Meeting:	**Adults and Communities Overview and Scrutiny Committee**
Date/Time:	**Tuesday, 14 November 2017 at 2.00 pm**
Location:	**Sparkenhoe Committee Room, County Hall, Glenfield**
Contact:	**Miss. G. Duckworth (0116 305 6226)**
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Membership

Mr. T. J. Richardson CC (Chairman)

Dr. P. Bremner CC	Mr. D. Jennings CC
Ms. L. Broadley CC	Mr. W. Liquorish JP CC
Mr. M. H. Charlesworth CC	Mr. J. Miah CC
Mrs. H. J. Fryer CC	Mr T. Parton CC

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

AGENDA

<u>Item</u>   <u>Report by</u>

1. Minutes of the meeting held on 12 September 2017   (Pages 5 - 10)

2. Question Time.

3. Questions asked by members under Standing Order 7(3) and 7(5).

4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.

5. Declarations of interest in respect of items on the agenda.

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

7.   Presentation of Petitions under Standing Order
      36.

8.   Delayed Transfers of Care   Director of Adults   (Pages 11 - 22)
                                                    and Communities

9.   Impact on Adult Social Care of the National   Director of Adults   (Pages 23 - 26)
      Living Wage and Payments to Staff for Sleep- and Communities
      In and Live-In Care

10.   Draft Leicester, Leicestershire and Rutland   Director of Adults   (Pages 27 - 92)
      Carers Strategy 2018-2021   and Communities,
                                                    Director of
                                                    Children and
                                                    Family Services
                                                    and Director of
                                                    Public Health

11.   Adults and Communities Local Account   Director of Adults   (Pages 93 - 110)
      2016/17   and Communities

12.   Date of next meeting.

      The next meeting of the Committee is scheduled to take place on 16
      January 2018 at 2.00pm

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

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

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

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

Key Questions:

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

If it is a new service:

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

If it is a reduction in an existing service:

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

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Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 12 September 2017.

PRESENT

Mr. T. J. Richardson CC (in the Chair)

Ms. L. Broadley CC
Mr. M. H. Charlesworth CC
Mrs. H. J. Fryer CC

Mr. Max Hunt CC
Mr. D. Jennings CC
Mr. W. Liquorish JP CC

In attendance

Mr. R. Blunt CC, Lead Member for Adults and Communities
Dr. K. Feltham CC, Cabinet Support Member

15. Minutes

The minutes of the meeting held on 20 June 2017 were taken as read, confirmed and signed.

16. Question Time.

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

17. Questions asked by members under Standing Order 7(3) and 7(5).

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

Dr T Eynon CC had submitted comments and questions relating to the Update on the Implementation of the Communities and Wellbeing Strategy 2016-2020 (minute number 26 refers). These questions would be responded to when that item was discussed.

18. Urgent Items

There were no urgent items for consideration.

19. Declarations of interest in respect of items on the agenda.

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.

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

There were no declarations of the party whip.

21. Presentation of Petitions under Standing Order 36.

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

22. Change to the Order of Business

The Chairman sought and obtained the consent of the Committee to vary the order of business from that set out on the agenda.

23. Leicestershire and Rutland Safeguarding Adult Board Annual Report 2016/17

The Committee considered the report of the Independent Chair of the Leicestershire and Rutland Safeguarding Adults Board presenting the draft Annual Report 2016/17 of the Board for consultation and comment. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

In introducing the report, the Independent Chair detailed the work that had been undertaken during 2016/17 and the key messages from the Safeguarding Adults Board for Leicestershire. Arising from the discussion, the following comments were made:-

- A query was raised around Deprivation of Liberty Standards (DoLS) asking whether there was evidence that urgent cases and those that had been outstanding for some time had been dealt with. Assurance was given that the Department followed national guidance regarding the prioritisation of cases and that urgent or longstanding cases were addressed first. Partners were interpreting the law around DoLS correctly which was the reason for the high volume of cases. However, all cases were risk assessed and any concerns were addressed.

- The Board's relationship with other organisations was questioned, in particular local universities in terms of whether they promoted the safeguarding of students. Consideration would be given to partnership arrangements, but there was an expectation that where vulnerable adults in university required additional support, there would be a relationship between the university and the appropriate organisation to ensure that support was being provided. It was stressed that the Board had an overview role but if a specific area of safeguarding concern was identified, this would be looked into. The Adults and Communities Department also targeted resources at those known to be at risk, and this should include students.

- It was stated that there were examples of partnership working between Local Safeguarding Boards and other organisations across the country from which lessons could be learnt. It was recommended that the Independent Chair of the Safeguarding Board contact the local universities to establish a partnership link and to ensure that they were aware of the Safeguarding Board and its work, including its procedures.

RESOLVED:

(a) That the Leicestershire and Rutland Safeguarding Adults Board Annual Report 2016/17 be noted;

(b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 15 September.

24. Annual Adult Social Care Complaints and Compliments Report 2016/17

The Committee considered a report of the Director of Adults and Communities which provided a summary of the complaints and compliments for Adult Social Care Services commissioned or provided by the Adults and Communities Department in 2016/17. A copy of the report, marked 'Agenda Item 8' is filed with these minutes.

The Cabinet Lead Member, in introducing the item, gave assurance that the Department wanted to learn from the complaints it received and used these positively to improve the service. Arising from the discussion, the following points were raised:-

- A query was raised around the fact that a large number of complaints were dealt with locally and therefore outside of the formal complaints procedure. It was very much dependent on the issue that was being raised as to how it was dealt with, but assurance was given that officers would never try to prevent an issue going through the formal complaints procedure if this was necessary.

- There was concern around potential trends in relation to local issues. It was felt that there could be instances where a complaint that was dealt with locally could also be raised in other localities, and there should be a mechanism to highlight this to service managers so that the issue could be dealt with on a service-wide basis. It was stated that issues were picked up and dealt with through the most appropriate channel, for example some complaints were dealt with directly by the Director of Adults and Communities, the Quality Assurance Team would address issues around providers, and there were other areas where activity was monitored. There were also regular meetings of the Service Manager groups where complaints and issues were shared.

- It was felt that the recording of formal complaints might not provide Members with a complete picture of performance due to the number of informal complaints dealt with and the fact that these would not be recorded. It was stated that officers would escalate an informal complaint if they were not satisfied that it had been resolved fully. However, it would be difficult to record the number of informal complaints that were dealt with immediately as these were not entered into the database in a way that could be easily analysed. The process was generally managed well as a culture was being developed whereby managers forwarded complaints into the system where necessary.

- Lead Practitioners had been appointed earlier in the year and these were currently developing their role and work programme, for approval by the Departmental Management Team. It was intended that the Lead Practitioners would influence the development of practice, including through analysis of complaints and identification of trends.

- It was queried whether there were any statistics indicating where formal complaints had been resolved in the first instance. Some data was available around contacts, and details would be recorded where there had been interactions. However, it would be possible to add a further recording layer.

RESOLVED:

To note the contents of the Adult Social Care Complaints Annual Report, covering the period 1 April 2016 to 31 March 2017.

25. Performance Report 2017/18 - Position at Quarter 1

The Committee considered a joint report of the Chief Executive and the Director of Adults and Communities presenting an update of the Adults and Communities Department's performance at the end of quarter one for 2017/18. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

RESOLVED:

That the update of the Adults and Communities Department's performance at the end of quarter one be noted.

26. Update on the Implementation of the Communities and Wellbeing Strategy 2016-2020

The Committee considered a report advising the Cabinet of the work undertaken to implement the Communities and Wellbeing Strategy 2016-2020, and of the actions that would be progressed to enable the next phase of implementation. A copy of the report, marked 'Agenda Item 10' is filed with these minutes.

In his introduction to the report, the Director responded to comments and questions that had been submitted by Dr Eynon CC, the Local Member. A copy of her submission is appended to these minutes. With regard to enabling primary care professionals to register patients for SMART libraries, the Committee was advised that a link between the professionals in localities and libraries would be encouraged to enable them to help people register at their local library.

Regarding the future of the Century Theatre, the Director advised that the Cabinet was being recommended to approve further work, including consultation with a wide range of stakeholders, on the options for maintaining the theatre. The outcome of consultation and proposed way forward would be presented back to this Committee and submitted to the Cabinet for approval.

The Cabinet Lead Member, in introducing the item, confirmed the importance of the Communities and Wellbeing Service. He felt that every proposal in the report would result in an improved service as well as efficiencies and his intention was for the service to be an exemplar. He reminded members that SMART library technology had been piloted following best practice from elsewhere in the country. It would be important for the Council to continue to provide a service that people wanted to use. He encouraged members to volunteer to use the SMART library technology in order to advocate using the service.

Arising from the discussion the following points were raised:-

(i)   Members were encouraged by the results from the pilot of SMART library technology at Syston library and gave their support to the proposal to roll this out to the sixteen market town and shopping centre libraries. Some concern was expressed regarding the safety of library users and the possibility of theft during unmanned hours but the Committee was assured

that there would be CCTV installed at each library, which would be monitored by Hub Library and County Hall at weekends. Each library would have an individual risk assessment prior to rolling out the scheme. It was stressed that those using the SMART library technology would have to register to use the service and would need a pass to access the library out of normal hours. An induction process would be delivered to all those taking part. It was also noted that libraries would still be staffed at specific times, when it was known that certain groups would be more likely to be using the library, for example children and people with a disability. A mixture of engagement and usage patterns would be considered to determine when these times were.

(ii)   Members noted the success of community managed libraries, which they felt provided an improved service with stronger links to the community. It was suggested that consideration be given to introducing more community involvement in the libraries where SMART technology was being rolled out.

(iii)   The Committee was pleased to note the intention to continue with the mobile library service as part of the Council's commitment to providing a comprehensive library service. However, concern was raised around the statistics relating to the usage of the mobile library and Members agreed that it was necessary to review the current routes to ensure that it provided the most efficient service. An impact assessment would need to be carried out to ensure that the effects of any changes to the service on particular groups such as parents of young children and older people with mobility issues were mitigated.

(iv)   It was confirmed that the library stock was centrally managed with local distribution of books and that more investment was being made in online borrowing as this was a growth area. Members observed that most schools now had their own libraries and it would be important to liaise with schools regarding library stock. It was suggested that there might be a possibility for the mobile library service to be removed from areas where its largest audience was school children.

(v)   With regard to the Collections Hub, it was acknowledged that space within the current location was an issue. It was agreed that the Hub needed to be developed in an accessible location, preferably close to the City and County boundary, but this had not yet been identified. The Leader of the County Council and the City Mayor had both indicated support for a location which was accessible to both County and City residents between the two authorities. A further report would be presented to the Committee before a full business case was submitted to the Cabinet in 2018.

(vi)   Members agreed that the Green Plaque Scheme was an excellent initiative that should remain. The Cabinet Lead Member stressed that it was the intention to continue with the Scheme, but with less intensity. It was hoped that efficiencies could be identified in the way that the scheme operated in the future.

(vii)   It was felt that the Art in Schools collections should form part of the Communities and Wellbeing Strategy. This would enable a further review

to be undertaken with a view to consolidating the collection and achieving efficiency savings.

The following motion was moved by Mr Hunt CC and seconded by Mr Richardson CC:

'That the Cabinet be recommended to approve a further review of the art collections to consolidate the collection and achieving efficiency savings'.

The motion was put and carried unanimously.

RESOLVED:-

(a) That the comments of the Committee be forwarded to the Cabinet for consideration at its meeting on 15 September 2017

(b) That the Cabinet be recommended to approve a further review of the art collections to consolidate the collection and achieving efficiency savings.

27. Date of Future Meetings

It was noted that the next meeting of the Committee would be held on 14 November 2017 at 2.00pm.

Future meetings of the Adults and Communities Overview and Scrutiny Committee will be held at 2.00pm on the following dates:-

16 January 2018
6 March 2018
5 June 2018
11 September 2018
13 November 2018

2.00 – 3.40pm   CHAIRMAN
12 September 2017

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 14 NOVEMBER 2017

DELAYED TRANSFERS OF CARE

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1   The purpose of this report is to provide members of the Committee with information on Delayed Transfers of Care (DTOCs) relating to residents of Leicestershire, including the implications of new national requirements imposed by NHS England, as part of the Better Care Fund (BCF) Policy.

2   The report details the performance targets imposed on the County Council, together with the impact of not meeting the targets, our current performance locally, and the work being undertaken by the Adult and Communities Department in conjunction with NHS partners to reduce delays and meet the required target.

Background

3   The BCF Policy Framework was introduced by the Government in 2014, with the first year of BCF Plan delivery being 2015/16.

4   The requirement to deliver improvements in managing transfers of care is one of the national conditions for the BCF, as set out in the *Integration and Better Care Fund Policy Framework 2017/18 – 2018/19*, which applies to BCF Plans with effect from April 2017 (https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019).

5   In terms of the national conditions targeted to managing transfers of care, each local BCF Plan must provide evidence of how the Local Government Association (LGA)/NHS 'High Impact Change Model – Managing Transfers of Care' for improving hospital discharge are being implemented locally. The High Impact Changes Framework provides a basis for each health and care system to assess their local position and identify where further changes are needed so that all the evidence-based and recommended interventions are made.

6   The LGA/NHS 8 High Impact changes for effective management of transfers of care are:

- Early discharge planning; systems to monitor patient flow;
- Multi-disciplinary /multi agency teams to ensure co-ordination and shared responsibility;
- Home First/Discharge to assess provision that provides reablement and bridges the gap between hospital and home;
- Seven day services to ensure effective flow of patients through the systems;

- Trusted assessors to avoid duplication and speed up assessment times;
- Focus on choice to enable early consideration of options;
- Enhancing health in care homes in order to reduce unnecessary admissions to hospital.

7   In July 2017, after a lengthy national delay, technical guidance was published by NHS England for the preparation and submission of BCF Plans for the period 2017/18–2018/19. This technical guidance included new requirements for improving delayed transfers of care with challenging expectations placed on each Health and Wellbeing Board area in terms of the rate of improvement to be achieved during 2017/18.

8   On 15 September 2017, the Cabinet noted the revised targets for improving performance on DTOCs across Leicester, Leicestershire and Rutland (LLR) by March 2018 and the risk that the poor performing areas which fail to implement such improvements could be subject to Care Quality Commission (CQC) review and potentially face a withdrawal of that national funding.

9   On the 10 October 2017, via a report to Leicestershire County Council's Cabinet and by agreement across the partnership, the Council reluctantly accepted the target imposed by NHS England, due to the significant financial risk to the Council should the target not be accepted, together with the ongoing significant financial risk should the target not be met by November 2017. Leicester City and Rutland Councils responded similarly.

10   While the exact arrangements in relation to financial penalties have not been confirmed, it has been made clear that council areas who do not meet the target by November 2017 could have funds withheld from their BCF pooled budgets in 2018/19. This could affect either the new Improved BCF (iBCF) grant that the Council received in 2017/18 (£9m in Leicestershire) or a larger sum from the core BCF pooled budget (up to £22m in Leicestershire), the element of the fund that Clinical Commissioning Groups (CCGs) contribute in support of adult social care services.

11   The main acute care hospital sites locally are University Hospitals of Leicester [UHL] (based on three sites at Leicester Royal Infirmary, Leicestershire General Hospital and Glenfield Hospital), with Leicestershire Partnership NHS Trust (LPT) providing inpatient mental health, learning disabilities and community services at the Bradgate Unit, Agnes Unit, Evington and Bennion Units, as well as a range of community hospitals sites (for example, Coalville, Hinckley, Loughborough and Market Harborough).

Definition of a Delayed Transfer

12   A delayed transfer of care is defined as follows – it can apply to any patient in any inpatient bed (whether acute or non-acute, including community and mental health care) and occurs when it is agreed professionally that a patient is ready to depart from the inpatient setting, but is still occupying a bed. A patient is defined as ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer;
- a multi-disciplinary team (MDT) decision has been made that the patient is ready for transfer;
- the patient is safe to discharge/transfer.

13   A MDT in this context should be made up of people from different professions, including social workers where appropriate, with the skills and expertise to address the patient's ongoing health and social care needs. If there is any concern that a delay has been caused by the actions or inactions of a local authority, they should be represented in the MDT. The way that the team is organised and functions is fundamental to timely discharge and to the patient's wellbeing.

14   Patients who are unable to leave a hospital setting when they no longer require acute care, specialist care or rehabilitation in a community hospital bed prevent the effective flow through the hospital system and impact on other standards such as the four hour accident and emergency wait times and ambulance performance. Given the demography of LLR and number of both acute, non-acute and out of county hospital sites, the health and social care system across LLR is one of the most challenged and complex systems of any of the 153 English Council areas whose performance along with that of their partner NHS organisations is regularly assessed by NHS England.

15   Information about DTOCs is collected across all inpatient units on the Monthly Delayed Transfers Situation Report (SitRep) return. The focus of the return is to identify patients who are in the wrong care setting for their current level of need and this includes any patients waiting for external transfer in all NHS settings, irrespective of who is responsible for the delay.

16   The data is captured in three categories: patients who are delayed due to NHS reasons, patients who are delayed due to Local Authority reasons, and patients whose delay is jointly attributable.

17   NHS England DTOC guidance applies to both acute and non-acute patients, including community and mental health patients. This is irrespective of whether the delay is potentially reimbursable and which organisation is responsible for the delay.

18   The Care Act 2014 updates and re-enacts the provisions of the Community Care (Delayed Discharges etc) Act 2003, which set out how the NHS and local authorities should work together to minimise delayed discharges of NHS hospital patients from acute care.

19   The NHS is still required to notify relevant local authorities of a patient's likely need for care and support and (where appropriate) carer's support, where the patient is unlikely to be safely discharged from hospital without arrangements for such support being put in place first (an assessment notice). The NHS also has to give at least 24 hours' notice of when it intends to discharge the patient (a discharge notice).

20   In contrast to the overall recording of delays, the assessment and discharge notifications required under the Care Act only apply to NHS patients receiving acute care.

21   In April 2017, NHS England announced changes to reporting delayed transfers of care in both the Unify collection system and Mental Health services data set. These changes aim to clarify the coding of delays across patient groups and ensure data returns are specific to groups such as mental health service users.

22   It is critical that delays are agreed at the local level between partner agencies and that the correct codes are used when making a return onto the Unify system or the Mental Health services data set.

23   For effective coding and DTOC validation, figures on delayed transfers of care must be agreed with the Directors of Adult Social Services (DASS), in particular those whose residents are regular users of hospital services. NHS bodies will need to have a secure and responsive system with local care and support partners, which will enable these figures to be agreed by an appropriate person acting in the authority of the DASS within the necessary timescale for returning data.

Current position

Implications of national targets

24   The national target set by NHS England is that no more than 3.5% of occupied bed days should be coded as delayed nationally, by November 2017.

25   This target has been apportioned across each Health and Wellbeing Board area and translated into a rate per 100,000 population per day for each local area.

26   Leicestershire is required to achieve a rate of no more than 6.84 beds days delayed per day per 100,000 population by November 2017 in order to meet the national percentage.

27   The Leicestershire rate has been broken down into the three components of the target as shown in the table below:

	NHS Delays	LA Delays	Joint	Total
Performance at August 2017	6.76	1.26	1.49	9.51
Target for November 2017	3.78	1.33	1.73	6.84

28   It should be pointed out that the County Council's Cabinet and other members have expressed serious concern at the risk of financial penalty to the Council arising from delays attributable to NHS bodies and not to social care performance.

29   The locally agreed Leicestershire BCF trajectory was profiled to achieve the national target no later than March 2018, as it was recognised at the time of this target being set that it was highly unlikely to be achieved by November.

BCF Target - Leicestershire - Total Delays

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	8.84	9.94	9.59	11.90	10.65	12.42	11.72	11.30	14.33	13.32	12.63	11.76	8.50	8.96	10.61	9.19	9.51							
Original Plan													8.51	8.96	9.26	9.53	8.99	8.44	7.90	7.86	8.14	8.18	7.69	7.19
Revised Plan													8.44	8.90	9.19	9.53	8.99	8.45	7.91	6.84	6.85	6.80	6.80	6.80

30   The majority of delays are now not at UHL but at LPT. A detailed joint action plan is in progress at LPT where a site by site review has been undertaken to ensure each delayed patient in mental health (MH)/Learning Disabilities (LD) and community hospitals has a clear plan. This has included a particular focus on patients within the mental health service for older people.

31   Analysis has been undertaken to profile all LPT delays so we can forecast more easily the resolution date for each person currently delayed and the rate of improvement this will have against the NHS England trajectory over the next eight weeks and beyond.

32   It is still unlikely that the revised target will be reached by November for Leicestershire even though recent improvements on non-acute delays for MH and LD, outlined below, are already having an evident impact.

Actions in progress

33   In line with the LGA/NHS 8 High Impact actions, the Adults and Communities Department are working with our Health sector partners to improve performance taking a system wide approach. Outlined below are the various initiatives that are being undertaken.

34   The LLR wide DTOC action plan is being enacted by all partners and this continues to be a top priority for all partners, including Leicestershire's adult social care team. There is a good joint understanding of the position across the partnership. For the last two years the Accident and Emergency Delivery Board (AEDB) has strategically prioritised DTOC improvements aimed at supporting a reduction in acute delays in UHL; as a consequence the impact of delayed bed days is now primarily on non-acute sites and out of county acute sites.

Learning Disability

35   Work is in train to establish reasons for admission to the specialist learning disability unit (Agnes) at LPT. This will include detailed patient journey and case analysis, to ascertain how a patient has been admitted, supported, and discharged into the community. Lessons as to how partners might do things differently will be collected and shared. A "no blame", but challenging approach is taken with partners looking at lessons to be learned.

Mental Health

36   In relation to Adult Mental Health, an 18 month pilot commenced on 6 November 2017, focusing on the 'move on accommodation'. This five unit accommodation will provide temporary housing for inpatients based at LPT's Bradgate Unit who are fit for discharge, but waiting for permanent housing. It is anticipated that this development will also contribute to the reduction in DTOC levels within this cohort of mental health patients.

Community Hospitals

37   A Community Hospital Integrated Services Workshop is scheduled for 16 November 2017, to look at how community hospital link workers and community hospital discharge ward manager/discharge nurses are working together and to plan improvements to ensure 'one team approach to dealing with discharges within the community hospital setting'.

Senior Escalation meetings

38   LLR health and social care partner agencies are currently trialling a twice weekly senior escalation teleconference to discuss rapid resolution of common themes, individual cases with a significant delay and system issues for patients delayed within LPT's community services. The initial focus will be on community hospitals and MH older people.

Improving data quality and reporting

39   Various initiatives have been undertaken across LLR to ensure that recording of data is accurate and timely. These initiatives are all cross agency. A key driver has been to ensure collective understanding and ownership of the challenge to meet revised national targets.

40   The Director of Adults and Communities has formally written to all out of county hospitals where there is an identified mis-coding of DTOCs to request compliance with more rigorous expectations and accountability for coding prior to submission to the Unify collection system.

Formal local systems

41   Locally across LLR there are several formal Boards where the DTOC position is regularly reported to senior managers from key stakeholder agencies. AEDB,

chaired by John Adler, UHL Chief Executive Officer, covers urgent care across the entire LLR wide systems and includes adult social care and clinical commissioning.

42 The LLR Discharge Working Group has been reconvened, with a refreshed purpose and senior level direction in order to oversee delivery and ensure one set of LLR data is available and analysed, giving a consistent view of system wide performance weekly and monthly. This group takes a more operational focus on managing changes. There is strong collaboration and partnership working at both the strategic and operational levels.

43 All existing actions remain in place to support UHL discharges. A positive position is being maintained at the acute site where adult social care coded delays for Leicestershire remain very low.

Escalation Process if the DTOC Targets are not met

44 The Council's corporate risk register has been upgraded to a red risk level on the achievement of this target and financial risks this may entail. **Elected members, however, continue to register concern that the County Council may be financially penalised due to local NHS performance.**

45 It remains highly unlikely the target will be reached by November, and it is not yet possible to accurately forecast when this might be reached, although the analysis mentioned in paragraph 31 will provide more assurance on when the target could be reached.

46 Monthly DTOC performance data is not usually available and nationally validated until six weeks after the end of the month (for example, November's data would be available in mid-January). It should therefore be known by mid-January which local areas have not reached the November target and will face escalation via NHS England.

47 The process will include escalation meetings for key officers, which could also involve the Chair of the Health and Wellbeing Board, the withholding of funds from councils in 2018/19, and/or further conditions being placed on how funds should be prioritised via the BCF plan and pooled budget.

48 Whilst several other councils are in the same position as Leicestershire, a small number of councils have refused to accept the imposition of the target. Their BCF plans have been deemed to be non-compliant at the time of submitting the plans in September 2017 and they have already been escalated via NHS England. Outcomes are unknown.

49 The escalation process may also include a CQC system area review being imposed on local authority areas.

50 There are also 12 local areas that have been selected for the first wave of CQC system reviews.

51 The next group of areas who will form phase two of these reviews will be selected in late January/February, when the November DTOC data has been analysed nationally.

Resource Implications

52 The BCF Plan has a pooled budget totalling £52m for 2017/18 and £56m for 2018/19. This includes the additional non-recurrent adult social care grant funding allocated by the Government in the March budget (£16m over 2017/18-2018/19). This funding has specific grant conditions, one of which concerns improving DTOC from hospital.

53 There is also a requirement that a proportion of the new adult social care allocation will be spent on reducing DTOC. In Leicestershire, the total amount of funding being spent on this priority across the entire BCF plan during 2017/18 is £16.4 million. This includes both a proportion of funding from the adult social care allocation and a proportion of funding from the core BCF pooled budget.

54 £11.4million of the funding to improve DTOC is recurrent from the core BCF budget and funds existing services such as seven day hospital discharge support from the adult social care department, including link workers for supporting discharge at community hospital and mental health sites, core reablement services across health and social care.

55 The Director of Corporate Resources has been consulted on the content of this report.

Background Papers

High Impact Change Model – Managing Transfer of Care
https://www.local.gov.uk/sites/default/files/documents/Impact%20change%20model%20managing%20transfers%20of%20care%20(1).pdf

Report to Cabinet: 15 September 2017 – Delayed Transfers of Care
http://politics.leics.gov.uk/ieListDocuments.aspx?MId=4863

Report to Cabinet: 10 October 2017 – Delayed Transfer of Care and Assurance of the Leicestershire Better Care Fund Plan
http://politics.leics.gov.uk/ieListDocuments.aspx?MId=4864 (item 46

House of Commons Briefing paper Delayed Transfers of Care in the NHS June 2017
http://researchbriefings.files.parliament.uk/documents/CBP-7415/CBP-7415.pdf

Circulation under the Local Issues Alert Procedure

None.

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Appendix

Appendix A – Case examples of patient/service user experiences and improved outcomes evidencing effective discharge processes to avoid and reduce DTOC

Relevant Impact Assessments

Equality and Human Rights Implications

57   The Adults and Communities Department takes a personalised approach towards assessment, review and delivery of service as part of their statutory duties and obligations in relation to all equalities and human rights issues.

Partnership Working and Associated Issues

58   Effective partnership working is key to the delivery of this business critical area of work for all agencies within LLR.

Case examples of patient/service user experiences and improved outcomes

Effective discharge processes to avoid and reduce Delayed Transfers of Care

Case example 1

A 45 year old service user/patient with Autism Spectrum Disorder and a history of placement breakdown and multiple admissions (both supportive living and residential care). The last placement on discharge lasted only days before further admission under S3 of the Mental Health Act.

A care provider was identified prior to accommodation being made available; assessments confirmed that 2:1 support was required. It was agreed that suitable accommodation and specialist provider were required. The care manager commenced their assessments by observing the patient on the Assessment Treatment Unit and how staff interacted with the patient. Care staff supported on the unit for two weeks in the lead up to discharge. The unit ensured that anxieties were managed with a countdown calendar. It was agreed trial visits would not be beneficial and there was a crisis plan created. Positive behaviour support plans were created and shared by outreach.

The multi-disciplinary team met regularly and in the lead up to discharge were meeting almost weekly.

A specialist provider was commissioned and a bespoke property was purchased.

Case example 2

A 30 year old with Autistic Spectrum Disorder. Rapid deterioration in mental health results in a hospital admission under S3 Mental Health Act. Admitted to an out of area Assessment Treatment Unit to provide accommodation until a local bed is available. Section 17 leave identifies that being out in the community is beneficial. Local specialist provider is identified to support patient by travelling to the unit and taking patient out for activities, increasing in time and varying activities. Building confidence and support mechanisms with a personalised support programme. Clinical Commissioning Group agreed to fund this due to safeguarding concerns raised on ward. A short break respite plan is devised and patient is transferred from the out of area unit to the short breaks facility in preparation for the move home.

The multi-disciplinary team works closely with hospital and family. Short breaks used to assess more locally how the reintroduction to Community Life Choices and family home would impact on mental health.

A positive set of outcomes are achieved for this patient, demonstrating effective professional discharge working, based on partnership working with the multi-disciplinary team.

Case example 3

External out of County hospital discharge from an out of County acute hospital, where a patient was going to be discharged to a care home. As our workers had local knowledge of this service user we knew that it was her preference to remain in her own home.

Family wanted their parent in a care home and the ward would have discharged her there against her wishes.

We arranged for a Social Worker to go and complete a capacity assessment with regards to discharge destination. The service user did return home with an increase in care. Had we not intervened this service user would have been placed in a care home against her wishes. The ward had no idea about the legalities and possible implications of their actions had we not have stepped in.

This case example demonstrates that our role is not just about supporting hospital discharges; it is also about the education to ward staff that we provide.

Case example 4

A service user had been in hospital for four months and had not mobilised for this period, had progressed from a hoist to rotunda in hospital, however had been diagnosed with a form of cancer which affects their health and abilities and also had other long term health conditions. Referral made to specialist bed based reablement facility to practice their transfers with a rotunda and the assistance of two carers. It was envisaged that they would require four calls daily with two carers on discharge.

The service user participated well with the therapist at the reablement facility and was motivated to complete all exercises to improve stamina and muscle tone, eventually progressing from a rotunda to being able to mobilise with a frame and became independent with transfers.

A daily morning and evening call was commissioned for discharge home with one carer and this was shortly reduced to a daily morning call. As part of the assessment process, Attendance Allowance claim forms were given along with a Carers assessment and a referral was made via First Contact Plus for smoke alarms. The therapist also ensured that the service user had all equipment in situ at home for discharge.

We received a card after discharge with the following:

"To all of you looking after my father,

I would like to thank you from both of us for helping my father 'find their legs again' I cannot tell you what it meant to me to see them walk again from his bed to his frame with no help. I know we have a long way to go but father does seem very positive about everything and I will make sure that he continues to do everything they have been told to do when at home.'

Case example 5

Service user was living at home prior to admission and although family had privately arranged support previously, the service user would cancel leaving their daughter

extremely stressed with supporting as the main carer.   Service user was admitted to hospital after having a fall resulting in a fractured humerus which was in a cast.

Service user also has an undiagnosed dementia with short term memory impairment and was referred to a reablement facility to increase their confidence, mobility and transfers. Daughter advised that trying to find homecare to support at home had been very difficult due to their mother's reluctance to have support and was aware that their mother was self-neglecting their personal care, medication and nutrition.

Service user engaged well with the therapy team at the reablement facility and was able to mobilise very well with a walking stick and complete all transfers independently. Therapy assessments were completed which indicated that they required support with prompting with personal care and meal preparations due to their sequencing of tasks.

An assessment was completed and a multi-disciplinary team meeting was held with the therapist, service user and their daughter which resulted in a daily morning and tea call being commissioned for discharge to assist with personal care and meal preparation which service user was accepting of.

Attendance Allowance claim forms were given to the daughter to complete and a Carers Assessment was also completed with a one-off budget being commissioned to help to pay towards a gardener and cleaner to relieve some carers strain. A referral to assistive technology was made for Lifeline and to First Contact Plus for smoke alarms and a carbon monoxide monitor. A follow up phone call was made post discharge and was advised by service user's daughter of everything going well and service user accepting of the care.

A card was received on the unit:

'To All staff,

I would like to say a very big thank you to everyone who has helped my Mum to recover over the past four weeks.

This is a wonderful place and the care and support you offer both those recovering and their families amazing. Mum would not have made such a good recovery if she had stayed in hospital and would not have coped at all if they had been straight home.

Signed a very grateful daughter'

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
14 NOVEMBER 2017

IMPACT ON ADULT SOCIAL CARE OF THE NATIONAL LIVING WAGE AND PAYMENTS TO STAFF FOR SLEEP-IN AND LIVE-IN CARE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1. The purpose of this report is to advise the Committee of the implications of recent developments in how the National Living Wage (NLW) and the former National Minimum Wage (NMW) applies to staff salaries for sleep-in and live-in duties.

Policy Framework and Previous Decisions

2. All Councils are required, by statutory Care Act Guidance, to satisfy themselves that the price providers are paid for care is sufficient to meet the actual costs of providing that care. This includes ensuring that the rates paid are sufficient for employers to meet their obligations to pay the NLW.

Background

3. In recent years there has been a level of uncertainty nationally over whether 'sleep-ins' for staff delivering care services should be considered as working time, and as such attract the NLW/NMW.

4. On 21 April 2017, Royal Mencap Society lost an employment appeals tribunal case. The judgement found that the NLW/NMW should have been paid and Mencap have lodged an appeal hearing due for March 2018. HMRC were due to commence an action for back pay (currently up to six years) with additional penalties applied of up to 200 per cent on 1 September 2017. This has been put on hold by the Government until November 2017.

5. Social care providers have lobbied the Government heavily regarding the implications of potential payment of back pay and potential HMRC fines impacting on their financial viability.

6. Historically, most staff have not been paid an hourly rate for sleep-ins, but instead were paid a block sum to cover the night time period, typically less than the equivalent hourly rate for other daytime duties. If, however, staff were woken during the night and required to attend to the needs of service users there were usually arrangements to make additional payments for work undertaken.

7.   There is no definitive picture of the numbers of staff undertaking sleep-in duties nationally, but it is clear that the practice is concentrated in parts of the care sector, mostly in supported living and residential services for adults with learning disabilities.

8.   The position locally reflects the national picture. There are currently 35 independent sector residential care homes within the County that make regular use of sleep-in staff. Most of these are smaller homes for people with learning disabilities where the sleeping staff member will be the only member of staff on duty, but other homes do also use sleep-in staff to supplement waking night staff.

9.   The Council currently commissions 332 sleep-in sessions per week in supported living services delivered for people living in 46 properties (mostly for people with learning disabilities).

Implications for the Council for directly employed staff

10. All employers are required to ensure that staff receive at least NLW for the hours worked. Staff can be paid at a lower rate for sleep-in duties as long as the average hourly average rate across the working week is above NLW.

11. Currently there are four directly provided services for people with learning disabilities where staff undertake a total of 35 sleep-in sessions each week, for which they receive a standard payment of £34.68 per night. All the staff undertaking these duties are paid an hourly rate significantly higher than NLW for their daytime work, and are therefore paid above NLW across the working week. The Council will ensure that this position is monitored carefully to ensure ongoing full compliance with NLW requirements.

Implications for other employers of care staff

12. The Council has contacted local 24 hour care service employers to remind them of their responsibilities to pay NLW. There has been a mixed level of awareness of the issues in the sector, with the majority of larger providers having appropriate plans in place, but some smaller providers being less advanced in their planning. There is significant concern about the financial implications (both ongoing and in relation to back pay).

13. Some individuals receiving a personal budget via a direct payment (and people who are independently arranging and funding their own care) will be directly employing personal assistants who may be undertaking sleep-in duties and in some cases providing live-in care. These must also meet NLW obligations to their employees and may also be personally liable for back pay if they have been paying less than the NLW/NMW for sleep-in shifts or "live-in" duties.

14. The Council has contacted the direct payment service users likely to be directly employing staff to advise them of their NLW obligations. Where an individual's direct payment is insufficient to pay NLW an individual review of the support plan will be undertaken to ensure an appropriate outcome.

Commissioning implications for the Council

15. The use of staff for sleep-in duties has been declining for some time and the Council's strategy is to reduce the number of sleep-in sessions still further. It is now

possible to use new technologies to monitor and reassure service users more effectively. Waking night staff can cover a number of locations more effectively using, for example, movement sensors or closed circuit TV. This provides more independence for service users and can be significantly more cost effective.

16. The Council's new framework for supported living services requires that all providers must pay NLW for working hours. The rates the Council pays for care have been evaluated to ensure they are sufficient to ensure that appropriate hourly rates can be paid to staff.

17. There have been a number of issues in transitioning existing service users from the former supported living framework due to concerns about the implications of backdated claims for NLW for sleep-ins. Where this has happened, local solutions have been developed to ensure service continuity for service users and compliance with ongoing payments of NLW to staff.

18. The Council does not make specific payments for night time care for residential care services, but pays a weekly fee based on the individual's needs. This is reviewed annually to take into account any new cost pressures, including the NLW.

19. The Council commissions very little domiciliary care for sleep-in or live in care. Where this does take place the rate paid will be sufficient to pay staff NLW.

20. One of the key commissioning concerns is the impact of any backdated salary claims or HMRC fines on the viability of care providers, and therefore the stability of a significant part of the care market. This is a national issue and one where the Government needs to take a leading role in identifying how the sector can remain financially sustainable given the likely cost. The Council will monitor the viability of local providers and take any appropriate action to address potential provider failure.

Resource Implications

21. According to a national survey conducted by Cordis Bright (2016), 8,000 care settings for learning disabilities employ staff that are not being paid the NLW for sleep-in shifts, and their most conservative overall cost estimate of back-pay liability in the sector is £400 million. The national annual cost to the learning disability sector is estimated by providers to be £200m a year.

22. An assessment of local supported living providers indicated that the cost to employers within the Leicestershire area could potentially be £315,000 per annum.

23. It is not possible, at this time, to determine the cost to employers within the residential care sector as shift patterns, staffing rotas and pay are decided locally by each provider, but it is expected that these costs will be identified through the annual fee setting process.

24. Directly employed staff within the Council who undertake sleep-in duties are paid an average hourly rate above the NLW over the working week.

25. Work is underway to identify the potential impact and cost to direct payment recipients. Whilst the number of recipients employing sleep-in staff is small, the financial consequence could be larger because the Council may be required to meet the pay costs and backdated payments for people with personal budgets.

26. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Conclusions

27. Recent clarification on the law relating to payment of NLW has significant implications for the commissioning and delivery of care and support services. Some of these will require a national Government response, but the Council has, as far as it can, taken appropriate action to manage the situation locally to ensure NLW compliance and market stability.

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Relevant Impact Assessments

Equality and Human Rights Implications

28. The Council should ensure that appropriate care and support is available for all people in a way that ensures human rights are met and services are delivered in a fair and consistent way for people with protected characteristics.

29. As an employer the Council must ensure that the human and equality rights of its staff are respected.

30. The actions outlined in this report are designed to ensure that these responsibilities are met.

Agenda Item 10

Leicestershire
County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 14 NOVEMBER 2017

DRAFT LEICESTER, LEICESTERSHIRE AND RUTLAND CARERS STRATEGY 2018–2021

JOINT REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES, THE DIRECTOR OF CHILDREN AND FAMILY SERVICES AND THE DIRECTOR OF PUBLIC HEALTH

Purpose of Report

1. The purpose of this report is to invite members of the Committee to comment on the consultation on the draft Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2018–2021 (attached as Appendix A) and the draft consultation documentation (attached as Appendix C). Appendix B is the Equalities and Human Rights Impact Assessment screening.

2. The Strategy sets out the draft strategic priorities relating to unpaid carers of all ages, and has been written as a joint Strategy including all local authorities and Clinical Commissioning Groups (CCGs) across LLR.

3. The report also highlights key improvements made to the carers support offer in Leicestershire.

Policy Framework and Previous Decisions

4. The relevant policy framework includes:

- The Care Act 2014;
- The Children and Families Act 2014;
- Better Care Together Five Year Strategic Plan 2014-2019;
- The Sustainability and Transformation Plan (STP);
- The Leicestershire Adult Social Care Strategy 2016-2021;
- Children and Family Services Commissioning Strategy 2016–2020;
- Leicestershire County Council Provisional Medium Term Financial Strategy (MTFS) 2016/17-2019/20;
- Leicestershire Communities Strategy 2014.

5. In April 2015, the first phase of the Care Act 2014 was implemented. The Act replaces most previous laws regarding adult carers and includes reforms of health and social care, prioritising people's wellbeing, needs and goals.

6   It gives local authorities a responsibility to assess a carer's needs for support and, where the carer appears to have such needs, to consider the impact being a carer has on their overall wellbeing.

7   The Children and Families Act 2014 gives young carers more rights to ask for support. A young carer's needs assessment must include an assessment of whether it is appropriate for the young carer to provide, or continue to provide, care for the person in question, in the light of the young carer's needs for support, other needs and wishes.

8   On 10 October 2017, the Cabinet approved the draft LLR Carers Strategy for consultation and authorised the Director of Adults and Communities to take appropriate action in response to the engagement responses received to improve the Council's response to adult carers whilst further consultation on the overarching Strategy is completed.

Background

The Law relating to Adult Carers

9   The Care Act 2014 introduced new responsibilities for local authorities from April 2015. The Act requires local authorities and health partners to work in partnership and integrate services, where possible, in order to provide seamless support, avoid duplication and achieve best value for money. It has acknowledged carers and the critical contribution they make by putting carers on a par with those for whom they care.

The Law relating to Child Carers

10   The children's carers assessment duties are now in the Children Act 1989 inserted in by the Children and Families Act 2014, which gives more rights to ask for support. Councils must check what help any young carer needs as soon as they identify they might need help, or if the young carer asks them to. Local authorities carrying out a young carer's needs assessment must consider the extent to which the young carer is participating in, or wishes to participate in education, training, recreation or employment. The Act also says that councils must assess whether a parent carer within their area has needs for support and, if so, what those needs are.

The National Carers Strategy

11   The Government published its National Carers Strategy in 2008 which set out the vision that by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. In 2010, the Coalition Government's Policy 'Recognised, Valued and Supported: next steps for the Carers Strategy' was published to ensure delivery of this vision. In October 2014 the second National Carers Action Plan was published, identifying actions to be taken over two years (2014–2016) to meet the aims of the Strategy and Policy.

12   The development of a new national strategy was announced in 2015, led by the Department of Health, but with a cross-government remit. As part of its development, the Department of Health asked carers, and organisations who work with carers, to

input into a 'call for evidence' which closed on 31 July 2016. No date is yet set for the publication of the new strategy.

Sustainability and Transformation Plans

13   In 2014 'NHS England's Commitment to Carers' was released highlighting how the NHS can play a role in improving the quality of life for carers and the people for whom they care.

14   In 2015, NHS England produced a national plan called the 'Five Year Forward View' which explains the challenges facing the health service in England, and what's needed to overcome them and to provide a service that meets the needs of people by 2021. It then created 44 health areas, or 'footprints', across England, of which LLR is one and these, along with local authorities, were asked to create a STP plan that demonstrated how they would deliver the NHS Five Year Forward View in their area.

The Leicester, Leicestershire and Rutland Carers Strategy 2011-2014

15   The current local LLR Carers Strategy across health and social care was put in place in 2012 and a refreshed action plan for Leicestershire was developed in 2015, pending development of the new national strategy. Achievements have included carer awareness raising, particularly in relation to GP practices and in educational settings, the implementation of carers assessments and personal budgets (for adult carers), access to advocacy for carers, and services to provide quality advice, information and support.

16   In light of the changing landscape for social care, both nationally and locally, it is imperative that unpaid carers across Leicestershire, who provide an estimated £1.2billion worth of support a year, are supported to continue in their caring role and to maintain their own health and wellbeing and that a new joint carers strategy is introduced to support this.

The Local Picture

17   As identified in the recently updated Joint Strategic Needs Assessment, the population of Leicestershire is growing – between 2012 and 2037 (25 years) it has been projected that the total population of Leicestershire will grow by 15% to over 750,000. However, this growth is not uniform across the age groups. It is expected that there will be an increase of 190% in people aged 85 years and over and an increase of 56% in people aged 65-84 years.

18   There will be a greater number of older people with complex care needs who will require input from all parts of the health and social care system. This will need to be supported by people providing unpaid care through informal caring arrangements. The number of carers in LLR is predicted to rise by 29% between 2015 and 2030 and across Leicestershire the number of carers over 65 are set to increase by 41% between 2017-2035.

19   There are around 70,000 carers in Leicestershire, 90% of whom are from a white ethnic background and 6% from an Asian/Asian British ethnic background. 57% of Leicestershire carers are female and 39% are aged between 50-64.

20   Census data from 2011 also shows there are over 3,500 young carers in Leicestershire, nearly 800 of whom are under 15 years of age.

Local Strategic Responses

21   The Better Care Together (BCT) Five Year Strategic Plan establishes the future shape of health and social care services across LLR. The Plan addresses demand issues in the system as the population is ageing and living longer with more complex, long term needs. At a time when major financial challenges are being faced, the NHS and social care services need to be of a good quality, while being sustainable.

22   The local STP sets out the actions that need to be taken across the health and care system in LLR over the next five years in order to improve health outcomes for patients and ensure services are safe, of a high quality and within the financial resources available. The Plan builds on the vision of the existing BCT programme to "Support you through every stage of life, helping children and parents so they have the very best start in life, helping you stay well in mind and body, and caring for the most vulnerable and frail and when life comes to an end."

23   The STP programme has established clear governance arrangements to oversee and assure delivery of the actions identified and this includes a partnership Carers Delivery Group which is responsible for developing a strategic partnership approach to carer support.

24   The proposed joint Health and Social Care Carers Strategy for LLR will help the Council to work together with partners to provide more integrated carer support in line with the ambitions set out in the STP.

Carer Support in Leicestershire

25   Children and Family Services currently commission a voluntary sector provider to deliver young carers services including advocacy, service co-ordination, group and inclusion work.

26   Throughout 2016/17 work was undertaken to raise the profile of young carers across Leicestershire, the aim being to build carer friendly communities, promote the issues young carers face, support recognition of the signs of young caring, and strengthen the shared responsibility between services and the resources available to them.

27   'No Wrong Doors' is a template developed jointly by Association of Directors of Children's Services (ADCS) and Association of Directors of Adult Social Services (ADASS) for a local Memorandum of Understanding between statutory directors of Children and Adult Social Services. It aims to help promote such services working together and enhanced partnership working with health and third sector partners. Children and Adult Social Services committed through this memorandum to work together locally, adopting a whole system, whole Council, whole family approach to providing support for young carers and their families.

28   Since the implementation of the Care Act 2014, the Adults and Communities Department redesigned carer support to enable carers to access both one off and regular personal budgets, alongside voluntary sector provision of advice, information and carer support groups, and to provide respite so that carers could get a break from caring.

29   The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. A number of measures relating to adult carers are derived from a biannual survey.

30   In October 2016, surveys were sent to a selection of 917 adult carers and 421 responses were received. In summary, little has changed in the experiences of carers in Leicestershire since 2014-15. The majority surveyed in Leicestershire said they looked after themselves and felt safe. Overall, the majority were satisfied with their experience of Social Services, and half were satisfied with how the County Council considered their needs. However, the social aspects of carers' lives appear to be less positive, with only a minority reporting they were able to spend time as they wanted and have enough social contact with others. Furthermore, only a minority of carers felt they had enough encouragement and support.

31   It is intended that the Strategy will enable the Council to not only jointly deliver the vision for carers across LLR ensuring alignment with the STP priorities, but also to improve the carers offer in Leicestershire, in line with the aims of the Leicestershire Adult Social Care Strategy and the Children and Families Commissioning Strategy 2016-20.

Carer Engagement

32   The draft Strategy has been developed using analysis of survey and performance data, and updates from the National Carers Policy Network, but with a clear focus on local carer views and experiences expressed through the significant engagement undertaken during the summer of 2017.

33   In order to attain a richer insight into the experiences of local carers, a range of engagement approaches were adopted including specific events to develop the strategy and visiting a variety of forums and groups. Engagement was planned to enable carers of all ages the opportunity to identify what can help them in their caring role.

34   Liaison with colleagues in the Chief Executive's Department leading on the Communities Strategy engagement undertaken over the same period supported broader involvement; ensure effective alignment of engagement activity and sharing of relevant findings.

35   Engagement was undertaken with staff and carers employed by the County Council, and findings from a Healthwatch review of the carer support process conducted in 2016 were also considered.

36   Over 300 carers were involved in the engagement activity and these included young carers, new carers, long term carers, older carers and parent carers.

37 Key themes identified from this engagement activity included: access to appropriate information and advice; access to good quality services for both carers and the cared for to allow carers to have breaks; and increasing the understanding in society of the role of a carer and its impact.

Improvements to the Leicestershire Carer offer

38 In relation to the Leicestershire carer support offer, engagement with carers has enabled the Adults and Communities Department to identify key actions necessary to improve the local support offer. These are:
- Dedicated adult carer support workers to enable access to appropriate support and to help carers navigate through the care system;
- Simplification of the assessment process;
- Increased access to respite provision;
- Enhanced training for staff to increase identification, recognition and involvement of carers as partners in care planning;
- Focus on the transition from children's to adults' services using the whole family approach to ensure a smooth handover;
- Work with employers and carers (including young carers) to support them into further/higher education or employment.

39 Work will be undertaken during the consultation period to secure carer involvement in the implementation and further development of the actions identified. However, whilst the consultation is taking place, authority has been granted by Cabinet to allow the Director of Adults and Communities to respond to internal issues identified through the engagement exercise and commence service improvement to ensure the experience of carers contacting the authority is enhanced as quickly as possible.

The new draft LLR Carers Strategy

40 The vision developed as a result of the above engagement is for unpaid carers of all ages to be identified early, feel valued, respected and supported.

41 Intelligence from the engagement process enabled the identification of eight key priorities for carers:

- Carer Identification;
- Carers are informed;
- Carers can access the right support at the right time;
- Carers have a life alongside caring;
- Carers are valued and involved;
- Carer Friendly Communities;
- Carers and the impact of Technology Products and the living space;
- Supporting Young Carers.

42 A supporting high level partnership delivery plan is contained within the draft Strategy. A final more detailed implementation plan will be developed during the consultation period and contain further actions specifically relating to the Leicestershire offer that will be reported to the Cabinet in March 2018.

43 The draft strategy has been developed with partners as an LLR strategy, but is still subject to formal sign-off by all partners prior to consultation. Further discussions are ongoing with Leicester City Council regarding the structure and content of the draft

strategy. The respective positions and views of all the commissioning partner organisations will be outlined clearly within the public consultation

44   Implementation of the final Strategy will be overseen by the Carers Delivery Group (a subgroup of the Sustainability and Transformation Partnership's Home First Programme Board) which has a broad range of stakeholder representatives including health and social care representatives, and representatives from Voluntary sector organisations and Healthwatch.

Consultation

45   A formal consultation would assure the partnership that the draft Strategy fairly reflects priorities from a carer perspective and support the development of a more detailed implementation plan for Leicestershire.

46   A six week public consultation is intended to commence in December 2017 or early January 2018, subject to approval by all the statutory sector partners. The consultation will seek the views of the general public, carers, service users, stakeholders and partners through an online questionnaire and targeted consultation with carers, particularly those currently accessing support from the Council. The final draft consultation questionnaire is attached at Appendix C.

47   Staff will be actively encouraged to participate through the online survey.

48   Outcomes of the consultation will determine the final version of the Carers' Strategy for the coming three years; establish future implementation plans across the partnership and specific actions for Leicestershire.

49   The outcome of the consultation will help to further shape the Strategy, inform the approach to future support for adult and child carers, and guide future commissioning decisions.

Resources Implications

50   Within the Adults and Communities Department funding for specific adult carers services include voluntary sector support, access to one off and regular personal budgets and respite provision. The total spend for 2016/17 was £902,000 although it must be highlighted that some carers support may also be delivered within the personal budget of the cared for person, therefore this does not represent carer support costs in its totality.

51   In April 2017, further funding (£200,000 from 2018/2019 – 2019/2020) through the Improved Better Care Fund (IBCF) was identified to support an improved service offer for adult carers (as highlighted in the improvements to the Leicestershire carer offer) which has been informed by the engagement undertaken during the summer.

52   Children and Family Services commission a voluntary sector provider to undertake carers assessments and provide support to young carers across Leicestershire.

53   Although there are no specific resource implications relating to the overarching Strategy, the outcome of the engagement undertaken, the intended consultation, and the resulting implementation plan will establish commissioning plans for

Leicestershire and ensure that Council resources are used to maximum effect in supporting unpaid carers.

54   The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions (including Scrutiny)

55   The draft Strategy will be considered through relevant partner governance arrangements during October and early November 2017.

56   A six week public consultation is intended to commence in December2017 or January 2018.

57   The Chairman and Spokespersons of the Children and Families and Health Overview and Scrutiny Committees have been invited to attend the meeting of the Adults and Communities Overview and Scrutiny Committee as part of the consultation process.

58   The consultation outcomes, the final joint Carers Strategy and an implementation plan for Leicestershire will be reported to the Cabinet in spring 2018

Background Papers

- Report to Cabinet: 8 May 2012: Draft Carers Strategy 2012 – 2015 'Supporting the Health and Wellbeing of Leicestershire Carers'
- Report to Cabinet: 5 February 2016 – Adult Social Care Strategy 2016 – 2020
- Report to Cabinet: 13 December 2016 – NHS Sustainability and Transformation Plan
- Report to Cabinet: 10 October 2017 – Draft LLR Carers Strategy 2018-2021

Circulation under the Local Issues Alert Procedure

59   The Cabinet report dated 10 October 2017 was circulated to all Members of the County Council via the Members' News in Brief service.

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Appendices

Appendix A - Leicester, Leicestershire and Rutland Carers Strategy 2018 – 2021

Appendix B - Equalities and Human Rights Impact screening assessment
Appendix C – Draft LLR Carers Strategy 2018 – 2021 Consultation Questionnaire

Relevant Impact Assessments

Equalities and Human Rights Implications

60   An initial screening assessment for the equalities and human rights impact has been
       undertaken and reviewed by the Departmental Equality Group. The screening
       assessment indicates that the Carers Strategy once implemented may have a
       positive impact on a number of protected characteristics (attached as Appendix B).
       The outcome of the proposed consultation will assist in identifying any further
       equalities and human rights impacts and these will be reported to the Cabinet in
       spring 2018.

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JOINT CARERS STRATEGY 2018 – 2021

Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland

Contents

1. Our Local Vision for Carers

This Carers Strategy has been developed in partnership with carers across Leicester, Leicestershire and Rutland (LLR) and with the support of a number of local voluntary sector organisations, Healthwatch and local health providers. The organisations signed up to this strategy have committed to work together to deliver our local vision for carers:

'Unpaid carers across Leicester City, Leicestershire and Rutland will be identified early, feel valued, respected and supported.

We will achieve this by working together across the many statutory and voluntary sector organisations in Leicester, Leicestershire & Rutland that come into contact with carers. These organisations will raise awareness of carers, involve carers in decision making processes and promote the benefits of early help across the area. Communities will be encouraged to support carers through awareness raising within existing community groups.

Carers will be supported effectively; they will receive accurate and relevant information, and staff will be well trained and knowledgeable about support that may prevent carers from reaching crisis. We will be clear about how carers can navigate the health and social care system and what support they can expect.

Carers will have the option to access relevant and suitable support at all points of contact, and where needed, will receive an appropriate assessment. The carers' experience will be considered during the assessment and review processes. Carers will be enabled to care safely, maintain their own physical and mental health and well-being and have a life outside of caring.'

The strategy recognises that, working alongside partners, much can be achieved in terms of better supporting carers through increased awareness, greater appreciation of the role, and simplification of systems and processes. Although funding in relation to carers is not directly addressed within this strategy, partners have committed to deliver change for the benefit of unpaid carers across Leicester, Leicestershire and Rutland.

2.   Who is the Strategy for?

This strategy is aimed towards all unpaid carers who are caring for someone that lives in Leicester, Leicestershire and Rutland (LLR) including but not limited to:

- Working Carers
- Older Carers
- Parent/ Family Carers
- Multiple Carers
- Young Carers
- Sandwich carers (those with caring responsibilities for different generations, such as children and parents)

It seeks to understand and respond to the issues related to caring that have been highlighted locally and inform carers how the partners signed up to this Strategy will work together to ensure the role of carers is recognised, valued and supported.

The Strategy also aims to highlight to a broad range of organisations, local communities and individuals the prevalence of caring, the significant impact it can have on carers lives, and what we can all do to support carers more effectively.

Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support.

A young carer is someone under 18 who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need or an addiction cannot cope without their support.
Carers are sometimes referred to as unpaid carers, or family carers.

It is recognised that individuals often do not relate to the term 'carer' and see the caring responsibilities they carry out as part of another relationship or role i.e. as a wife, daughter, friend etc. However for the purpose of this strategy all those providing unpaid additional support to individuals who could not cope without their support will be referred to as Carers.

3.   Impact of caring

Over six and a half million people in the UK are carers.[1] Looking after a person that you care about is something that many of us want to do. Caring can be very rewarding, helping a person develop or re-learn skills, or simply helping to make sure your loved one is as well supported as they can be.

Across LLR carers contribute around £2 billion worth of support every year[2] which has a significant positive impact on demand experienced across the health and social care sector. However carers can be affected physically by caring through the night, repeatedly lifting, poor diet and lack of sleep. Stress, tiredness and mental ill-health are common issues for carers. In addition, carers can often be juggling and adapting to many changes in circumstances such as, in the condition of the cared for person or the impact of a new diagnosis.

Carers often lead on arranging care provision for the person they care for, which can include communicating with a range of departments and services. Challenges that carers face include knowing which service or department to contact, which can be especially difficult when the individual they care for is transitioning through a change in service/ organisational boundaries. It is widely recognised that carer identification is an issue as carers either do not identify themselves as carers or have a reluctance to identify due to stigma, potential bullying or pressure from the cared for person not to disclose.

The home environment can have an influence on carer stress and their ability to continue in their role. The key issues that have been recognised nationally have included: Where to go for help, Housing lettings policies involving carers, Inheritance issues for carers living in rented property, equipment, adaptations, repairs and improvements, housing support and technology to help carers and families stay in the home, options for moving home, funding and affordability. [3]

Older Carers
- The 2011 Census (UK Census, 2011) revealed that there are over 1.8m carers aged 60 and over in England[4].

"When the person we care for really struggles to do things works really hard and is then able to do something it can make us feel really happy." Local Carer

"We have grab rails and a slope put in has made life so much easier" Local Carer

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[1] Carers UK Policy Briefing | August 2015 | Facts about carers

[2] VALUING CARERS 2015 The rising value of carers' support

[3] Carers and housing: addressing their needs

[4] Carers Trust Retirement on Hold Supporting Older Carers

- Current data trends suggest that by 2035 there will be an increase of over 30% in the number of carers aged between 60-79, a 50% rise for carers aged 80-84 and carers over 85 will increase by 100%.[5] (Appendix 5) Older adult carers may experience health issues themselves, and in some cases experience loss of strength and mobility, and tire more quickly.

Working Carers
- **3 million people in the UK juggle paid work with unpaid caring responsibilities**[6]. Caring can affect the type of work which carers are able to take on, aiming to find local, flexible work which can fit around caring.
- Research[7] has indicated that over 2.3 million people have given up work at some point to care for loved ones and nearly 3 million have reduced working hours.

> "We need flexibility and understanding in the workforce" Local Carer

Parent/ Family Carers
- One in three parents report that their child outliving them and not being able to care for themselves, or oversee their professional care, are their biggest concerns.[8]
- (78%) of those providing care to a child with a disability said they have suffered mental ill health such as stress or depression as a result of caring.[9]
- Over 1,500 parents with disabled children took part in a 2014 online survey for Scope. Two thirds (69%) of respondents had problems accessing the local services for their children, with eight in ten parents admitting to feeling frustrated (80%), stressed (78%) or exhausted (70%) as a result.[10]

> "I constantly worry about the future" – Local Parent Carer

Multiple/Sandwich Carers
- Most carers (76%) care for one person, although 18% care for two, 4% for three and 2% care for four or more people[11]. Sandwich carers find themselves caring for both younger and older generations.
- Carers with multiple caring roles report feeling exhausted and sometimes guilty that they have insufficient time to devote to their children or other close relatives in need of support.

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[5] www.poppi.org.uk version 10.0

[6] EFC Briefing | Jan 2015 | The business case for supporting working carers

[7] Carers UK and YouGov (2013) as part of Caring & Family Finances Inquiry UK Report (2014) Carers UK

[8] "Who will care after I'm gone?" An insight into the pressures facing parents of people with learning disabilities Fitzroy transforming lives

[9] CUK- State of Caring 2017

[10] https://www.scope.org.uk/media/press-releases/sept-2014/parents-disabled-children-battle-support

[11] CUK- State of Caring 2017

Young Carers

- Data from the 2011 Census, reveals that **166,363 children in England are caring for their parents, siblings and family members**, an increase of 20% since 2001.
- A quarter of young carers in the UK said they were bullied at school because of their caring role (Carers Trust, 2013).
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.[12]
- Young adult carers aged between 16 and 18 years are twice as likely not to be in education, employment, or training (NEET)[13]

> "They might be scared to admit it in case they get bullied. Social workers and schools should help them understand they are a young carer." Local Young Carer

Top worries about becoming a carer are being able to cope financially e.g. afford the care services or equipment and home adaptations required (46%) and coping with the stress of caring (43%).[14] Although finances are cited as a concern many carers do not claim benefits that they are entitled to, £1.1 billion of Carer's Allowance goes unclaimed every year in the UK[15].

The 2016 national GP patient survey found that 3 in 5 carers have a long term health condition, this compares with half of non-carers. This pattern is even more pronounced for younger adults providing care – 40% of carers aged 18-24 have a long term health condition compared with 29% of non-carers in the same age group. [16] Carers report 'feeling tired' and experiencing 'disturbed sleep' as a result of their caring role, only 10% of carers have no effect on health as a result of their caring role (Appendix 2).

> "Feeling that we can't rest because we are on call to look after the person we care for all of the time can make us tired and unhappy." Local Carer

When a person becomes a carer they give up many of the opportunities that non-carers take for granted. Carers' can find their caring role limits the opportunities they have for a life outside their caring role. It is important we recognise the impact of caring in order to support carers to allow them to maintain caring relationships, and enjoy good mental and physical health**.**

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[12] Hidden from view: The experiences of young carers in England

[13] Supporting Young Carers in School: An Introduction for Primary and Secondary School Staff

[14] Research summary for Carers Week 2017

[15] Need to know | Transitions in and out of caring: the information challenge

[16] CUK- State of Caring 2017

## 4.	Relevant policy and legislation

Although much has been achieved in relation to the previous Leicester, Leicestershire and Rutland Strategy (2012 – 2015), there have been significant changes in government policy, including the creation of Clinical Commissioning Groups, the Care Act 2014 and the Children and Families act 2014. Whilst the new National Strategy is expected soon, a new local strategy is necessary to reflect on these changes and to ensure new local priorities can be identified and addressed that are fit for now and the future.

Care Act 2014
The Care Act 2014 came into effect from April 2015 and replaced most previous law regarding carers and people being cared for. Under the Care Act, local authorities have new functions. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. Local authorities must consider the impact of the caring role on the health and wellbeing of carers. If the impact is significant then the eligibility criteria are likely to be met. Local authorities should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

The Care Act 2014 also places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18.   The assessment should also support the young people and their families to plan for the future, by providing them with information about what they can expect.

The Children and Families Act 2014
The Act gives young carers more rights to ask for help. Councils must check what help any young carer needs as soon as they know they might need help, or if the young carer asks them to. In the past, young carers always had to ask first if they wanted their council to check what help they needed. Local authorities, carrying out a young carer's needs assessment must consider the extent to which the young carer is participating in or wishes to participate in education, training or recreation or employment.
The Act also says that councils must assess whether a parent carer within their area has needs for support and, if so, what those needs are. This check is called a 'Parent Carer's Needs Assessment'. In the past, parents always had to ask first if they wanted their council to check what help they needed to look after a disabled child.

NHS England's Commitment for Carers
The Department of Health set out in its mandate to NHS England 'that the NHS becomes dramatically better at involving carers as well as patients in its care'. In May 2014 they published NHS England's Commitment for Carers, based on consultation with carers. Based on the emerging themes NHS England has developed 37 commitments around eight priorities, which include raising the profile of carers, education, training and information, person centred well co-ordinated care and partnership working.

Care Act 2014 - http://www.legislation.gov.uk/ukpga/2014/23/contents
The Children and Families Act 2014 - http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf
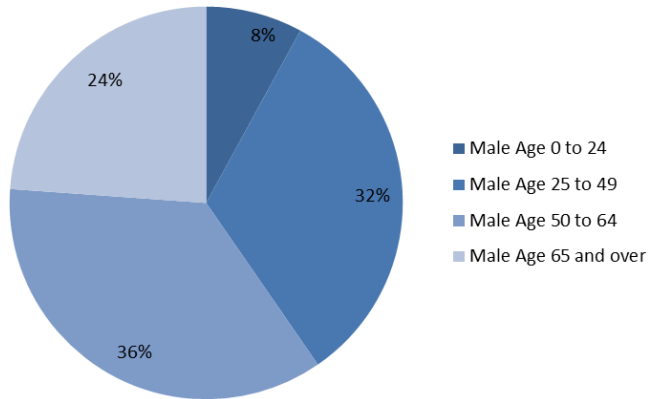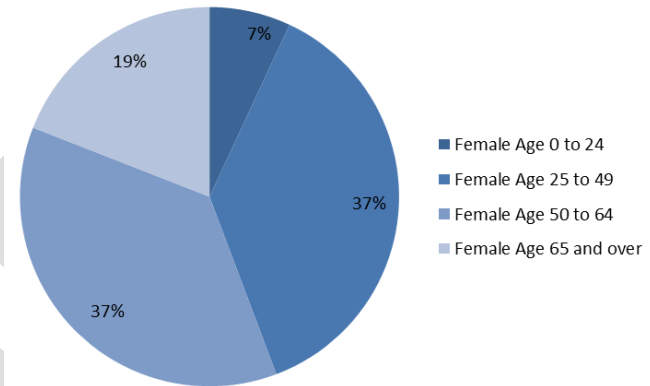https://www.england.nhs.uk/wp-content/uploads/2014/05/comm-carers.pdf

5.   Profile of carers in LLR

Census data tells us that there are over 105,000 carers across Leicester Leicestershire and Rutland. Nearly 2000 of the 105,000 (2%) LLR carers are aged between 0-15 years, and worryingly 203 of these young carers provide 50 or more hours of unpaid care per week (Appendix 3). Overall, 67% of carers provide care for 1-19hrs a week. 57% of LLR carers are female, the highest provision of care for both sexes is provided by those aged 25-64.
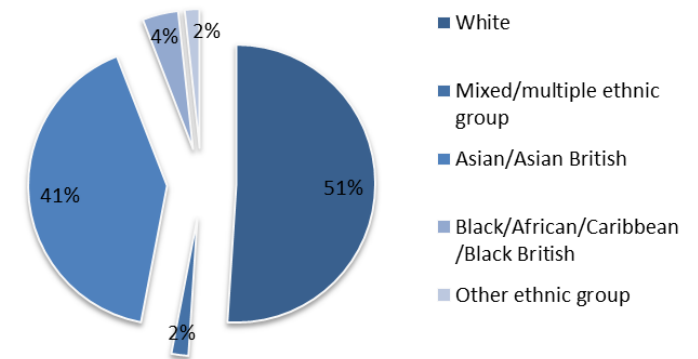
Male LLR Carers

- 8% — Male Age 0 to 24
- 32% — Male Age 25 to 49
- 36% — Male Age 50 to 64
- 24% — Male Age 65 and over

Female LLR Carers

- 7% — Female Age 0 to 24
- 37% — Female Age 25 to 49
- 37% — Female Age 50 to 64
- 19% — Female Age 65 and over

Across Leicestershire over 90% of carers are from a white ethnic background and in Rutland it is 99%, however in Leicester City this figure is just over 50% with the remaining majority of carers coming from an Asian/Asian British background.

Carers Ethnicity Leicester

- 51% — White
- 2% — Mixed/multiple ethnic group
- 41% — Asian/Asian British
- 4% — Black/African/Caribbean /Black British
- 2% — Other ethnic group

A further source to help us understand the local carer population is the number of people in the area claiming carers' allowance.

|	Carers in receipt of Carer's Allowance	Total value of Carer's Allowance received (p/a) (£)	Total estimated number eligible	Total estimated value of benefit eligibility (p/a) (£)	Total estimated number of carers missing out	Total estimated value of unclaimed benefit (p/a) (£)
Leicester	4,750	14,758,250	7,308	22,705,000	2,558	7,946,750
Leicestershire	4,990	15,503,930	7,677	23,852,200	2,687	8,348,270
Rutland	180	559,260	277	860,400	97	301,140

Source: Carers UK (2013)

There are a variety of reasons people do not claim carers allowance – not identifying as a carer can be an issue alongside not having appropriate information or advice regarding the claim process and general benefit entitlements.
Local figures are in line with national claim rates with an average of 35% of carers missing out on claiming carers' allowance.

Although a higher proportion of carers are identified on Leicestershire systems, a smaller proportion are accessing carers assessments in comparison to Leicester City.

When compared to the number of carers receiving carers allowance locally it is clear that a high proportion are not known to their Local Authority.

LLR Carers
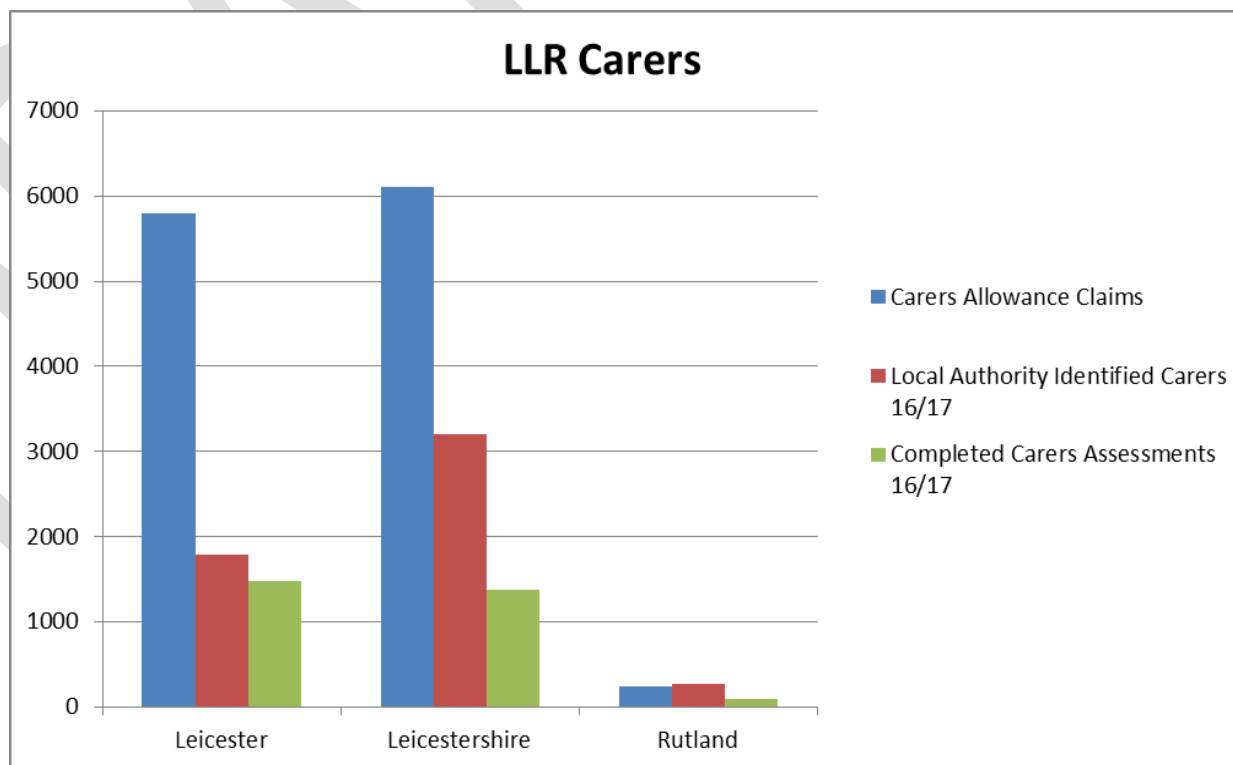
The Adult Social Care Outcomes Framework (ASCOF) uses data from a number of national sources including the Survey of Adult Carers in England (SACE) to measure how well care and support services achieve the outcomes that matter most to people. These measures are used by Leicester, Leicestershire and Rutland to monitor performance across the LLR.

As illustrated in Appendix 1, responses are varied across Leicester, Leicestershire and Rutland. Overall satisfaction with social services is high in Rutland in addition to the high proportion who feel they have been included and consulted in discussions about the person they care for. All areas have seen a small increase in the proportion who find it easy to find information about services, however less than a third of carers across LLR felt they had as much social contact as they would like. Results are static for Leicester and Leicestershire however this is a significant reduction for Rutland who reported 46% in 2014/15. Leicester City and Rutland have improved the proportion of carers who have been included or consulted about the person they care for however Leicestershire have a clear drop.
This highlights opportunities to learn from local best practice, but also evidences a need to improve local carer experience as a whole.

Every two years local authorities conduct a postal survey of unpaid carers, The Survey of Adult Carers in England (SACE). The survey asks questions about quality of life and the impact that the services they receive have on their quality of life. In October 2016 surveys were sent to a selection of 1812 carers, 771 responses were received. Responses from these surveys feed into the ASCOF scores.

6.   Current carer support

A number of carer support services are commissioned across LLR including support groups, support to complete a carers assessment form and websites full of useful information and advice for carers including information on local services. Through an assessment process carers may also receive a personal budget, and councils can provide respite to give carers a break from caring (including breaks for parent carers).

In addition to the services common across LLR Leicestershire County Council also commissions online forums where carers can meet other local carers and a telephone befriending service specifically for carers. Rutland County Council has dedicated adult social care carer's workers who specifically carry out carers assessments, and funds fortnightly carers support and drop in sessions for carers and parent carers.

LLR Clinical Commissioning Groups have implemented carers charters and promote carer support throughout services and in partnership with local authorities. There are a number of hospital social work teams aiming to bridge the gap between health and social care services to provide a fluid service. Rutland operates a fully integrated service where therapists and health professionals are also able to carry out carers assessments.

Across LLR with the contracted provider for young carers there have been a range of approaches including but not limited to awareness raising talks and presentations, media work; stands and stalls at events. This provider undertakes young carers statutory assessments and is implementing a family based support plan, to include as required: service co-ordination, one to one support, advocacy, support with education, employment and training, grants, inclusion work, access to holidays, ID card, signposting and referral to other agencies, under 12's group work, decorating and garden challenges.

Throughout 2016/17 work was undertaken to raise the profile of young carers across Leicestershire the aim of this work was to build carer friendly communities, promote the issues young carers face, support recognition of the signs of young caring, and strengthen the shared responsibility between services and the resources available to support young carers.

The education system was targeted from primary level right up to university and each educational establishment visited was asked to have a 'named' member of staff (to be known as 'Young Carers Champion') who proactively promotes the young carers agenda, thus increasing the likelihood of young carers being identified. This has created a network of Young Carer Champions.

7.   What LLR Carers say

The challenges a carer faces will be dependent on numerous factors and are individual to that carer. In order to attain a richer insight into the experiences of local carers, a range of engagement approaches were adopted in addition to analysis of survey and performance data already available.

Events were held over the summer of 2017 to ensure carer experiences and views were captured from a diverse range of carers within different caring roles and at varying stages of their caring journey. Fifteen workshops and focus groups were conducted. Numerous questionnaires and an online survey also ensured carers were given the opportunity to have their voice heard.

Through these events and further focus groups, workshops and questionnaires, over 300 carers have shared their views and experiences based around issues that we know are important to carers, such as recognition, identification, health and wellbeing, having a life outside of caring and supportive communities.

The carers were from a range of backgrounds: including parent carers, carers of different ethnic origins, young carers, older carers and working carers. Contributions were received through numerous partners, including, Leicestershire District Councils, Healthwatch, and from a number of local voluntary sector organisations. Outcomes were captured, coded and themed, in order for the most common experiences, concerns and potential solutions to be drawn from the variety of sources. In brief, key areas highlighted include:

Access to appropriate information and advice: carers lacked clarity in relation to where to look for information, not having access to digital information and provision of information not only for the carer but

information that supports the cared for individual .

"Getting correct information that is up to date can be an issue"

"Making clear the support that is available, so that a person with a disability knows they can cope without a carer"

"Temples/faith groups /clubs help with social isolation"

Access to good quality services for both carers and the cared for: Carers want good quality services for both themselves and the cared for person. Before they are happy to access any type of service for themselves they need to know the cared for person is being appropriately supported.

"Need better quality support services for carers and family"

"Need some joint services for carers and cared for so we can get out together"

Increasing understanding in society of what a carer is: There is a need to increase early identification of carers but also to ensure that once identified people understand the issues they face and value the contribution they make.

"Being listened to as a family carer as someone who knows some of the problems the person has and recognising how the caring impacts on us as carers."

"Carers don't recognise being a carer as a separate role"

"Need to educate people on what a carer is"

The carers engagement work provided a real insight into the things that are important to carers locally, and their views on things that needed to be improved. It was clear that carers needed support, breaks from caring, and the opportunity to take care of themselves more, but it was also clear that small changes organisations can easily make could have a big impact on valuing carers.

"We need to feel valued and respected as people who provide help. This means that we have a lot of knowledge that is important about the person we care for and how they need help."

"Carers who are willing and able to care for their vulnerable family or friends need to be considered as co-partners in the delivery of care and support". Healthwatch Leicestershire Carers Lead

In addition to the engagement activity, a focussed research activity has been undertaken specifically considering issues faced by 30 women carers between the ages of 45-65 (the group that provides the highest amount of unpaid care) findings from the research were in line with the findings from engagement activity undertaken.

Alongside wishing for more help in their caring role, family background and values, culture and religion played a part as to why these women were caring. Asian and Asian British participants of the study described cultural and moral expectations from local communities that they provided the care required themselves and reported they would feel ashamed if they paid someone else to do it[17].

The research confirmed that those in caring roles who work will reduce or compress their working hours to accommodate their caring duties, some participants reported staying longer than they would have liked to have done in their existing roles because of their working pattern and ability to manage their caring alongside employment.

However there were examples where the caring role had prompted what they termed as positive changes in their working lives, including limiting the number of hours worked per week but at the same time progressing their career development.

"… I've spoken to people in the past who are carers who are wanting to go back to work and they don't see that they have any skills… "hang on a minute, you run a house, you liaise over 4 kids and after school clubs and you do this, that and the other. You know you've got huge organisational skills…. it's having that wherewithal to think 'well actually what I did now converts to x, y and z'. …Because there is a huge skill set in caring,
-Research participant

Recommendations from the research paper include that organisations and carer services manage diversity and not equality – personalising support and opportunities as although they may be perceived to be in similar situations what support is needed may be different for individuals. Organisations should have clear and concise polices to support working carers that are not open to interpretation. They should, offer guidance and coaching to managers and opportunities for carers and that women are encouraged to discuss personal development in their careers, should they wish to, utilising skills developed while caring. Additionally, carers should be supported in the development of further skills required for caring.

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[17] Oldridge L (forthcoming), Care(e)rs: An examination of the care and career experiences of mid-life women who combine formal employment and informal caring of a dependent adult, To be submitted as a PhD Thesis 2017, De Montfort University, UK

8. Key priorities and associated actions

Partners across LLR have drawn together national guidance, local data, the key themes from the engagement activity undertaken, and considered the local carers offer to determine key areas of development and improvement during the lifetime of this strategy. They are illustrated as key priorities, and for each priority high level partnership actions have been determined.
More detailed action plans incorporating individual organisational actions will be developed during the consultation phase of this strategy.

			LLR's commitment to support a carer's journey				
1 **Carer Identification**	**2** **Carers are valued and involved**	**3** **Carers Are Informed**	**4** **Carer Friendly Communities**	**5** **Carers have a life alongside caring**	**6** **Carers and the impact of Technology Products and the living space**	**7** **Carers can access the right support at the right time**	**8** **Supporting young Carers**

Partnership response

Raising staff awareness across partner organisations Proactive communications to the wider public	Recognition of carers at all parts of the pathway Involvement of carers in service changes and new initiatives	Awareness raising and targeted training for frontline staff. Improving access to Information and Advice	Embedding carer awareness Support the development of local initiatives	Promoting carers within our organisations and other employers Support carers through flexible policies Benefits advice Flexible and responsive carer respite	Involving carers in housing related assessments, understanding carers perspectives Simplifying processes and ensuring information is consistent	More effective partnership working Supporting carers to develop skills Support offer that is flexible and appropriate to needs	Focus on whole family Awareness raising and early identification Transitioning to adult services

Priority 1. Carers are identified early and recognised- Building awareness of caring and its diversity	
What we found	**What we will do**
Carer identification was a key theme. Services that work with carers reported a difficulty in getting carers to recognise themselves as carers. Carers described not accessing support until they reached crisis point as they had not recognised themselves as carers before that point.	• The partnership will increase awareness of unpaid carers to the general public. Promoting identification of carers through pharmacies, housing representatives and other frontline workers. • LLR Clinical Commissioning Groups will include information on carers and increase carer awareness in practice staff inductions. They will aim to increase the number of carers identified on GP practice registers.
How will we know if it's worked?	
• Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services • Increase in carers referred to carer support services • Increase in the uptake of carers assessments	

Priority 2.Carers are valued and involved - Caring today and in the future	
What we found	**What we will do**
Carers do not feel supported, valued or empowered in their caring role, often not being kept informed, or not seen as a key partner in care.	• The partnership will work to develop a joined up approach to carer involvement across the health and social care pathway, with an initial focus on preventing admissions and supporting discharges from hospital. • We will ensure carer perspectives are recognised in future commissioning activity across LLR • We will share training tools that support carer awareness and involvement
How will we know if it has worked	
• Increased satisfaction level from carers within the next carers survey • Increase in carers known/ receiving assessment by local authorities	

Priority 3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting	
What we found	**What we will do**
There was recognition through engagement that information about carer issues was difficult to find and carers needed to actively seek out support and information rather than it being offered.	• We will strive to develop an integrated, partnership approach to information and advice across organisations, teams and resources. • All Partners will raise awareness of the local carers offer
How will we know if it has worked	
• Increase in the proportion of carers who find it easy to find information about services • Increase in carers identified and assessed • Increase in access to carer support groups	

Priority 4. Carer Friendly Communities	
What we found	**What we will do**
Feedback included carers wanting services and support available "in smaller pockets within localities as access to services is often difficult due to the obscure shape of the localities". Other feedback from carers included "help should be offered rather than having to ask for it" Those in minority or geographically isolated groups need support too.	• The partnership will work with local communities' to aid early identification of carers and promotion of carer awareness. They will specifically target communities and groups that don't traditionally identify themselves as carers or who may struggle to access support. This will include working alongside broader partners, such as district councils, educational services, parish councils and across the voluntary sector. A key theme will be planning for the future and preventing crisis. • The partnership will encourage/ support growth of new carer support groups in localities and hard to reach communities.
How will we know if this has worked	
• Local community groups being accessed • Increase in carers identified and assessed, and increase in carer quality of life	

Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing	
What we found	**What we will do**
Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work Carers cite financial worries as one of their biggest concerns. Carers highlighted that they often neglect their own health and wellbeing Carers also felt respite was essential to enable to them to continue within their caring role.	• The partnership will work with local employers to raise awareness of carers in employment – cascading supporting policies and procedures • Partners will improve support to the carers we employ through flexible policies • Partners will ensure there is flexible and responsive respite provision to enable carers to have a break, including short breaks to families with a child with Special Educational Needs and Disability. • The partnership will work to ensure that carers are encouraged to take up screening invitations, NHS Healthchecks and flu vaccinations, where relevant.
How will we know if it has worked?	
• Employee carers groups will grow and information will be regularly shared to support carers at work • More carers feel they have as much social contact as they want • Increase in carer quality of life	

Priority 6. Carers and the impact of Technology Products and the living space

What we found	What we will do
The home environment plays a key part in enabling a carer to undertake their caring role. A carers perspective should be considered throughout relevant assessment processes. Although most workers would consult carers and some positive feedback was received the approach was not consistent. It was also found across LLR local authorities do not hold enough information on carers and their tenure status. Some Leicestershire carers found equipment often took a long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care..	• The partnership will work to ensure carers are recognised, considered and where possible involved in housing, equipment or adaptations processes. • All organisations will support carer awareness within housing departments. LLR aim to gather more information on carers and tenure status to better determine the effects of housing on the caring role

How will we know if it has worked

- Carer involvement during the initial assessment
- Guidance across all districts giving the same advice
- More information and better understanding of the relationship between carers and housing tenure status

Case Study

A Leicestershire based carer required a stair lift for her mother and made the initial call to Leicestershire County Council in September 2011 requesting an assessment. An Occupational Therapist visited the cared for in January 2012 to carry out an assessment and in February 2012 made a referral to the locality housing team and the stair lift was fitted in May 2012. This meant that the family waited eight months for a stair lift. When this case was scrutinised it was found the delays were caused by the amount of time the referral took to be transferred to the district council.

Priority 7. Carers can access the right support at the right time - Services and Systems that work for carers	
What we found	**What we will do**
Carers wanted to receive support that recognised their individual circumstances, and sometimes needed support to navigate through the system. Throughout all engagement work carers felt access to services was challenging due to lack of integration (with the exception of many carers based in Rutland) and felt the services they received were often disjointed due to interdepartmental transfers or change in funding streams. Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together.	• The LLR partnership will consider carers in the development of integration projects and work to join up/ align commissioning practices to avoid duplication/ lack of alignment. • The partnership will work to ensure that carers are encouraged to take up screening invitations, NHS Healthchecks and flu vaccinations, where relevant. • LLR- training for use of equipment for changes in housing – direct one to one training through OT in Rutland and Leicestershire
How will we know if it has worked	
• Improvements in carer quality of life and satisfaction with social services.	

Priority 8. Supporting young Carers

What we found	What we will do
Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children's to adult services. Young Carers often miss education due to their caring responsibilities this can impact on them when it comes to employment. Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time.	• The partnership will work together to maximise the identification of young carers by working with schools to raise awareness across the area. • We will focus on the transition from children's to adults' services using the whole family approach to ensure a smooth handover, and work with employers and young carers to support them into further/higher education or employment.

How will we know it has worked

- Evaluation of the assessments showing improved outcomes and a reduction in needs
- Improved school attendance and higher achievement academically leading to greater potential to access employment
- Clear identification of young carers in education settings leading to an increase in referrals for assessments and/or group work support
- Group work outcomes will show positive impact reducing the need for support services involvement with families

57

9. Monitoring progress

As part of the Sustainability and Transformation Plan (STP) governance structure, the Carers Delivery Group have led on the development of this strategy and recognise the impact that positive carer support can have across all workstreams. The group will work alongside partners to ensure the carers perspective is considered and responded to.

During the consultation phase more detailed action plans will be developed to further capture both partnership and ensure all key activities, timescales and measures of impact are in place. These action plans will be overseen by the Carers Delivery Group which will report progress to the Home First Programme Board.

In order to ensure the involvement of carers in overseeing delivery of the strategy, a carers reference group will be created which will track progress against key milestones.

10.   Conclusion

Whilst recognising the significant contribution that carers make across the health and social care economy, it is clear from our review of evidence and through significant engagement undertaken, that more can be done to recognise, value and support carers across Leicester, Leicestershire and Rutland.

This strategy recognises that improvements in carer support will not only contribute to improved health and wellbeing for those with caring responsibilities, but will also help the local health and social care economy rise to the challenges of a changing local population.

Appendix 1 – Adult Social Care Outcomes Framework

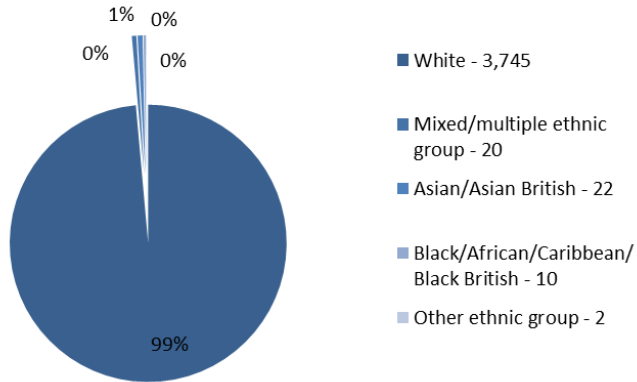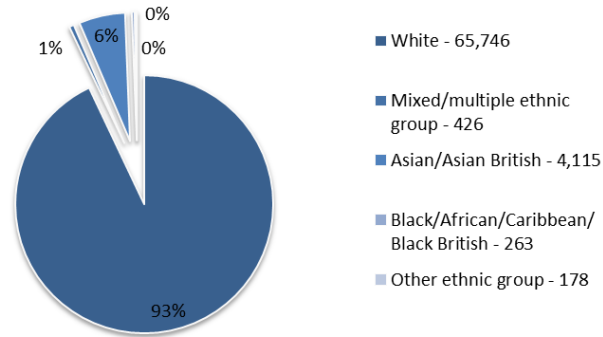|	Measure		2012-13	2014-15	2016-17
1D	Carer reported Quality of Life	NATIONAL	**8.1**	**7.9**	
		LCC	7.9	7.4	7.5
		CITY	7.1	7.2	7.2
		RUTLAND	9.0	8.4	7.9
1I (2)	% of carers who felt they had as much social contact as they would like	NATIONAL	**N/A**	**38.5 %**	
		LCC	N/A	32.5%	31.4%
		CITY	N/A	31.9%	31.0%
		RUTLAND	N/A	46%	31.1%
3B	Overall satisfaction of carers with social services	NATIONAL	**42.7**	**41.2 %**	
		LCC	43.3%	41.2%	31.2%
		CITY	37.9	37.7%	43.5%
		RUTLAND	62.4	55.8%	62.1%
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	NATIONAL	**72.9**	**72.3 %**	
		LCC	75.6%	72.5%	68.5%
		CITY	63.5	68.5%	70.7%
		RUTLAND	92.6	76.7%	84.6%
3D (2)	The proportion of carers who find it easy to find information about services	NATIONAL	**71.4**	**65.5 %**	
		LCC	65.5%	58.4%	63.5%
		CITY	52.5	55.5%	57.3%
		RUTLAND	78.0	76.8	79.5%

Appendix 2: Affect on carers Health
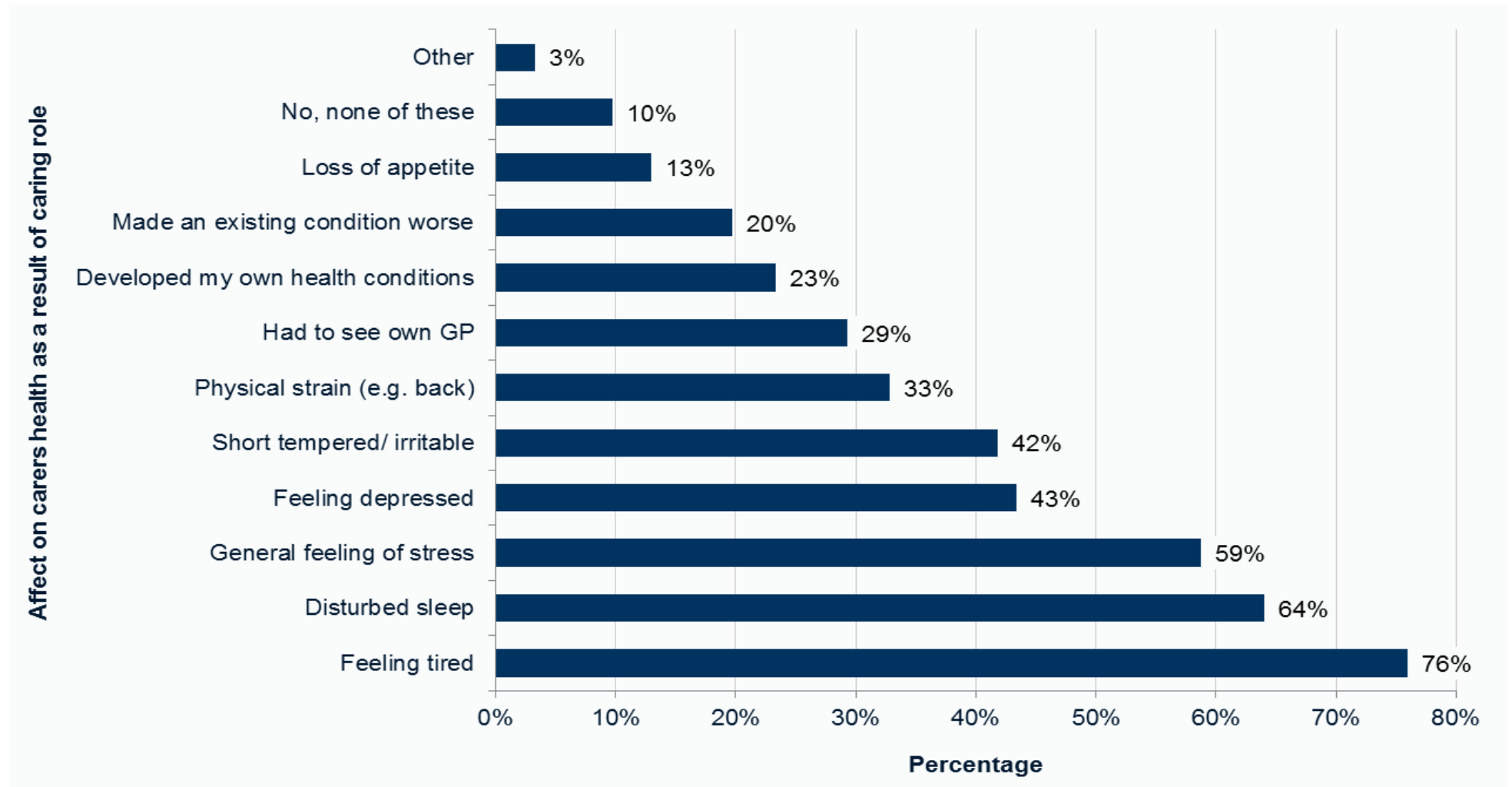
Source: SACE, NHS Digital

Appendix 3: Carers ethnicity breakdown and Young carers statistics

Carers Ethnicity Rutland

1% 0%
0%
0%
99%

- White - 3,745
- Mixed/multiple ethnic group - 20
- Asian/Asian British - 22
- Black/African/Caribbean/Black British - 10
- Other ethnic group - 2

Carers Ethnicity Leicestershire

0%
1% 6% 0%
93%

- White - 65,746
- Mixed/multiple ethnic group - 426
- Asian/Asian British - 4,115
- Black/African/Caribbean/Black British - 263
- Other ethnic group - 178

Age of LLR Carers

2%
6%
9%
26%
36%
21%

- Age 0 to 15
- Age 16 to 24
- Age 25 to 34
- Age 35 to 49
- Age 50 to 64
- Age 65 and over

LLR Young Carers Age 0 to 15

10%
9%
81%

- Provides 1 to 19 hours unpaid care a week
- Provides 20 to 49 hours unpaid care a week
- Provides 50 or more hours unpaid care a week

LLR Young Carers Age 16 to 24
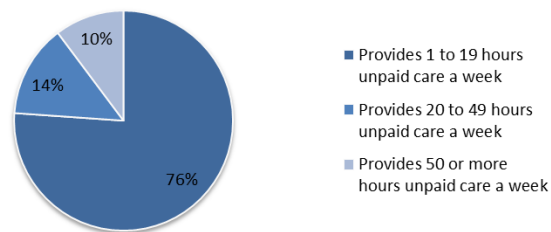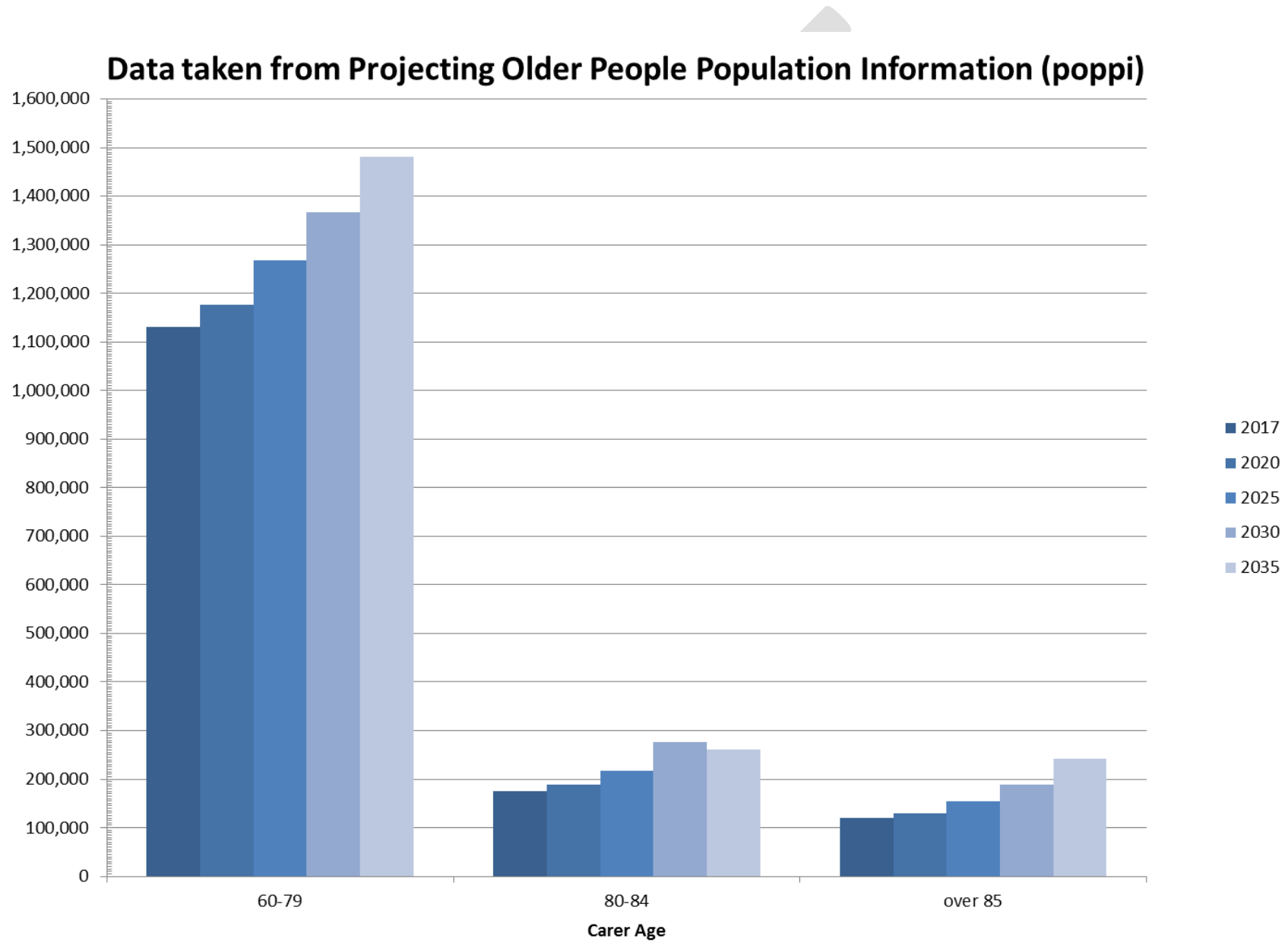
10%
14%
76%

- Provides 1 to 19 hours unpaid care a week
- Provides 20 to 49 hours unpaid care a week
- Provides 50 or more hours unpaid care a week

25

Appendix 4: Poppi data

Data taken from Projecting Older People Population Information (poppi)

Chart legend: 2017, 2020, 2025, 2030, 2035

X-axis (Carer Age): 60-79, 80-84, over 85

Have your say on the Leicester, Leicestershire and Rutland draft Joint Carers Strategy 2018-2021

Recognising, Valuing and Supporting carers in Leicester, Leicestershire and Rutland.

.

Tell us how this might affect you

Online: (insert link)

For general enquiries or comments about this consultation phone **0116 305 0232** or email ascengage@leics.gov.uk

Public consultation: The consultation runs from <insert date>. Submit your views by <insert date>

Introduction

Over six and a half million people in the UK are carers.

Looking after a person that you care about is something that many of us want to do. Caring can be very rewarding, helping a person develop or re-learn skills, or simply helping to make sure your loved one is as well supported as they can be.

The draft Joint Carers Strategy 2018-2021 sets out a shared vision and priorities for recognising, valuing and supporting carers by Leicester City Council, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland. Partner organisations that have been involved in the development of the strategy include Healthwatch (Leicester, Leicestershire and Rutland), Alzheimer's Society, The Carers Centre, Voluntary Action South Leicestershire (VASL) Barnardo's and Age UK Leicestershire.

The strategy has been developed using analysis of survey and performance data, and updates from the National Carers Policy Network, but with a clear focus on local carer views and experiences collected through significant engagement undertaken during the summer of 2017.

Key priorities have been identified to support carers across LLR to continue in their caring role and to maintain their own health and wellbeing.

We have described our planned actions for each priority and we want to know your views on these: this feedback will be used to develop our detailed action plans which will support the Joint Carers Strategy.

Further information on the proposals can be found in the draft Joint Carers Strategy 2018-2021 *<add link>*.

Why do we need a new strategy?

The previous carers strategy has expired (the previous strategy was valid until 2016). Legislation and national guidance with regards to the role and duties of Local Authorities and NHS bodies towards carers has changed and therefore our carers offer and support needs to be adapted to incorporate these changes.

The strategy also seeks to respond to the issues related to caring that have been highlighted locally and set out how the partners signed up to this strategy will work together to address these.

Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support.

Not all carers relate to the term 'carer' and see the caring responsibilities they carry out as part of another role, i.e. as a wife, husband, daughter, friend etc. However, for the purpose of this strategy we consider anyone providing unpaid support to individuals who could not cope without their support, as carers.

There are many different types of carers, including

- Working Carers – a carer who juggles paid work with unpaid caring responsibilities
- Older Carers – an unpaid carer aged 60 or over
- Parent/Family Carers- A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility
- Young Carers- a child or young person, aged 18 years or under, who provides regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances
- Multiple Carers/Sandwich Carers – those with caring responsibilities for different generations, such as children and parents

Who is it for?

This strategy is for all unpaid carers who are caring for someone that lives in Leicester, Leicestershire or Rutland and seeks to improve services for them through the work we carry out with our partners.

The strategy will be used by stakeholders (anybody who can affect or is affected by this strategy, including organisations and people) to alert them to the needs identified by our local carers, and the way we propose to support them.

The strategy will highlight to a broad range of organisations, local communities and individuals the prevalence of caring, and the significant impact it can have on carers lives.

What are we consulting on?

We are consulting and seeking feedback on the draft Joint Carers Strategy 2018-2021.

We are seeking feedback about our priorities and our commitments in relation to those priorities.

Our priorities

We have engaged with those who use our carers' services and partners from across LLR and 8 key priorities have been identified:

1. **Carer Identification**
   - We will raise staff awareness across partner organisations
   - Proactive communication to the wider public

2. **Ensuring carers are valued and involved**
   - Recognition of carers at all parts of the pathway
   - Involvement of carers in service changes and new initiatives

3. **Carers are informed**
   - Awareness raising and targeted training for frontline staff.
   - Improving access to Information and Advice

4. **Carer Friendly communities**
   - Embedding carer awareness
   - Support the development of local initiatives

5. **Carers have a life alongside caring**

   - Promoting carers within our organisations and other employers
   - Support carers through flexible policies
   - Benefits advice
   - Flexible and responsive carer respite

6. **Carers and the impact of technology products and the living space**
   - Involving carers in housing related assessments, understanding carers perspectives
   - Simplifying processes and ensuring information is consistent

7. **Carers can access the right support at the right time**
   - More effective partnership working
   - Supporting carers to develop skills
   - Support offer that is flexible and appropriate to needs

8. **Supporting young carers**
   - Whole family working
   - Awareness raising and early identification
   - Transitioning to adult services

Each partner will support these key priorities through their own individual action plans, based around their carers offer.

Further information about the priorities and our commitments in relation to these priorities can be found in the draft Carers Strategy *<add link>*.

How will the consultation work?

The consultation begins on <insert date> and will end at midnight on <insert date>.

During this period, we will be holding engagement events as part of the consultation process.

To submit your views please fill out the consultation questionnaire and make sure it reaches us by midnight on <insert date> at the latest. The survey is available online at (insert link)

Paper copies of the questionnaire can be requested by calling **0116 305 0232**

If you are able to, please complete the questionnaire online as it will save us money.

You can send your completed questionnaire to the following freepost address:

LLR Carers Strategy
Leicestershire County Council
Have Your Say
FREEPOST NAT 18685
Leicester
LE3 8XR

If you need help to complete the questionnaire or have any questions about the consultation, please call **0116 305 0232** or email ascengage@leics.gov.uk

You can telephone **0116 305 0232** to ask for information in alternative formats.

What happens next?

When the consultation closes in <insert month>, we will update the strategy taking into account views that have been expressed.

You can keep up to date with progress

Visit us online: <insert link>

Our web pages will be kept up-to-date with the latest information and developments. You'll also be able to access the survey here.

Have your say on the Leicester, Leicestershire and Rutland draft Joint Carers Strategy 2018-2021

Recognising, Valuing and Supporting carers in Leicester, Leicestershire and Rutland.

Thank you for participating. Your responses to the main part of the survey (Q1 to Q11, including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Any responses to the questions in the 'About you' section of the questionnaire will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

Q1   In what role are you responding to this consultation? (please tick more than one box if applicable)
☐ Young Carer (aged under 18)
☐ Young Adult Carer (aged 18-24)
☐ Person who uses social care
☐ Family member/carer of an adult or child who uses social care
☐ Family member/carer of an adult or child who does not use social care
☐ Interested member of the public
☐ Member of council staff
☐ Employee of a social care provider
☐ Representative of a voluntary sector organisation or charity
☐ GP/pharmacist or other healthcare professional
☐ Other professional/stakeholder, e.g. elected member, council representative, business etc.
☐ Other (please specify below)
Other (please specify)
_____
_____
_____

Q2   If you are a representative of a service provider, voluntary organisation/charity, GP/pharmacist or other professional/stakeholder, please provide your details.
Name: _____
                 _____
                 _____

Organisation: _____

This information may be subject to disclosure under the Freedom of Information Act 2000

Q3   Are you commenting on services in (tick as many as applicable)

Leicester ☐
Rutland ☐
Leicestershire
Blaby ☐
Charnwood ☐
Harborough ☐
Hinckley and ☐
Bosworth
Melton ☐
North West ☐
Leicestershire
Oadby & Wigston ☐

The way we will work

The draft carers strategy has eight "key priorities", and for each priority high level partnership actions have been determined.

More detailed action plans incorporating individual organisational actions will be developed during the consultation phase.

Carers are Identified early and recognised
- We will raise staff awareness across partner organisations
- Proactive communication to the wider public

Carers are Informed
- Awareness raising and targeted training for frontline staff
- Improving access to Information and Advice

Carers have a life alongside caring
- Promoting carers' within our organisations and other employers
- Support carers through flexible policies
- Benefits advice
- Flexible and responsive carer respite

Carers can access the right support at the right time
- More effective partnership working
- Supporting carers to develop skills
- Support offer that is flexible and appropriate to needs

Carers Are Valued and Involved
- Recognition of carers at all parts of the pathway
- Involvement of carers in service changes and new initiatives

Carer Friendly Communities
- Embedding carer awareness
- Support the development of local initiatives

Carers and the impact of Technology Products and the living space
- Involving carers in housing related assessments, understanding carers perspectives
- Simplifying processes and ensuring information is consistent

Supporting young carers
- Whole family working
- Awareness raising and early identification
- Transitioning to adult services

Q4   To what extent do you agree or disagree these should be our key priorities?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
☐	☐	☐	☐	☐

Why do you say this? Is there anything else you think we should consider?

_____
_____
_____
_____

Q5 Please rank in order of importance the priorities for us to focus on?
(1 highest priority – 8 lowest priority)

Carer Identification	☐	Carers Are Valued and Involved	☐
Carers are Informed	☐	Carer Friendly Communities	☐
Carers have a life alongside caring	☐	Carers and the impact of Technology Products and the living space	☐
Carers can access the right support at the right time	☐	Supporting young carers	☐

Q6 Are there any another priorities you think should be included in the strategy?"

_____
_____
_____
_____
_____

The proposed strategy

Q7 How well, if at all, does the draft carers strategy accurately reflect carers issues?

Very Well	Fairly Well	Not Very Well
☐	☐	☐

Not at all Well	Don't know
☐	☐

Q8 Do you have any other comments about the strategy?

_____
_____
_____

Current Support

Q9 Do you currently access services for carers

Yes	No
☐	☐

If YES what is the primary support service you access?

_____
_____
_____

How satisfied or dissatisfied are you with the support you receive?

Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied
☐	☐	☐	☐

Q10 Do you have any other comments about current carers services

_____
_____
_____

Q11 What would make a difference to your life as a Carer?

_____
_____
_____

Q12 If you are happy to be contacted about future reviews of the services you receive please add your contact details here. (These details will not be shared with 3rd parties)
Name
Address
Email
Telephone

About you

We are committed to ensuring that its services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

We would therefore be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q13   What is your gender identity?
        ☐   Male
        ☐   Female
        ☐   Other (e.g. pangender, non-binary etc.)

Q14   Is your gender identity the same as the gender you were assigned at birth?
        ☐   Yes
        ☐   No

Q15   What was your age on your last birthday? (Please enter your age in numbers not words)

_____

Q16   What is your full postcode? This will help us understand where there is demand for our services

_____

Q17   Do you have a long-standing illness, disability or infirmity?
☐   Yes
☐   No

Q18   What is your ethnic group? Please tick one box only.
☐   White   ☐   Black or Black British
☐   Mixed   ☐   Other ethnic group
☐   Asian or Asian British

Q19   What is your religion?
☐   No religion   ☐   Jewish
☐   Christian (all denominations)   ☐   Muslim
☐   Buddhist   ☐   Sikh
☐   Hindu   ☐   Any other religion

Q20   Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it, but we would be grateful if you could tick the box next to the category which describes your sexual orientation.
☐   Bi-sexual   ☐   Lesbian
☐   Gay   ☐   Other
☐   Heterosexual / straight

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. The information will be held in accordance with the council's records management and retention policy.

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Equality & Human Rights Impact Assessment (EHRIA)

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

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

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

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

Key Details	
Name of policy being assessed:	Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2018-2021
Department and section:	Adults and Communities – Commissioning & Quality
Name of lead officer/ job title and others completing this assessment:	Nicki Jarvis & Chetna Keshav - Carers Officer Amanda Price – Commissioning Business Manager
Contact telephone numbers:	0116 305 9382 or 0116 305 3982
Name of officer/s responsible for implementing this policy:	Nicki Jarvis & Chetna Keshav - Carers Officers
Date EHRIA assessment started:	07.08.2017
Date EHRIA assessment completed:	

Section 1: Defining the policy

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

1	What is new or changed in this policy? *What has changed and why?* **A new LLR Carers strategy is required as the current strategy ran 2012-2015 with an interim strategy in place since this time. In light of delays to the development of the New National Strategy it has been decided locally to develop a joint strategy alongside Leicester, Leicester and Rutland, across Health and Social Care, which recognises the changing local landscape and the increasing need to effectively support carers.** **The strategy will be developed to ensure that Care Act requirements are adhered to and meet the requirements of any new national strategy or national guidance where available** **A draft strategy has been developed alongside unpaid carers with the intention to conduct a formal consultation during the winter or 2017/18. The consultation will further inform this EHRIA which will be reported back to the DEG, and finaly to the cabinet early next year, with a view to ensuring a new strategy and associated action plan is in place from April 2018.**
2	Does this relate to any other policy within your department, the Council or with other partner organisations? *If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.* **In relation to Leicestershire County Council the strategy will relate to a number of other policies and strategies held including: the Adult Social Care Strategy, the Older Persons and Working Age Adults Accommodation strategies, and the Adult Social Care Workforce strategy The development of the strategy has also been aligned with the refresh of Leicestershire County Councils Communities Strategy.** **As part of the overarching Sustainability and Transformation Plan governance, the Carers Strategy is expected to relate to a significant number of emerging plans across LLR. In particular the emerging Mental Health, and Dementia Strategies and the Home First Programme will need to ensure alignment with the outcomes of the final Carers Strategy.** **Partner Organisations who will be signing up to this strategy are:** **Leicester City Council** **Rutland County Council** **Leicester city, West Leicestershire and East Leicestershire and Rutland CCG's.** The final strategy is expected to inform specific commissioning decisions relating to carers, not only for Leicestershire but across partner organisations.
3	Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?

	The target group are unpaid carers across LLR and the intention is to develop a new strategy for all age carers across Leicester, Leicestershire and Rutland with the aim of improving carer wellbeing and ensuring information, advice and support is tailored to needs across a broad spectrum of carers. This includes young carers, parent carers, older carers, long term carers and those new in their caring role. **Unpaid carers contribute significantly to the health and social care economy and carer wellbeing can be significantly negatively impacted. It is therefore necessary to ensure carers are identified, recognised and supported to continue in their caring role.**				
4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? **(Please tick and explain how)**				
		Yes	**No**	**How?**	
	Eliminate unlawful discrimination, harassment and victimisation	X		Raise awareness of carers issues and impact of caring – ensure fair access to support	
	Advance equality of opportunity between different groups	x		Through increased awareness of unpaid carers and services available	
	Foster good relations between different groups	x		Through integrated working with Health partners and other local authorities, across a broad spectrum of communities.	

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

Section 2: Equality and Human Rights Impact Assessment Screening
The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

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

Section 2 **A: Research and Consultation**			
5.	Have the target groups been consulted about the following?	**Yes**	**No***
	a) their current needs and aspirations and what is	x	

		Yes	No
	important to them;		
	b) any potential impact of this change on them (positive and negative, intended and unintended);	x	
	c) potential barriers they may face	x	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	x	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	x	
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		

Section 2 **B: Monitoring Impact**			
9.	Are there systems set up to:	**Yes**	**No**
	a) monitor impact (positive and negative, intended and unintended) for different groups;	x	
	b) enable open feedback and suggestions from different communities	x	

Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2   **C: Potential Impact**

10.

Use the table below to specify if any individuals or community groups who identify with any of the 'protected characteristics' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

	Yes	No	Comments
Age	**X**		**This a broad all age strategy and the actions within it will aim to have a positive impact on all carers. It is recognised however that, due to the locally ageing population profile in Leicestershire and Rutland, there will be a**

				growing number of older carers requiring advice, information and support. Therefore actions developed as a result of the final strategy will recognise that carer support will need to be accessible for carers within this age group. In addition, it has been highlighted that the identification of young carers is an issue across LLR. Actions will ensure there are specific efforts to identify young carers and provide age appropriate support.
	Disability	X		Unpaid carers play a significant role in supporting those with disabilities and supporting carers well can lead to improved outcomes, including preventing crisis. It must also be recognised that, particularly in line with the rising older population, a number of carers may also have disabilities. The strategy will therefore recognise the importance of ensuring carers own health and wellbeing is considered and supported.
	Gender Reassignment	X		Ongoing engagement with carers has recognised that there may be specific groups who are less likely to be willing to access support. Further work will be required to understand specifically the issues relating to gender reassignment, but the strategy and resulting action plan will aim to increase the accessibility of information, advice and support for all groups with protected characteristics.
	Marriage and Civil Partnership	X		As per the Care Act, it is crucial to establish whether an individual is both able and willing to undertake caring responsibilities. Engagement has highlighted that carers

			can often experience a blurring of their status as a partner/ wife/ husband when undertaking a caring role. The strategy will aim to ensure that the potential for assumptions to be made regarding willingness to care are minimised.
Pregnancy and Maternity	X		An increasing number of carers are likely to have dual caring responsibilities. For example a carer may have a young child with disabilities, but also have caring responsibility for their parents. In addition further information is required relating to young carers. Therefore the potential impact for this protected characteristic will be further explored during the consultation period.
Race	X		LLR as a whole has a varied demographic profile in relation to race. It is critical that regardless of race all carers are effectively identified and supported to access the support they need. The strategy will aim to ensure that support for carers is inclusive and accessible for all. Further engagement and consultation will determine any potential access/ support issues in relation to race.
Religion or Belief	X		Engagement activity has highlighted that there may be a greater reluctance to access support for individuals from particular religions or with particular beliefs. Further evidence will be collated during the consultation phase, but the strategy will aim to ensure active identification and promotion of support where there may be a greater reluctance to access that support. The

				strategy will also ensure that the way in which support is promoted is inclusive.
	Sex	X		As evidenced within census data and local social care data, a higher proportion of carers are female. Due to the potential negative impacts that caring can have, including wellbeing, health and financial impacts, the greater impact on females will be recognised and responded to within the strategy.
	Sexual Orientation	X		Further exploration of the specific impact of caring relating to sexual orientation is required. However the Strategy will aim to ensure that carer wellbeing and support is inclusive and accessible for all, and promotion is targeted where there is a deemed underrepresentation in terms of access to support.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	x		It has been identified through early engagement that carers find it difficult to access services in rural communities. Carers are reported to often neglect their own health and wellbeing, and often highlight financial worries and problems in accessing/ maintaining employment. All of the above impacts will be considered and reflected in the priorities within the strategy.
	Community Cohesion	x		A specific element of the draft strategy is to consider the impact that local communities can play in supporting carers. Engagement to date has already highlighted the value of local support. Therefore specific actions will be developed that are likely, in turn, to have a positive impact on community cohesion.
11.				

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

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

	Yes	No	Comments
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	x		**Local engagement, supported by national research has highlighted that caring can have a significant impact on opportunities for carers to lead a fulfilling life. A key aim of the strategy will be to support carers to have a life outside of caring, and to support their own health and wellbeing. It will also ensure assumptions are not made about ability or willingness to care.**
Article 3: Right not to be tortured or treated in an inhuman or degrading way	x		**The strategy recognises the significant pressure often associated with caring responsibilities and aims to improve carer wellbeing through access to support and relevant services, minimising the potential for carers to be relied upon inappropriately.**
Article 4: Right not to be subjected to slavery/ forced labour	X		**The strategy ensures carers understand that caring is a choice and help is available if they need it. This is especially relevant where the role of young carers is considered.**
Article 5: Right to liberty and security		X	
Article 6: Right to a fair trial		X	
Article 7: No punishment without law		X	
Article 8: Right to respect for private and family life	x		**Engagement with carers has highlighted the difficulty of maintaining a life outside of caring and the blurring of**

			identify (e.g. wife v carer). The Carers strategy will aim to ensure that carers are enabled to maintain other relationships aside from their caring role and where assessments are undertaken, will aim to only ask questions which are relevant to their caring role.
Article 9: Right to freedom of thought, conscience and religion	x		**Through access to tailored and flexible carer support within the local community setting.**
Article 10: Right to freedom of expression	X		**Survey results, reinforced through engagement, has highlighted that carers often do not feel listened to, or involved in discussions about the care of the individual they support. The strategy will ensure carer awareness is increased and front line professionals provide opportunities for carers to express their views.**
Article 11: Right to freedom of assembly and association		X	
Article 12: Right to marry		X	
Article 14: Right not to be discriminated against	x		**Engagement specifically with working carers has highlighted difficulties in securing and maintaining employment, whilst undertaking caring responsibilities, particularly where dual caring responsibilities are prevalent. Supporting carers ability to work through supporting local employers and raising awareness of carer needs and care friendly resources**
Part 2: The First Protocol			
Article 1: Protection of property/ peaceful enjoyment		X	
Article 2: Right to education	X		**The young carers aspect of the strategy will aim to support young carers in education**
Article 3: Right to free elections		X	
Section 2			

D: Decision				
12.	Is there evidence or any other reason to suggest that:	**Yes**	**No**	**Unknown**
	a) this policy could have a different affect or adverse impact on any section of the community;		X	
	b) any section of the community may face barriers in benefiting from the proposal		X	
13.	Based on the answers to the questions above, what is the likely impact of this policy			

No Impact [ ]   Positive Impact [x]   Neutral Impact [ ]   Negative Impact or Impact Unknown [ ]

Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.

14.	Is an EHRIA report required?	Yes [ ]	No [x]

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is requried for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to Section 3 on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to Section 4 on Page 14 of this document to complete.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think <u>thoroughly</u> about the impact of this policy and to critically examine whether it is <u>likely</u> to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3 **A: Research and Consultation**	
When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.	

15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you now explored the following and <u>what</u> does this information/data tell you about each of the diverse groups?
	
	     a) current needs and aspirations and what is important to individuals and community groups (including human rights);
	
	     b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
	
	     c) likely barriers that individuals and community groups may face (including human rights)

16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you further consulted with those affected on the likely impact and what does this consultation tell you about each of the diverse groups?

18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

Section 3		
B: Recognised Impact		
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.	

	Comments
Age	
Disability	
Gender Reassignment	
Marriage and Civil Partnership	
Pregnancy and Maternity	
Race	
Religion or Belief	
Sex	
Sexual Orientation	
Other groups **e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities**	
Community Cohesion	

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?

	Comments
Part 1: The Convention- Rights and Freedoms	
Article 2: Right to life	
Article 3: Right not to be tortured or treated in an inhuman or degrading way	
Article 4: Right not to be subjected to slavery/ forced labour	
Article 5: Right to liberty and security	
Article 6: Right to a fair trial	
Article 7: No punishment without law	
Article 8: Right to respect for private and family life	
Article 9: Right to freedom of thought, conscience and religion	
Article 10: Right to freedom of expression	
Article 11: Right to freedom of assembly and association	
Article 12: Right to marry	
Article 14: Right not to be discriminated against	
Part 2: The First Protocol	
Article 1: Protection of property/ peaceful enjoyment	
Article 2: Right to education	
Article 3: Right to free elections	

Section 3
C: Mitigating and Assessing the Impact

Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

N.B.

i) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.
	a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination
	b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed
	c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

Section 3	
D: Making a decision	
23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3	
E: Monitoring, evaluation & review of your policy	
24.	Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?
25.	How will the recommendations of this assessment be built into wider planning and review processes? *e.g. policy reviews, annual plans and use of performance management systems*

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
91				

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

Section 4
A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening ☒ x

Equality and Human Rights Assessment Report ☐

1st Authorised Signature (EHRIA Lead Officer): ……………………………………………

Date: …………………………….

2nd Authorised Signature (DEG Chair): …………………………………………………….

Date: ………………………………

Leicestershire County Council

**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
14 NOVEMBER 2017**

ADULTS AND COMMUNITIES LOCAL ACCOUNT 2016/17

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the Report

1.   The purpose of this report is to present to members of the Committee the Adults and Communities Local Account for 2016/2017, and to invite the Committee to make comments on the content and format of the Local Account (attached as Appendix A).

Policy Framework and Previous Decisions

2.   The Local Account is produced by many local authorities to report on their performance. The first Local Account (2010/11) was presented to the Committee in February 2012; subsequent Local Accounts have been presented to this Committee on an annual basis.

Background

3.   Local Accounts enable councils to report back to residents and service users on performance within the Adults and Communities Department and engage with them about it. They are also seen as a key component of sector led improvement.

4.   The national 'Towards Excellence Adult Social Care Programme Board' oversees development of sector led improvement, including Local Accounts.

5.   It is intended that the Local Account will be published once the Committee's comments have been considered.

The Leicestershire Local Account 2016/17

6.   The Leicestershire Local Account focuses on the 2016/17 financial year and the achievements and areas for improvement within it. This Local Account is structured around key themes presented by the Towards Excellence in Adult Social Care (TEASC) risk assessment and self-assessment that all authorities were asked to complete in March 2017. These are based around the four key domains of the Adult Social Care Outcomes Framework (ASCOF). This Local Account therefore describes activities undertaken by the Department in relation to:-

- Helping people to stay well and independent;
- Enabling maximum choice and control;
- Ensuring people have a positive experience of care and support;
- Keeping people safe;

- Commissioning and service change.

7. The report also includes the Department's own assessment of its performance in delivering against each of the ASCOF domains.

8. Assessment of performance against ASCOF has been based upon the Association of Directors of Adult Social Services (ADASS) Sector Led Improvement in the East Midlands Self–Evaluation, an improvement driven process which is based on completion of a self-assessment. The self-assessment for 2016/17 was submitted in July 2017, following consultation with the Adult Social Care Lead Member, service managers, project leads and members of staff. The Department rated itself (on a scale of 1 to 4) against each domain, providing evidence to support the rating given. The self-assessment was reviewed and signed off by the Department's Senior Leadership Team as detailed in the table below:

Performance Domain	Self evaluation Score How well are outcomes being achieved?
Ensuring people have a positive experience	2 - Adequate
Keeping people safe	4 - Outstanding
Optimising choice and control	4 - Outstanding
Responding well to initial requests for support	3 - Good
Prevention, Early Intervention and building community capacity	3 - Good
Supporting Carers	2 - Adequate
Helping people to stay well and independent 18-64	4 - Outstanding
Helping people to stay well and independent - Older People	3 - Good
Helping people to experience a seamless service	3 - Good

9. Accessibility of the Leicestershire Local Account is central to maximising the opportunity for local people to give feedback on how well they think the Department is performing. The public will be encouraged to access the Local Account online where they will be able to give comments and feedback. The online version will be accessed through the Council's website. Comments and feedback will be used to guide future business planning.

10. The draft Local Account 2016/17 will also be shared with Healthwatch. In an endeavour to make the Local Account more accessible and meaningful to its audience, the title used in previous years has been retained to reinforce its aim and identity as Leicestershire's Local Account. The Local Account is therefore to be known as *Adults and Communities Department Local Account, Our Performance, 1 April 2016–31 March 2017*.

11. The feedback process has been reviewed and has been simplified as a result of the alignment to the ASCOF. The additional option to give feedback regarding the content, structure and general accessibility of the report has been introduced to obtain customer insight which can be used to further develop the process in forthcoming years, particularly in light of Care Act 2014 requirements further highlighting the importance of customer feedback.

12. For people who do not wish to read the Local Account online, a PDF version will be available on the Council's website to print. In addition, an Easy Read Version and a one page version (Appendix B) will be produced in PDF format.

Conclusion

13. The Local Account is a key engagement and accountability mechanism for the Department. Feedback received on this latest Local Account will be used to inform self-development and improvement activity in Leicestershire. It will also assist in shaping the format of future Local Accounts in order to encourage engagement from the public.

Background papers

Towards Excellence in Adult Social Care Self-Assessment and Risk Awareness Tool
http://ow.ly/5XIE305AoHX

Circulation Under the Local Alert Issues Procedure

None.

Officers to Contact

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Adults and Communities Department
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Sandy McMillan, Assistant Director (Strategy and Commissioning)
Adults and Communities Department
Tel: 0116 305 7320   Email: sandy.mcmillan@leics.gov.uk

List of Appendices

- Appendix A – Adults and Communities Department Local Account, Our Performance, 1 April 2016–31 March 2017
- Appendix B – Local Account Scorecard – one page version

Relevant Impact Assessment

Equality and Human Rights Implications

14. The Adults and Communities Department supports vulnerable people from all diverse communities in Leicestershire, though there are no equalities and human rights implications arising from this report.

15. The Local Account will be available on the Council's website which has been developed to serve the largest possible audience, using the broadest range of systems and to consider any needs that users with disabilities might have. This will be promoted with the support of Healthwatch via their networks to promote interest and feedback to those that may not be regular users of the Council's website.

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Leicestershire
County Council

Adults and Communities Department Local Account

Our Performance
2016 - 2017

Introduction

Welcome to the 2016/17 Local Account which sets out our achievements during the 12 months from 1 April 2016 to 31 March 2017. It informs the citizens of Leicestershire how we have met the needs of local people during that time, about our priorities and plans for the coming year, and also about the challenges we face.

The Adults and Communities Department commissions and provides a wide range of services designed to support people to maintain their independence, enable them to be part of society, protect them in vulnerable situations and meet a variety of care needs. The aim of our services is to care for and support older people and people affected by mental health issues and disability (learning disabilities, physical disabilities and sensory impairment) ensuring that their eligible support needs are met, and they can exercise choice and control over their lives.

The department continues to deliver services by two main functions, Communities and Wellbeing and Adult Social Care Services. The Adults and Communities Department commissions services from a range of private and voluntary sector organisations, and works in partnership with Public Health and NHS providers. In addition some services are delivered directly from the Council.

This report is set within the context of the Adult Social Care Outcomes Framework (ASCOF), which is a national framework from the Department of Health against which our progress is measured. Communities and Wellbeing no longer have such a formal structure for performance monitoring at a national level, but have determined local priorities. The report also reflects our achievements against the priorities identified in the Adult Social Care Business Plan 2016/17.

Richard Blunt
Lead Member for Adult Social Care and Heritage, Leisure and Arts

Jon Wilson
Director of Adults and Communities Department

Where we are now, and the challenges we face

April 2016 was the first year of our four year Adult Social Care Strategy and the Communities and Wellbeing Strategy, both of which are aligned with the Medium Term Financial Strategy (MTFS). These strategies assist the department to meet financial targets and enable us to implement a new approach to adult social care and communities and wellbeing. The Adult Social Care Strategy focuses on preventing, reducing, delaying and meeting need to make the best use of peoples' available resources to keep them independent, safe and well. The Communities and Wellbeing Strategy aims to build independent and resilient communities across Leicestershire, through access to culture and learning.

Sustainability and Transformation Partnership (STP) & Better Care Together

In autumn 2016, Leicester, Leicestershire and Rutland (LLR) partners produced a local STP plan under the banner of Better Care Together. The plans recognise that more integrated models of care are necessary to meet the changing needs of the population and the plans consider how different parts of the NHS and social care system can work more closely together to provide more coordinated services to patients – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

Our population

The population of Leicestershire is growing, and the increase in the older population is proportionately higher than the overall population increase. The table below illustrates that by 2020: the population aged 65 years and over is projected to have grown to 149,500, an increase of 6% since 2017.

Population aged 65 and over, projected to 2030

	2017	2020	2025	2030	% increase from 2017 to 2030
People aged 65-69	40,900	38,600	41,200	47,900	15%
People aged 70-74	37,100	40,200	36,900	39,600	6%
People aged 75-79	24,700	29,000	37,100	34,300	28%
People aged 80-84	18,700	20,500	24,800	32,000	42%
People aged 85-89	12,000	12,900	15,500	19,100	37%
People aged 90 and over	7,200	8,300	10,700	14,000	49%
Total population 65 and over	**140,600**	**149,500**	**166,200**	**186,900**	**25%**

Population growth for those aged 90 years and over is significant locally. By 2030, this population is projected to grow to 14,000, an increase of 49%.

The number of older people with learning disabilities is expected to increase, due to increased life expectancy, and people with other complex needs are also living longer – both creating further additional demand upon social care. There is an expected increase in the numbers of young people coming into adult social care services. All these factors contribute to the pressure on existing services.

The table below details the number of people by primary support reason and age supported by the department in 2016/17:
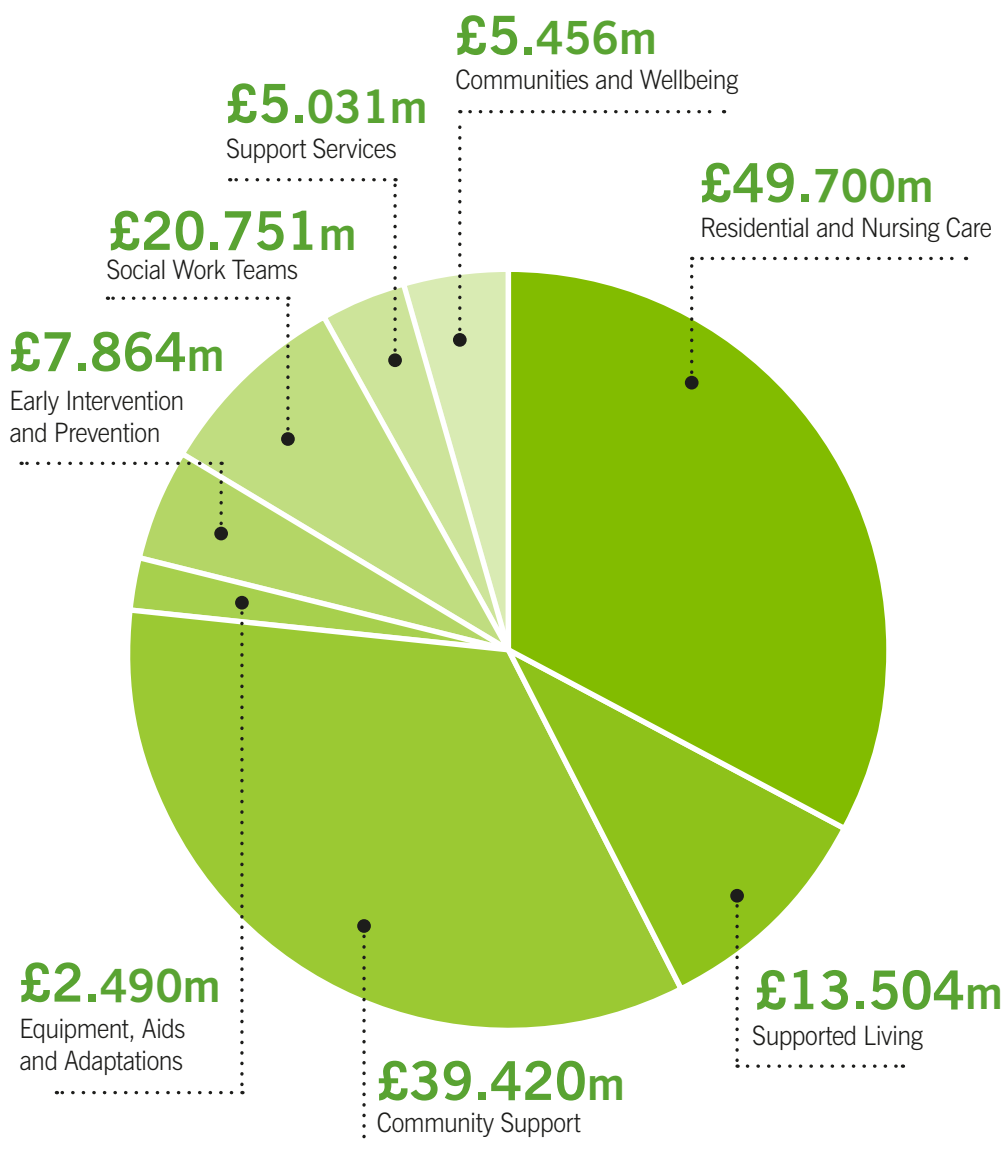
	Age	
Primary Support Reason	**18-64**	**65+**
Physical Support: Access & mobility only	373	1,402
Physical Support: Personal care support	811	7,570
Sensory Support: Support for visual, hearing or dual impairment	21	34
Support with Memory & Cognition	23	462
Learning Disability Support	1,456	154
Mental Health Support	725	880
Social Support: Substance misuse, asylum seeker or social isolation support	106	110
Total number of people supported 14,127		

This represents an increase on the previous year of 5%, indicating a rise in demand.

How we spent our money in 2016/17

In 2016/17, the departmental spend was £127.2million (net) on Adult Social Care and Communities and Wellbeing, in the following ways:

Services	£ thousand (2016/17)
Residential & Nursing Care	49,700
Supported Living	13,504
Community Support (Direct Payments; Homecare; Meals; Day Services)	39,420
Equipment, Aids & Adaptations	2,490
Early Intervention and Prevention	7,864
Social Work Teams	20,751
Support Services	5,031
Communities and Wellbeing	5,456
Income from NHS	-17,052

£5.456m
Communities and Wellbeing

£5.031m
Support Services

£20.751m
Social Work Teams

£7.864m
Early Intervention
and Prevention

£49.700m
Residential and Nursing Care

£2.490m
Equipment, Aids
and Adaptations

£39.420m
Community Support

£13.504m
Supported Living

What did we achieve in 2016/17?

This section will outline the department's achievements, areas where further work is needed and includes information on our performance. The performance of local authorities that provide for people with social care needs is measured by what's known as the Adult Social Care Outcomes Framework (ASCOF).

Ensuring people have a positive experience

Summary

Satisfaction levels from the latest adult social care survey have risen to 65% from 58% the previous year. This brings it back in line with levels two years ago (66%) and is above the national average.

There has been a small improvement in the proportion of service users stating that they have as much social contact as they would like. Results from the 2017 survey have increased from 41% to 46% taking performance above the national average. In terms of quality of life in 2016/17, a measure based on various aspects of service users' lives, performance showed some improvement although remained lower than the national average.

Activity during 2016/17

- Completing the successful transfer of 30 libraries to local communities, including a new pilot self-service access library in Syston.

- Supporting 152,291 visits to heritage sites and 1.3 million visits to Leicesterhire County Council operated libraries.

- The Co-Production Officer and co-production planning group have: developed a new live online contact questionnaire which gathers contact details, topics of interest, best ways of engaging etc, draft guidance for stakeholder interview panels and dedicated Leicestershire Communities Website Pages including general information as well as a dedicated secure area for members of the planning group to view/comment on current work as well as book onto future meetings.

- Making It Real – the group were involved in developing care and support guidance and feeding into the "Working Age Adults Accommodation Strategy".

Satisfaction levels from the latest adult social care survey have risen to 65% from 58%

Keeping people safe

Summary

There were over 1,200 safeguarding enquiries investigated during 2016/17; a third higher than the previous year. Six in every 10 were located in the community with the remainder being in care homes.

However, safeguarding data evidences that the department has effectively worked with Residential Care providers to reduce risk in recent years, as the percentage of enquiries has dropped from 61.6% in 2015/16 to 38.9% in 2016/17

The proportion stating that services help them to feel safe remains very high at 90%; a level that puts performance in the top 25% of authorities in England.

Activity during 2016/17

- The department has been working closely with Leicestershire County Council Trading Standards, to collaboratively respond to referrals which are received around fraud or scams.

- The Adult Social Care Making Safeguarding Personal plan developed in June 2016 is almost complete and over 20 training sessions have been delivered to staff and managers.

- Significant investment in staffing has been made for additional Best Interest Assessors (BIA) and external support commissioned to address the number of people awaiting assessment. The BIA role is required to decide whether Deprivation of Liberty (DOL) is occurring, or is likely to occur, and, if so, whether the DOL is in the best interests of the person being assessed.

- LLR have developed an online register for people with Learning Disabilities and/or Autism. This has seen an increase of people referred to the register from 41 in June 2016 to 129 in May 2017. The register enables health and social care teams to identify people at being "at risk" of being admitted into hospital, ensuring people get the right support as early as possible.

Safeguarding data evidences that the department has effectively worked with Residential Care providers to reduce risk

Enabling maximum choice and control

Summary

The proportion of people stating they had control of their daily life increased from 75% to 78% in 2016/17, a figure that is above the national average.

The proportion of people who were in receipt of a direct payment has increased significantly from 38% in 2016 to 55% in 2017. This increase is primarily due to roll out of direct payment cards, the re-tendering of the home care service in autumn 2016 and the review of Provider Managed Accounts (PMA's). At 55% performance is amongst the top 25% of authorities in England.

Activity during 2016/17

- Since the roll out of Direct payment cards, in the last 12 months 2,414 people now have a Direct payment card issued to them, increasing choice and control.
- Increased staffing within the Personal Budgets payroll team has enabled us to meet the increased in demand for Personal Assistance support.

Responding well to initial requests for support

Summary

In 2016/17 there was a small improvement on how easy it is to find information for service users whilst the figure for carers has improved from 58% to 64%. Despite these increases performance remains lower than the national average. However, 86% of respondents to the carers survey stated that the information was helpful, with a quarter stating it was very helpful.

The number of requests for support from new clients during 2016/17 was 6% lower than the previous year. Of these 58% resulted in no services or universal services/signposting (equivalent to preventing need), 12% resulted in requiring reablement, and 8% for long-term support.

The proportion of people stating they had control of their daily life increased from 75% to 78%

Activity during 2016/17

- In 2016/17 the department's Assistive Technology Service received on average 350-420 referrals per month, provided 2,896 standalone equipment and 800 Lifeline services.
- Lightbulb service has been piloted in Blaby. This partnership programme is supported by the district housing authorities in Leicestershire and the County Council, and is designed to help people to stay safe and well in their own home for as long as possible With a planned full roll out across Leicestershire from October 2017.
- In the last year the Adult Social Care Customer Service Centre has handled 105,500 calls, 15,000 emails and 1,800 web based enquiries.

Supporting carers

Summary

The statutory survey of carers was conducted autumn 2016.

Results were similar to the last survey which was conducted two years ago. The majority of carers stated that they look after themselves, felt safe, and found information both easily and useful. In relation to the ASCOF measures, there was a general mix in performance – finding information improved whilst quality of life and social contact remain low and the level of satisfaction fell significantly (down from 41% to 31%). Detailed analysis has been undertaken on the findings and various next steps have been agreed including follow-up research with those respondents who stated they would like to be involved in further development of the carer support offer.

The proportion of people aged 18-64 with a learning disability who are in settled accommodation continues to improve year-on-year

Activity during 2016/17

- The Carers Delivery Group continues to meet regularly with one overarching action plan drawing together key items across Leicester, Leicestershire and Rutland and Health and has recently focused on increasing awareness and early identification of carers within GP practices.

- Work has been undertaken alongside Healthwatch to identify future improvements that are required to the social care process for carers.

Helping people to stay well and independent 18-64

Summary

The proportion of people aged 18-64 with a learning disability who are in settled accommodation continues to improve year-on-year. In 2016/17 the proportion rose to 79% (three years ago it was just 61%) and was above the national average.

The number of new permanent admissions to care of people aged 18-64 reduced further during 2016/17 with only 29 admissions or 7.1 per 100,000 population; a performance that puts Leicestershire in the top 25% of authorities in England. This has resulted in fewer people in permanent care placements - per 100,000 population the figure has reduced from 124 in March 2016 to 116 in March 2017.

There were 678 people aged 18-64 per 100,000 population accessing long-term support on 31 March 2017. This is similar to the previous March when 682 people per 100,000 population were accessing services.

Activity during 2016/17

- There has been a greater focus on providers supporting individuals to access employment and training opportunities to enable a reduction in the need for long term formal adult social care. This has been supported by the procurement and implementation of two new frameworks; Community Life Choices (day services) and Supported Living.

- Development and publication of a new Working Age Adults Accommodation Strategy.

Helping people to stay well and independent 65+

Summary

The number of older people who were admitted to permanent care placements during 2016/17 (633 per 100,000 population) was higher than the previous year when performance was better than the national average. Despite this increase in admissions, the growth in the population of older people means that the rate per 100,000 population of those in permanent care has fallen from 1,300 in March 2016 to 1,231 in March 2017. Similarly, the overall number of people accessing services has reduced from 3,617 per 100,000 population to 3,112 per 100,000 population in March 2017.

Just short of 4,000 people accessed reablement services during 2016/17; a 12% increase on the previous year. Of these, two-thirds were following a hospital discharge and the remainder through community referrals. Over 40% of those who received reablement had a preventative outcome such as universal services, signposting or no further need for services. In addition, a similar proportion resulted in a reduced service whilst only 2 in 10 went on to receive ongoing services.

Activity during 2016/17

- Production of a new Older Persons Accommodation Strategy.

- Undertook a review of our Extra Care housing provision.

- Implementation of our new homecare service; "Help to Live at Home".

- A project working with Residential Care homes to use Assistive Technology effectively successfully reduced the number of falls for people in those homes.

Helping people to experience a seamless service

Summary

The proportion of people discharged from hospital receiving a reablement service and still living at home after 91 days was 87% in 2016/17, a similar position to the previous year and above the national average. In line with the national position there was an increase during 2016/17 of people whose hospital discharge was delayed.

The figure for delays attributable to adult social care or jointly with the NHS was 3.7 per 100,000 population, up from 2.1 the previous year. Despite this increase Leicestershire remains lower than the national average. Further analysis of delays, this time solely attributable to adult social care, includes comparison with 22 similar and regional authorities. This also shows a better-than-average performance with Leicestershire having the 6th lowest number of delays out of the 22 authorities.

The proportion of people discharged from hospital receiving a reablement service and still living at home after 91 days was 87%

Activity during 2016/17

- Implementation of the community referred reablement element of the domiciliary care services, including a two weekly review process.

- Working with health partners, a pilot residential reablement scheme to support people leaving hospital has been undertaken.

Working together

The Council is actively involved in work to integrate health and social care at a national and local level. We are working together to develop and implement integrated services to help us understand people's health and care needs, and to avoid duplication of prevention and prevent people from needing longer-term or more intensive support.

Activity during 2016/17

- Joint LLR Mental Health Recovery and Resilience Service procurement with new services due to be in place by Autumn 2017.

- Commissioning of the joint health and social care domiciliary care service.

- Integrated In-Reach discharge Team in place from January 2017 to support identification and referral to the bed based reablement facility.

Compliments and complaints

Complaints

In 2016/17 there were 178 social care related complaints, this is an increase of 5% however, in line with the national picture. 61% of social care complaints were responded to within 10 working days. This is meeting our target of 60% and compares favourably to other authorities.

During the year significant work has been carried out to improve how we demonstrate that complaints lead to improved service delivery. Adult Social Care now issues a response to each quarterly complaints report detailing how any themes highlighted will be addressed.

Compliments

Adult Social Care received 141 compliments in 2016/17, which is an increase of 23% compared to 2015/16. Below are a couple of quotes received from service users and carers:

"A quick e-mail to say how pleased we both are with your "Hart" team carers. They are truly a godsend and are helping so much... You only ever hear of the negatives in the press but the service we are receiving is fantastic."

"Just a little note to say a big thank you for showing such kindness and understanding when you came to assess me as a carer. It's so refreshing to have someone who is prepared to listen and show empathy."

The future

The 2017/18 Departmental Business Plan sets out the priorities for the forthcoming year. The priorities are focused upon the principles of the Adult Social Care Strategy 2016-2020. The principles are to prevent, reduce, delay and meet need in a way that maximises the person's independence some of which include:

- Completing the remaining community transfer of libraries.
- Predicting demand for the future usage of services by analysing Social Care data.
- Development and publication of the new LLR Carers Strategy.
- Development of an integrated discharge service to support people leaving hospital.

Balanced scorecard

The Adults and Communities Department have developed a balanced scorecard that shows our performance at a glance. The aim of the scorecard is to make this report more accessible and to highlight areas of achievement and where we need to do better. Your views on our performance are always welcome and can be addressed to the Complaints Manager:

Tel: 0116 305 7422

Email: complaints@leics.gov.uk

Leicestershire County Council
FREEPOST LE1779
County Hall
Glenfield, Leicester
LE3 8XR

Leicestershire County Council

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ADULTS AND COMMUNITIES SCORECARD 2016/17
'Make the best use of the available resources to keep people in Leicestershire independent'

HELPING PEOPLE TO STAY WELL AND INDEPENDENT

WORKING AGE ADULTS

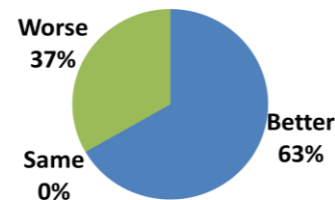Permanent admissions of service users aged 18-64 per 100k population

2014/15	2015/16	2016/17
15.6	7.4	7.1

Numbers have continued to improve year on year ✔

OLDER PEOPLE

Percentage of older people discharged from hospital to reablement who are still at home 91 days later

86.5% ✔

(National average 15/16 84.6)

DELAYED TRANSFERS OF CARE

Delays (from leaving hospital) caused by adult social care have increased from 1.0 to 1.8 per 100,000 population in a year, however remain top quartile compared to similar authorities ✘

ENABLING MAXIMUM CHOICE AND CONTROL

PERFORMANCE MEASURES VS. 2015/16

Of the available measures 15 outcomes were better than 2015/16, 9 were worse and zero stayed the same

Worse 37%
Same 0%
Better 63% ✔

16/17 results lower than previous year however this is due to results including Carer survey

QUALITY OF LIFE SCORE

Social care related quality of life score from 2012/13 to 2016/17

18.9 — 19 — 18.8 — 18.5 — 18.9 ✔

Score is out of 24

CONTROL OVER DAILY LIFE

3/4

Three quarters of respondents to the adult social care survey stated that they had control over their daily lives ✔
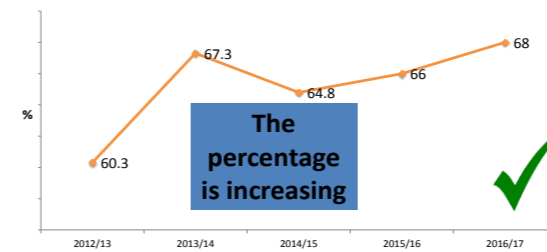
ENSURING PEOPLE HAVE A POSITIVE EXPERIENCE

FINDING INFORMATION

Proportion of people who found it easier to find information rose from 67% in 2016 to 70% in 2017 ✔

COMPLIMENTS AND COMPLAINTS IN 2016/17

We provided support to 10,118 people

178 complaints received

5% increase from previous year

141 compliments received

23% increase from previous year ✔

CO-ORDINATING PREVENTATIVE HELP

Through County wide projects, such as

- First Contact Plus
- Lightbulb project – integrated housing support
- 20 Local Area Coordinators ✔

KEEPING PEOPLE SAFE

PERCENTAGE OF SERVICE USER'S WHO FEEL SAFE

60.3 — 67.3 — 64.8 — 66 — 68

The percentage is increasing ✔

2012/13 — 2013/14 — 2014/15 — 2015/16 — 2016/17

SOCIAL CARE SURVEY

The percentage of service users who say that services have made them feel safe

2013/14	2014/15	2015/16	2016/17
90.4%	89.2%	89.2%	91.0%

✔

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

In March 2017 Leicestershire had **615** (in March 2016 it was 1,699) unactioned Deprivation of Liberty cases ✘

TRANSFORMING CARE

We reduced the number of Assessment and treatment units from 16 to 12 ✔

COMMISSIONING AND SERVICE CHANGE

REMODELLED LIBRARY SERVICE

Successful transfer of 30 libraries to local communities

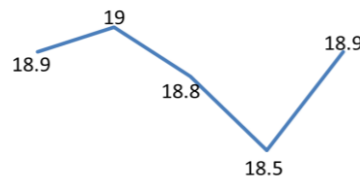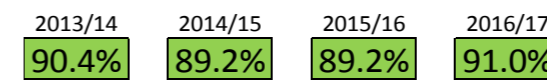Implementation of a pilot self-access to libraries at Syston ✔

DOMICILIARY CARE

Help To Live At Home is delivering home care to over 1600 people (March 2017 figure) across health and social care ✔

SUPPORTING PEOPLE WITH EMPLOYMENT

Percentage of people with a Learning Disability in employment ✔

2015/16	2016/17
3.6%	11.2%

Newly commissioned services such as supported Living and Community Life Choices (day services) are required to support users of the service to gain/regain employment

Leicestershire County Council

KEY: Reablement is a term used to describe active rehabilitation of people in their own homes to be as independent as possible

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