

14. 44% of young people told HWL that professionals respected their opinions 'sometimes'. Young people said that professionals do not take their opinions and knowledge of their own symptoms seriously. Young people felt that they would be judged when accessing specific health services, not only by staff but also by their peers.

15. 73% of young people told HWL that they had not used a sexual health service. The findings also showed that the percentage of young women that accessed a sexual health service far outweighs that of young men. HWL's recommendation sare as follows:-

f) ***Health stakeholders jointly produce/ endorse campaigns addressing the stigma of mental health.***

g) ***Continue to promote the accessing of sexual health services to young people including encouraging young men to better use these services.***

Recommendations to the Health and Wellbeing Board

1. **The Health and Wellbeing Board is asked to note report, key findings and themes.**

2. **The Health and Wellbeing Board is also invited to comment on the recommendations (a) – (g) outlined above.**

3. **Members of the Board are asked to suggest where else this report can be presented to share the findings to inform commissioning and providers for service improvements and performance monitoring.**

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List of Appendices

16. Appendix 1 - Listen to Me #YoungVoicesMatter Report

Relevant Impact Assessments

Equality and Human Rights Implications

17. Healthwatch Leicestershire is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.

18. Healthwatch Leicestershire is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.

healthwatch Leicestershire

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Listen to me

#YoungVoicesMatter

Contents

Introduction

This report focuses on young people's mental health and sexual health. It provides an analysis of the responses we received from our survey and focus group discussions. We have highlighted the themes that have emerged as part of our analysis, in particular the similarities and differences from a gender perspective.

Our report reflects comments from over 420 young people including experiences, opinions and aspirations for improvements within health structures and services in the local area.

Our research shows that embarrassment and lack of confidence is a barrier for young people wanting to access mental health and sexual health services. This causes problems and challenges when trying to engage with young people who are disconnected from services that have been designed to help and support them. It is vital to continue to provide young people with multi-agency and discrete access points where they can go for support.

Although there are services that can offer support such as Kooth[1] (a free online service that offers emotional and mental health support for children and young people) health and social care providers also need to have higher levels of emotional intelligence and professional skills to support young people.

Health and allied professionals that support young people provide valuable mental and sexual health services and are ideally placed to share informed experiences to improve services to support young people.

This report has been developed to communicate our findings informed by the experiences of young people – a seldom heard group. We believe that the findings provide a convincing case that young people need to have their voices heard.

Acknowledgements

Healthwatch Leicestershire would like to thank all the young people who have taken part and shared their views. Thank you for making your voice count.

1 Free online support for young people https://www.kooth.com/

The Local Context

Involving young people in improving services is an important element in building their confidence as it lets them know that their opinions will be listened to and acted upon.

> "I get the impression that my school and all the various services are well meaning. Talking to people has sometimes made me feel less alone and forgotten"
>
> - Service user

Locally, sexual health and mental health remains high on the agenda for Leicestershire. The implementation of the Health and Social Care Act 2012 subsequently created a fragmented service for sexual health resulting in various providers delivering different aspects of the service. This has led to the recent consultation of a new sexual health strategy for delivering sexual health services in Leicester, Leicestershire and Rutland (LLR) from 2016-19.

In relation to mental health, following the publication of the Children and Young People's Mental Health and Wellbeing Taskforce Future in Mind report[2] in March 2015, local areas have been asked to develop their Local Transformation Plans (LTP). The plans should set out ways to secure improvements in children and young people's (CYP) mental health outcomes and to release the additional funding that has been committed to CYP's mental health by The Department of Health.

In response to this national guidance, LLR through the Better Care Together (BCT) Programme has developed a multi agency transformational plan for mental health and wellbeing services for children and young people up to the age of 25[3]. This plan aims to provide access to the right help at the right time through all stages of emotional and mental health.

We want the findings from this report to be taken up by the different workstreams of the BCT strategy: Home Treatment & Crisis, Access to CAMHS, Early Help, Workforce Development and Building Resilience.

In Appendix A pg 30 we have referred to the vision of the BCT transformational plan for mental health and wellbeing services for children and young people and highlighted where our findings reflect the aspirations of the plan.

2 Department of Health: Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

3 Better Care Together (BCT) transformational plan for mental health and wellbeing services for children and young people 2015- 2020

Our Approach

In mid December 2015 we met with members of the Student Council at South Leicestershire College to gather insights to help shape and inform our work. We ran an interactive session to capture themes and issues of 40 students aged 16 to 19. We asked them what mattered most to them concerning their health and social care.

Mental health and sexual health were the key topics that emerged.

In designing the survey, we wanted to provide young people with an opportunity to share their experiences and to discuss their aspirations for current and future mental and sexual health services.

The survey, titled 'Young Voices Matter', captured information on access, communications and improvements to services.

Prior to the launch of the survey, we shared a draft version with the Children and Families Services at Leicestershire County Council (LCC) and invited feedback on the questions in order to ensure the clarity and tone of the survey was appropriate for the specified ages.

To support the development of our survey and areas of focus we spoke with officers working in Child and Adolescent Mental Health Services (CAMHS) and Sexual Health services.

The feedback provided a level of assurance that we were asking relevant questions. This feedback was then incorporated into the final version.

Professionals that support young people and deliver valuable mental and sexual health services are in a good position to share their experiences and help to develop a better support for young people, so we also included them.

We wanted to hear from professionals that work with young people so through our networks we reached out to workers within schools, colleges, voluntary sector, public and statutory sectors.

To incentivise young people to respond to the survey we offered them the opportunity to win £50 or £25 worth of high street vouchers. The prize draw took place at the Healthwatch Leicestershire Board meeting on 25 May 2016. All the 346 respondents that provided an email address were sent a copy of the final report and the winners will be notified.

The information we received includes suggestions and actions that commissioners and providers may want to consider. We plan to take these forward through channels other than this report in the near future.

346 Young people completed our survey

83 Young people attended interactive sessions

429 Total number of young people who took part

Partners and stakeholders were invited to help with the promotion of the survey. We developed an online promotional pack that included a set of resources to help promote the survey, directly to young people. This included:

- Prepared text that could be copied to their website
- A prepared 'Tweet' about the survey
- A hard and electronic copy of the survey including online link
- A hard and electronic copy of a flyer
- A hard and electronic copy of a poster

The promotional pack was shared with the following organisations:

- Leicestershire County Council
- West Leicestershire CCG
- East Leicestershire CCG
- East Midlands Ambulance Service
- Leicester Partnership NHS Trust
- University Hospitals of Leicester NHS Trust
- Charnwood Borough Council
- Harborough District Council
- Hinckley and Bosworth Borough Council
- Melton Borough Council
- North West Leicestershire District Council
- Oadby and Wigston Borough Council
- Blaby District Council

The Chair of the Health and Wellbeing Board issued a request for all partners to proactively support the process and distribution of the survey.

Senior management in the Children and Families Services department at LCC also agreed to cascade the information across their department.

Promotional arrangements that were put in place to support the project are as follows:

- Inclusion in the Health and Wellbeing Chair's position statement 10 March 2016
- Children and Families to cascade the information through their networks. These include Youth Council, CYCLe group, The Jitty and Children in Care council
- Tweets from LCC and Health and Wellbeing accounts, colleges and Facebook posts
- Article on the LCC intranet
- Get Set project (voluntary work experience placements for 16-25 year olds across departments in LCC) and through their youth panel 'Be Unique'
- Head teacher's school newsletter.

We also issued a press release to promote the survey to local newspapers and used social media to cascade the survey far and wide and to connect with our target audience as well as mailing lists, which included the following:

1700 E-news subscribers

550 Homes receive the Newsletter

897 Twitter Followers

Key Findings

The Listen to me #YoungVoicesMatter report highlights a number of experiences and insights into how young people feel about services.

Below are the main findings that emerge from the survey.

1. When young people were asked to choose how they would prefer to get information in relation to mental health and sexual health, the School Nurse was seen as the most trusted professional.
2. Both young men and young women broadly worry about the same issues all the time. The noticeable difference was young women worried about their homework, whereas young men worried about their relationships with others.
3. Both young men and young women had the least worries related to sexuality and smoking. Young women do not appear to worry at all about their sexuality whilst young men do not appear to worry at all about smoking.

Mental health

Young people told us that there needs to be more awareness and support for individuals suffering from mental health issues.

1 in 3 **113/297** of respondents said they suffer from mental health issues.

73/181 young women said they suffer from mental health issues.

30/86 young men said they suffer from mental health issues.

51/297 were unsure if they had suffered from mental health issues.

156/300 of respondents were unsure or didn't feel comfortable talking about mental health issues.

146/297 would not know or were unsure who to talk to about their mental health concerns.

Depression

A similar percentage of young women and men said that they had suffered from depression.

24% of young people told us they suffer from depression.

23/181 young women said they suffer from depression.

42/86 young men said they suffer from depression.

Self Harming

Young people recognised that they need more emotional support to deal with their self-harming.

1 in 3 **102** young people told us they have self-harmed.

69/181 young women said they have self-harmed.

24/86 young men said they have self-harmed.

Our survey results reflect the national trend that more young women said that they have self-harmed than men.

Anxiety

Almost a third of young people told us that they were unsure if they had ever suffered from anxiety.

1 in 3

38% young people surveyed told us they suffer from anxiety. Almost a third of all respondents saying they were unsure.

69 young women said they suffer from anxiety or depression.

33 young men said they suffer from anxiety or depression.

Sexual health

Young people use sexual health services for a number of reasons which usually differ between young women and young men.

Young women access sexual health services mainly for contraception.

Young men mainly access sexual health services for STI testing and advice before having sex for the first time.

The 3 main barriers identified by young people to accessing sexual health services were:

01 Accessibility of sexual health services

02 Stigma and embarrassment

03 Confidentiality

All young people value confidentiality from staff and friendliness when accessing sexual health services.

See Appendix B on pages 32 & 33 for data tables for each of the above sections.

Main Findings

The main findings provide an overview of what young people told us concerning mental and sexual health.

There appear to be different triggers and factors which influence who accesses services, how they are accessed and the type of support that young men and young women want.

However, it is difficult to directly compare the responses across gender because the variation between the numbers of respondents in each group was quite large. To provide clarity we have included the number of respondents to each question.

346

Overall 346 online surveys were completed from young people of all ages between 13-25. The majority of our responses were from young people between the ages of 16-17 (137) and 20-25 (50).

We were able to get responses from young people from a wide range of ethnicities however the majority of respondents were White English/Welsh/Scottish/Irish (207) and Indian (34).

66%

31%

Two-thirds of the overall responses were from young women and a one third from young men. The gender breakdown allowed us to see if there were any similarities and differences between young men and young women.

13%

of our respondents said they have a disability.

We had a good response rate from young people from all over Leicestershire and Leicester City. The top 2 districts in the county were Blaby and Harborough.

Local health services

We asked young people to prioritise their top 3 services to find out what was most important to them.

344 young people stated their top 3 services:

Hospitals **GP's** **Dentist**

Survey respondents were also given the opportunity to share with us any concerns or experiences they had. They told us that GPs need to communicate with them more effectively by providing a comfortable environment where they do not feel intimidated.

Two respondents also shared positive experiences of their GP.

"My doctor is always very helpful and has helped me massively through many personal problems"

- (Female, 18, Blaby)

"When I tried to get help for mental health problems, my GP was very helpful. They referred me to a youth mental health service"

- (Other, 18, Blaby)

GP Services

Access to GP services was a theme, which repeatedly appeared in the responses. Respondents were asked to rate how comfortable they felt getting support from their GP on a scale of 1 to 7 (1 being very uncomfortable and 7 being extremely comfortable);

4.4

Very uncomfortable — Extremely comfortable

63% of respondents rated above average.

Methods of preferred communication

Respondents were asked to select from a pick list the top 2 methods of information sharing they preferred in relation to mental health.

The top 2 methods were at the GP surgery and by the School Nurse.

We asked the same question in relation to sexual health and the results were similar. The top 2 methods were during lesson time and from the School Nurse.

Analysing these responses also highlight that young people prefer face-to-face contact and trusted conversations with somebody who is knowledgeable and compassionate.

Feedback on Mental Health

Young people experiencing mental health issues affect the whole family in many different ways. If not diagnosed early, these issues can impact on the family and result in additional strains and pressures for the young person.

The Department of Health's Task Force Report 'Future in Mind' offers a framework and resources to improve mental health wellbeing of all children. The LLR multi-agency transformational plan aims to improve the mental health and wellbeing of children and young people up to the age of 25.

The vision is that 'children will have access to the right help at the right time through all stages of their emotional and mental development.'

Many young people are dealing with difficulties such as anxiety, low mood, depression, conduct disorders and eating disorders,which can hinder them later in life. It is important for young people to feel that they can talk to somebody about their mental health and any issues and concerns they may have.

We asked young people if they would feel comfortable talking openly about issues affecting their mental health.

48% Nearly half of the respondents who answered this question said yes.

62% Said they were unsure or would not feel comfortable openly talking about mental health issues.

47%

Nearly half of young women felt comfortable openly talking about mental health.

49%

Nearly half of young men said they felt comfortable openly talking about mental health.

What do young people worry about most?

Understanding what young people worry about most and how often they worry, can be useful when developing and providing responsive support services.

We asked young people how often they worried about specific issues such as; tests or exams, getting a job, their health, money, the way they look and sexuality.

Below we present the findings based on a total of **274** responses. **182** were from young women and **86** from young men. **5** respondants prefer not to say and **1** selected other. **72** young people did not specify a gender. We asked them what do you worry about 'all the time'. These responses are based on what young women and men selected the most.

The top 5 issues young women worried about all the time were:

- Tests or exams
- The way you look including your weight
- Money
- Homework
- Your health

The top 5 issues young men worried about all the time were:

- Tests or exams
- Money
- Your health
- The way you look including your weight
- Relationships with others

It is interesting to see that the majority of issues that young people worry about are shared between young men and women. There is a noticeable difference in that young women worried more about their homework in comparison to young men who worried more about their relationships with others.

We also looked at issues that young people did not worry about at all. The majority of young women (139) did 'not worry at all' about their sexuality and majority of young men (65) did 'not worry at all' about smoking. Further follow up to smoking may be required to explore if level of smoking is not a concern or if they do not smoke at all.

Suffering with mental health issues

From the 297 young people who answered the mental health questions, over a third (113) of young people told us that they have suffered from mental health issues. 45% (133) said they have not and 17% (51) were unsure.

Key Findings

40% of young women reported that they have suffered from mental health issues.

46% said they have not and **14%** said they were unsure.

35% young men said they have suffered from mental health issues.

43% said they have not and **22%** were unsure.

Although there are no significant differences within the gender analysis for mental health our evidence suggests that many young people are suffering from mental health issues and telling us that there needs to be more support.

The findings also highlight that we cannot ignore the young men and young women who were 'unsure' if they had suffered from mental health issues. The figures are worrying as our findings show that from those who responded over 50% of young women (54%) and young men (57%) have suffered from mental health issues or were unsure.

"I think it would be good to see a reduced stigma when talking about mental health. Problems with this are so common that we shouldn't have to feel embarrassed about it any more!"

- Female, 20-25, Self-harmed, Charnwood

"From past experience and people I know, I definitely think that CAMHS needs to refer people quicker. People I know have had to go to the extreme of self harming just to be referred to CAMHS to receive the help they need, me being one of them"

- Male, 16, Self-harmed, Blaby

Experience of Self-harming

Over a third (102) of all young people who responded to the survey said that they have self-harmed.

When looking at the data from a gender perspective we found that more young women then men said they had self-harmed. The following figures are based on 181 female responses and 86 male responses.

Key Findings

69 young women said they had self-harmed

24 young men said they had self-harmed

Self-harm UK[4] has stated that girls are thought to be more likely to self-harm than boys, but that this could be because boys are more likely to engage in behaviours such as punching a wall, which is not always recognized as self-harm or does not come to the attention of hospitals. They also stated that in 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm.

To some extent our findings reflect the research by Selfharm UK which found that more young women self harm than young men. Our findings highlight that there appears to be different triggers for young women, such as worrying about the way they look, homework and exams or money.

4 https://www.selfharm.co.uk/get/facts/what_is_self-harm

"I think there ought to be a friendlier version of the Samaritans helpline but for younger people as the concept of them to someone such as myself is really daunting and they don't feel like somewhere I could go to or ring without feeling "small" or unworthy of the help. There needs to be somewhere, a phone line just for 16-25 year olds or in my opinion from 14-25. Depression is scary enough as it is let alone when someone tells you to ring the Samaritans, it makes the situation a whole lot more terrifying. There needs to be a more approachable and specialised service for us."

Female, 20–25, Self-harmed, North West Leicestershire

Experience of Depression

When we looked at the responses, the percentages are very similar for young women and young men who said that they had suffered from depression.

Key Findings

Nearly a quarter of **296** respondents said they suffer from depression, **47%** said no and **29%** were unsure*.

Nearly a quarter of **182** young women reported suffering from depression and **30%** said they were unsure.

Just over a quarter of the **86** young men who answered the question reported suffering from depression. **27% were** unsure.

*31 respondents did not specify a gender.

> The school nurse is often forgotten about - I think lots of people silently struggle with mental health issues without getting any help, as they do not know who to turn to. I myself have struggled with anxiety and depression and have not known who to turn too
>
> - Female, 18, Suffer from Depression, Blaby

> "I believe young people living with mental health issues or concerns need more acknowledgement because from personal experience I don't believe it is taken seriously and young people are left to suffer and it seems like it always has to be a "last resort" until something is done"
>
> - Male, 20-25, Suffer from Depression, North West Leicestershire

Experience of Anxiety

Key Findings

Over a third **38%** of all 295 respondents said they suffer from anxiety. 34% said no and 28% said they were not sure*.

69 young women reported suffering from anxiety, 60 said they do not and 52 were unsure. (181 young women answered this question)

33 young men reported suffering from anxiety, 30 said they do not and 23 said they were not sure. (86 young men answered this question)

*28 people did not provide a gender.

> It would be nice if different services actually listened in depth and took seriously what you are saying to them without you going back several times saying the same thing
>
> - Female, 16, Suffer from Anxiety, Oadby & Wigston

> Based on personal experience, it would be nice to see some more anxiety/depression support as I know it is fairly common in my age group
>
> - Male, 19, Suffer from Anxiety, Harborough

There is a misconception that depression and anxiety is just a low mood or that it is a 'normal' part of growing up. These are serious conditions, which make it hard for people to cope from day to day. Often, feeling sad, miserable and anxious is a reaction to something that may cause an individual to feel these emotions. For example arguing with family or friends, a relationship break up or changing schools[5].

Below are some comments by respondents who were 'unsure' if they suffered from depression or anxiety.

> "There needs to be more awareness on mental health and it needs to be easier for people to get help discreetly ... I have noticed an increase in mental health issues in young people, they are scared to do anything about it as well as not knowing what to do about it"
>
> - Female, 18, Leicester City

> "A teen drop in centre where any questions about sexual / mental health etc can be answered in one place"
>
> - Female, 17, Blaby

The number of respondents who were 'unsure' if they suffered from depression or anxiety is important. If young people are unaware that they are suffering from mental health issues they will not know what help and support is available or how to access it.

5 http://www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx

Feedback on Sexual Health

In March 2013 the Department of Health released a report 'A Framework for Sexual Health Improvements in England'[6], which set out the Governments vision to improve sexual health.

The report aims to provide the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively and ensure that accessible high quality services and support are available to everyone.

By speaking to young people, we aimed to gather some insight on how they access services and what their aspirations are for sexual health services.

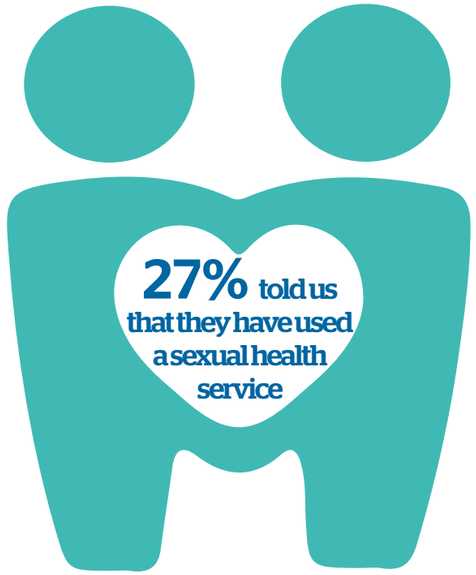
Key Findings

79 respondents from a total of 295 young people told us that they have used a sexual health service and **216** said no*.

61 out of 182 young women told us that they have used a sexual service.

13 out of 85 young men told us that they have used a sexual health service.

*28 did not specify a gender



Access to sexual health services

From our survey findings, the percentage of young women using sexual health services was higher, in comparison to young men, however we are unable to draw direct conclusions from this. We found there may be a number of factors, which influence whether a young person might access a sexual health service such as their awareness of services and their confidence to use them.

Support from a sexual health service

We provided a list of support areas based around sexual health and asked young people to choose the type of support that they would want from a service. The question allowed respondents to choose as many options as they wanted from a pick list.

6 https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

A total of 291 young people answered this question.

The top areas of support were Sexually Transmitted Infections (STIs).

180 young women answered this question and the top 3 areas of support they would want from a sexual health service are:

- Access to types of contraception
- STI testing and treatment
- Access to morning after (emergency) contraception

83 young men answered this question and the top 3 areas of support they would want from a sexual health service are:

- Advice about STIs
- STI testing and treatment
- Advice before having sex for the first time

The findings demonstrate that if and when young women access sexual health services they would do so mainly for contraception. On the other hand the areas of support that young men would want is based around advice on STIs. It is also interesting that they would use the service to seek advice before having sex for the first time.

Expectations from staff within sexual health services

Understanding the expectations that young people may have of staff that work within sexual health services is equally as important as the support they require.

Respondents were asked to tell us what attributes they would want to see from staff working within a sexual health service. Confidentiality stood out above everything as most important, followed by friendly staff.

This finding reflects HWL's previous research report 'Patient Views on Quality of Services'.

> "I think it should be more openly publicised because a lot of teenagers who are sexually active or not need to be given the information....you can't expect everyone to go looking for help because they may not feel comfortable doing so"
>
> - Female, 18, Leicester City

(September, 2014)[7], which found that young people valued caring, friendliness and confidentiality from a service and related those attributes to a good service.

Our findings highlight that confidentiality and friendly staff are important factors for young people when accessing sexual health services. It was also interesting to see that both factors were the most popular choice for both young women and young men.

Barriers to accessing sexual health services

We asked young people to tell us what sort of issues would make it difficult for them to use a sexual health service. 189 young people answered this question.

This was an open-ended question with a text box giving the young person the opportunity to give a response and provide us with as much detail as they wanted.

From reviewing all the qualitative feedback we categorised the responses into emergent themes. The main themes were accessibility of:

- Sexual health services
- Stigma and embarrassment and
- Confidentiality.

7 Healthwatch Leicestershire Patient Views on Quality of Services http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/web_hw_quality_report.pdf

Accessibility of sexual health services

Accessibility appears to be a key issue preventing young people from using and accessing sexual health services. It is important that young people know where the services are, opening times and how they can get there. It would also be beneficial for an out of hours sexual health service available for those young people who have after school or college commitments, such as jobs.

Feelings of stigma and embarrassment

Respondents expressed concerns of being judged by others, as a barrier to accessing sexual health services. Young people spoke about a feeling of embarrassment using the service, including if their peers saw them or if their parents became aware that they were accessing sexual health services.

"Getting there [to a sexual health clinic] without my parents knowing"
- Female, 16, Harborough

"It is difficult to fit it in alongside work. The walk in clinics, mean it can take hours to be seen. Appointments at doctors surgery make it easier for people who work to take the time off and it also means less has to be explained to employers"
- Male, 20-25, Oadby & Wigston

"Shame"
- Female, 16, Oadby & Wigston

"Embarrassed and worried about what people would think. There is still a lot of stigma attached to sexual health and STI's"
- Female, 20-25, Leicester City

"Social embarrassment"
- Male, 18, Harborough

"The fear of others being aware (linking on to bullying)"
- Male, 17, Blaby

"The fear of judgement because of the stigma that young people are sexually irresponsible"
- Female, 17, Leicester City

"Accessibility - lots of people cannot drive or have access to a bus routes, lots of people are scared of their parents being told"
- Female, 18, Blaby

Importance of Confidentiality

Young people told us that there is a perception by many that the service is not completely confidential.

This uncertainty prevents young people from accessing sexual health services.

"The school nurse isn't very confidential as everyone sees you go to the area they're in"
- Female, 16, Blaby

"Staff who are acquaintances with you or family - No confidentiality"
- Female, 16, Blaby

"Confidentiality and privacy"
- Male, 14, Blaby

"Lack of confidentiality"
- Female, 20-25, Oadby & Wigston

"Others knowing of my need of the service"
- Male, 16, Harborough

Call for Service Change

We gave young people the opportunity to share with us one thing they would like to change about services for young people.

Respondents mentioned several times that services need to be more accessible and need to be promoted more widely. They also spoke about their concerns about confidentiality and embarrassment if others found out they were using mental or sexual health services and for this reason the services should be discreet.

> I think it is very important to get the services across. This would be through schools; assemblies and lesson times, through posters and leaflets. I think that social media would be a good way to get information across, as young people use it every day and it would become known about
>
> - Female, 15, Blaby

> I know most people don't even know such services exist and hence don't know where to go for help when they need it. So exposure of the service to young people. Give them the knowledge of how to contact the services, who to contact, where
>
> - Female, 18, Leicester City

> Make it easier for young people to get appointments or access facilities
>
> - Male, 20-25, Harborough

Respondents also told us that they would want to be treated the way adults are treated and be taken more seriously. Young people do not want to be judged and a fear of this prevents them from accessing services. Respondents also feel that if younger people worked in the services they would be able to relate and feel more comfortable in approaching and accessing services.

"For anxiety and depression in younger men and women to be seen/treated the same way as an older adult - with no pre conceptions"
- Female, 20-25, Melton

"Put an emphasis on using younger staff who can better relate to younger people"
- Male, 18, Melton

"To be taken more seriously, just because we are young doesn't mean we don't know when something is wrong. we need more support"
- Female, 20-25, North West Leicestershire

"I wish more gay people worked in such services, which I think would make gay people more likely to visit sexual health clinics / counsellors, due to being able to relate and a lack of judgement"
- Male, 18, Harborough

"Increased privacy such as not placing a sexual health clinic where anyone can see you enter"
- Male, 16, Harborough

"As someone who has anxiety, I find the process of making an appointment at places like doctors and dentists quite intimidating. I think that there should be an option to book an appointment online"
- Female, 16, Blaby

"School Sexual Health Services could be located out of the school as young people may be afraid to attend if they are on school grounds in case they are seen"
- Female, 20-25, Blaby

"That people with mental health issues get taken seriously straight away, and are listened too"
- Female, 18, Oadby & Wigston

Engaging with Young People

Talking to young people face to face was as important as the online survey. To complement this we met with different groups across the County.

We identified the groups by working with Leicestershire County Council and our contacts within voluntary and community groups. As a result we met with a diverse range of young people to gather their insights and experience. The groups we visited are as follows:

- Loughborough University
- South Leicestershire College
- Children in Care Council
- County Youth Council for Leicestershire
- TwentyTwenty

We held interactive sessions at each of the groups with questions relating to our survey themes - mental health and sexual health. We designed four questions that could be answered as part of a group discussion or individually.

The questions that we asked were as follows:

- What sort of things would make it difficult to access mental health or sexual health services?
- How do you think that people with mental health issues feel?
- Do you believe that your college provides enough information about mental health?
- How often do you worry about the following? (Which included list of various themes, i.e. getting a job and health).

Overall, we spoke to **83 young people** and collated the responses to understand what young people were telling us. We compared the results from group engagement to the emerging findings from the 346 online survey responses.

The underlying messages from engagement with the groups mirrored some of the findings from the main survey. One of the common threads to emerge is that many young people regularly worry about their appearance, as well as worrying about tests and exams at school, college or university. These were the top two areas in both the survey and the engagement in terms of things that young people would worry about.

The groups also spoke about better promotion of mental health services and in some cases spoke very passionately about this issue. Again, this desire to improve the visibility of services emerged very strongly in the survey findings.

There was also a confidence issue that came through from the group feedback. Young people told us that they did not have the confidence to openly access sexual health services for fear of being judged; and that a barrier to accessing mental health services is being stigmatised. The group also felt that there should be more education to reduce the stigma around mental health.

We have taken the findings from each group to create a composite young person profile to highlight the key issues.

The profiles on the following pages are for illustrative purposes to generate discussion and to promote dialogue, they do not reflect an individual response.

Loughborough University 9 March 2016 Mental Health Day

We visited Loughborough University Mental Health Day on 9 March 2016 alongside various stalls and stakeholders present to engage and provide information to students.

As part of our engagement, we spoke to 30 students to gather feedback around mental health.

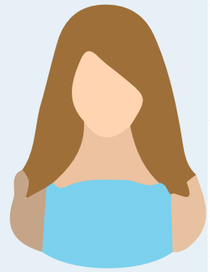
26 out of 30 students told us that they thought their university provided enough information about mental health. However, there was an overwhelming call for better promotion of information so that more students were made aware of services and any support that is currently on offer.

It was also said that there is an importance to provide parents with appropriate support as well as young people. If parents know where they can get support for their child and themselves, it can help the whole family.

From the 30 young people that we spoke to we found that 22 of them worried about their personal appearance at least 'once a week' or 'all the time'.

Another area that was noticeably high is relationships with others. 20 out of 30 young people also worried about this at least once a week or all the time.

Profile



Name	Joanne
Age	20
Hobbies	Enjoys sports, arts and has an interest in health
Education	Studying Sports Management
Status	Single
Area	Loughborough
Job	Not working

What worries Joanne

Her personal appearance almost all the time

Relationships with friends and partners

Finding a job whilst at university and afterwards

Her exams and final year

What matters most to Joanne

There should be a greater effort made to promote mental health services so that students that are in need of services know where they can access support.

Joanne believes that people must feel frustrated and isolated when dealing with mental health issues and that stereotypes and stigma should be addressed more in education.

South Leicestershire College 21 March 2016

We spoke to 22 students about mental health services. Almost half (9 out of 22) told us their college didn't provide enough information about mental health.

Profile

Name	Kiran
Age	16
Hobbies	Enjoys football
Education	Studying mechanics
Status	Single
Area	Wigston
Job	Weekend job

What worries Kiran

His personal appearance almost all the time

Worried about general health regularly and also about his relationships at home

Always worried about finding a job after he is qualified

Worried occasionally about his homework.

Barriers for Kiran to access services

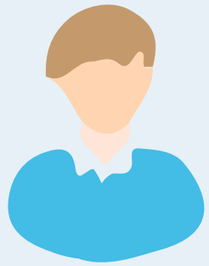
Kiran does not always have the confidence to access services and feels slightly uncomfortable doing so, which means inevitably he would choose not to go.

Kiran believes people must feel stressed and misunderstood when dealing with mental health issues and that confidence is a major barrier to accessing mental and sexual health services.

Leicestershire Children in Care Council for children aged 14 + 20 April 2016

We spoke to 12 students. The majority of young people within the group told us that they suffered from anxiety. When we asked what they worried about most, tests and exams, being bullied and personnel appearance were the most common themes.

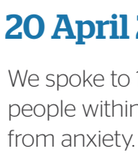
Profile



Name	Mark
Age	14
Hobbies	Enjoys reading
Personality	Shy
Status	Single
Area	Lives in a children's care home

What worries Mark

Mark suffers from anxiety and worries all the time about being bullied and his personnel appearance. He also worries about exams and getting a job quite regularly.



Mark believes people must feel like no one listens or that no one believes in them when dealing with mental health issues.

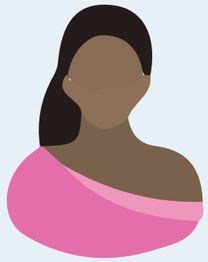
Barriers for Mark to access services

A key theme for Mark is mental health services and CAMHS.

Mark thinks that the waiting times to get in to CAMHS is considerable and that this process should be made easier and quicker for those in need of support.

County Youth Council for Leicestershire (CYCLe) 25 April 2016

Profile



Name	Cassie
Age	16
Hobbies	Enjoys Politics Active, Likes to read, Enjoys films
Personality	Outgoing
Status	In a relationship
Area	Harborough

What worries Cassie

The thing that Cassie worries about most is her relationships at home.

This worry also spreads to relationships with others including being bullied.

This has had an affect on Cassie and she has now started to worry about her appearance.

Barriers for Cassie to access services

The key themes for Cassie are mainly based around confidence and limited information. Cassie is slightly embarrassed to access certain services and has a perception that the staff may not understand her situation. If she had more information to make her feel at ease about using services, it would help. More visible ways to access support including email, phone and face-to-face would also help.

Cassie is a firm believer that there should be more information and guidance in college about mental health illnesses and how to deal with them.

CYCLe is the County Youth Council for Leicestershire. This is the place where young people from lots of different forums come to discuss the issues that are important to them. CYCLe held a meeting on 25 April 2016 where they had a conversation about mental health and sexual health.

We asked the group of **10** young people if their school or college provided enough information about mental health. The group agreed that more information should be shared and raised the following points:

- There should be more guidance to young people on symptoms of mental health illness and tips on positive mental health
- There should be various visible ways to access support including email, phone and face-to-face
- More information on anxiety and depression is needed
- One to one counselling should be more available
- The group felt that mental health is a taboo subject and often avoided
- More support in general to be offered in schools and colleges to support people with poor mental health

TwentyTwenty
9 May 2016

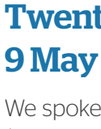
We spoke to 9 people. We visited TwentyTwenty (an organisation set up to help disadvantaged and disengaged young people) to gather feedback around mental health and sexual health.

Profile

Name	Peter
Age	18
Hobbies	Enjoys the gym, Likes to watch football & Enjoys going out with friends
Personality	
Status	In a relationship
Area	Loughborough

What worries Peter

Peter worries very often about tests and exams, but his main worry is about getting a job when he is out of education.



Even though Peter only lives with one parent, he has a brilliant relationship at home.

Barriers for Peter to access services

The key barriers that would stop Peter from accessing services is compassion and care. He thinks that patient care could be improved to make him feel more comfortable when using sexual health services. Peter also feels slightly concerned about being judged for using services such as mental and sexual health.

Comments that the group made are as follows:

> **I think that patient care could be improved to make someone feel comfortable**

"I would like to see more GP appointments available"

"More information and explanation about health"

> **I feel rushed when I go to see my GP**

"I would like to see better communication from consultants and GPs towards me"

"Hospital waiting rooms and area's are not very nice"

"Don't feel listened too"

> **Every staff member plays a part not just doctors. We need them all to be doing their job for things to improve**

Conclusion and Next Steps

The report highlights the need for improved awareness and better access to services for young people. There is a need to promote behaviour change of young people so they are able to better manage their own health and care. We believe that these three outcomes can be met through a number of recommendations.

1. Information and Education

Worryingly, a high number of young people reported that they have mental health issues and that there is a case for better-targeted information and education on promoting mental health awareness especially in relation to depression and self-harming.

2. Overcoming Barriers

Access to discrete services is important to ensure young people feel comfortable to seek timely advice, guidance and counselling when it comes to their mental and sexual health.

3. Communication and Behaviours

Understanding the issues and concerns that matter to young men and young women are important to ensure that services and health professionals are responsive and address their needs sensitively and with empathy.

Our findings reflect and echo experiences that young people have in many conversations already taking place within different spheres in health and social care.

HWL conducted an Enter and View visit to the Child and Adolescent Mental Health Services (CAMHS) Unit at Coalville Community Hospital in February 2016.

We found that at the time of our visit, the CAMHS Unit provides a very good standard of care, with young people confirming that they have a positive relationship with staff[8].

Our conclusion from the findings of this report is that young people want services that are accessible, equitable, age-appropriate and responsive to their needs. Mainstream services offering a generic type of care are less effective than those that seek to engage and provide for specific targets.

We would encourage commissioners and providers to continue to explore innovations across health and social care, involving young people.

The report also shows that young people would like health and social care professionals who are friendly, empathetic and non-judgemental. We ask that commissioners and providers take on board the findings to inform workforce training around active listening, issues facing young people and good communication across all health and care services. This could improve interactions between young patients and professionals, and give them the confidence to take control of their health and care.

We strongly encourage commissioners and providers within health and social care to take on board the findings of this report to make changes.

8 http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/Healthwatch_Leicestershire_Enter_and_View_CAMHS_Report_Final_0.pdf

Appendix A

Better Care Together (BCT) Transformational Plan for mental health and wellbeing services for children and young people

We undertook an exercise to cross-reference our findings to the vision of the BCT Plan for mental health and wellbeing services for children and young people.

The highlighted vision statements within Tables A and B indicate where our findings reflect the aspirational statements within the vision of the BCT plan.

The vision focuses on self-care and prevention, early help and primary care, specialist care and Urgent care and crisis response. By 2020 the vision states that every child and young person in Leicestershire, Leicester and Rutland will be able to confirm each of the statements in Table A and Table B shows the vision of how services will be shaped by 2020.

Table A: Vision statements confirmed by every CYP

Self- care and prevention	Early help and primary care	Specialist care	Urgent care and crisis response
My family and I are able to look after my emotional and mental wellbeing and development day to day.	We can get high quality support to help me overcome emotional and mental health challenges quickly and locally, without being stigmatised.	I will be helped by a specialist team quickly if my mental health problems are serious.	I can access intensive support from a range of organisations working together.
I learn about mental health and how to protect myself at school or college.	I will be able to make informed choices about the kind of help I would like.	I will receive support, which is safe, reliable and tested.	I will be seen promptly if I attend the Emergency Department
We can access trusted self-care advice when and where we like including websites, education settings, GPs and children's centres.	I and those who care for me will be listened to.	I will be involved in setting my own treatment goals and deciding if I am getter better.	I will not be judged by staff for my mental health problems.
My parents / carers have access to support and guidance.	I will be supported to become resilient and independent.	With my consent, services will work together with me and my family to give us the best support.	I will be kept as safe as possible during a crisis.
I am confident in talking about issues,which affect my mental health.	I and my carers will be helped to navigate the system and services.	I will be involved in decisions to transfer or reduce my care.	I will be able to access a bed within a reasonable distance from home.
	I am involved in peer support groups and community networks in my area.	My views and experience will help to improve care for others	I will be supported to return home safely as soon as possible.

Appendix A

Table B: A Vision for Services shaped by 2020

Self- care and prevention	Early help and primary care	Specialist care	Urgent care and crisis response
All schools and colleges educate about mental health, tackling stigma and building resilience.	Early joint assessment for children and young people who might need extra support	High quality therapeutic and medical support provided by experienced and qualified staff.	Services work together to provide intensive out of hours support for children, young people and families at risk of crisis.
Information about children and young people's mental health is provided through a range of formats including websites, social media, and publications.	High quality low intervention services delivered locally across LLR by range of organisations.	Organisations share information and work together to support the child, young person and their family.	Services work swiftly together to support anyone admitted to the Emergency department.
Front line staff have access to training and support on mental health issues amongst children and young people.	Care navigators who can support children, young people and cares make informed choices to find the right service for them.	Specialist services for children and young people with eating disorders.	Specialist hospital beds are available for those that need them.
All services provide equality of access and support to all children and young people.	Outcome measures are used to assess individual improvements and to plan the development of services.	Specialist services for vulnerable children and young people such as young offenders, Looked After Children and those with learning disabilities.	
		Young people's views inform the improvement of services.	

Appendix B

Infographics / Data tables

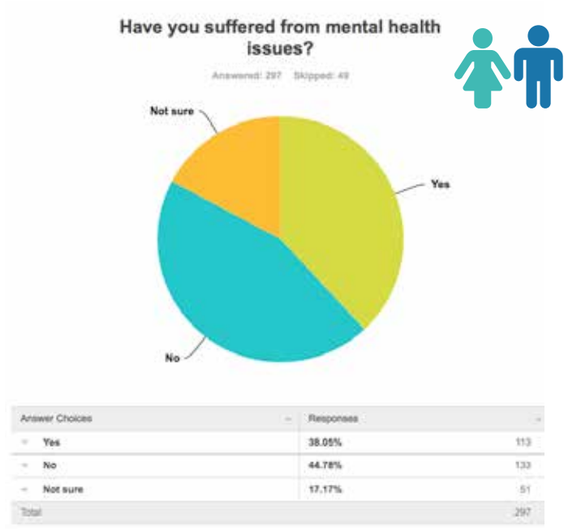
The following summary of graphics support the evidence discussed within the main body of the report.

The top 5 issues young women worried about all the time were:

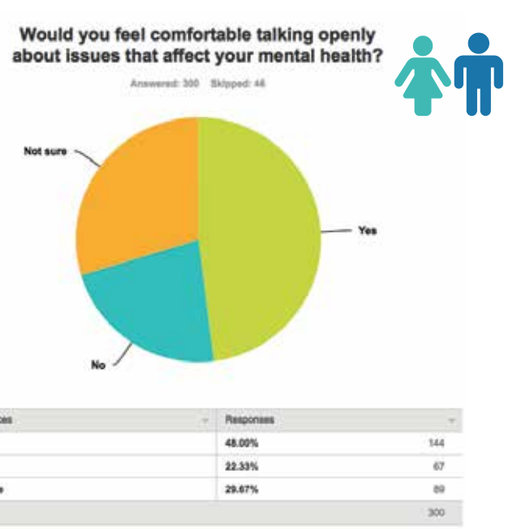
101 Tests or exams
99 The way you look including your weight
79 Money
73 Homework
57 Your health

The top 5 issues young men worried about all the time were:

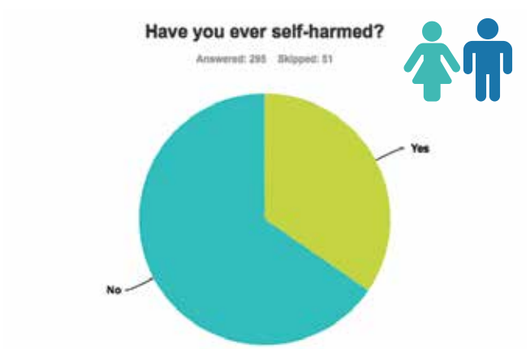
37 Tests or exams
31 Money
25 Your health
22 The way you look including your weight
18 Relationships with others



Answer Choices	Responses	
Yes	38.05%	113
No	44.78%	133
Not sure	17.17%	51
Total		297

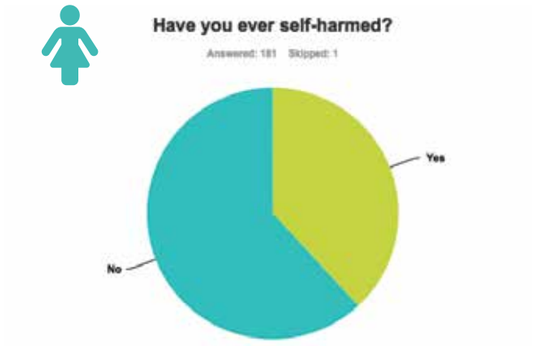


Answer Choices	Responses	
Yes	48.00%	144
No	22.33%	67
Not sure	29.67%	89
Total		300

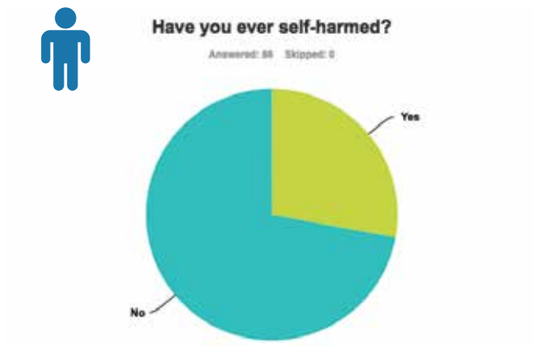


Answer Choices	Responses	
Yes	34.58%	102
No	65.42%	193
		295

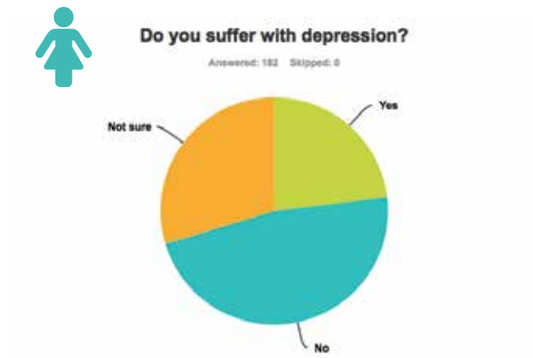
All infographics and data tables correspond only to the key findings section on pages 8 and 9.



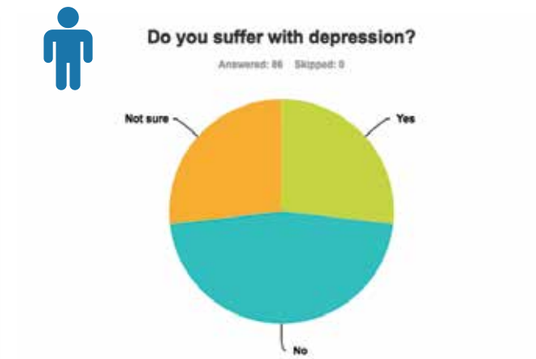
Answer Choices	Responses	
Yes	38.12%	69
No	61.88%	112
Total		181



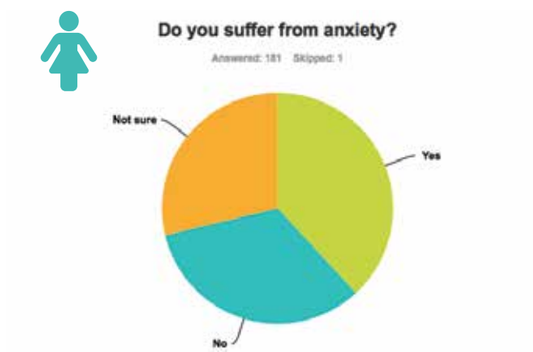
Answer Choices	Responses	
Yes	27.91%	24
No	72.09%	62
Total		86



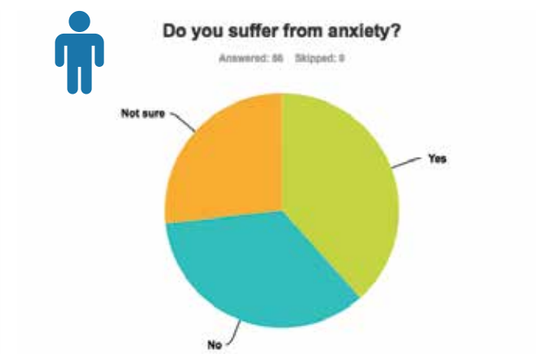
Answer Choices	Responses	
Yes	23.08%	42
No	47.25%	86
Not sure	29.67%	54
Total		182



Answer Choices	Responses	
Yes	26.74%	23
No	46.51%	40
Not sure	26.74%	23
Total		86



Answer Choices	Responses	
Yes	38.12%	69
No	33.15%	60
Not sure	28.73%	52
Total		181



Answer Choices	Responses	
Yes	38.37%	33
No	34.88%	30
Not sure	26.74%	23
Total		86

Resources

Leicester Sexual Health

Free, confidential services for those in Leicester, Leicestershire and Rutland providing all your sexual health needs including:

- STI testing including HIV tests
- A full range of contraception including IUD/IUS and implants
- Management of complex contraception, including missing threads and other IUD/IUS/Implant problems
- Emergency contraception
- Pregnancy testing and onward referral
- Psychosexual services
- Post Exposure HIV Prophylaxis – PEP/PEPSE
- Free condoms and lubricants

Open 6 days a week offering queue and wait service or you can book appointments.

For more information please call: 0300 124 0102 / 0800 318 908
Alternatively you can visit: Leicestersexualhealth.nhs.uk

Local Clinics - City

- **Beaumont Leys Health Centre,** 1 Littlewood Close, LE4 0UZ
- **Belgrave Health Centre,** 52 Brandon Street, LE4 6AW
- **Charles Berry House,** Bond Street, Leicester, LE1 4SX
- **St. Peter's Health Centre (GUM Service),** Sparkenhoe Street, LE2 0TA
- **Westcotes Health Centre,** Fosse Road South, Leicester, LE3 0LP

Local Clinics - County

- **Coalville Community Hospital,** Bromleys Road, Coalville, LE67 4DE
- **Hinckley Health Centre,** Hill Street, Hinckley, LE10 1DS
- **Loughborough Health Centre (GUM Service),** Pinfold Gate, Loughborough, LE11 1DQ
- **Market Harborough District Hospital,** Coventry Road, Market Harborough, LE16 9DD
- **Rutland Memorial Hospital,** Oakham, Rutland, LE15 6NT
- **St. Mary's Hospital,** Melton Mowbray, Thrope Road, LE13 1SJ

SHACC Clinics

SHACC (sexual health and contraceptive clinics) is an integrated, networked, NHS sexual health service in Leicester. It provides contraception and early pregnancy advice as well as investigation and treatment for sexually transmitted infections from GP practices.

Appointments take place at ordinary surgeries, which will help to preserve your confidentiality. However, be aware that at some SHACC clinics notes of your visit or consultation may be added to your GP medical notes.

You do not need to be registered at a SHACC practice to get an appointment. The service is however restricted to those registered with a GP in Leicester City, Leicestershire or Rutland.

For the most up to date practice and appointment information visit www.shacc.co.uk

For information or to book an appointment, please contact 0800 7566 277 or visit : www.shacc.co.uk

Mind

Promotes the views and needs for people with mental health problems

For more information call: 0300 123 3393 (Monday-Friday 9am-6pm)
Alternatively you can visit: www.mind.org.uk

Resources

YoungMinds

YoungMinds is the UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people.

For more information please call: 0808 802 5544 (Monday-Friday 9.30am-4pm)

Alternatively you can visit: www.youngminds.org.uk

Rethink mental illness

Rethink Mental Illness has a number of helpline and advice services, which offer practical and emotional support and signposting to those experiencing severe mental illness, their carers and relatives.

For more information please call: 0300 5000 927 (Monday-Friday 10am-2pm)

Alternatively you can visit: www.rethink.org

Samaritans

Confidential support for people experiencing feelings of distress or despair

For more information please call: 116 123 (24-hour free helpline)

Alternatively you can visit: www.samaritans.org

Healthwatch Leicestershire

Information and signposting
Find local services to help resolve your health and social care issues.

For more information please call: 0116 257 4999

Alternatively you can visit: www.healthwatchleicestershire.co.uk

"I like that when I go to a health service, staff address me, and I am respected as an individual, and don't feel uncomfortable talking about issues"

- Female, 15, Blaby

healthwatch Leicestershire

References

1. **Free online support for young people:**
https://www.kooth.com/

2. **Department of Health: Future in Mind; Promoting, protecting and improving our children and young people's mental health and wellbeing.**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

3. **Better Care Together (BCT) transformational plan for mental health and wellbeing services for children and young people 2015-2020.**
http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=38802

4. **The facts: What is self-harm?**
https://www.selfharm.co.uk/get/facts/what_is_self-harm

5. **Stress, Anxiety and Depression**
http://www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx

6. **A Framework for Sexual Health Improvement in England**
https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

7. **Healthwatch Leicestershire Patient Views on Quality of Services**
http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/web_hw_quality_report.pdf

8. **Healthwatch Leicestershire Enter & View: Child and Adolescent Mental Health Services (CAMHS) Unit.**
http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/Healthwatch_Leicestershire_Enter_and_View_CAMHS_Report_Final_0.pdf

News articles of interest May 2016

Mental Health support 'denied to Children'
http://www.bbc.co.uk/news/education-36398247

Children in care 'too often denied mental health treatment'
http://www.bbc.co.uk/news/education-36138750

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Voluntary Action LeicesterShire
9 Newarke Street, Leicester,
LE1 5SN

0116 2574 999
info@healthwatchleics.co.uk
www.healthwatchleicestershire.co.uk

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HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF HEALTHWATCH LEICESTERSHIRE

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UNIT

Purpose of report

1. The purpose of this report is to present the findings of Healthwatch Leicestershire's Enter & View visit to the Child and Adolescent Mental Health Services (CAMHS) Unit at Coalville Community Hospital (Ward 3) on the 23 February 2016 (**Appendix 1**).

2. As part of our work programme, HWL decided that there needed to be a dedicated focus on Children, Young People and Families (CYPF). The project has consisted of three strands of work which are part of our CYPF Series:

    - Enter & View CAMHS Unit visit
    - 'Listen to Me: #YoungVoicesMatter' Report
    - Parents Quick Poll

What is Enter & View?

3. Healthwatch Leicestershire (HWL) has the statutory power to enter and view adult health and social care services to get a feel for how they are delivering (The duty does not apply to the observing of any activities that relate to the provision of social care services to children). This power is set out in the Health & Social Care Act 2012 that established Healthwatch.

4. Enter & View visits are carried out as 'announced visits' where arrangements are made between the HWL team and the service provider, or if certain circumstances dictate as 'unannounced' visits. To date, HWL has not had cause to do this.

5. Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

6. At HWL, the Enter & View and Safeguarding (E&VnS) Working Group meets bimonthly to oversee the delivery of the statutory power, with oversight for safeguarding issues and concerns.

Background

7. There were a number of strategic drivers for conducting the visit:

- The Healthwatch remit covers the breadth of health and social care services children and young people might use, including Child and Adolescent Mental Health Services (CAMHS).

- The Government's ambition over the next five years (by 2020) to support improvements in Children and Young People's mental health and wellbeing services.

- There is an interest in the CAMHS Service from people across Leicestershire following the relocation to Coalville Hospital from Oakham House.

8. This was an announced visit. HWL had previously visited Coalville Community Hospital as part of our Enter & View programme to Wards 1 & 2 on the 6 and 20 January 2016.

9. The purpose of the Enter & View visit was to:

- *View a CAMHS Unit and see how it works*
- *Observe the delivery of care and support given to young people*
- *Find out insights on waiting times for admission and referral process* – (This was a particular request made to Healthwatch by the Children and Families Services at our regular meetings)
- *Capture the experience of young people and staff of a CAMHS Unit*

Visit Findings

10. **Relationships between young people and staff**
Young people told us that there is a positive relationship between them and the staff. The young people told us that the staff were supportive and we got a strong view from the young people that we spoke with that they liked the Unit and the feeling of home it provides.

11. **Schooling arrangements**
There is an onsite school (provided by the Children's Hospital School) and the Education Co-ordinator told us that there is limited space, which has meant that not all the young people can be taught together.

12. **Activities**
We saw evidence of a well developed programme of activities (therapeutic and social) for young people. We saw two timetables in the Unit, one for education and one for activities. The weekly activities include; pool tournament, baking group, quiz, young people meeting, DVD evening and swingball or games.

13. **Carers' Assessments**
We were told that there had been training for staff about support for carers, however we noted that Carers' Assessments are not routinely offered. We recommended that this is an area of practice that needs to be reviewed. In light of the Care Act (2014), Carers' Assessments should be offered and implemented as good working practice.

14. Leicestershire Partnership Trust (LPT) responded to the recommendations listed in the report and issued a media release (**Appendix 2**) containing feedback on the report findings and recommendations.

Recommendations to the Health and Wellbeing Board

15. The Health and Wellbeing Board is asked to note the findings and consider any actions for improvement of the service and the system as a whole outlined in the report.

16. The Board is asked to note that this report is to be presented at the:

- West Leicestershire Clinical Commissioning Group (WLCCG) Quality & Performance Committee (19 July 2016)
- Voluntary Action Leicestershire (VAL) Children, Young People & Families (CYPF) Forum (16 August 2016)

17. The Board is invited to suggest where else the report may be presented.

Officer to Contact

Vandna Gohil, Director
Telephone: 0116 257 5040
Email: vandna.g@healthwatchleics.co.uk

List of Appendices

17. Appendix 1 - Enter & View Report Child and Adolescent Mental Health Services (CAMHS) Unit

18. Appendix 2 - LPT Media Release: Independent report praises the quality of care given to young people at LPT's child and adolescent mental health services unit at Coalville Community Hospital

Relevant Impact Assessments

Equality and Human Rights Implications

19. Healthwatch Leicestershire is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.

20. Healthwatch Leicestershire is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.

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healthwatch Leicestershire

Enter & View Report

Child and Adolescent Mental Health Services (CAMHS) Unit

23 February 2016

Report Details

Address	**Coalville Community Hospital CAMHS Unit Ward 3 Broom Leys Road Coalville Leicester LE67 4DE**
Service Provider	**Leicestershire Partnership NHS Trust**
Service Commissioner	**NHS England**
Date and time of visit	**Tuesday 23 February 2016 11.30am-2.30pm**
Authorised representatives undertaking the visit	**1 – Team Leader 2 – Authorised Representatives 1 – Staff Lead**

Acknowledgements

Healthwatch Leicestershire would like to thank the service providers, service users and hospital staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Tuesday 23 February 2016. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time. This report is written by volunteer Enter & View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.

What is Healthwatch?

Healthwatch is the independent consumer champion to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Part of the local Healthwatch Programme is to carry out Enter & View visits.

What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, with Healthwatch staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery including staff views
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

- View a CAMHS Unit and see how it works
- Observe the delivery of care given to young people
- Observe what support is given to young people
- Insights on waiting times for admission and referral process
- Capture the experience of young people and staff of a CAMHS Unit

Strategic drivers

- Local Healthwatch remit covers the breadth of health and social care services children and young people might use, including Child and Adolescent Mental Health Services (CAMHS).
- The Government's ambition over the next five years (by 2020) to support improvements in Children and Young People's mental health and wellbeing services.
- There is an interest in the CAMHS Service from people across Leicestershire following the relocation to Coalville Hospital from Oakham House.

Methodology

This was an announced Enter & View visit.
We had previously visited Coalville Community Hospital as part of our Enter & View programme to Wards 1 & 2 on the 6 and 20 January 2016.

On the day of our visit to the Unit we met with the Ward Matron and staff members. We were welcomed by all the staff at the Unit who spent time with the Enter & View Team explaining how the Unit operates. We were given a tour of the Ward and its facilities. (We had approached the CAMHS Inpatient Manager about a pre visit to the CAMHS Unit - Ward 3, on the 20 January but unfortunately this was not possible).

This meant that our time to meet with young people was shorter than we planned as they were engaged in other activities or meetings. Notwithstanding this, we were able to gather some useful insights on the experience of young people in Ward 3.

Authorised representatives conducted conversations with staff members and spoke with young people about their experiences of the Unit and the care they have received. The authorised representatives explained to everyone they spoke to why they were there and left them with a Healthwatch Leicestershire leaflet.

A large proportion of the visit was observational, involving the authorised representatives observing the surroundings to gain an understanding of how young people engaged with staff members and the facilities.

Description of the CAMHS Unit - Ward 3

The Child and Adolescent Mental Health Services (CAMHS) Unit is based on Ward 3 of Coalville Community Hospital following the move from Oakham House in March 2015. The service is commissioned by NHS England (as from 2013) and is delivered and managed by Leicestershire Partnership Trust (LPT).

This is a CAMHS Tier 4 Unit. CAMHS Tier 4 units are specialised services that provide assessment and treatment for children and young people with emotional, behavioural or mental health difficulties. There are four tiers of care. Tiers 1 to 3 are community or outpatient-based and commissioned by Clinical Commissioning Groups (CCGs) and local authorities.

The CAMHS Unit is a 10 bed Ward providing care for young people aged 12 to 18 years who are experiencing mental health problems and are living within the East Midlands, and sometimes further afield. The service provides assessment, diagnosis and treatment of a range of conditions including psychosis, depression, anxiety related disorders, eating disorders and learning disability associated with mental health. Around 70 young people are admitted to this Unit every year and on average stay for six weeks.

The Unit has a number of facilities for use by the young people, which include, an on site school, outdoor gym, therapy kitchen, activity room, quiet room, extra care suite, lounge with a pool table and laundry facilities. There are separate toilets for males and females on the Ward.

All the young people at the Unit have agreed to come into the hospital voluntarily and are not detained under the Mental Health Act (2007).

Whilst most young people are informally admitted, there are some young people who are admitted and detained on the Ward under the Mental Health Act.

Summary of Findings

At the time of our visit, the evidence is that the Unit provides a very good standard of care.

- Young people told us that there is a positive relationship between them and the staff
- We have noted that the school cannot accommodate all the students to be taught together due to limited space
- We saw evidence of a well developed programme of activities (therapeutic and social) for young people
- Staff told us that Carers' Assessments are not routinely offered
- We observed thorough and detailed staff handover processes

Results of Visit

Entry and Access to the Unit

The team observed that access to the Unit was via key code system. All the internal doors are kept locked and staff have keys and fobs to access the rooms in the building. Staff and visitors are given a personal alarm while they are in the Unit.

The Enter & View Team were required to sign in and out at the main hospital reception and again in the Unit.

Waiting Rooms

There is a waiting room outside the Unit and another immediately inside which is used as a family room. The waiting room has information leaflets for visitors, comfortable furniture and water was available.

On the wall, there is a poster with a list of restricted items, which includes; mobile phones, aerosol cans, knives, plastic bags cigarettes, lighters and hair dye.
We also noted a board with photos and names of staff and a whiteboard that is updated each shift to tell visitors which staff are on duty.

There is a "Tell Matron" comment box for use by patients and family members with instructions for paying compliments, making complaints or for general comments. We were told by the staff that the Unit has received good comments and feedback from young people and visitors.

The Ward

On the day of our visit we were told that there were 11 young people staying on the Ward with one person choosing to stay on alternate nights.

We noted the centrally located nurses' station on the Ward that allows clear lines of sight in any direction for observations. From this vantage point, the lounge can be observed and the Enter & View team saw young people interacting informally with each other and gave the appearance that they had developed friendships during their stay.

In the lounge there is comfortable seating, a pool table, TV and DVD player, books and DVDs. There is also direct access to an outdoor area with grass and a patio area which included a mini gym with fixed exercise bikes and outdoor furniture for use by the young people.

Young People Dorms

We saw three single sex dorms in the Ward -one has 4 beds and two have 3 beds.. We were told that the number of people in each dorm depends upon the gender mix of the young people. Each young person has a bed, bedside cabinet and there is a large storage Unit with hanging space for clothing. There are curtains around each bed for privacy and a shower room in each dormitory.

We noted that there is a convex mirror on the ceiling in each of the dorms and were told this allows the staff to observe the young people in an unobtrusive manner.

The dorms are brightly painted and young people can have their own choice of pictures and posters on the wall above their beds. In each dorm there is a chalkboard wall where the young people can write their thoughts and feelings. We were told that staff monitor this. The dorms are kept locked during the day, however we were told that access can be requested at any time by a young person from the staff on duty.

Activities

We saw two timetables, one for education and one for activities organised by the Activity Co-ordinator.

There is an activity chart with weekly activities which include Young Peoples' meeting, pool tournament and quiz, baking group, DVD evening and swingball or games. In the corridors there are word and number puzzle displays.

The staff told us that the young people were involved in the choice and placement of the wall stencils and art in the corridors and common rooms. We noted that some of these are looking tired.

Current evidence of involvement included a large 'Thought Tree' located on one wall in the central area where young people have attached individual stickers with positive comments about their in-patient experience.

The young people are encouraged under supervision to do their own laundry, to once a week shop for and cook their own breakfast and occasionally are escorted to visit and use local recreational facilities.

Care, Support and Treatment

We were told that there is a pre-visit to the Ward before admission where information about what can be brought to the Unit is outlined. Each young person has a designated named nurse and associate nurse. There is also a welcome pack (containing a series of booklets) that sets out the details.

There is a weekly meeting which is a formal ward round that is attended by members of the multi-disciplinary team including medical, nursing, occupational therapy, psychology and education. The young person, and their parents and carers are also invited. It is noted that this is often not routine practice in all CAMHS mental health wards.

The consultant and nursing team also plan and deliver a Care Programme Approach (CPA) meeting every 4-6 weeks for each young person. At these CPA meetings, all appropriate individuals/ representatives are invited and this may include the CAMHS community team, parents/ carers and education staff. Skype sessions can be arranged for those unable to attend in person. We were told that social care were invited to attend the meetings but are not a regular feature in the CPA meetings.

We noted that there were three CPAs meetings taking place on the day of our visit.

Discharge Planning

We were told that discharge plans are discussed with the young people in CPA meetings and/ or Ward rounds.

We learnt that on average the length of stay is 42 days and during this period and when appropriate the young person is offered periods of leave in preparation for discharge.

We were told that most of the young people are discharged to a CAMHS Tier 3 Service, which may be the Area Team or the CAMHS Community Team. However, some young people may be discharged to a more secure/ intensive service.

There is support for parents and carers before discharge to enable the process to be as successful as possible. At aged 18 years any young person who needs to remain in care would move to an adult Ward in negotiation with adult Mental Health Services and their family.

The staff team told us that they make every effort to enable quick repatriation of out of county placements. The staff recognise the benefit of treating the young people nearer their home - better for families, the young people and their support network (including social and educational).

Waiting times and referrals

This Unit is part of the East Midlands Provision and we were told that the young people are admitted from across the East Midlands area with referrals coming from a range of sources including; A&E Departments, GP Practices and CAMHS Community Teams.

The staff told us that everything is done to organise co-location with other services. Young people who need high intensity intervention are sent to more specialised accommodation, e.g. specialist eating disorder service.

Admissions are taken using the clinical decision of the Consultant Psychiatrist and the Matron. There are planned admissions which give young people and their families an opportunity to visit the Unit and meet with staff before being admitted.

We were told that the Unit does not hold a waiting list but does operate a priority list. Bed occupancy is on a countrywide basis and is managed by Case Managers within NHS England. If there is an urgent need for an out of hours bed, the Ward sister and the deputies are contacted.

We asked about crisis admissions and staff told us that crisis admissions are usually from A&E who provide a referral form.

After our visit we sought further clarification from LPT for information on response times and they told us that the response times are outlined in their service specification as follows:

- Emergency referrals will be reviewed and responded to by a senior clinician within 4 hours and emergency assessment will be offered within 12 hours
- Urgent transfer referrals will be reviewed and responded to within 48 hours
- Routine referrals will be reviewed and responded to within 1 week

We were told that the Unit is not currently funded for a crisis team but work is underway with, Young People and their families, the CCGS and Local Authorities to design and develop a clinical model and supporting business case to develop a crisis and home treatment team for young people in mental health crisis in Leicester, Leicestershire and Rutland.

We were told that the overall number of serious incidents, which can include self-ligature or self-harm, has reduced since the move from Oakham House. Serious incident reports are generated to Leicestershire Partnership Trust (LPT) and every use of the extra care suite is reported. The extra care suite is used for those who need time out to deal with their increased stress and where some mental health assessments are completed. The extra care suite has a television, a storage room and a shower room.

All incidents are reviewed by the staff and we were told that appropriate action is taken and reported every month.

Staffing Levels

We wanted to know about the staffing levels at the Unit and were told that there is five staff on duty each morning, five in the afternoons and four at night.

For each shift, we were told that there are two qualified staff on duty. The ward matron is not part of the duty roster, and the deputy ward matrons are allocated an agreed number of 'management' days each month.

The staff team includes nursing staff, occupational therapists, activity coordinators, family therapists, psychotherapist, and dietician.

We were told that if extra or cover staff are needed they are usually taken from a list of bank staff. Very occasionally agency staff are used from an agency contracted by procurement. We were told that bank staff usage is 20%, with agency staff usage around 3%. We were told that staff members have been there for quite some years and there is a low turnover of staff. The low turnover provides for a better continuity of care – a feature that contributes to the positive relationships we observed between the staff and young people. We also noted a comment made by a young person that 'the staff were lovely, really supportive and the Unit feels like home'.

Staff have their own meetings to discuss reflective practice every other Tuesday, alternating with a training and staff development meeting. We were told that these meetings have an

external facilitator. The nurses also meet weekly, on a Friday, for an exchange of information and professional updates.

The Ward also supports nursing students from De Montfort University who spend part of their placement at the Unit.

Staff Shift Handover

The Enter and View Team was invited to sit in on the afternoon staff shift handover meeting. There were five members of staff at the meeting and they reviewed hard copy notes and electronic records for each young person currently at the Unit.

All the staff present appeared to be familiar with the handover process and where necessary were seeking appropriate clarification from their colleagues.

Handover discussion included; visits due by patients, arrangements for education sessions due to staff sick leave and appointments in the diary for the afternoon. Cover for staff off sick and a prior order for patients' medication was also noted.

The summaries of each young person's care plan mentioned any risk profiles. There was a concern expressed by a young persons' parent about access to social media whilst the young person is on leave from the Unit. The staff felt that a discussion with the young person and their parent in a family therapy session might be a useful way forward with this issue. A doctor from the Unit would phone the parent to discuss the concern raised.

The staff were advised that part of a broken knife had been found on the Ward. This was discussed and a more stringent check of cutlery after meals was instituted in addition to the routine risk assessments that are carried out before young people are allowed access to the kitchen with a member of staff.

The Enter & View team observed that the staff had genuine concerns about this incident and were committed to ensuring patient safety in the Unit.

Schooling arrangements

There is an onsite Children's Hospital School - a charitable trust that provides education for the young people. The Teaching Staff are employed by the Hospital School.

The Education Co-ordinator told us that there is limited space since the move to Coalville (one-third of their previous accommodation), which has meant that there is a rota in place for lessons, and not all the young people can be taught together.

All the young people at the Unit are involved in education. The school that the young person usually attends sets their academic work and the hospital school staff provide any support and motivation to achieve the desired outcomes.

We were interested to know how the school operated and were told that there is a shift system currently in place. The Education Co-ordinator told us that this affects the number of hours of education received as the school only offers 10+ hours of contact time with each student.

We were told by the staff that there is insufficient space for a library or a dedicated area for computers. The school provides Kindles for the young people and we were told these are popular and that the young people look after these.

Speaking to patients, relatives and carers

The staff spoke openly and freely to the Enter & View Team. We wanted to know their views on the move to Coalville and how they are adapting to the new Unit.

A general comment was that the move to Coalville went well and that the staff team are still in the process of adjusting to the reduced space.

The staff told us that single rooms on the Ward would be better for the young people to give them their own space but given the limited space for this temporary move space was needed for classrooms and staff offices. (It should be noted that communal living arrangements were preferred by two of the girls we spoke to).

We were told that discussions have begun on options for an alternative build or refurbishment being considered at a number of sites.

The staff room is separate from the Unit (within Coalville Community Hospital), which the staff felt was not ideal. They had told us they would prefer a room on the Ward so they are easily accessible and close to what is happening on the Ward.

Young people comments

We were able to speak to a quarter of the young people on the Ward - two girls and a boy. We asked the Young People their views and experience of the Unit. We asked them their views on the staff, how they were able to raise their issues and what they felt was good or not so good.

They told us that the staff were supportive and particular mention was made of the friendliness of the domestic staff.

The young people described the weekly group meetings on a Wednesday as very productive and where they can see their progress and talk to the staff about any issues or problems they are having. The young people spoke positively that everything is 'in the open' and there were no secrets about their care.

One young person told us that they had been discharged from the Unit before and had been admitted for treatment in other units and had come back to Coalville for further care.

This young person told us that this is the best Unit they had been to.

The young people told us that the staff made allowances for visitors who arrived out of visiting times and that this flexibility was appreciated.

We got a strong view from the young people that we spoke with that they liked the Unit and the feeling of home that it provides. The girls particularly liked the dorms as they liked having others to talk to and felt that they would be isolated if they were on their own. The boy would prefer his own room.

They told us they enjoyed the food and also the opportunity to shop for and cook for themselves.

The school provision was praised. A particular comment was that if a young person did not feel up to schoolroom attendance, schoolwork might be brought up to the lounge.

They appreciate the outdoor gym but would like an internal gym facility for the times of inclement weather. We were told that young people are only allowed mobile phone usage if they are out in the community and not on the Ward.

Parents and Carers

We were told that parents and carers are encouraged to speak to staff about their concerns and it is an important part of the process that families and carers feel supported.

Parents and carers are, with the consent of the young person invited to attend CPA meetings. If this is not possible staff will endeavour to have telephone discussions with them. In the waiting room there are information leaflets, one of which advises of the Carers Group (held every other week).

There are plans for a parents and carers group to be held at weekends when more family members can visit. There are also plans to introduce independent advocates for patients.

We were told that there has been some training for staff about support for carers, however, we noted that Carers' Assessments are not routinely offered.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that young people felt about the care and support provided. The following recommendations reflect the findings from the Enter & View visit:

1. The decoration and wall art in some of the corridors appeared tired and would benefit from being refreshed and engage the young people in ideas and brighten the corridors with new décor.
2. Although space is limited, consideration could be given to expanding the space allocated to the school.
3. Explore the scope to offer indoor gym activities at the present site or a new location.
4. Carers' Assessments are not routinely offered. This is an area of practice that needs to be reviewed. In light of the Care Act (2014), we would suggest that Carer Assessments are offered and implemented routinely as good working practice.
5. Continue to explore the possibility of commissioning a Crisis Team attached to this facility.

Service Provider Response

This report was agreed with the service provider as factually accurate. Leicestershire Partnership Trust have provided the following response to each of the recommendations:

1. Agreed. This is being taken forward by the Occupational Therapist and Activity Co-ordinators for the Ward.

2. The use of the occupational therapy room is always available to the school should they require it. This room is next door to the school room, and has a window between both the occupational therapy room and school room, which has been installed to aid vision and view.

3. Agreed. Our multi activity room is used for a number of purposes, including for dining and other activities. This will be taken forward by the Occupational Therapist and Activity Co-ordinators for the Ward.

4. Agreed. This will be taken forward by the Ward Matron and Lead Consultant and supported by the Senior Matron for Inpatients/ LD.

5. Agreed. Work continues with the Service Group Manager and clinical CAMHS teams to progress the development of a business case, and through the Future in Mind Transformational Plan for LLR to agree local funding.

Enter & View Report

Child and Adolescent Mental Health Services (CAMHS) Unit

23 February 2016

Distribution

The report has been distributed to the following:

- CAMHS Unit - Ward 3 Coalville Community Hospital
- Leicestershire Partnership Trust (LPT)
- University Hospitals of Leicester (UHL)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- LCC Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

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Leicestershire Partnership NHS
NHS Trust

MEDIA RELEASE

23 May 2016
FYPC_13_16

Independent report praises the quality of care given to young people at LPT's child and adolescent mental health services unit at Coalville Community Hospital

Leicestershire Partnership NHS Trust (LPT) has welcomed an inspection report carried out by independent watchdog Healthwatch Leicestershire.

The Healthwatch team visited the Child and Adolescent Mental Health Services (CAMHS) Unit at Coalville Community Hospital on 23 February 2016 with the aim of observing the delivery of care and support given to young people, and capturing the experience of young people and staff at the unit.

The inspection team found evidence of a very good standard of care, with young people confirming that they have a positive relationship with staff. Other findings included that:

- there is a well-developed programme of activities (therapeutic and social) for young people
- thorough and detailed staff handover processes are in place.

Some recommendations were made as a result of the visit. Firstly, the Healthwatch team asked LPT to refresh the decoration in the corridors, something which is already being taken forward by the ward's occupational therapists and activity co-ordinators in consultation with the young people. The occupational therapists and activity co-ordinators are also exploring the possibility of offering indoor gym activities in the multi-activity room, another point identified in the report.

Healthwatch suggested that the area allocated to the school be expanded (while recognising that space is limited), as currently it is not possible to accommodate all the students being taught together. This is an issue that has already been acknowledged by LPT, and the occupational therapy room is always made available to the school, with a window having been installed between the two rooms to facilitate this. Finally the team recommended that carers' assessments be routinely offered, and that LPT explore the possibility of commissioning a crisis team attached to the Coalville facility. LPT agreed to take action in relation to carers' assessments, and work continues to progress the development of a business case for a crisis team in order to secure local funding.

Adam McKeown, Head of Service, Children and Families, said: "I am delighted that the Healthwatch team were able to see first-hand the high quality care provided at the unit, and I'm very proud that the young people they spoke to praised the relationships they are able to build with our staff. We will continue to take steps to address the recommendations made in the report."

The CAMHS Unit at Coalville is a 10 bed Ward providing care for young people aged 12 to 18 years who are experiencing mental health problems and are living within the East Midlands, and sometimes further afield. The service provides assessment, diagnosis and treatment of a range of conditions including psychosis, depression, anxiety related disorders, eating disorders and learning disability associated with mental health. Around 70 young people are admitted to this Unit every year and on average stay for six weeks.

Healthwatch is the independent consumer champion tasked with gathering and representing the views of the public. It has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

ENDS

NOTES TO EDITORS

- Leicestershire Partnership NHS Trust (LPT) provides a range of health and wellbeing services mainly for people living Leicester, Leicestershire and Rutland. The Trust serves a population of one million, has a budget in excess of £267 million and employs approximately 5,400 staff. For more information visit: www.leicspart.nhs.uk.
- **For further information contact:** Rosie Huckle, Communications Specialist, Leicestershire Partnership NHS Trust, Tel: 0116 295 0802, Email: rosie.huckle@leicspart.nhs.uk

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Agenda Item 12

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF THE DIRECTOR OF HEALTH AN CARE INTEGRATION

BETTER CARE FUND QUARTERLY PERFORMANCE REPORTING

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with assurance on the quarterly reporting requirements for the Better Care Fund (BCF) including the pay for performance element of the fund, which is linked to achieving reductions in emergency admissions.

Policy Framework and Previous Decisions

2. The Health and Wellbeing Board approved Leicestershire's BCF Plan in September 2014. (http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3984&Ver=4)

3. The day to day delivery of the BCF is overseen by the Leicestershire Integration Executive as agreed by the Health and Wellbeing Board in March 2014. (http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3981&Ver=4). The Integration Executive Terms of Reference have been refreshed, and were approved by the Health and Wellbeing Board in November 2015.

4. NHS England issued BCF implementation guidance on 20th March 2015 (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/) set out the requirements for quarterly reporting along with the draft templates and analytical tools that are required to be used for this purpose.

5. In March 2015 Leicestershire County Council and the county Clinical Commissioning Groups entered into a Section 75 Agreement to govern the BCF pooled budget, with the agreement coming into effect on April 1st 2015:
   • Cabinet – 15th April 2015
   http://politics.leics.gov.uk/Published/C00000135/M00003992/AI00038821/$8BCFSection75AgreementV5Cabinetreport15July2014.docxA.ps.pdf
   • East Leicestershire and Rutland CCG – 17th March 2015
   http://www.eastleicestershireandrutlandccg.nhs.uk/images/board-papers/March2015_Papers%20Governing%20Body.pdf
   • West Leicestershire CCG – 31st March 2015
   http://www.westleicestershireccg.nhs.uk/page/extra-ordinary-board-meeting-31-march-2015

6. In April 2015 the Clinical Commissioning Groups submitted operating plans to NHS England demonstrating the commitment to reduce emergency admissions associated with the BCF. These documents confirm the level of emergency admissions that have been contracted for with acute NHS providers in 2015 on this basis.

Background

7. In line with national requirements, the September 2014 submission of Leicestershire's BCF plan included a target to reduce the number of emergency admissions by 3.5% during 2015.

8. At the time, total predicted emergency admissions for January to December 2015 were 54,594 with a target reduction through the BCF interventions of 1,911 (3.5%) to 52,683.

9. As the total amount of emergency admissions actually increased during 2014/15 (a trend experienced nationally), it was agreed to amend the 2015 target using revised baseline data.

10. The revised target continues to represent a 3.5% reduction, however using the new baseline this means a reduction from 58,314 to 56,273 total emergency admissions is needed through the BCF interventions, which equated to a reduction of 2,041 admissions.

11. This amended baseline was recommended by the Integration Executive in February 2015 and approved by the Health and Wellbeing Board in March 2015 and has been reflected in CCG operating plans.

Analysis of Performance for 2015/16

12. The full reporting period for reducing emergency admissions via the BCF was for January to December 2015.

13. The data showed that the total number of emergency admissions was 2,973 admissions above the planned/contracted levels for Leicestershire's population for 2015.

14. It should be noted that there are multiple factors that affect the total number of emergency admissions within Leicestershire, not all of which can be influenced by/ mitigated by the interventions in the BCF Leicestershire's BCF Plan.

15. The table below summarises the final position for 2015:

	Jan to Mar 2015	Apr to Jun 2015	Jul to Sep 2015	Oct to Dec 2015	Total
Planned Activity	13,746	13,909	14,209	14,409	56,273
Final Activity	14,303	14,758	14,785	15,400	59,246
Activity Variance	**557**	**849**	**576**	**991**	**2,973**

16. Leicestershire's BCF plan included four schemes which together were targeted to reduce emergency admissions by 2,041 during 2015. Each scheme was allocated a proportion of the emergency admissions.

17. Between January and December the four schemes avoided 1,581 emergency admissions.

Financial Year End Position

18. During 2015/16, expenditure on the BCF plan was £38.3m against a plan of £38.9m. The underspend of £532k was due a combination of factors:

    a. Delays in new schemes being commissioned.

    b. Schemes in the BCF plan that, following discussion with partners, it was agreed not to proceed.

    c. General underspends in schemes, for example due to staff turnover and vacancies.

19. The underspends were partially offset by the commissioning of additional schemes, not in the original plan, that contributed towards the achievement of BCF metrics.

20. The pay for performance element of the BCF plan totalled £3m. Following the Integration Finance and Performance Group in August 2015, it was agreed that:

    a. From the £3m pay for performance fund (risk pool), £1m would be retained by the CCGs to recognise the over performance in non-elective admissions. The remaining £2m was paid into the BCF in recognition of the contribution made by the four admissions avoidance schemes.

    b. £800k was released from the reserve in 2015/16, by agreement with the CCGs to:

        i. Invest in further developments to reduce non-elective admissions and/or
        ii. Invest in winter resilience.

Process to submit the BCF quarterly report to NHS England

21. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by 27th May 2016, summarising the final position for 2015/16.

22. The template also required the provision of information on a number of other BCF metrics which include:

    a. Permanent admissions to residential care.
    b. Effectiveness of reablement.
    c. Delayed transfer of care.
    d. Patient experience.
    e. Emergency admissions for injuries due to falls (local metric).

23. The Integration Executive reviewed the completed template at their meeting on 24th May and submitted the required information to NHS England on 27th May on behalf of the Health and Wellbeing Board.

Recommendations

24. The Board is recommended to note the contents of the report and that the final 2015/16 quarterly return was approved by the Integration Executive on 24th May, and submitted to NHS England on 27th May.

Officer to Contact

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Relevant Impact Assessments

Equality and Human Rights Implications

25. Developments within the BCF Plan are subject to equality impact assessment and the evidence base supporting the BCF plan has been tested with respect to Leicestershire Joint Strategic Needs Assessment.

Partnership Working and associated issues

26. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

27. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.

28. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the five year plan to transform health and care in Leicestershire, known as Better Care Together http://www.bettercareleicester.nhs.uk.

Agenda Item 13

Leicestershire County Council

HEALTH AND WELLBEING BOARD: 7 JULY 2016

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES

TERMS OF REFERENCE FOR THE SUPPORTING LEICESTERSHIRE FAMILIES EXECUTIVE

Purpose of the Report

1. The purpose of this report is to present the terms of reference for the Supporting Leicestershire Families Executive for approval.

Recommendation

(a) That the Terms of Reference for the Supporting Leicestershire Families Executive be approved;

(b) That those partner organisations which have not yet nominated a representative to serve on the Supporting Leicestershire Families Executive be asked to do so as soon as is reasonably practicable.

Policy Framework and Previous Decisions

2. Supporting Leicestershire Families (SLF) is part of the National Troubled Families Programme launched in December 2011.

3. In June 2012 Leicestershire County Council's Cabinet agreed the SLF Service model and the allocation of resources for the Service and noted the contributions expected from partner agencies. In April 2013 Cabinet received a report on the introduction of the SLF Service.

4. Update on the progress of SLF was presented to the County Council's Scrutiny Commission on 5th June 2013 and Children and Families Overview and Scrutiny Committee on 20th January 2014.

5. In September 2014 a report was presented to the Health and Wellbeing Board with an overview and update on the work of the Supporting Leicestershire Families Service and broader Troubled Families programme.

6. A further report was presented to the Health and Wellbeing Board in March 2016 which proposed that the governance for the Supporting Leicestershire Families Programme moved to the Health and Wellbeing Board. At this meeting it was also agreed that a subgroup of the Health and Wellbeing Board be established with responsibility for taking this area of work forward.

Terms of Reference

7. The draft Terms of Reference for the Supporting Leicestershire Families Executive are attached as Appendix 1 to this report. They propose that the purpose of the body will be to provide leadership, direction and assurance, on behalf of the Leicestershire Health and Wellbeing Board, to the Supporting Leicestershire Families Programme to ensure that it is delivered effectively and in line with national policy and local priorities.

Membership

8. The proposed membership of the Supporting Leicestershire Families Executive is set out in the terms of reference. A request has been sent out to partner organisations to seek nominations to serve on the body.

Background Papers

Report to the Health and Wellbeing Board 10 March 2016: Supporting Leicestershire Families Sustainability - http://ow.ly/V1V8301ICYp

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TERMS OF REFERENCE
FOR THE SUPPORTING LEICESTERSHIRE FAMILIES EXECUTIVE
JUNE 2016

Purpose of the Supporting Leicestershire Families Executive

The purpose of the Supporting Leicestershire Families Executive is to provide leadership, direction and assurance, on behalf of the Leicestershire Health and Wellbeing Board, to the Supporting Leicestershire Families Programme to ensure that it is delivered effectively and in line with national policy and local priorities.

Terms of Reference

The Supporting Leicestershire Families Executive will have the following role and duties:-

(a) To agree the scope of the Supporting Leicestershire Families Programme, setting the scale of ambition and pace needed for delivery.

(b) To develop a programme plan for approval by the Health and Wellbeing Board to ensure delivery of all components of the Supporting Leicestershire Families programme to agreed milestones and to undertake the implementation of this plan.

(c) To make recommendations as appropriate to the Health and Wellbeing Board on the allocation of the resources necessary to deliver the Supporting Leicestershire Families Service.

(d) Develop pooled arrangements for the Supporting Leicestershire Families programme for approval by the Health and Wellbeing Board.

(e) Set delegated limits for approval of variation of expenditure within the Supporting Leicestershire Families pooled budget and review these on an annual basis.

(f) To make recommendations to the Health and Wellbeing Board on the form of service provision for Supporting Leicestershire Families, including the balance between third party and provision by local public agencies.

(g) To agree the contractual arrangements for any third party provision including payment by results.

(h) To develop a risk register for the Supporting Leicestershire Families programme and implement the necessary risk mitigation plans across the programme, with connectivity to the corporate governance systems in partner agencies.

(i) To agree a performance framework for the Supporting Leicestershire Families Programme, including for payment by results funding, and monitor performance against this framework.

(j) To consider and address any barriers to achieving the aims of Supporting Leicestershire Families.

(k) To ensure that Supporting Leicestershire Families services maintain a high level of safeguarding of children, young people and vulnerable adults.

(l) To support services to adopt an ‘Act Family’ approach.

(m) To identify opportunities to integrate with other place/partner initiatives (Leicestershire and wider) where there are benefits.

(n) To integrate/align commissioning opportunities with other partners where greater value can be obtained.

(o) In conjunction with the Health and Wellbeing Board, to direct a communication and engagement plan about Supporting Leicestershire Families, targeted to a wide range of stakeholders across the health and care system, with particular emphasis on the needs of the public and local councillors.

Membership of the Supporting Leicestershire Families Executive

- Cabinet Lead Member for Children and Families
- Director of Children and Families Services, LCC
- Representative of Adults and Communities Department, LCC
- Representative of the Office of the Police and Crime Commissioner
- Director representative from West Leicestershire CCG
- Director representative from East Leicestershire and Rutland CCG
- Clinical Chairs (or their designates) of WLCCG and EL&RCCG
- Director representative from UHL
- Director representative from LPT
- Elected Member representative from District Councils
- Officer representative from District Councils
- Department of Work and Pensions
- Director of Public Health representative
- Voluntary Sector representation

Meeting Frequency

Meetings will take place quarterly

Chair

Cabinet Lead Member for Children and Families at Leicestershire County Council

Meeting Administration

Meetings will be administered by Democratic Services at Leicestershire County Council

The agenda and papers will be issued no later than 4 working days in advance unless later circulation has been authorised by the Chair (exceptional circumstances).

Location of Meetings

Leicestershire County Council Committee Rooms

Quoracy

In order to meet and conduct routine business 6 members must be present of which at least:

- 1 must be a health representative
- 1 must be a representative from Leicestershire County Council
- 4 must be from partner organisations not named in the previous 2 bullet points.

Reporting Arrangements

The Supporting Leicestershire Families Executive will submit to the Health and Wellbeing Board:-

- At least quarterly reports on the performance of the Supporting Leicestershire Families Programme;
- At least annually a report on the use of resources in support of the Supporting Leicestershire Families Programme.

The Supporting Leicestershire Families Executive will report as appropriate to regional and national assurance systems for the programme.

The Supporting Leicestershire Families Executive will ensure that risk is escalated as appropriate to the relevant partners, subject to the appropriate reporting mechanisms to the Health and Wellbeing Board, and will satisfy any internal or external audit requirements of relevant partners.