



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

*Date/Time:* **Tuesday, 1 November 2016 at 11.00 am**

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

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

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

### **Membership**

Mrs. R. Camamile CC (Chairman)

Mr. M. H. Charlesworth CC    Mr. J. Miah CC  
Mr. S. J. Hampson CC    Mr. M. T. Mullaney CC  
Mr. D. Jennings CC    Mr. T. J. Richardson CC  
Mr. A. M. Kershaw CC    Mr. L. Spence CC

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

### **AGENDA**

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 6 September 2016.	(Pages 5 - 14)
2. Declarations of interest in respect of items on the agenda.	
3. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.	



4. Community Life Choices Framework 2017-20 Outcome of Consultation on Future Delivery - Call-in of the Cabinet Decision. Director of Adults and Communities (Pages 15 - 76)

A Call-in was received on Monday 17 October in relation to the Cabinet decision taken on 11 October on Community Life Choices Framework 2017-20 - Outcome of Consultation on Future Delivery, a copy of which is attached to this agenda.

The decision of the Cabinet on this matter, together with the report which was considered by the Cabinet on 11 October, the Consultation summary, the Equalities and Human Rights Impact Assessment and representations received and considered by the Cabinet is attached, as follows:

- Call-in Notice (Page 15)
- Cabinet Decision (Page 17)
- Cabinet report on Community Life Choices – 11 October (Pages 19 to 30)
- Appendix A – Consultation Summary (Pages 31 to 37)
- Appendix B – EHRIA (Pages 39 to 62)
- Comments received by the Cabinet (Pages 63 to 76)

Members are asked to note that the proposals on Community Life Choices were the subject of extensive consultation and that consultation is now closed. A summary of the consultation responses is set out with this agenda pack and it is not intended to allow further representations as this would call into question the fairness of the completed consultation.

The Director of Adults and Communities will provide a supplementary report responding to the terms in the Call-in notice. A copy of that report will be circulated to members shortly.

5. Date of next meeting.

The next meeting of the Committee is scheduled to take place on 8 November at 2.00pm.

## **QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY**

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

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

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

### **Key Questions:**

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

### **If it is a new service:**

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

### **If it is a reduction in an existing service:**

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

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 6 September 2016.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. M. H. Charlesworth CC  
 Mr. S. J. Hampson CC  
 Mr. D. Jennings CC  
 Mr. A. M. Kershaw CC

Mr. M. T. Mullaney CC  
 Mr. T. J. Richardson CC  
 Mr. S. D. Sheahan CC

Apologies

Mr. J. Miah CC

In Attendance.

Mr. R. Blunt CC, Cabinet Lead Member for Heritage, Leisure and Arts (Minutes 22 and 23 refer);  
 Mr. Dave Houseman MBE CC, Cabinet Lead Member for Adult social Care (Minutes 23 - 27 refer);  
 Mr. B. L. Pain CC, Cabinet Lead Member for Economic Development, Property and Waste Management (Minute 22 refers).

14. Minutes.

The minutes of the meeting held on 14 June 2016 were taken as read, confirmed and signed.

15. Question Time.

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

16. Questions asked by members.

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

17. Urgent Items.

There were no urgent items for consideration.

18. Declarations of Interest.

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

No such declarations were made.

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

There were no declarations of the party whip.

20. Presentation of Petitions.

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

21. Change to Order of the Business.

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

22. Future Strategy for the Delivery of Library Services. Outcome of Consultation on Kirby Muxloe and Update on Desford Library.

The Committee considered a report of the Director of Adults and Communities concerning the outcome of consultation with the Kirby Muxloe community regarding alternative library provision and providing an update on Desford Library. The matter was due to be considered by the Cabinet at its meeting on 16 September and any comments of the Committee would be forwarded to the Cabinet for its consideration. A copy of the report, marked "Agenda Item 13", is filed with these minutes.

The Chairman drew members' attention to a submission which had been received by the Desford Community Hub which included a number of questions concerning the future arrangements for the transfer of Desford Library. A copy of the submission is filed with these minutes.

The Chairman emphasised that, given the length of the submission, it had agreed with the questioner that the submission would not be covered under the "Question Time" procedure and that, instead, representatives from Desford Community Hub would be able to address the Committee after the Director had been given the opportunity to respond to the key issues raised in the submission as part of his introduction.

Accordingly, the Director made the following key points in introducing the item:-

**Kirby Muxloe Library**

- Following the withdrawal of Kirby Muxloe Parish Council's offer to run the Library a period of further consultation had been undertaken. Another group had now come forward and subsequently submitted an outline business plan that has been assessed as meeting the criteria to progress to transfer to community management. It was intended that a recommendation would be made to the Cabinet to enable this group to run the library;

**Desford Library – current position**

- The Desford Community Hub group had come forward with a successful business case to run Desford Library, however Officers and the group had to date been unable to resolve concerns raised by the group over the condition of the fabric of the building. Officers had advised that the work outlined in the building's conditions

survey as part of information supplied to Desford Community Hub was not viewed as being priority to merit funding prior to take up of any lease arrangement with the group and did not pose a risk to the health and safety of occupants or result in legislative non-compliance. The group felt that they could not progress with their plan to manage the library unless the Council funded these repairs;

- Despite the stalemate, a timescale was required for the situation to reach a conclusion in order that any future decisions with respect to the running of the Library could be made. It was intended to hold further meetings between County Council officers and the group over the coming weeks in an effort to establish whether the situation could be resolved;
- It had been recommended to the Cabinet that, were no successful conclusion to be reached with the group by the end of September, a further three month period of consultation would be undertaken to give any other interested groups the opportunity to come forward with a business case and also to consult on alternative library provision through the mobile library service;

### **Desford Library – response to points raised by the Desford Community Hub**

- No decisions had been pre-emptively made with regard to the future of the Library. Hope remained that any issues could be resolved with Desford Community Hub and that the Library could remain open;
- If the Cabinet agreed to a further period of consultation, a further report would be submitted to the Cabinet in the New Year making a recommendation on how best to progress the matter in light of any submissions received;
- The Council had been clear throughout the process that it was not in a position to invest in non-essential maintenance prior to the transfer of any library into community hands. The group had continued to contest that the County Council would need to pay the estimated £49,000 repair costs to the building's windows, roof and heating system before it could transfer;
- In a small number of cases the Council had been flexible in altering the leasing arrangements with community groups during the transition phase in cases where the elapsed time required for transition brought the life of the building within a close proximity of the 25 year life expectancy. The Desford Library building had a life expectancy of 60 years and was therefore designated a full repairing lease. No flexibility would therefore be offered;
- The case of Market Bosworth Library had proven different to Desford's case. A sum of c£45,000 had been allocated to enable the Library to be separated from the Academy by way of a separate entrance. Paying for the alterations on the Academy site was therefore a lease condition laid down by the Academy for allowing the County Council to transfer the Library to community stewardship with the premises then sub-leased to the group. Without these measures, the County Council would not have been in a position to offer the Library to the community group and this was considered to be more cost effective than vacating the premises, withdrawing from the lease, and re-locating the Library. In the case of Desford, the County Council was able to offer the Library to the group, but the group had requested that the non-essential building costs be met first;

- If no agreement could ultimately be reached over Desford Library the County Council would consider the group's bid to manage the Library as withdrawn in an effort to find alternative solutions.

The Chairman welcomed to the meeting Ms. Margie Regan from the Desford Community Hub who was present to make representations on the future of the Library. Ms. Regan delivered a presentation lasting three minutes which covered the following key points:-

- The Desford Library building had suffered from years of neglect which had resulted in the estimated £49,000 repair costs highlighted in the County Council's building conditions survey. This represented a significant financial risk for the group;
- There were some concerns around the cost of any associated works to enable full disabled access at the Library;
- The village had experienced a large rise in population and its requirement for a library and community facility had therefore grown;
- Instances were highlighted where other groups had been given internal repairing leases when originally they had fallen outside of the 25 year threshold. An example was given of Kegworth Library which had been assessed as having a life expectancy of 27 years but had been granted an internal lease.

The Chairman thanked Ms. Regan for her contribution.

The Chairman then welcomed to the meeting Mr. D. A. Sprason CC, the local County Councillor for Desford, Markfield and Thornton, who had requested the opportunity to speak on the matter. Mr. Sprason circulated a document outlining the repair costs and life expectancy of some libraries, including Desford, and made the following key points:

- The building's slate roof was the principal concern. The Council's lack of maintenance of the building over a period of many years has resulted in a building which required significant repair and imminent works;
- The document circulated outlined that Kibworth Library had an estimated repair cost in the region of £90,000 yet had been granted an internal lease. It was felt that Desford Library should similarly be made a special case and that compromises would be needed on behalf of the County Council to enable the Library to transfer to the group.

The Chairman thanked Mr. Sprason for his contribution.

The Chairman invited the Cabinet Lead Member for Heritage, Leisure and Arts, Mr. R. Blunt CC to comment. Mr. Blunt made the following points:-

- The efforts of Kirby Muxloe to overcome any stumbling blocks and enable a successful transfer of the library into community hands should be celebrated. The Desford Community Hub group had produced an excellent business case and the skills and passion of the group was not in doubt;
- Further meetings were planned with the group to hopefully enable a successful transfer. The Council remained committed to the aim of having all libraries remain



open and transfer into community hands. It was felt that the Council's £150,000 contingency fund for non-routine repairs could prove an avenue through which the repair of Desford Library building's slate roof could be achieved. This contingency fund was part of a wider support package which had been developed by a cross-party Scrutiny Review Panel which had received Cabinet support.

The Chairman invited the Cabinet Lead Member for Property, Mr. B. L. Pain CC to comment. Mr. Pain made the following points:-

- The document circulated by Mr. Sprason CC was an internal officer document which had been obtained by the group at a meeting with the Lead Member and officers;
- The Council's Property Services section had a policy of regular upkeep of its assets to ensure they did not become a financial burden on the Authority;
- Were the Council to offer an internal repair lease to Desford, a change in policy would be required which would jeopardise all 27 existing library transfers to community management. It was felt that this would be unacceptable.

Arising from the Committee's debate, the following points were noted:-

- A view was expressed that the £45,000 provided to Market Bosworth was a deviation from Council policy and that Desford Library required a similar arrangement to enable it to successfully transfer to the community. Were the projected repair costs of libraries in the County likely to exceed the £150,000 contingency fund offer from the Council then the future of several libraries might be placed in jeopardy. In response, it was noted that the County Council's contingency fund offer was known to be significantly higher than other authorities who had pursued the "community management" library model;
- Only urgent repair work was known to have been carried out as required to the Desford Library building. No major refurbishment work had been carried out in recent years;
- The estimated £49,000 repair costs to Desford Library were regarded as "non-urgent" and low priority. In addition, it was difficult to know with any degree of certainty exactly when these works might be required in the future. It was noted however, that the building was built to modern building standards, was well constructed and that it was likely that for this reason any projected repair costs would come at a higher cost;
- Though Desford Community Hub were being asked to take on liability for the building costs going forward, this was consistent with other community groups who had taken on the management of other libraries in the County.

A view was expressed that, whilst it was clear that further negotiations were needed with the group in order to bring the situation to a successful conclusion, it would be necessary for the Cabinet to consider further how long the £150,000 contingency fund would be made available to communities and whether it was sufficient to serve the full library portfolio.

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

“That the Cabinet strongly be urged to consider replenishing the £150,000 contingency fund in future years should there prove to be a demand which warranted it.”

Comment was made that the £150,000 contingency fund had been developed by the Scrutiny Review Panel to meet a specific need and that it had never been intended to provide this level of financial support in perpetuity. It was further noted that other grant funding was available from the Council in addition to the contingency fund.

An amendment was moved by Mrs. Camamile CC and seconded by Mr. Richardson CC:-

That the motion be amended to read as follows:-

“That the Cabinet be advised that the Committee is of the view that the period for which the £150,000 contingency fund is made available should be extended until such time as it is exhausted and that future provision be reviewed at that time.”

The amendment was put and carried, five members voting in favour and three against.

The substantive motion was then put and carried, seven members voting in favour and one against.

RESOLVED:

- (a) That the Cabinet be advised that the Committee is of the view that the period for which the £150,000 contingency fund is made available should be extended until such time as it is exhausted and that future provision be reviewed at that time;
- (b) That the comments of the Committee be forwarded to the Cabinet for consideration at its meeting on 16 September 2016.

### 23. Quarter 1 Performance Report.

The Committee considered a joint report of the Chief Executive and the Director of Adults and Communities, which provided an update on departmental performance in the first quarter of 2016/17. A copy of the report, marked “Agenda Item 12” is filed with these minutes.

In introducing the report, the Director highlighted that four new key measures were incorporated in the performance update to reflect the new Adult Social Care Strategy which focused on preventing, reducing, delaying and meeting need at the right time.

The Committee welcomed Mr. Dave Houseman MBE CC, Cabinet Lead Member for Adult Social Care to the meeting for this item. In his introductory remarks the Lead Member commended the Department’s good work in meeting the majority of the targets that had been set as part of the new Strategy. He highlighted the Department’s achievement of new contracts which had resulted in a successful preventative response, reducing the need for ongoing support and enabling effective reablement.

A concern was raised the Better Care Fund (BCF) measure for delayed transfers of care (DToC) had not been met. The Director advised that target had been stretched in 2016-17, however due to a range of factors, the stretched target had not yet been met, but

performance remained relatively good compared to other local authority areas. Members were assured that work was underway to improve the effectiveness of DToC throughout the year. In the previous year, prior to the stretched target being introduced, the DToC measure had been met in each of the four quarters. Extensive work was already underway with delivery of the integrated discharge teams within East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire Clinical Commissioning Group.

RESOLVED:

That the update on departmental performance in the first quarter of 2016/17 be noted.

24. Draft Leicestershire Adult Social Care Accommodation Strategy for Older People 2016-26.

The Committee considered a report of the Director of Adults and Communities concerning the consultation on the draft Leicestershire Adult Social Care Accommodation Strategy for Older People and updating members with the annual progress in relation to extra care housing in the County. A copy of the report marked "Agenda Item 8" is filed with these minutes.

In introducing the report, the Director emphasised that ensuring appropriate preventative approaches and low level support was a key aim of the draft Strategy aimed to enable service users to remain within their own homes for as long as possible. The draft Strategy included using new technology as a less intrusive way of supporting frail older people, including through the use of pressure mats and movement sensors. 'Telehealth' could also be used to perform some diagnostic tests including for example measuring blood pressure at person's home.

Mr. Houseman, Cabinet Lead Member for Adult Social Care, stated that the County Council had made significant progress in supporting the development of extra care accommodation across the County, including working with partners to identify possible locations and funding options. He emphasised that extra care accommodation would play an important role in social cohesion as facilities could be located close to local services such as local shops and hair salons. The Lead Member also added that Shared Lives Services were also one of the priorities in delivery of the draft Strategy.

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

- (i) Service users would continue to receive residential care if it was the most appropriate accommodation option. The Director emphasised that the draft Strategy reflected the need for a changing landscape of accommodation that was cost effective and catered for a higher demand associated with an increasing older demographic. To that end, expanding the range of alternative accommodation options, such as mixed tenancies and extra care housing was critical;
- (ii) The Disabled Facilities Grant was part of the £39 million Better Care Fund and was administered by the District and Borough Councils. Through the "Lightbulb Project", it was intended to deliver a more integrated approach to social care and housing by ensuring adaptations were made to disabled and older people's homes avoiding the need to seek alternative accommodation;

- (iii) The draft Strategy aimed to ensure that individual, community and informal networks of support were used by residents where available. The Committee was assured however, that a Local Authority support plan would be available to meet specific needs as and when required.

RESOLVED:

- (a) That the draft Leicestershire Adult Social Care Accommodation Strategy for Older People 2016-26 be noted;
- (b) That the comments of the Committee be forwarded to the Cabinet for consideration at its meeting on 23 November.

25. Community Life Choices Framework 2017-20 and Outcome of Consultation on Future Delivery.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to advise members on the recent strategic review of the Community Life Choices (CLC) services. A copy of the report marked "Agenda Item 9" is filed with these minutes.

In introducing the report, the Director informed the Committee that changes needed to be made to the framework contract for Community Life Choices to ensure that providers maximised outcomes for service users and value for money was improved. The consultation on the future delivery of these services was proposing a more responsive service which at the same time could deliver a saving of £750,000 against the Medium Term Financial Strategy.

The Cabinet Lead Member remarked on the need to eliminate duplication of service delivery to ensure better efficiency.

The Committee raised concern that in changing services, friendships could be broken which could have a negative impact on the services users. Members were assured however, that before making major changes for individuals, needs of service users would be reviewed taking into account their full circumstances.

RESOLVED:

That the strategic review of the Community Life Choices services be noted.

26. Annual Adult Social Care Complaints and Compliments Report 2015 -16.

The Committee considered a report of the Director of Adults and Communities which provided members with the summary of complaints for adult social care services commissioned or provided by the Adults and Communities Department in 2015/16. A copy of the report, marked "Agenda Item 10" is filed with these minutes.

In introducing the report the Director highlighted that a large part of work in the area of complaints and compliments was around learning from feedback received and taking the appropriate action to reduce instances going forward. To this end, a departmental response was produced and shared with the Department's Senior Management Team to develop a learning process from complaints and compliments and enable continuous improvement. In addition, the Committee was advised that a quarterly performance

process was in place to enable a more regular review of lessons learnt rather than having to wait for the Annual Report before taking any action. It was confirmed that there was a statutory requirement to produce an Annual Report for complaints received by both the Adults and Communities and the Children and Families Departments, both of which were reported to the relevant Overview and Scrutiny Committees. Complaints of a corporate nature were reported to the Scrutiny Commission.

The Cabinet Lead Member commended the Department's increase in the rate of commendations received.

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

- (i) Charging was the single largest area of complaint. It was hoped that by being clearer with service users about charging in future this could be mitigated;
- (ii) Previously, a significant amount of "solicited" compliments had been represented in the report with a lack of recognition for those compliments which were unsolicited. It was hoped that future reports would take greater account of all compliments received by the Department;
- (iii) The role of elected members in dealing with complaints by residents and service users was noted but were not currently included in the reported figures. It was noted that guidance for members on handling complaints would be re-circulated.

RESOLVED:

That the Annual Adult Social Care Complaints and Compliments Report 2015 -16 be noted.

27. Leicestershire and Rutland Safeguarding Adult Board Annual Report 2015-16.

The Committee considered the draft Annual Report of Leicestershire and Rutland Safeguarding Adult Board for 2015/16. A copy of the report, marked "Agenda Item 11" is filed with these minutes.

The Chairman welcomed to the meeting Paul Burnett, Independent Chair of the Safeguarding Boards, to introduce the report and answer any questions. Mr. Dave Houseman MBE CC, the Cabinet Lead Member for Adult Social Care was also present to comment on the draft Annual Report.

In introducing the report, the Independent Chair highlighted that it was the first year of Safeguarding Boards being a statutory body. The Board was required to produce an annual performance report in which it should demonstrate its compliance with the Care Act 2014. The Committee was pleased to note that the Board complied in 47 out of 49 standards of the Care Act, with the areas requiring additional work being effectiveness around prevention and engagement with the community, and the following up of impacts of training and development.

Members were pleased to note the involvement of senior staff from partner agencies on the Board as this would allow for more effective work, including a more efficient communication flow. Concerns however remained about the involvement of some agencies, which was being addressed.

Arising from discussion the following points were noted:-

- (i) The Committee was pleased to have learnt that the previous spike in safeguarding referrals over 2013-14 had been addressed and the performance in 2015-16 was consistent with that from the previous year. Members also noted a reduction in the backlog of Deprivation of Liberty Safeguards referrals;
- (ii) One area of development for the Board for the next year was ensuring that partner agencies understood and applied correctly safeguarding thresholds for making referrals. It was noted that referrals from residential and community care settings were now more balanced;
- (iii) In response to a query, the Committee was advised that the 'Prevent' agenda was included in the coordination of the information made available to the stakeholders, including General Practitioners and schools, in an attempt to address the concerns around the radicalisation of young people.

As Mr. Burnett's tenure as Independent Chair of the Safeguarding Boards would soon be coming to a close, the Chairman took the opportunity to thank Mr. Burnett for the commitment and energy that he had brought to the role.

RESOLVED:

- (a) That the draft Leicestershire and Rutland Safeguarding Adult Board Annual Report 2015-16 be noted;
- (b) That the comments of the Committee be forwarded to the Cabinet for consideration at its meeting on 16 September.

28. Dates of Future Meetings.

It was noted that the future meetings of the Committee were scheduled to take place at 2.00pm on the following dates:-

8 November 2016  
 17 January 2017  
 7 March 2017  
 6 June 2017  
 12 September 2017  
 14 November 2017.

11.00am - 2.44pm  
 06 September 2016

CHAIRMAN

**CALL-IN OF KEY DECISIONS WITHIN THE POLICY FRAMEWORK OR BUDGET  
OVERVIEW AND SCRUTINY RULES – (RULE 14)**

**KEY DECISION BEING CALLED-IN**      [Community Life Choices Framework 2017-20 - Outcome of Consultation on Future Delivery.](#)

**DATE ON WHICH DECISION WAS MADE/PUBLISHED**      **Tuesday, 11 October 2016**

**REASONS FOR CALL-IN**

The undersigned members feel that the comments submitted to Cabinet by Clive Hadfield, Clare Clarkson and Peter Warlow provide new evidence that had not previously been considered as part of the scrutiny process.

It is our belief that these comments not only highlighted some of the negative impacts of the proposed savings, but also pointed towards potential alternatives that may lead to a fairer way of making the required savings.

It's for these reasons we would like the Adults and Communities Scrutiny Committee and Cabinet to look at this issue again in light of the evidence provided in these submissions.

In accordance with the provisions of Rule 14 – 'Overview and Scrutiny Procedure Rules' we exercise the right to call-in the above Key Decision for the reasons specified.

**SIGNED**

1. Simon Galton
2. Robert Sharp
3. Michael Charlesworth
4. Jewel Miah

**DATE:** 17<sup>th</sup> October 2016

*[The signatories must be members of the Scrutiny Commission and at least one should be either the Chairman or Spokesman of the Commission]*

**THIS CALL-IN NOTICE MUST BE HANDED IN TO THE CHIEF EXECUTIVE WITHIN FIVE WORKING DAYS OF THE PUBLICATION OF THE DECISION OF THE EXECUTIVE.**

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**CABINET****TUESDAY 11 OCTOBER 2016****DECISION ON COMMUNITY LIFE CHOICES FRAMEWORK 2017-20 OUTCOME OF CONSULTATION ON FUTURE DELIVERY**

Published on: Tuesday 11 October 2016

Decision:

- (a) That the outcome of the public consultation exercise, including the comments of the Adults and Communities Overview and Scrutiny Committee be noted;
- (b) That the Director of Adults and Communities be authorised to:
  - (i) Implement Proposals A and B for the future delivery of Community Life Choices as detailed in paragraphs 32-42 of the report;
  - (ii) Take mitigating actions as detailed in paragraph 53 of the report in order to respond to the concerns raised during the consultation;
  - (iii) Agree any individual exceptions to the implementation of Proposals A and B where an individual review of needs identifies a clear likelihood of there being a significant adverse impact on the safety or wellbeing of an individual.

(KEY DECISION)

REASONS FOR DECISION:

The new delivery model will support an outcomes-based approach to commissioning; delivering a progressive model of support in line with the principles set out in the Adult Social Care Strategy 2016-20, and savings as set out in the Medium Term Financial Strategy (MTFS) 2016/17–2019/20.

A recent review of current Community Life Choices (CLC) services highlighted that the current practice for individuals in residential care to access CLC does not represent a cost-effective or equitable approach to commissioning individual support as it is not applied consistently to all service user groups. Significant concern was raised by most consultation respondents about potential negative impacts on the welfare of affected people currently living in residential care, and a range of measures to mitigate these impacts will ensure that eligible service users will still have their care and support needs met appropriately. The affected service users will all be offered an individual review of their needs before changes to their CLC services are considered.

The review identified the potential to reduce the number of weeks of CLC-commissioned services in order to deliver efficiency savings. Whilst a majority of consultation responses were not in favour of this many recognised that it would have a low impact on most service users. Where there is the likelihood of a negative impact on individual welfare exceptions will be considered for those who require alternative care during any CLC holiday closures.

Were these changes not made other measures would be needed to achieve the required MTFS savings. The consultation did not identify any alternative ways to make the required savings.

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**CABINET – 11<sup>TH</sup> OCTOBER 2016****COMMUNITY LIFE CHOICES FRAMEWORK 2017-20  
OUTCOME OF CONSULTATION ON FUTURE DELIVERY****REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES****PART A****Purpose of the Report**

1. The purpose of this report is to present the findings from the consultation on proposals relating to the future delivery of Community Life Choices (CLC) services (often referred to as day services), and to seek approval for the implementation of recommendations as detailed in this report.

**Recommendations**

2. It is recommended that:
  - a) The outcome of the public consultation exercise, including the comments of the Adults and Communities Overview and Scrutiny Committee be noted;
  - b) That the Director of Adults and Communities be authorised to:
    - i) Implement Proposals A and B for the future delivery of Community Life Choices as detailed in paragraphs 32-42 of this report;
    - ii) Take mitigating actions as detailed in paragraph 53 of this report in order to respond to the concerns raised during the consultation;
    - iii) Agree any individual exceptions to the implementation of Proposals A and B where an individual review of needs identifies a clear likelihood of there being a significant adverse impact on the safety or wellbeing of an individual.

**Reasons for Recommendations**

3. The new delivery model will support an outcomes-based approach to commissioning; deliver a progressive model of support in line with the principles set out in the Adult Social Care Strategy 2016-20, and deliver savings as set out in the Medium Term Financial Strategy (MTFS) 2016/17–2019/20.
4. A recent review of current CLC services highlighted that the current practice for individuals in residential care to access CLC does not represent a cost effective or equitable approach to commissioning individual support as it is not applied

consistently to all service user groups. A significant level of concern was raised by the majority of respondents in the consultation about potential negative impacts on the welfare of affected people currently living in residential care. A range of measures to mitigate these potential impacts are outlined in this report, and this will ensure that eligible service users will still have their care and support needs met appropriately. The affected service users will all be offered an individual review of their needs before changes to their CLC services are considered.

5. During the review it was identified that there is a potential to reduce the number of weeks of CLC commissioned services in order to deliver efficiency savings. A majority of consultation responses were not in favour of the proposed change but there was recognition by many that it would have a low impact on most service users. Where there is the likelihood of a negative impact on individual welfare exceptions will be considered for those who require alternative care during any CLC holiday closures.
6. Failure to implement the proposals will result in a reduced level of budget savings. This will mean that other savings would have to be made as part of the MTFs. The consultation did not identify any alternative ways to make the required savings.

#### **Timetable for Decisions (including Scrutiny)**

7. The Adults and Communities Overview and Scrutiny Committee considered the two delivery proposals relating to future delivery of CLC services on 6 September 2016, as part of the consultation process.
8. The Committee noted the strategic review of CLC and raised concerns that in changing services, friendships could be broken which could have a negative impact on the service users. Members were assured however, that before making major changes for individuals, needs of service users would be reviewed taking into account their full circumstances.
9. If approved, the proposals will be implemented from July 2017, which will allow sufficient time for officers to carry out comprehensive service user reviews and to support providers to adapt to any impact upon them.

#### **Policy Framework and Previous Decisions**

10. The Adult Social Care Strategy 2016-20 outlines the vision and strategic direction of social care support for the next four years. The life of the strategy is matched to the life of the current MTFs in order to meet financial targets and implement the new approach to adult social care.
11. The new model will support outcomes based commissioning and delivery of a progressive model of support in line with the principles (prevent, reduce, delay and meet need) set out in the Adult Social Care Strategy.
12. On 18 July 2016, the Cabinet noted the CLC Framework 2017-20 which commences from 1 January 2017, and approved the consultation on the two delivery proposals, as outlined in paragraphs 32-42 of this report.

**Resources Implications**

13. The total CLC budget (in-house and independent sector) for 2016/17 is £7.7 million and proposed savings outlined in the MTFS are £500,000 in 2017/18, and a further £250,000 in 2018/19. The proposed saving includes all types of day activities (independent and in-house provision) and overall the target for gross savings to be achieved will represent 9.5% of the current CLC budget.
14. In addition to the potential savings that could be achieved from the two proposals, savings will also be achieved through the introduction of a pricing schedule for CLC services, enabling the Department to achieve the overall MTFS savings target.
15. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

**Circulation under the Local Issues Alert Procedure**

16. This report is being circulated to all members of the Council via the Members' News in Brief service.

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## PART B

### Background

17. CLC is often referred to as day services. It is commissioned to meet the support needs of people with learning disabilities, physical disabilities, mental ill health and older people within Leicestershire County with varying levels of eligible need.
18. A review of CLC services was undertaken by the Adults and Communities Department between September 2015 and June 2016, to identify an approach which not only supported delivery of the Adult Social Care Strategy 2016-20, but also delivered the savings set out in the Council's MTFs.
19. A total of 45 independent sector providers, currently providing a total of 102 services were included in the review, although the principles for delivery of the new model and associated proposals will also impact upon the delivery of the 13 in-house services provided directly by the Adults and Communities Department.

### Community Life Choices (CLC)

#### Current Service Provision

20. The current independent sector CLC framework commenced on 1 October 2012 for a period of four years ending on 30 September 2016. An extension of three months was approved by the Director of Adults and Communities to allow further work/ service modelling to be carried out in order to finalise the proposed CLC model, therefore the current framework is due to end on 31 December 2016.
21. There are numerous types of services available from the CLC framework, such as Confidence Building, Employment Support, Activities, Arts, Crafts, Wheelchair Sports, Outreach and Community Support.
22. Support is currently provided within a group or on a one-to-one basis, can be either building based or out in the community, and available either as hourly, half or full day sessions depending on the person's assessed need. There are 13 services delivered directly by the Department and the framework currently has 73 independent providers offering 198 services.
23. The review highlighted several issues in the context of the current provision of CLC including:
  - A lack of clarity in outcomes achieved;
  - Some people receiving levels of support not linked to level of need;
  - Some services are significantly underutilised;
  - The framework is currently underutilised - only 45 providers out of 73 are currently securing business through the framework;
  - A lack of equity in provision due to geographical limitations of some services;
  - Inconsistency in costs for support.

### Service Demand

24. As at November 2015, there were 849 people accessing CLC activities (both in-house and independent). The largest cohort of service users accessing CLC services are of working age with learning disabilities. The types of services accessed by this cohort include support to gain employment, volunteering opportunities, learning life skills etc.

Primary Need	Age		Total number of service users
	18-64	65+	
Mental Health	7	64	71
Learning Disability	470	62	532
Physical Disability and Sensory	84	162	246

Figures as of November 2015

25. The review of the CLC framework was undertaken to help determine future arrangements and has been informed by ongoing engagement with existing providers, the wider CLC market, adult social care staff and managers.

### Community Life Choices Framework 2017-20 - New Model

26. Based on the findings of the review and the provider engagement, the new model for CLC has been designed to focus on promoting people's independence, thereby minimising or where possible eradicating the need for ongoing/future social care funded support.
27. Services will be based on the concept that providers can deliver support for many people to find a range of non-social care funded activities in the community, building social networks, increasing confidence and independence as well as supporting carers. The new model will also enable and support people to gain employment/volunteering opportunities and improve their life skills.
28. Although there are a number of services within the current framework which deliver services in line with the principles above, the new model has a clearer focus on meeting individual needs whilst assisting people to maximise independence, providing just enough support to prevent higher levels of need through timely, cost effective service provision, whilst ensuring that the support adapts to fluctuating needs.
29. The new model will rationalise the number of providers included on the framework, in order to ensure that sufficient services are available across the County able to meet individual outcomes and has introduced a more consistent pricing structure, based on level of need.
30. Procurement for the new framework is now complete and the new model will be in place from 1 January 2017.

31. Through the development of the new model two options were identified which relate to future delivery of CLC. The two proposals are intended to support cost effective commissioning and contribute to the delivery of efficiency savings as outlined in the MTFS.

### **Proposals for the Future Delivery of CLC across Leicestershire**

32. Following the review process two proposals, applicable to both in-house and independent CLC services have been scoped to enable a more streamlined, consistent and robust approach to the commissioning of CLC services in the future:

**Proposal A - Service users who are in long term residential care (receiving support on a 24/7 basis) should no longer receive CLC services in addition to this.**

33. Based on analysis of current data out of 849 individuals there are 132 (16%) individuals receiving permanent long term 24/7 residential care that are also accessing CLC support.
34. The table below provides the total number of service users who are currently receiving 24/7 residential care and support and of that total, the numbers who access CLC support services:

Primary Need	No of service users in residential care		No of service users in residential care also receiving CLC	
	Age 18-64	Age 65+	Age 18-64	Age 65+
Learning Disability	363	70	87	27
Physical Disability	79	1944	7	6
Mental Health/Social Support	99	551	5	

Data: 2015/16, numbers under 5 are rounded

35. Residential care providers are contractually required to provide daytime support as individual needs require. The residential care contract states:

*“The primary function of a Care Home is to support and maintain a person's quality of life by providing a level of personal care more intensive than that which could be provided on a community basis. The Service Provider (at no extra cost to the Service User) shall provide leisure opportunities, social activities and reasonable access to a telephone for Service Users.”*

36. The above data shows that 86% of the people using CLC services who are in residential care have a learning disability, which is the largest cohort compared to other categories of need. However, of the total number of people with a learning disability living in residential care, only 26% also receive CLC services, whilst the majority (74%) do not receive these additional services. In addition, 95% of people in



residential care do not receive any CLC support services. Therefore, it is clearly evident that there is an inconsistent commissioning approach for those in long term residential care in terms of access to CLC services.

37. It is proposed that anyone receiving long term 24/7 residential care should not also receive CLC support. However, it is accepted that potential individual exceptions maybe required where there is a clear likelihood of significant impact on the safety or wellbeing of individuals identified through an individual review of needs.
38. It must be highlighted that the principle described reflects a common approach to the commissioning of services in many other local authorities (including Leicester, Nottinghamshire, and Rutland) as identified in the review process, where clear and robust policies are in place to ensure that the most cost effective care is commissioned, ensuring equity across all client groups.
39. The adoption of Proposal A would enable more equitable access to support for people to CLC services in Leicestershire and ensure a clear and consistent approach to the commissioning of CLC services.

**Proposal B - The current number of commissioned weeks of service be reduced from 50 weeks per annum to 48 weeks per annum.**

40. Fifty weeks of CLC is currently commissioned per person per annum due to public holidays.
41. Given the financial target savings required within the MTFS it is proposed that both existing and new service users, will receive up to a maximum of 48 weeks of CLC services.
42. This proposal is considered achievable as a number of service users will have holidays throughout the year and the impact to them will therefore be minimal. However, it is accepted that potential individual exceptions may be required, for example:
  - If it is evident that there is a significant risk or negative impact to an individual/family carer, for example mental or emotional distress;
  - Where alternative support would be more costly.

**Consultation and Engagement Overview**

43. On 18 July 2016, the Cabinet agreed to a formal six week public consultation exercise to take place from 25 July 2016 to 4 September 2016 to seek views on each specific proposal as detailed above from the general public, service users, carers, providers and partners through a questionnaire (either online or paper) and targeted consultation activity involving those who may be directly affected, particularly those currently accessing CLC support, carers and providers.
44. Following feedback from CLC providers, relatives and family carers of those accessing CLC services it was felt that the six week consultation period was challenging as many people would not have the opportunity to respond during the summer period.

45. The Director of Adults and Communities authorised an extension of the consultation period for a further two weeks and therefore the consultation closed for responses on 18 September 2016.
46. The consultation aimed to understand the potential impact of each of the two proposals if implemented, to identify any potential exceptions required, and to inform the most appropriate implementation approach which ensures minimum disruption to individual packages of care.
47. The promotion of the consultation to individuals and families was carried out via providers. Recognising that they could support people who use their services and their families to express their views about the proposals. This approach ensured support was available to people who might become anxious, or who had specific communication needs.
48. Wider promotion of the consultation has been undertaken in the form of soft social media communication to key stakeholders such as Clinical Commissioning Groups (CCGs), Leicestershire Partnership Trust (LPT), University of Leicester Hospitals (UHL), Healthwatch, and Patient Participation Groups. A detailed report of the outcomes of the consultation is attached as Appendix A.

#### **Face to face Consultation Activity**

49. A total of 22 face to face consultation meetings took place around the County. These were largely held at existing CLC services and at residential homes for individuals and families as well as three specific events in the north, south and centre of the County for families, friends and carers. In addition, four meetings were carried out within carer groups that are organised by the county carers support provider, Voluntary Action South Leicestershire.
50. 427 customers, carers, provider staff and other stakeholders attended face to face meetings where the proposals were discussed.

#### **Questionnaire responses**

51. A total of 486 responses via the questionnaire were received. The table below illustrates the yield of responses by engagement group (as specified on the consultation questionnaire) as a percentage.

<b>Engagement groups</b>	<b>Percentage of completed questionnaires by engagement group</b>
Users of community life choices	25%
Family member/carer of an adult who uses community life choices	39%
Interested members of the public	17%
Members of council staff	3%
Part of a voluntary sector organisation or charity	4%
Representative of a Community Life Choices provider	5%

Representative of a residential care home	3%
Representative of another organisation	4%

### Consultation outcomes

52. The consultation encouraged respondents to comment on the proposals and a wide range of opinion was captured as summarised below for each of the proposals:

a) Proposal A

Many of the respondents that disagreed with this proposal felt that it will take away an individual's choice and decision making about their lives. They felt that the majority of the 130 people will feel isolated and lose friendships that they have made from attending CLC services. However, those who agreed with the proposal felt that it is wrong for the Council to fund people twice and that it should be included within care home packages.

b) Proposal B

For those people that disagreed with this proposal they felt that users of the CLC service will stay at home which will then impact on the carer's health and wellbeing. However, many people thought that a reduction of two weeks is manageable, as holidays are taken in the year and that it would be better to have a reduction than no service at all.

### Potential Mitigation Actions

53. The tables below detail potential impact to service users, family carers and providers with detailed consideration of potential mitigating actions for each of the proposals:

#### Proposal A (ending of the commissioning of CLC for those in residential care)

	Potential Impact	Mitigating Action
<b>Service User</b>	<ul style="list-style-type: none"> <li>• Reduction of stimulation and increase of isolation</li> <li>• Loss/maintaining friendships</li> <li>• Individual choice taken away</li> </ul>	<p>Officers through the individual review process will determine what activities (internal and external) the home is able to provide.</p> <p>Individual reviews should identify where friendships will be impacted and seek to address with care homes and families through support arrangements.</p> <p>Ensure where appropriate that families are included within the review process so that the individual is well represented.</p>

	<ul style="list-style-type: none"> <li>• Deprivation of Liberty (DoL)</li> <li>• Reduced quality of life</li> <li>• Lack of safeguarding reporting</li> </ul>	<p>The comprehensive review process will also take into account if a Best Interest Assessments is required which will include addressing DoL.</p> <p>Through discussions with care home providers and through compliance checks, the Council will ensure that the care homes are offering meaningful social activities to meet individual needs. This could potentially include joining up with current CLC services.</p> <p>The Department has in place Safeguarding processes and procedures for reporting any issues/incidents.</p> <p>The Equality and Human Rights Impact Assessment (EHRIA) will also include potential impact and actions to be addressed.</p>
<b>Provider - CLC</b>	Financial – loss of revenue	CLC providers will be encouraged to partnership work with care home providers to discuss joined up opportunities, to help mitigate any revenue shortfall.
<b>Provider - Residential</b>	Financial – increase in staffing costs	Officers during the review process will consider financial impact in terms of increase in staffing, feasibility of offering activities to meet individual needs and overall financial sustainability. Officers will work with providers to consider potential solutions, including the sharing of good practice from other residential homes.

**Proposal B** (reduction to 48 weeks)

	<b>Potential Impact</b>	<b>Mitigating Action</b>
<b>Service User</b>	Health and Wellbeing <ul style="list-style-type: none"> <li>• Reduced stimulation</li> <li>• Isolation</li> <li>• Challenging behaviour</li> </ul>	The reduction in two weeks will be flexible and the choice of when this is taken will be discussed between the CLC provider and the individual/family carer, to ensure minimal impact. This shall be managed during the review process. The EHRIA will also include potential impact and actions to be addressed.
<b>Family Carer</b>	Health and Wellbeing	As part of the individual review process, officers will determine impact to carer and if alternative support would be required. The EHRIA will also include potential impact and actions to be addressed.
<b>Provider - CLC</b>	Financial Loss of revenue	Providers to manage this through effective business planning and also feasibility of self-funder income.

**Conclusion and recommendations**

54. During the consultation process a range of views have been collated, as summarised above and detailed within the consultation summary attached as Appendix A to this report. The consultation has further informed consideration of circumstances where implementation of the change may have a significant impact on the individual.
55. Bespoke staff and provider training will be delivered prior to any reviews being undertaken in order to ensure that all the issues identified above and in the EHRIA are fully addressed and the whole impact of change is understood, addressed and managed on an individual basis.
56. It is recommended that Proposal A is agreed. Throughout the review process it has been highlighted that there is a need to ensure that there is a more consistent and equitable approach to commissioning CLC services. All new admissions to residential care should not also be funded to access CLC services.
57. Prior to implementation, the provision for all current service users accessing CLC would be reviewed prior to any changes being made to their support package. This would be undertaken in partnership with providers and the individual/family or their representative to ensure individual impact is effectively considered and individual exceptions applied based on individual needs where relevant.
58. It is recommended that Proposal B is agreed. To meet the MTFS target the number of weeks commissioned should be reduced.

59. The provision for all current CLC users will be reviewed prior to any changes being made to their individual support packages. The impact of any proposed change will be assessed within the review process and if it is deemed that the individual would need alternative support, for instance domiciliary care or carer respite, then the Department will commission the most cost effective care solution.
60. In all circumstances the review process will ensure that all potential negative impacts and relevant mitigating actions are effectively identified prior to consideration of exceptions to both proposals.

### **Background Papers**

- Report to the Adults and Communities Overview and Scrutiny Committee: 6 September 2016 - Community Life Choices Framework 2017-20 and Consultation on Future Delivery  
<http://ow.ly/ZgRp304lgbJ>
- Report to the Cabinet: 18 July 2016 – Community Life Choices Framework 2017-20 and Consultation on Future Delivery  
<http://ow.ly/UK2R304lgex>

### **Appendix**

Appendix A – Public consultation summary  
Appendix B - EHRIA

### **Relevant Impact Assessments**

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

61. The EHRIA is attached as Appendix B. The EHRIA screening of the CLC plans was considered by the Adults and Communities Departmental Equalities Group (DEG) in March 2016. The consultation results have informed the full EHRIA report which has also been considered by members of DEG, which is attached as an appendix, to assist in the exercise of the Public Sector Equality Duty under the Equality Act 2010. The Equality Act 2010 imposes a duty on the local authority when making decisions to exercise due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who have a protected characteristic and those who do not.
62. The full report highlights the need to protect those groups most affected by the proposed changes, particularly people with learning difficulties and the carers of those with the highest needs and most challenging behaviour. It addresses concerns raised during consultation and identifies the need for robust and sensitive consideration of individual needs. The added protection of considering exceptions where there are health and wellbeing concerns arising from implementing the changes is designed to ensure that we enable the most appropriate and cost effective services to be provided in all cases.



## COMMUNITY LIFE CHOICES

### CONSULTATION SUMMARY

#### Introduction

- 1 A formal six week public consultation commenced on Monday 25 July 2016 and ran until midnight 18 September 2016 on proposals for changes to Community Life Choices (CLC) services. This consultation period was extended by two weeks from the original proposal of six weeks' consultation in order to ensure sufficient time to respond by all key stakeholders.
- 2 The aim of the consultation was to gather feedback on two proposals by Leicestershire County Council for the future commissioning of CLC services, namely:
  - That the Council should stop paying for CLC support for people who are already funded to receive 24/7 residential care;
  - A reduction in the number of weeks that the Council funds CLC support, from 50 to 48 weeks.
- 3 The consultation was specifically interested in:
  - Views of people who currently access these services;
  - Views of family carers of people who currently access these services;
  - Support or opposition regarding each of the proposals.
- 4 Throughout the consultation period, targeted engagement with key stakeholders was undertaken, to ensure that current users of the services, their families and carers, and current providers of those services were made aware of the proposals and had opportunities to express their views.

#### Consultation activity

- 5 In order to encourage and support involvement, a variety of engagement methods were employed throughout the consultation period, with the aim of raising awareness and encouraging people to give feedback on the proposals. The consultation document, along with background information, was available on the County Council's website and included an online questionnaire which was available in both standard format and easy read. The consultation was promoted through the use of social media (Facebook and Twitter), and to partner organisations for them to share: Support for Carers Leicestershire, Health partners (University Hospitals of Leicester, Leicestershire Partnership NHS Trust, Clinical Commissioning Groups) Patient Participation Groups and Healthwatch.
- 6 In response to requests by providers, visits by council officers were made to 19 venues, across a range of service types and covering all areas of the county. An

additional three events were arranged during the two week consultation extension, and were specifically promoted to family carers and relatives of people using CLC services (although they were open to all).

- 7 In total, 427 people attended 26 engagement events (as listed below) where the proposals were discussed and questions and comments were recorded as part of the overall response.

Date	Provider	Venue	S/users	Family carers	Staff + volunteers	General Public
17-Aug	D&H	Wigston Central Church	19	-	5	
22-Aug	D&H	South Wigston	18	-	4	
22-Aug	Glebe House	Wards End Loughborough	12	17	10	
23-Aug	Headway	Leicester	9	-	6	
23-Aug	Pear Tree Residential Home	Syston	-	-	2	
24-Aug	Support & Connections	Rearsby	-	6	2	
24-Aug	Age UK Blossoms	Earl Shilton	15	-	5	
25-Aug	WHM Greenfields	Seagrave	6	4	3	
26-Aug	WHM Fairfields	Queniborough	4	2	2	
30-Aug	Voyage	Hinckley	13	0	9	
30-Aug	Achieve with Us	Hinckley	29	21	8	
31-Aug	D&H	Hinckley	25	2	12	
31-Aug	Age UK Wellbeing group	Coalville	7	0	3	
31-Aug	John Storer House	at County Hall	1	0	1	
01-Sep	Age UK Orchid	Leicester	11		2	
02-Sep	Age UK Reflections	Melton	6	0	4	
01-Sep	Age UK Horizons	Melton	10	0	5	
02-Sep	Holmfield Day Centre	Beaumont Leys	0	0	2	
07-Sep	Famille House	Kirby Muxloe	9	9	4	
12-Sep	Open event South Leics (D&H)	Wigston		11	3	
13-Sep	Open event North Leics (Glebe)	Loughborough	1	17	7	2
15-Sep	Open event Global (C Hall)	Leicester		5	2	
Various	Carers Groups	County		35		
		<b>Total</b>	<b>195</b>	<b>129</b>	<b>101</b>	<b>2</b>
<b>Grand Total</b>						<b>427</b>

### Provider engagement

- 8 Prior to consultation, three workshops were held between November 2015 and May 2016 to develop options and discuss the two key proposals which emerged for consultation.

### Staff engagement

- 9 The consultation was promoted to staff and information disseminated via the intranet and at team meetings to encourage them to participate in and contribute to the consultation.

### Public engagement

- 10 The consultation was available on the Council website page "Have you say". In addition, various twitter feeds took place (August–September) to promote the consultation. Partner organisations also promoted and shared the consultation.



### Service user and carer engagement

- 11 Meetings at existing CLC services (including in house services) have included presentations, informal interviews, question and answer sessions about the proposals, group feedback, and support on an individual basis to complete/ distribute questionnaires where requested. In addition, the consultation was promoted by Voluntary Action South Leicestershire and discussed at four of their carers support groups. A total of 1,688 hard copy questionnaires were sent out.

### Other engagement

- 12 Presentations have also been made at the Leicestershire Residential Care Provider Forum, Family Carers of Learning Disabled Adults Group and the Leicestershire Equalities Challenge Group.
- 13 The Adults and Communities Overview and Scrutiny Committee considered the two delivery proposals on the 6 September 2016.

### Overview of Responses

#### Volume of responses

- 14 The consultation questionnaire was available online, paper form and in easy read format, other formats were available on request. The total number of questionnaires received (online and paper) were 486, the table below details questionnaires submitted by respondent:

Role of respondent	Completed questionnaire
CLC Service Users	116
Carers	185
CLC providers	24
Residential care providers	12
Leicestershire County Council staff	16
Public	79
Other stakeholders	40
Not answered	14
<b>TOTALS</b>	<b>486</b>

- 15 In addition, a number of letters and emails, as well as telephone responses were submitted and included.

### Analysis of responses

- 16 All feedback in workshops and meetings was recorded and key themes were identified. Not all questionnaire respondents answered all the questions, therefore analysis percentages are for those that did respond to each question: these statistics are contained in the tables at the end of this report.

**Proposal 1: to stop paying for community life choices support for people who are already funded to receive 24/7 residential care**

- 17 442 people responded to this question with the majority of responses indicating disagreement with this proposal 75% of respondents (63% strongly disagreed, 12% disagreed), compared to 16% who agreed with it.
- 18 In response to a question about the impact of this proposal on residents who currently receive this support, the most commonly cited concerns were that people would become “housebound” and isolated, lacking in stimulation and would have little or no choices open to them. There is also concern about the impact upon friendships and if or how these could be maintained; the impact upon individual’s mental wellbeing – a perceived likelihood of depression; and a potential increase in behaviours that challenge. Attending CLC services whilst living in residential care is also viewed as a safety net for the identification of any safeguarding issues, both by family carers and by CLC staff.
- 19 The need to be certain that residential homes are able to provide suitable alternative activities was seen as the most important issue, but reliant upon robust monitoring on the part of the council, with clear evidence from the providers that they are delivering this support.

**Proposal 2: to reduce the number of weeks that community life choices is funded, from 50 weeks to 48 weeks**

- 20 472 people responded to this question with the majority of responses indicating disagreement with this proposal 61% of respondents (50% strongly disagreed, 11% disagreed), compared to 24% who agreed with it.
- 21 This was felt by many to be manageable, although all would prefer to see no reduction at all in services paid for by the Council.
- 22 Family carers expressed concerns about additional strain upon their caring capacity, especially for older carers, and/or family finances if they needed to pay for additional support. This proposed change was perceived to be difficult for working carers who may not be able to take additional time off work, or who will have to use all their leave to provide the support and have no time to “recharge their own batteries”. Service users who answered this question gave a mixture of responses; some felt it would be OK because they already have varying times when they don’t attend, whilst others thought it would make them feel sad.
- 23 The key issue identified to help people adapt to any change was identified as good communication. This included giving people plenty of notice of any change, so that it can be introduced gradually, and identifying and communicating suitable and cost-effective alternative options.

**Other ideas**

- 24 There were very few ideas put forward for how the Council might achieve these savings in other ways. Comments focused on the need for the council to look at its own costs, and be as efficient as possible through effective staff structures and processes, and working in partnership to eliminate duplication and achieve economies of scale. In addition, many people commented that the way transport is currently provided should be considered, again as there are opportunities of being

more financially efficient through better planning of routes and times which could result in achieving economies of scale.

### **Other comments**

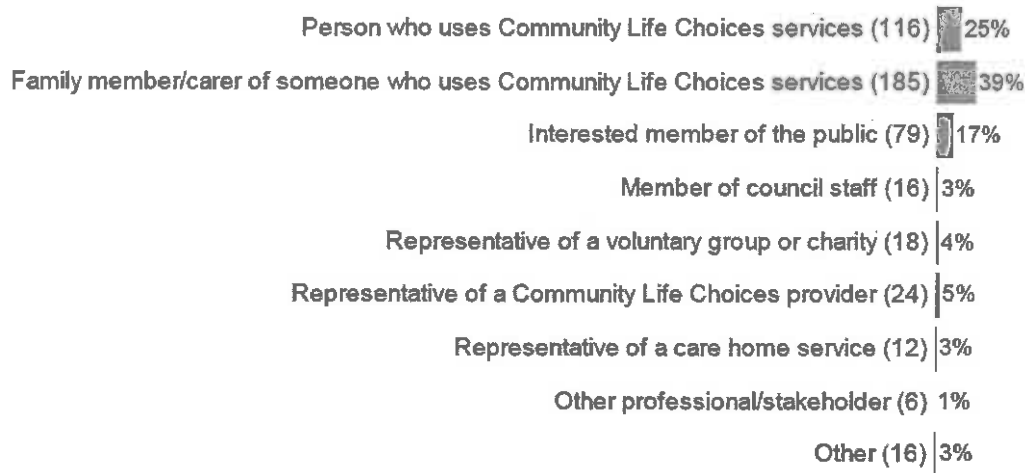
- 25 A quarter of those who commented were concerned that these proposals “target” the most vulnerable people, and that those people may not have a voice in the process. There were also comments about carer break-down and subsequent raised need for residential care if independent community living cannot be sustained. However others felt that the reduction in the number of paid-for weeks was a reasonable proposal and akin to what most people experience as “normal”, ie time off from work for holidays or other reasons. It was also acknowledged that there are residential care homes that do provide a range of suitable activities for their residents, which would minimise the impact of any change, and there is a need to examine their practice to determine how it can be duplicated in other settings.

### **Findings and Conclusion**

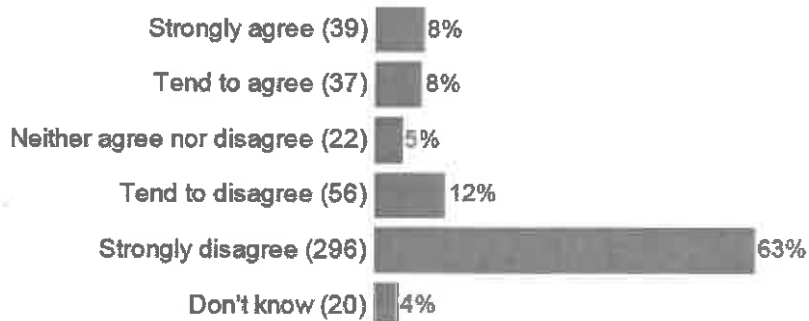
- 26 Engagement and consultation have highlighted people’s concerns about the impact upon current services users if their services were to be withdrawn or reduced, particularly upon their health and wellbeing. There are also issues in relation to this for family carers, who indicate they may not be able to cope and for working age carers, that it could affect their employment. Concerns were also raised about the impact upon providers, the viability of the business for CLC providers and the additional costs to residential care providers of delivering suitable alternative activities within residential settings.
- 27 Engagement and consultation have highlighted that the implementation of these proposals is dependent upon good, personalised, individual reviews in order to be confident that the impact is fully considered for each person and (where applicable) family carers. There will be benefits through networking and partnership working with and between providers, in order to ensure flexibility and capacity within services to deliver the required support.

### Summary Questionnaire Results

**In what role are you responding to this consultation? Please select one option only.**



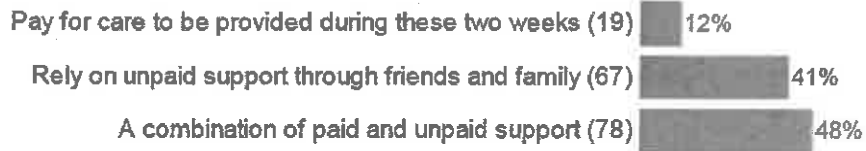
**To what extent do you agree or disagree with our proposal to stop paying for community life choices support for those people already funded to receive 24/7 residential care?**



**To what extent do you agree or disagree with our proposal to reduce the number of weeks of community life choices service that we will fund from 50 to 48 weeks per year as a way of helping find the savings we need to make?**



**If the number of weeks we funded community life choices services reduced from 50 to 48 weeks per year, which of the following are you most likely to do?**





## APPENDIX B

# 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](mailto:equality@leics.gov.uk)

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

<b>Key Details</b>	
<b>Name of policy being assessed:</b>	Community Life Choices
<b>Department and section:</b>	Adults and Communities – Strategic Planning and Commissioning
<b>Name of lead officer/ job title and others completing this assessment:</b>	Amisha Chauhan - Strategic Planning and Commissioning Officer
<b>Contact telephone numbers:</b>	0116 3059419
<b>Name of officer/s responsible for implementing this policy:</b>	Amanda Price – Interim Head of Service, Strategic Commissioning and Market Development
<b>Date EHRIA assessment started:</b>	1 <sup>st</sup> July 2015
<b>Date EHRIA assessment completed:</b>	26 <sup>th</sup> September 2016

## Section 1: Defining the policy

### Section 1: Defining the policy

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

1	<p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p>The department currently has framework arrangements for Community Life Choices (CLC) services, which commenced 1<sup>st</sup> October 2012 for a four year period ending 30<sup>th</sup> September 2016. Due to the level of work needed to be carried out in terms of reviewing the current service and service modelling a three month extension has been agreed by the Director of Adults and Communities, and therefore the framework will now end 31<sup>st</sup> December 2016.</p> <p>The framework currently has 73 independent providers delivering 198 services. In addition, there are currently 13 services provided In House.</p> <p>The Framework Agreement (Independent CLC) meets the needs of people with learning disabilities, physical disabilities, mental ill health and older people within Leicestershire County. The framework is refreshed annually to encourage opportunities for new providers to join the framework however this is not associated with demand as data shows that only 47% of providers and 45% of services are being accessed.</p> <p>Types of services available from the framework are; Day Services, Outreach, Physical and Social Activities, Community Support etc.</p> <p>Currently, there are circa 849 service users accessing daytime activities.</p> <p>The total CLC budget (In House &amp; Independent Sector) for 2016/17 is £8.3 million. The proposed savings (£500k in 2017/18 rising to £750k in 2018/19) will be achieved through a restricted core service offer. This saving will be achieved across all types of day activities (Independent and In House). Overall the target for gross savings to be achieved will represent 9% of current CLC budget</p> <p>The way that CLC is commissioned and provided in Leicestershire has been reviewed in line with the new Adult Social Care Strategy and Commissioning Strategy, to ensure how CLC support can be more cost effective.</p>
2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The Adult Social Care Strategy 2016 - 2020 has been prepared to outline the vision and strategic direction of social care support for the next 4 years. The life of the strategy has been determined by matching to the life of the current</p>



	<p>Medium Term Financial Strategy (MTFS), in order for us to meet our financial targets and implement our new approach to adult social care.</p> <p>The need for a new strategy has arisen from new and updated legislation (e.g. the Care Act), increasing demographic pressures, ongoing budget cuts and plans for the integration of health and social care services. All of these factors will have a significant impact on our approach, and on how people are supported in the future. Please see respective EHRIA for more details - EHRIA Assessment ASC Strategy and Commissioning Strategy.</p> <p>In order to meet our statutory and financial obligations we have developed a model which is a 'stepped' approach, designed to ensure that people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence. The 'stepped' approach outlines how the Department can support people with different levels of need in order to:</p> <ul style="list-style-type: none"> <li>• prevent a need for social care (by making universal services eg advice and information, public health wellbeing initiatives available),</li> <li>• reduce the need for social care (through targeted interventions, eg social groups),</li> <li>• delay the need for social care (through reablement and rehabilitation services) and for those most in need,</li> <li>• meeting needs with the minimum amount of support by identifying and using a broad set of social resources as well as formal service provision, and through progressive planning.</li> </ul> <p>The following strategies/workstreams are related to this area of work:</p> <ul style="list-style-type: none"> <li>- Adult Social Care Strategy 2016-20</li> <li>- Help to Live at Home Project</li> <li>- In-House Services Review</li> <li>- Adult Social Care Commissioning Strategy</li> <li>- Medium Term Financial Strategy</li> <li>- Adult Social Care Workforce Strategy</li> <li>- Finance</li> <li>- Assessment, support planning and review</li> <li>- Resource allocation</li> <li>- Learning and Development</li> <li>- Compliance</li> <li>- Performance Management</li> <li>- Integration with health</li> <li>- Market shaping</li> </ul>
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The potential impact is upon anyone living in Leicestershire with a need or potential need for CLC support, with an aim of ensuring people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence.</p>

The focus is therefore on supporting people to achieve their outcomes, and on delivering only as much support as will enable them to do so, whilst maximising informal support from families and communities.

The table below details current service user profile:

Primary Category of Need	Age		Total No. of Service Users
	18-64	65+	
Mental Health	7	64	71
Learning Disability	470	62	532
Physical Disability & Sensory	84	162	246

The largest cohort is service users of working age with Learning Disabilities. The types of services accessed by this cohort include support to gain employment, volunteering opportunities, Life Skills, personal support etc.

The ethnicity breakdown of those accessing CLC services is detailed in the table below;

Ethnicity	Total
Asian/ Asian British- ....Any other ... British Chinese ...British Indian ... Black British-African	82
Not recorded	9
White – ...Any other background ...English ... Welsh ... Scottish ... N. Irish ... British	758
<b>Total</b>	<b>849</b>

#### Summary of changes to current framework:

- 1) Future CLC services for the majority of people will not be about providing activities but enabling/facilitating people either by themselves or with support to access community facilities, with a key focus on enabling and supporting people to gain employment/volunteering opportunities and improving life skills;
- 2) The new framework will have 26 providers. This approach will allow providers to offer as many services as they choose whilst the Department ensures an affordable and geographical spread of services across the county. The new categories of support are listed below.
  - **Increasing Independence** – Employment, Education, training, volunteering support
  - **Personal and skills development** – life skills, including use of public transport, cooking, money management

- **Community engagement** – A focus on meaningful inclusive activities based in the community, with an emphasis on tailored support, which aims to meet the needs of both the individual and, where relevant, associated carers, with a view to reducing dependence on paid support.
  - **Health and wellbeing** - Offer advice and support on healthy lifestyles and wellbeing to individuals. The Service will promote the physical and mental health of individuals offering emotional support and enabling people to develop personal resources to deal with life changes, stresses and crises.
- 3) The new CLC framework will have set prices aligned to new banding criteria, which correspond to differing levels of support needs. The cost of services and banding criteria will be applied to all those accessing CLC services whether their package of care is managed by the council or through a Direct Payment.
- 4) Based on IAS data there are currently 132 (16%) service users receiving long term 24/7 residential care that are also accessing Community Life Choices support. It is deemed that providers of such services should be able to provide activities for its service users thus minimising the need for them to also access community life choices. Which would further embed the cost effective care policy ensuring services commissioned are the most cost effective solution.
- 5) Currently 50 weeks are commissioned per annum due to Bank Holidays. To meet the savings target it is proposed that the number of commissioned weeks is reduced to 48.

The table below provides the total number of service users who are currently living in 24/7 residential care and, of that total, the numbers who access CLC support services

Primary Need	Total No of services users in residential care		No of services users in residential care also receiving CLC	
	Age 18-64	Age 65+	Age 18-64	Age 65+
Learning Disability	363	70	87	27
Physical Disability	79	1944	7	6
Mental Health/Social Support	99	551	5	

Data: 2015/16, numbers under 5 are rounded

	The data indicates that 86% of the people living in residential care and using CLC services have a learning disability which is the largest cohort compared to other categories of need (Physical Disability = 10%, Mental Health = 4%). Therefore, it is evident that there is an inconsistent commissioning approach for those in long term residential care in terms of access to CLC services.			
4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)			
		Yes	No	How?
	Eliminate unlawful discrimination, harassment and victimisation	X		The strategy and delivery model focus on individual outcomes for each person and encompass the full range of need
	Advance equality of opportunity between different groups	X		The CLC framework will enable commissioning workers to arrange support for people who do not want to take their personal budget as a direct payment. The support provided to eligible individuals, as with any type of social care support, will need to support this equality aspect in line with their support plan.
	Foster good relations between different groups	X		The new CLC model is based on inclusion, focussing on maximising family and community assets and supporting people to be part of a wider community network.

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

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

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

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

### Section 2

#### 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	

	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.	<p>*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.</p> <p>Specific CLC provider workshops and market testing have been carried out in relation to the new model.</p> <p>There are two specific proposals for the delivery of CLC on which the Department has consulted;</p> <p>1) Individuals in long term 24/7 residential care should not also receive community life choices 2) Reduction in the number of weeks of LCC paid support</p> <p>A formal consultation took place from 25<sup>th</sup> July to 18<sup>th</sup> September 2016. The aim of the consultation was to enable the department to determine the impact of implementing these proposals and to enable plans to be put in place to minimise any negative impact of change to an individual's package of support and care.</p> <p>If these proposals are agreed then it is envisaged that they will not be implemented until July 2017 earliest which will allow sufficient time for review officers to carry out comprehensive service user reviews and to support providers to adapt to any impact upon them.</p>		

<b>Section 2</b>			
<b>B: Monitoring Impact</b>			
9.	Are there systems set up to:	<b>Yes</b>	<b>No</b>
	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
<b>Age</b>	x		Older people make up the largest group of users of social care, and numbers are increasing. However community life choice users tend to be younger age adults, who tend to access these services earlier in their lives. As of November 2015, 561 people accessing community life choices were under 65, and 288 were 65 years and over.
<b>Disability</b>	x		All people accessing community life choices services will be eligible for social care services in line with national eligibility criteria. The data in Section 3 details breakdown for current users of CLC services by disability. Any associated changes to individuals' support will need to consider the best way to do this for the individuals involved through transition planning and decommissioning processes.
<b>Gender Reassignment</b>		x	
<b>Marriage and Civil Partnership</b>		x	
<b>Pregnancy and Maternity</b>		x	
<b>Race</b>	x		The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required

				to ensure that services are accessible and inclusive.
	<b>Religion or Belief</b>	<b>x</b>		As above
	<b>Sex</b>	<b>x</b>		As above
	<b>Sexual Orientation</b>	<b>x</b>		As above
	<b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b>	<b>x</b>		Integration and partnerships with health services will contribute to addressing health inequalities.
	<b>Community Cohesion</b>	<b>x</b>		The focus on maximising use of community resources should promote greater inclusion and community cohesion.
<b>11.</b>	<p>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)</p> <p>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]</p>			
		<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>Part 1: The Convention- Rights and Freedoms</b>				
	<b>Article 2: Right to life</b>	<b>x</b>		Safeguarding is likely to engage this article
	<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>	<b>x</b>		Social Care services including community life choices are underpinned by ASC duty to promote wellbeing and personal dignity. All services, either in house or commissioned, are expected to be delivered at an acceptable standard to maintain health and dignity.

	<b>Article 4: Right not to be subjected to slavery/ forced labour</b>		<b>x</b>	
	<b>Article 5: Right to liberty and security</b>	<b>x</b>		Safeguarding will protect these rights
	<b>Article 6: Right to a fair trial</b>		<b>x</b>	
	<b>Article 7: No punishment without law</b>		<b>x</b>	
	<b>Article 8: Right to respect for private and family life</b>	<b>x</b>		Community life choices are focused on how to support people to remain independent in the setting of their choice.
	<b>Article 9: Right to freedom of thought, conscience and religion</b>		<b>x</b>	
	<b>Article 10: Right to freedom of expression</b>		<b>x</b>	
	<b>Article 11: Right to freedom of assembly and association</b>		<b>x</b>	
	<b>Article 12: Right to marry</b>		<b>x</b>	
	<b>Article 14: Right not to be discriminated against</b>	<b>x</b>		The values and principles of community life choices are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefitting from them.
<b>Part 2: The First Protocol</b>				
	<b>Article 1: Protection of property/ peaceful enjoyment</b>	<b>x</b>		Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy
	<b>Article 2: Right to education</b>		<b>x</b>	
	<b>Article 3: Right to free elections</b>		<b>x</b>	
<b>Section 2</b>				
<b>D: Decision</b>				
<b>12.</b>	<b>Is there evidence or any other reason to suggest that:</b>	<b>Yes</b>	<b>No</b>	<b>Unknown</b>
	a) this policy could have a different affect or adverse impact on any section of the community;		<b>X</b>	
	b) any section of the community may face barriers in benefiting from the proposal		<b>X</b>	



13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input checked="" type="checkbox"/>
<b>Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.</b>				
14.	Is an EHRIA report required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

### Section 2: Completion of EHRIA Screening

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

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

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

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

### Section 3: Equality and Human Rights Impact Assessment Report

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

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

<b>Section 3</b>	
<b>A: Research and Consultation</b>	
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.	
<b>15.</b>	<p>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?</p> <p>a) current needs and aspirations and what is important to individuals and community groups (including human rights);</p> <p>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</p> <p>c) likely barriers that individuals and community groups may face (including human rights)</p>
<p>Throughout the strategic review process, historic contract monitoring data for existing community life choice service provision was examined in order to better understand existing service provision.</p> <p>This has been further supplemented with a full public consultation exercise which took place between 25<sup>th</sup> July and 18<sup>th</sup> September 2016, to seek views from all current users of CLC, family carers, relatives and providers on the proposals for the future delivery of CLC support services.</p> <p>The consultation process has enabled officers to understand potential impact to providers as well as service users/carers.</p> <p>Prior to any changes to individual packages of care, a comprehensive review with the provider, service user and/or representative will be undertaken to determine if there is any likelihood of a negative impact to the individual.</p> <p>In all circumstances the review process will ensure that all potential negative impact and relevant mitigating actions are effectively identified prior to consideration of exceptions to both proposals. Exceptions shall be agreed according to the department's exceptions policy, which shall only be agreed at senior level.</p>	
<b>16.</b>	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
<p>No further research or data collection is required in relation to the overarching CLC model.</p> <p>Throughout the strategic review process and formal consultation exercise research, data collection and evidence gathering has taken place from a variety of sources:</p> <ul style="list-style-type: none"> <li>• Online and other published resources</li> <li>• Contract monitoring data</li> </ul>	

- Information received from providers and stakeholders
- Benchmarking information from other local authorities and commissioning organisations
- Results from consultation exercise (including responses from current users, family carers, relatives, providers, stakeholders, LCC staff and the general public)

As described above, this research and data gathering has allowed a relatively comprehensive assessment of risks and impacts and those specific to the Equalities Act and Human Rights have been described above (see Section 2). However, it should be noted that the primary impact is the reduction in commissioned weeks and to cease CLC support for those in 24/7 residential care and support services.

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.

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

In addition to a consultation questionnaire (online and hardcopy), engagement was achieved through face to face consultation meetings at 18 existing services located across the county, and three specific events primarily for family carers and relatives. In addition, the Departments carers support provider also discussed the proposals at 4 of its carers support groups. These activities engaged with 427 people in total. The questionnaire was completed and returned by 486 people.

Using the findings from the strategic review and formal consultation exercise potential impacts and barriers upon the Protected Characteristics under the Equality Act 2010 and Human Rights articles have been identified.

**The key themes around potential impact for service users and family carers for each of the proposals are as follows;**

**Proposal A**

- Reduction of stimulation and increase of isolation
- Loss/maintaining friendships
- Individual choice taken away
- Reduced quality of life
- Lack of safeguarding reporting

**Proposal B**

- Health & Wellbeing of family carer
- Reduced stimulation for service user
- Isolation for service user
- Service user challenging behaviour

Of note, it has been recognised that in respect of the protected characteristics, there is the potential for all individuals (regardless of which protected characteristic(s) they have) to experience an impact arising out of these proposals because of the proposed level of

savings required.	
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	No

<b>Section 3</b>																					
<b>B: Recognised Impact</b>																					
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are likely be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.																				
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Learning Disability	532																				
Physical Disability & Sensory	246																				

	<p>There is potentially a greater impact on people with higher levels of support needs (predominantly those with Learning Disabilities) when considering proposal A and/or B, either to the individual and/or family carer, because they may be more reliant upon these services to maintain their health and wellbeing</p> <p>As mentioned in section 15 the impact to individuals within this group would be managed through the review process, and if it is deemed that there is a negative impact to either the service user or family carer an exception would be considered.</p> <p>A major barrier will be a reduced level of investment due to the MTFs savings which may lead to a reduction in a service users support package.</p>
<b>Gender Reassignment</b>	<p>Monitoring data for existing services does not provide any specific evidence related to gender reassignment. However, there will be no impact on gender reassignment.</p> <p>A major barrier will be a reduced level of investment due to the MTFs savings which may lead to a reduction in a service users support package.</p>
<b>Marriage and Civil Partnership</b>	Not affected
<b>Pregnancy and Maternity</b>	<p>No specific impact identified</p> <p>Monitoring data for existing services does not provide any specific evidence related to pregnancy and maternity.</p> <p>Future services will always be provided with regard to policies and good practice in relation to the needs of the group</p>
<b>Race</b>	<p>No specific impact identified</p> <p>Future services will always be provided with sensitivity</p>
<b>Religion or Belief</b>	Future services will always be provided with sensitivity and respect paid to religious observance requirements.
<b>Sex</b>	<p>No specific impact identified</p> <p>Monitoring data for existing services shows that there is an equal split of males and females</p>
<b>Sexual Orientation</b>	No specific impact identified

	<p><b>Other groups</b> e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>	<p>The new CLC specification and contract require that providers are monitored on service user outcomes (8 in total) one of which will be "Individuals report an increase in social contact with others, either one to one or in groups".</p> <p>Within the consultation process, concerns were expressed about the potential for individuals to feel isolated (due to eg a lack of peer group in a residential setting, being "stuck" at home for 2 weeks).</p> <p>Carers also commented that a 2-week reduction in service provision would impact upon them, either being able to manage the cared-for person within the home setting or upon their own health, wellbeing or employment.</p> <p>Therefore, when comprehensive individual reviews are carried out, officers will need to determine if isolation is a risk, the potential impact and whether alternative support is required to mitigate this.</p> <p>If there is a reduction in the number of weeks, the impact to the carer must be considered when reviews are undertaken, and a carer assessment or reassessment completed if required.</p>
	<p><b>Community Cohesion</b></p>	<p>Service user outcomes include; <b>Community Engagement</b>; Service Users are accessing universal facilities and services in their community. CLC providers will be expected to encourage and support individuals to be part of the community. An example of this could be accessing local libraries, leisure facilities, community centres etc.</p>

20.	<p>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?</p>	
	<p><b>Comments</b></p>	
	<p><b>Part 1: The Convention- Rights and Freedoms</b></p>	
	<p><b>Article 2: Right to life</b></p>	<p>Risks to service users and suitable policies relating to Health and Safety and</p>

		safeguarding adults will be a requirement of new services commissioned under these proposals.
<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>		It will be a requirement of the providers to have policies concerning safeguarding and whistleblowing, for example, and this will be a requirement of new services commissioned under these proposals.
<b>Article 4: Right not to be subjected to slavery/ forced labour</b>		N/A
<b>Article 5: Right to liberty and security</b>		N/A
<b>Article 6: Right to a fair trial</b>		All service users will be made aware of complaints procedures and the right to have decisions reconsidered.
<b>Article 7: No punishment without law</b>		N/A
<b>Article 8: Right to respect for private and family life</b>		Services are expected to respect privacy, maintain dignity, and ensure service users and their families have choices and are supported to make decisions about their own lives.
<b>Article 9: Right to freedom of thought, conscience and religion</b>		N/A
<b>Article 10: Right to freedom of expression</b>		N/A
<b>Article 11: Right to freedom of assembly and association</b>		N/A
<b>Article 12: Right to marry</b>		N/A
<b>Article 14: Right not to be discriminated against</b>		The new CLC service has the potential to support people who represent some of the protected characteristics covered by the Equality Act (see above). Services will be expected to be delivered without any discrimination to customers.
<b>Part 2: The First Protocol</b>		
<b>Article 1: Protection of property/ peaceful enjoyment</b>		X
<b>Article 2: Right to education</b>		X
<b>Article 3: Right to free elections</b>		X
<b>Section 3</b>		
<b>C: Mitigating and Assessing the Impact</b>		
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.	
<b>21.</b>	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.
The department will carry out a comprehensive review of each individual's care needs and if they require alternative support, we will work closely with them, their families and the providers to commission the most cost-effective care.	
N.B.	
i) If you have identified adverse impact or discrimination that is <u>illegal</u> , you are required to take action to remedy this immediately.	
ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u> , you will need to consider what actions can be taken to mitigate its effect on those groups of people.	
<b>22.</b>	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. <ul style="list-style-type: none"> <li>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination</li> <li>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</li> <li>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why</li> </ul>
<p>In terms of ceasing CLC support for those in 24/7 accommodation based care and support, the residential care home is expected (as per contractual arrangements) to provide day time opportunities and/or support residents to access wider community based activities in order to meet their assessed needs. This will need to be negotiated with individual providers under their current contracts. There are many ways to promote social inclusion, beyond traditional day services, including supporting people to take part in everyday 'mainstream activities' in local communities.</p> <p>Enablement activities which help people to remain more independent should be encouraged. This can be achieved through residential care staff working differently to enable residents to take part in activities in or outside of the home which support them to be as independent as they can. This would be achieved by person centred planning and effective risk management.</p> <p>If the number of weeks is reduced to 48 to mitigate any negative impact to a service user/ family carer alternative support options shall be considered. For example, a service user due to high needs may need to attend CLC 5 days a week, throughout the year. If no other alternative support can be put in place or is not as cost effective as CLC for either the service user or family carer then this would need to be agreed through</p>	



the exceptions process as per the CLC guidance and exception policy.

### Section 3

#### D: Making a decision

- 23.** Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

The new CLC model aims to support people to become as independent as possible and should therefore have positive impact upon individual wellbeing. It requires that vulnerable people are safeguarded, and that community support and engagement are maximised. This and the overarching Adult Social Care strategy 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?  
The attached action plan will be used to support checks on progress of implementation of the delivery of CLC support services, which will be overseen by the Adult Social Care Compliance team reporting to the Adult Social Care Strategy steering group. Specifically, the Equalities Improvement Plan will be reviewed by the Departmental Equalities Group to monitor the impact of the strategy.

- 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*
- Clear and robust guidance will need to be in place in terms of reviewing support packages. In addition, it will be expected that the Compliance Team will carry out ongoing monitoring of the contracts to ensure that individual's outcomes are being met. This will be done through quarterly performance monitoring meetings with providers, followed by at least annual quality assurance and contract monitoring visits.

**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.

<b>Equality Objective</b>	<b>Action</b>	<b>Target</b>	<b>Officer Responsible</b>	<b>By when</b>
Equalities monitoring is ongoing and embedded	Use the outcomes of EHRAs to inform Service Planning, monitoring whether the EHRAs and associated action plans lead to improved outcomes for customers.	All service plans reflect EHRIA outcomes.	Contract Compliance Manager	Ongoing
Improve internal procedures to protect the long term health and wellbeing interests of service users, particularly in relation to their Article 3 rights.	Ensure timeliness of care plan reviews. Ensure that financial assessments are accurate and that direct payments are efficient and prompt.	Improved protection for vulnerable service users through more efficient and responsive service delivery.	Head of Service (Reviews)  CCF Manager	
Ensure that customers of existing service provision are aware of the changes to service provision (reduction of commissioned weeks from 50 to 48) and that where required, transitional arrangements are in place.	The Council has a duty of care to existing customers. Work with providers, individuals and family carers will be undertaken to establish impact.	That customers feel supported and know what alternative support they can access if required	Review officers	By July 2017

Equality Objective	Action	Target	Officer Responsible	By when
Ensure that the specification for the new service model includes clearly specified referral routes, taking account of groups with known difficulties in accessing services (as identified in section 2 & 3 above) to avoid their exclusion.	Work with various sections of the council such as; Working Age Adults, Whole Life Disability Team - Residential Review Team, Community Care Finance,	The commissioned service is compliant with the Council's equality priorities, reflects the findings of the strategic review and the comments of providers, families and stakeholders gathered as part of formal consultation.	Strategy and Commissioning	
Ensure that new services have appropriate geographical spread.	Work with providers of Community Life Choice services	The commissioned service is compliant with the Council's equality priorities, reflects the findings of the strategic review and the comments of providers and stakeholders gathered as part of formal consultation/Market Testing.	Strategic Planning and Commissioning in particular Market Development	
Ensure that the specification for the new service model is outcome based and has clearly specified targeted interventions	These will be monitored through contract monitoring during the life of the contract.	The commissioned service is compliant with the Council's equality priorities, reflects the findings of the strategic review and the comments of providers and stakeholders gathered as part of formal consultation/Market Testing.	Strategic Planning and Commissioning	Throughout the life of the contract (contract monitoring).

Equality Objective	Action	Target	Officer Responsible	By when
<p>Ensure that existing residential providers and service users are aware of the changes (in terms of ceasing CLC support for residential service users) to service provision and that where required, transitional arrangements are in place</p> <p>Monitor the impact of both proposals if they are agreed and implemented</p>	<p>Work with providers will be undertaken to establish which customers will not continue to receive CLC support and what alternative provision can be provided by the residential care provider</p> <p>These will be monitored through contract monitoring during the life of the contract and also during individual annual reviews.</p>	<p>That existing customers feel supported and know what alternative support they can access if required</p> <p>That existing customers and family carers feel supported and the concerns raised in consultation about negative effects of the proposals are satisfactorily addressed.</p>	<p>Compliance Officers (working with current providers)</p> <p>Compliance Officers and operational staff</p>	<p>By September 2017</p> <p>Throughout the life of the contract.</p>
<p>Proposal A</p> <p>Reduction of stimulation</p> <p>Increase of isolation</p> <p>Loss/maintaining friendships</p> <p>Individual choice taken away</p> <p>Reduced quality of life</p> <p>Lack of safeguarding reporting</p>	<p>Individual reviews and through discussions with care home providers and compliance checks, the Council will ensure that the care homes are offering meaningful social activities to meet individual needs. This could potentially include joining up with current CLC services. If care home providers are not able to meet individuals outcomes then the</p>	<p>That existing customers and family carers feel supported and the concerns raised in consultation about negative effects of the proposals are satisfactorily addressed.</p>	<p>Compliance Officers and operational staff</p>	<p>Throughout the life of the contract.</p>

Equality Objective	Action	Target	Officer Responsible	By when
<p>Proposal B Health &amp; Wellbeing of family carer Reduced stimulation for service user Isolation for service user Service user challenging behaviour</p>	<p>exceptions policy will be applied and alternative cost effective support shall be commissioned</p> <p>Through individual reviews, officers will be expected to determine impact not only to the individual but also the family carer if a reduction in commissioned weeks is to be applied. For those most vulnerable individuals (high needs) the exceptions policy will be applied to commission the most cost effective support. In addition, where applicable a carers assessment/reassessment will also need be considered.</p>	<p>That customers and family carers feel supported</p>	<p>Operational staff</p>	<p>Throughout the life of the contract.</p>

## 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](mailto:louisa.jordan@leics.gov.uk), Members Secretariat, in the Chief Executive's department for publishing.

### Section 4

#### A: Sign Off and Scrutiny

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

**Equality and Human Rights Assessment Screening**

**Equality and Human Rights Assessment Report**

1<sup>st</sup> Authorised Signature (EHRIA Lead Officer): .....

Date: .....

2<sup>nd</sup> Authorised Signature (DEG Chair): ... *K. Red* .....

Date: ...27<sup>th</sup> September 2016...

**Joanne Twomey**

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**From:** Joanne Twomey  
**Sent:** 07 October 2016 16:07  
**To:** Joanne Twomey  
**Subject:** RE: Proposals for Reductions in "Community Life Choices" and Special Category of Learning Disabled

**From:** Clive Hadfield  
**Sent:** 06 October 2016 16:28  
**To:** Joanne Twomey  
**Subject:** Proposals for Reductions in "Community Life Choices" and Special Category of Learning Disabled

Dear Ms. Twomey,

Thank You for your e mail, yesterday. Please will you circulate this response to Cabinet Members?

This is about the proposal to reduce "Community Life Choices" (day care provision) for all Users, including Learning Disabled. On behalf of our sub Group, I have summarised points to keep it as brief as possible.

Learning Disabled Users have not been specifically mentioned in the Summary Report. Extrapolating from the Councils own figures: Only 4% of Council paid residential care users are Learning Disabled AND about 50% of day care users are Learning Disabled. So, it is unlikely that the application of either proposal (withdrawal of day care for funded residents and a 4% reduction in days of day care provision) to Learning Disabled Adults will lead to any worthwhile financial saving, particularly when set against likely problems arising from the Learning Disabled minority.

It is an error to include Learning Disabled within general expectations of disability as a whole. Learning Disability is different because:

Unlike many other disabilities, it is usually "whole life" "cradle to grave" "70 years plus" and "without prospect of improvement".

Unlike many other disabilities, Learning Disabled Adults must have social and intellectual stimulation daily, to compensate for the effects of Learning Disability.

Our sub Group suggests that Learning Disabled Adults should be exempted from these proposals.

As a result of the consultation, the Family Carers sub Group of the Learning Disability Partnership Board grouped their experienced responses under six headings:

**The Quality of Consultation, including publicity and timing**

An objection to Q10. Presumption of Family willingness to take on extra duties – may not comply with Care Act.

Restricted reply choices.

Limited calendar time and limited circulation.

**The legality of top down policy requirement applying to all person centred (outcomes focused) individual cases**

Each Learning Disabled Adult should have an outcomes based, person centred assessment. For LD Adults, there should be minimum change over many years

Each honest Assessment is based on meeting need, not finance. Obviously, need must be met economically. See item six.

**The unfairness of equating long, long, long term disability living needs for stimulation (social, artistic, intellectual, etc.) with the shorter term needs of other disabled persons who do not have the deprivations of learning disability. Unstimulated LD persons are likely to become difficult, leading to Winterbourne methods of control or expensive hand back from un coping private providers to the Council.**

Care is more than food, shelter and sanitary accommodation. Sitting down quietly and looking at the walls is not enough!

**The bad economics of expensive LD re assessment reviews, with more than one purpose, and the minor cash cuts likely to be generated, giving very poor financial pay back.**

Those LD with moderate needs have already had their support withdrawn. So, the major cost cut has already been made. Only difficult LD cases remain, with little realistic prospect of significant cost savings.

Increased demands on the elderly Carers of LD Adults is likely to lead to Carers inability to cope with the added demand and, so, responsibility is likely to transfer to Council at Council cost. Very few LD Adults have any money in their own right to pay for care.

**The co ordination of days and weeks of time periods. Benefits are paid on a weekly basis. Every week is equal to every other week. Some private providers have contracts for every week to be a paid week.**

Providers fixed costs continue for all weeks. Thus, the same costs must be recovered at a higher weekly rate over fewer weeks.

Some providers are providing valuable free services to the Community. These services may be invisible to the Council but, if withdrawn, would appear as new cost to the Council.

**Pointing Out The Obvious Wastes. Every Carer can point out wasteful practices and arrangements. Just ask the Carers to point out the potential savings.**

A forwarded e mail follows. It points out lots of potential cash savings.

The sub Group hope this is helpful to the Cabinet AND that the Cabinet will wish to exempt Learning Disabled Adults from the proposals.

Clive Hadfield

Chairman, Family Carers sub Group of Leicestershire Learning Disabilities Partnership Board.

**From:** Clive Hadfield

**Sent:** 12 September 2016 17:18

**To:** 'Amisha Chauhan'

**Cc:** Jane Robins ; Gill Huddleston ; Linda Wright ; Lyn Spence ; R. A. J.....

**Subject:** Point No Six - Pointing Out the Obvious

Dear Amisha,

Thank You for your response to the six points about the consultation on Day Centre cuts. This response to your response concerns item six (obvious wasteful arrangements and practices at an individual level).

Obviously, Question 12 on the Consultation Document is not an appropriate place to set out one off individual examples of Council Waste. This points up the Council's expectation of top down, "blanket", "one size fits all" solutions when, in fact and with due diligence, almost every individual case could raise an individual saving. Each saving would be



particular to that case. All the specific "one off" and individual savings would aggregate to a substantial money saving overall, and without the social damage of the top down imposition of an ill considered and blunt policy.

In our own case, I have pointed out very obvious and large financial waste to very Senior Officers on four occasions. Nothing has been done to effect the savings. Here follows a catalogue of Council Waste and Error, centred around one individual:

#### **Public Resources Ignored**

Three Councils (County, District and Town) have several buildings in Lutterworth, which are suitable for day centre use, at NIL cost to the overall public purse (Public body to Public body transfers may be ignored if the Public bodies are serving the public overall). Also, there are Churches offering free or low prices accommodation, as part of their Community Service.

Similarly, the Councils offer educational and recreational activities which, if freely offered to Learning Disabled Adults, would provide many of the necessary stimulæ at a potential overall saving to the public purse.

#### **Poor Contract Arrangements**

When there was a day centre activity in Lutterworth, The premises contract was fairly expensive. The landlord abused the use of the premises in many ways and, so, it was bad value for money. When the Lutterworth day centre was disbanded, the landlord levied a £10,000 contract termination charge onto the Council.

#### **Refusal to Accept Money**

Waitrose at Lutterworth offered about £400 to the Learning Disabled Day Centre Group at Lutterworth. The Council refused to accept the money on the grounds that "There is no mechanism to accept the money".

#### **Destruction of Local Links**

The main activity of the twenty or so Learning Disabled Adults at the Lutterworth Day Centre was the preparation and presentation of two concerts per year. The activity was very low cost/no cost. Individuals did singing, dancing, readings and mini sketches. The concerts were very much appreciated by the local Community, until the Council stopped them.

#### **Set up Large New Transport Costs**

The twenty or so Learning Disabled Adults, who attended at Lutterworth, had either nil or very low local transport costs. The dispersal, mostly to Market Harborough, has incurred lots of new individual transport costs. I guesstimate the added transport costs as between £50,000 and £100,000 pa.

#### **Inefficient Individual Transport Arrangements**

The distance between Lutterworth and Market Harborough is 14 miles. To transport one individual by taxi from Lutterworth to Market Harborough requires a taxi mileage of 112 miles per day, under the arrangements made by the Council. That individual has a "one to one" supporter, who is an authorised car user. The supporter could meet some of the transport needs at a much lower daily distance and at a much lower cost to the Council.

#### **Rules Stop Common Sense**

The Lutterworth Individual would like to attend a private day centre in Lutterworth for one day per week. That would exchange 112 miles of taxi costs for a return bus fare between Harborough and Lutterworth for the necessary and established "one to one" supporter. Unfortunately, the trusted "one to one" supporter is contracted to the Council's Roman Way Day Centre in Market Harborough. There is a Rule that the trusted contracted "one to one" supporter cannot accompany the Learning Disabled Individual to a non Council Day Centre. So, the wishes of the Individual Learning Disabled Adult cannot be met AND the Council cannot make a cash saving.

I hope that the Council will reduce it's "telling" and take up more listening. There are cash savings to be made by attention to detail at a practical level and as understood by Carers.

Regards

Clive Hadfield

**Joanne Twomey**

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**From:** Joanne Twomey  
**Sent:** 11 October 2016 11:42  
**To:** Joanne Twomey  
**Subject:** FW: notes to cabinet re community life choices  
**Attachments:** 20160111\_Consultation\_principles\_final.pdf; To all of you who cared for me.docx

**Joanne Twomey**  
 Senior Committee Officer  
 Chief Executive's Department  
 Leicestershire County Council  
 Tel: 0116 3056462  
 Email: [joanne.twomey@leics.gov.uk](mailto:joanne.twomey@leics.gov.uk)

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**From:** Sara Brennan  
**Sent:** 11 October 2016 11:28  
**To:** Joanne Twomey  
**Subject:** FW: notes to cabinet re community life choices

*Sara Brennan*  
 Secretarial Support Assistant  
 Cabinet Office

 **Leicestershire  
 County Council**  
 County Hall | Glenfield | Leicestershire | LE3 8RA  
 Tel: 0116 305 7453

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**From:** Clare Clarkson  
**Sent:** 10 October 2016 22:23  
**To:** Mr. N. J. Rushton; Mr. J. B. Rhodes; Mr. R. Blunt; Mr. D. W. Houseman; Mr. J. T. Orson; Mr. P. C. Osborne; Mr. I. D. Ould; Mr. B. L. Pain; Mrs. P. Posnett; Mr. E. F. White  
**Subject:** notes to cabinet re community life choices

Dear Cabinet Members.

My name is Clare.

I am writing to all of you directly out of concern with regards to the Community Life Choices Consultations findings and its proposals for which you will all be deciding its outcome.

I feel I have a moral duty to express my concern for those which will be directly affected. I also feel I need to ensure that you are given full insight from a different angle other than those presented to you on paper, before any implementation is approved at tomorrow's Cabinet meeting.

I feel that the papers lack emotion and there is little insight into Learning Disabilities and what it is like to be a person in a world always against you. So I write this as a person with not just politics and money saving agendas in mind, nor as just a person in employment within this sector, but as an ordinary person who has concern and empathy for family, providers and carers and most importantly my friends, otherwise known as Service Users.

I have attached a poem for you to read which is very powerful. It is written anonymously

I hope that you will take the time to read this and digest its contents.

### Department of Health definition

In Valuing People (2001) they describe a 'learning disability' as a:

- significantly reduced ability to understand new or complex information, to learn new skills
- Reduced ability to cope independently which starts before adulthood with lasting effects on development.

(Department of Health. Valuing People: A New Strategy for Learning Disability for the 21st Century. 2001).

It is a fact that many people with a Learning Disability have very little understanding of information presented to them either by written or verbal methods. Many cannot speak, many cannot voice their concerns, and many do not have the capacity to understand complex information and cannot express feelings and thoughts for themselves.

My first question to you is: How much do you think this consultation has been made sense of to the people it affects most?

The facts are that many people do not understand change, what a change means, or how to adapt to change until the change has happened. Consequences cannot be considered as consequences are not understood. Therefore it makes it very difficult to have a traditional consultation delivered which it was, and for the facts to be as they are as real accounts for those taking part. The consultation process is clear. In accordance to your Consultation Principles; 2016 ( which I have attached) It did not appear to have been adapted to the target group sufficiently, it ran throughout the summer, although extended as parents, carers requested, few providers circulated it, many parents were not informed and few Service Users attended.

However, the facts are clear. **The percentage of those against the changes outweighs those for the changes yet you have still received a recommendation by Adults and Communities to go ahead with the implementation??**

**Ineffective consultations are considered to be cosmetic consultations that were done due to obligation or show and not true participatory decision making.**

I question you as to the statement above being the fact of the matter. I feel it was a process and the decision is already based on money saving tactics rather than the results from the consultation with no regard to the serious impacts and detrimental effects upon those who the consultation was targeted towards. If this is approved, then what was the point in the process anyway?

I would like to make reference to : No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions. Introduction: the same real life as any other member of the community and an end to institutional care by default 15 and also Valuing People

" We hear too often from families of a pervasive culture, just as that highlighted by Sir Robert Francis,5 of failures to listen to people and their families and to treat them as people who hold expertise and who have the right to be in control of their own lives. We are seeing services and systems default to what can in effect be re-institutionalisation, either through lengthy inpatient stays or residential care against people's wishes. 4. Since at least the 1950s, it has been a key goal of public policy to bring an end to institutionalisation as a model of care for disabled people. The asylum movement of the Victorian era set in place a model of care for disabled people, in particular, those with learning disability, autism and mental health needs, which meant they were set apart in physically and socially isolated settings. This institutional model excluded people and enabled poor care and sometimes abuse to flourish. There has been substantial progress in shutting down such institutions over the last 40 years which should not be forgotten: • The asylums have been closed: in the 1950s, there were over 150,000 residents in asylums (with a mix of physical and mental health problems and disabilities). The last asylums were closed at the end of the 1990s.

I feel along with many that the result will be a repeat, modernised in ways that the system can cover it up to make it acceptable for this to again happen in today's society. A new style of Mini institutions will be created as each residential home struggles to meet the needs of their residents. Each home which is already funded to provide day time activities, struggles to meet the basic needs under the current settings. Often understaffed, over stretched giving little input, residents living together 24/7 is a recipe for disaster. In reality, only the homes which are proactive and honest will have their resident's best interests at heart. The others which are the majority will not.

It is a fact that Service Users who access Day Services are less likely during their time away from their living environment, likely to display challenging behaviour in Day Service settings. We see this time after time, with good cause. Day services were designed to specifically meet the individual needs of its users. Day services were invented as part of a modernisation strategy which over years and years of hard work, introductions of new legislation, policy's, better understanding, clearer ethics, The Care Act, The Equality Act 2010, Equality and Human Rights Act. Personalisation and support planning?? I've been directly involved in its implementation and how amazing it was, for a little while. But what is the point of all that lovely speak when in reality, what does it matter what a service-users aspirations are when all that is seen firstly, are pound signs. Service users have no rights, if they did, then all service users would have their own money and chose what to do with it, where to go for services, where to live and chose who to support them. Not what fits into the system based on eligibility criteria? My point being, reality is far from the achievability of each comment made, each action point, each target and timescale set. It has been put in the consultation report to justify what money saving can be achieved without cause for concern. I argue as do many against it. To have all clients promised a full review of their needs, to include their circle of support, other providers, social workers, reviewing officers who do not know the person, would need several reviews to ensure the residential homes can meet needs. Not just one. The current review system fails our friends all the time. People are lucky to get a call from a review officer yearly. Reviews do not happen, when they do, it's by a stranger making decisions based on money, not need/ likes/ dislikes/ wants or choice. It frustrates parents, carers, and causes great amounts of stress and upset. A fact is- Often parents are bamboozled or lead to believe they are not entitled to this, not eligible for that, papers are given to them which they don't understand, they are not informed of their rights, nor the rights of those they love. Advantages such as these within the system can make a review seem daunting, pointless, and disregarded. Therefore, parents/ loved ones give up trying. They have often fought all their life to get their son/ daughter the best they can; they are tired, upset, and confused- now worried where their son/ daughter will, "end up". The whole review system needs to be revamped regardless but especially before any reviews are held with regards to this proposal. You can write as many action plans, aims objectives, you can by the use of terminology make things appear rosier, a better way of doing things, yet if you familiarise yourself with actual providers and organisations and most importantly the service users, we know, that as with many things, they are not worth the paper they are written on.

This particular read I found most disturbing.

**6 Emerson E. An Analysis of NHS Long-Stay Beds and Residential Places for Adults with Learning Disabilities. (2003) Lancaster University. 7 Learning Disability Services Inspection programme: National Overview, Care Quality Commission (June 2012). 8 In this report 50% of facilities inspected failed some core standards on care and welfare – including protecting people from abuse. Only 14% of people were in fully compliant settings. 9 See, for example, Learning Disability census, England 2014, Health and Social Care Information Centre (Jan 2015) which showed on census day patients had an average length of stay of 547 days and were staying 34.4kms from home.**

**Introduction: the same real life as any other member of the community and an end to institutional care by default 15**

**"We know that in some settings levels of medication, restraint, and self-harm are high. Sadly, we also know of a number of deaths.10"**

On the other hand, we have this beautiful picture of everything being ok. Really?? How. How can you suggest that any of this will happen when you take people away from the community? People do not have control over their finances. People's friendships will be long gone; families will be burdened into helping because there's no option. Times of Crisis will increase for both family and the service user. With the extra pressures to support their ( still children) will be expected.

It is disgraceful to think that someone is paid to develop these strategies without fully understanding the reality of their proposals.

28 years of knowledge and experience in social care leads me to think that paper exercises are more important than the people they are intended to help. What in reality is needed is more money for residential homes to accommodate what is expected of them. In reality, someone who is on the " Shop floor" should be involved in your cabinet meetings. How many of you on the board have had the pleasure of working alongside someone with a learning disability? Have any of you had to go through a system with your son or daughter? Or do any of you have a learning disability? I doubt that very much, yet as part of the Whole Life Disability Strategy, employing a person with a Disability is part of the recognised development process which has been identified as important.

Yet answer me this.

How can someone with a learning disability find work without support? Residential homes will not have the time. Day services will no longer be an option. The residents will have no money to buy their own support, so that leaves those in supported living who can have control of their life and may have presented to them the opportunity. How can that be justified and fair? That is penalising those in residential care homes who are not eligible for Supported Living either due to availability or down to eligibility or simply down to money.

What rights do you feel you have as a Cabinet to take away choice, take away control take away opportunities? What rights do any of us have to disempower those who struggle to be heard? Those who cannot understand, walk, talk, shout, or cry? The friendships made over years and years will go. What else can "we take away from the most vulnerable people in our society? It is a fact that this is not forward thinking proposals; this is a money saving exercise with a twist to make it sound acceptable by terminology such as this:

**Increase independence?** How? No staff, no money, no providers sustaining an income to offer opportunities.

**Personal and skills development?** I don't think so. In reality, most homes do all the cooking, all the cleaning, and very rarely have any skill development options available due to restraints. Most homes have everyone to bed at the same time; eat at the same time, even in 2016.

**Community engagement?** By whom? Again, that's what day services and PA's were created for, to do exactly that because residential homes cannot.

**Health and wellbeing?** Many people already have this at the forefront of their service delivery. When a resident is sent in with mouldy bread for a sandwich or yoghurt out of date, dirty clothes and unshaven, well I don't think wellbeing is evidenced there but it can be reported if seen. This is what happens in social care. This is what is getting missed. THINGS ARE NOT REALITY, CHOICE IS NOT AN OPTION, HUMAN RIGHTS TAKEN AWAY, and most of all the fact that only a few people which this will affect, makes it seem a worthwhile cause. Because it has happened elsewhere, makes it right? No, it doesn't.

I would therefore like to ask you on behalf of all those who were the majority to be against this proposal, to reconsider what else can be done to safeguard the wellbeing of those less fortunate than ourselves. For the council to reconsider its proposals and think more wisely. Yes, it may not be easy, yes, it may take someone brave enough to say NO this is not the best way forward. Perhaps someone needs to think outside of the box and be a realist. Perhaps double funding should stop, that will save money, but should that money not go directly to fund a person's choices without them needing to move out of their home? Why can't personalisation be for everyone and to include those in residential care? That way, nothing is lost, personal gain can be achieved and my friends can have a degree of control over their lives.

I'm very lucky not to have a learning disability. I can almost choose what I do on a daily basis as can you. I can voice my thoughts and feelings; I'm in control as are you. So please think before you make a choice. The results will have an effect on a person's life, one that is always a struggle.

Thank you for your time.

Regards

Clare

*Fortunate are we that we are not the less fortunate.*

## Consultation Principles 2016

- A. Consultations should be clear and concise**  
Use plain English and avoid acronyms. Be clear what questions you are asking and limit the number of questions to those that are necessary. Make them easy to understand and easy to answer. Avoid lengthy documents when possible and consider merging those on related topics.
- B. Consultations should have a purpose**  
Do not consult for the sake of it. Ask departmental lawyers whether you have a legal duty to consult. Take consultation responses into account when taking policy forward. Consult about policies or implementation plans when the development of the policies or plans is at a formative stage. Do not ask questions about issues on which you already have a final view.
- C. Consultations should be informative**  
Give enough information to ensure that those consulted understand the issues and can give informed responses. Include validated assessments of the costs and benefits of the options being considered when possible; this might be required where proposals have an impact on business or the voluntary sector.
- D. Consultations are only part of a process of engagement**  
Consider whether informal iterative consultation is appropriate, using new digital tools and open, collaborative approaches. Consultation is not just about formal documents and responses. It is an on-going process.
- E. Consultations should last for a proportionate amount of time**  
Judge the length of the consultation on the basis of legal advice and taking into account the nature and impact of the proposal. Consulting for too long will unnecessarily delay policy development. Consulting too quickly will not give enough time for consideration and will reduce the quality of responses.
- F. Consultations should be targeted**  
Consider the full range of people, business and voluntary bodies affected by the policy, and whether representative groups exist. Consider targeting specific groups if appropriate. Ensure they are aware of the consultation and can access it. Consider how to tailor consultation to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.
- G. Consultations should take account of the groups being consulted**  
Consult stakeholders in a way that suits them. Charities may need more time to respond than businesses, for example. When the consultation spans all or part of a holiday period, consider how this may affect consultation and take appropriate mitigating action.
- H. Consultations should be agreed before publication**  
Seek collective agreement before publishing a written consultation, particularly when consulting on new policy proposals. Consultations should be published on gov.uk.
- I. Consultation should facilitate scrutiny**

Publish any response on the same page on gov.uk as the original consultation, and ensure it is clear when the government has responded to the consultation. Explain the responses that have been received from consultees and how these have informed the policy. State how many responses have been received.

**J. Government responses to consultations should be published in a timely fashion**

Publish responses within 12 weeks of the consultation or provide an explanation why this is not possible. Where consultation concerns a statutory instrument publish responses before or at the same time as the instrument is laid, except in exceptional circumstances. Allow appropriate time between closing the consultation and implementing policy or legislation.

**K. Consultation exercises should not generally be launched during local or national election periods.**

If exceptional circumstances make a consultation absolutely essential (for example, for safeguarding public health), departments should seek advice from the Propriety and Ethics team in the Cabinet Office.

This document does not have legal force and is subject to statutory and other legal requirements.



*To all of you who cared for me  
I write this to say  
You Helped Me  
Your tender voice,  
Your soft gentle touch,  
How you sat me in my chair, and such.*

*You put a blanket on my knee  
When it was cold you thought of me.  
You gave so much  
I gave nothing in return  
But without your help  
My skin would burn.*

*I cannot talk  
I cannot speak  
Sometimes my world feels so bleak  
I cannot walk I cannot run  
Sometimes in my world I have no fun*

*I cannot taste I cannot drink  
Sometimes I cannot even think  
Not just to wish or wonder what it is like  
But get out my chair and ride a bike  
To shout, and cry, or just say NO  
How it must feel I will never know.*

*To you my world may seem dull  
it may cross your mind that yours is full  
But just for a while imagine this,  
then rethink your wish list*

*Just for a while, think of me  
And think how my world looks, as I can't see  
But I do know when someone cares,  
It's when you touch me or do my hair.*

*Id thank you in person if I could  
But im now in a box, it's made of wood  
But whilst I was here you cared for me  
You spoke you giggled as if I was free*

*You spent your time doing your best  
You helped me with my zipper vest  
Id of died of thirst if it wasn't for you  
And few to many are there like you*

*To those who locked me in my room  
When I was wet or hungry full of gloom  
When I was poorly feeling ill  
Some of you didn't do the drill  
You'd leave me there in my bed  
So your shift was easy, that's what you said  
Well go to hell and come back as me  
See how you'd like it you heartless 3*



**Joanne Twomey**

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**From:** Joanne Twomey  
**Sent:** 11 October 2016 12:01  
**To:** Joanne Twomey  
**Subject:** Cabinet Meeting today

**Joanne Twomey**  
Senior Committee Officer  
Chief Executive's Department  
Leicestershire County Council  
Tel: 0116 3056462  
Email: [joanne.twomey@leics.gov.uk](mailto:joanne.twomey@leics.gov.uk)

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**From:** Sara Brennan On Behalf Of Mr. N. J. Rushton  
**Sent:** 11 October 2016 11:56  
**To:** Joanne Twomey  
**Subject:** FW: Cabinet Meeting today

*Sara Brennan*  
*Secretarial Support Assistant*  
*Cabinet Office*

 **Leicestershire  
County Council**  
County Hall | Glenfield | Leicestershire | LE3 8RA  
Tel: 0116 305 7453

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**From:** Peter Warlow [<mailto:peter.warlow@glebehouseproject.org.uk>]  
**Sent:** 11 October 2016 09:26  
**To:** Mr. N. J. Rushton  
**Subject:** Cabinet Meeting today

Good morning, I am writing to you regarding the meeting you are chairing today.

The agenda includes an item asking the Cabinet to rubber stamp the reduction of personal budgets for adults with learning disabilities which has been the subject of a consultation.

The outcome of the consultation was very clear but in the words of Jon Wilson in an email to me "You are correct that my recommendation to members in the cabinet report is to approve the proposed changes to the CLC services whilst acknowledging that the majority of respondents to the consultation opposed the proposals.

I feel that although providers, carers and service users have definitely been consulted-so ticking a box-virtually nothing has changed as a result. I would hope that the cabinet, before they pass this measure, at least properly challenge why the overwhelming outcome of the consultation has been ignored and insist that a fully inclusive review system is in place, which allows all stakeholders to be present before life changing decisions are made.

Thank you for reading this email.

Sincerely

Peter Warlow  
Chief Executive  
Glebe House

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Flexible services for people  
with learning disabilities

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