



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

Date/Time: **Tuesday, 20 June 2017 at 2.30 pm**

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

Contact: **Miss G Duckworth (0116 3056226)**

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Membership

(Chairman)

Dr. P. Bremner CC Mr. W. Liquorish JP CC
Ms. L. Broadley CC Mr. J. Miah CC
Mr. M. H. Charlesworth CC Mr T. Parton CC
Mrs. H. J. Fryer CC Mr. T. J. Richardson CC
Mr. D. Jennings 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. Appointment of Chairman	
To note that Mr. T. Richardson CC was nominated Chairman elect to the Adults and Communities Overview and Scrutiny Committee Overview and Scrutiny Committee at the Annual Meeting of the County Council held on 17 May 2017	
2. Election of Deputy Chairman	
3. Minutes of the meeting held on 7 March 2017	(Pages 5 - 8)
4. Question Time.	



5. Questions asked by members under Standing Order 7(3) and 7(5).
6. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.
7. Declarations of interest in respect of items on the agenda.
8. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
9. Presentation of Petitions under Standing Order 36.
10. Future Strategy for the Delivery of Library Services - Progress Report on Community Managed Libraries. Director of Adults and Communities (Pages 9 - 16)
11. Help to Live at Home Implementation, Procurement and Lessons Learned. Director of Adults and Communities (Pages 17 - 56)
12. Supporting People with Learning Disabilities into Employment. Director of Adults and Communities (Pages 57 - 60)
13. Date of next meeting.

The next meeting of the Committee is scheduled to take place on 12 September 2017 at 2.00pm
14. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

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

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

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

Key Questions:

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

If it is a new service:

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

If it is a reduction in an existing service:

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

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 7 March 2017.

PRESENT

Mrs. R. Camamile CC (in the Chair)

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

In Attendance:

Mr. D. W. Houseman MBE CC, Cabinet Lead Member for Adult Social Care

56. Minutes.

The minutes of the meeting held on 17 January 2017 were taken as read, confirmed and signed.

57. Question Time.

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

58. Questions asked by Members.

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

59. Urgent Items.

The Chairman advised that she had agreed to consider the following urgent item of business:

- Care Quality Commission Inspection Report on the Hales Group and the Actions Taken by Council

60. Declarations of Interest.

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

No declarations were made.

61. Declarations of the Party Whip.

There were no declarations of the party whip.

62. Presentation of Petitions.

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

63. Adult Social Care Workforce Strategy 2016-20.

The Committee considered a Cabinet report of the Director of Adults and Communities concerning the Adult Social Care Workforce Strategy 2016-2020, the associated delivery plan and the work taking place to restructure the Department. A copy of the report, marked "Agenda Item 8", is filed with these minutes.

The Cabinet Lead Member in introducing the item drew members' attention to the ongoing and significant rises in those requiring care and the difficulties the Council had experienced in recruiting and retaining staff in this area.

Arising from a discussion, the following points were noted:

- The Strategy aimed to stabilise and re-structure the Department and would result in around £2.9 million of savings. It was hoped that a balance could be struck which, whilst efficient, would enable the wider sector to be supported;
- There remained a good level of engagement with some private sector care providers and the Council continued to meet with them regularly. It was hoped that the Strategy would embed a new way of working which would enable the Council to engage and be more pro-active in its work with the independent sector and the direct payment market.

RESOLVED:

That the Adult Social Care Workforce Strategy 2016-20 be supported.

64. Accommodation Strategy for Working Age Adults 2017-22.

The Committee considered a Cabinet report of the Director of Adults and Communities concerning the Leicestershire Accommodation Strategy for Working Age Adults (aged 18 – 64) 2017-22 which was subject to a Cabinet decision at its meeting on 10 March. A copy of the report and a supplementary report, marked "Agenda Item 9", is filed with these minutes.

The Cabinet Lead Member in introducing the item drew members' attention to the positive effects of the Strategy which would enable those affected to be cared for in a more independent setting to achieve a more fulfilling life.

RESOLVED:

That the Accommodation Strategy for Working Age Adults 2017-22 be commended to the Cabinet.

65. Safeguarding Adults Board Business Plans 2017/18.

The Committee considered a report of the Independent Chairman of the Leicestershire and Rutland Local Safeguarding Board which set out the business plan priorities for the

coming year, 2017/18. A copy of the report, marked "Agenda Item 10", is filed with these minutes.

The Independent Chairman, Mr. Paul Burnett outlined the priorities going forward and advised the Committee that these had been heavily influenced by the Care Act. He drew particular attention to the number of cases of "self-neglect" leading to increasing numbers of adult protection alerts. This remained a challenging issue as cases were not always visible to trained staff or local communities.

In response to a comment regarding the engagement of partner organisations, it was noted that there was a good level of engagement, though there remained some issues in the dissemination of important safeguarding messages to frontline staff.

RESOLVED:

That, subject to the comments now made, the priorities of the Leicestershire and Rutland Local Safeguarding Board in relation to adult safeguarding be supported.

66. Performance Report 2016/17 - Position at December 2016.

The Committee considered a report of the Chief Executive and Director of Adults and Communities concerning an update on performance as at the end of December 2016. A copy of the report, marked "Agenda Item 11", is filed with these minutes.

In introducing the item, the Cabinet Lead Member drew members' attention to the fact that the number of delayed transfers of care at the University Hospital Leicester as a direct result of the Council's Adult Social Care team had dropped from 12 in the last period to only 1. Though delayed transfers of care were currently marked with a "red" rating, the Council remained above average for this area of performance.

A set of recommendations around improving discharge services was being taken forward with the aim of them being implemented by the summer.

RESOLVED:

That the performance position as at December 2016 be noted.

67. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 6 June at 2.00pm.

68. Urgent Item: Care Quality Commission Inspection Report on the Hales Group and the Actions Taken by Council

The Committee considered this matter, the Chairman having decided that it was of an urgent nature in view of the recent publication of the CQC's report on the Hales Group and the need to enable members to have a debate on the matter and ask questions of officers. A copy of a report, marked "Urgent Item", is filed with these minutes.

In introducing the item, the Cabinet Lead Member drew members' attention to the fact that, whilst the CQC inspection report was of significant disappointment, the Hales Group had since recruited staff and were known to be making improvements which had led to a significant reduction in missed calls. Hales Group's next CQC inspection was scheduled

for June which it was hoped would reflect the improvements that had since been made. The Committee was due to consider a report at its June meeting concerning the lessons learned from the Help to Live at Home process.

Arising from a discussion, the following points were noted:

- In response to disappointment being expressed that the Group's lack of staff had not been picked up as part of the mobilisation process and due diligence, it was noted it was standard procedure for the provider winning the contract to be given up to six months to allow them the time to recruit mobilise the staff necessary to carry out the work. It was felt that, whilst Hales Group's business plan had been good, their implementation of it had ultimately proven to be poor;
- Whilst it was unfortunate that Hales Group's issues in recruiting and mobilising staff had been discovered late in the process, it had been possible to remove those service users considered to be most at risk and place them in another setting. The actions of Council staff who had been required to work beyond their usual hours in order to address these issues were praised;
- Hales Group was not the only care provider with which the Council had concerns though Hales Group were the only provider viewed as being "inadequate" by the CQC. It was known that most providers had adequate care plans in place;
- Whilst the situation that occurred was clearly regrettable, it had to be viewed within what was seen as a challenging market position for domiciliary care.

RESOLVED:

That the report be noted.

69. Chairman's Announcement.

As it was the final meeting of the Committee in this Council term, the Chairman took the opportunity to thank officers and members for their support and contribution during the last four years. As it would be the final meeting of the Committee that he attended prior to his retirement, the Chairman took the opportunity to thank the Cabinet Lead Member, Mr. D. W. Houseman MBE CC, for his contribution to the Committee's work.

2.00 - 3.35 pm
07 March 2017

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JUNE 2017

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

FUTURE STRATEGY FOR THE DELIVERY OF LIBRARY SERVICES

PROGRESS REPORT ON COMMUNITY MANAGED LIBRARIES

Purpose of the Report

- 1 The purpose of this report is to update the Committee on the progress with community managed libraries (CMLs) and to provide an update on the five libraries where a transfer to community management has not yet taken place.

Policy Framework and Previous Decisions

- 2 In September 2014, the Cabinet approved a remodelling of the library service based on the following elements aimed at meeting its statutory responsibilities:
 - 16 major market town and shopping centre libraries funded by the Council with a 20% reduction in opening hours;
 - A support service enabling local communities to run their local library;
 - An online library service available 24 hours a day, 365 days a year to those with access to the internet;
 - A mobile library service providing a regular library service to most villages without a static library.
- 3 In October 2014, a Scrutiny Review Panel contributed to shaping the make-up of the support package that was made available to local communities. This changed the nature of the support from five to seven years duration with a tapering of support costs after the second year.
- 4 The Cabinet considered several reports which outlined the business cases submitted by local groups wishing to manage their local libraries between January 2015-March 2016. To date, 30 libraries have transferred to community management.
- 5 In September 2016, the Cabinet noted the outcome of consultations in relation to Kirby Muxloe and Desford libraries; and particularly detailed that the existing Desford Community Group had been unable to reconcile differences over the provision of leasing arrangements to enable them to progress with their original plan.
- 6 In March 2017, the Cabinet welcomed the refreshed Council's Communities Strategy "Working Together to Build Great Communities". This acknowledged the need to build community capacity by encouraging people to participate in, and contribute to, their local community for example, through volunteering, connecting people,

strengthening skills and confidence. The community managed libraries project is noted as a key example of good practice in contributing to the Communities Strategy.

Background

Progress on community managed libraries that have transferred to local management

- 7 To date 30 libraries have transferred to community management supported by a County funded package of grants and running costs that tapers over a seven year period. An annual review takes place with each library.
- 8 Eight annual reviews have been completed at Barrow upon Soar, Bottesford, Glenhills, Leicester Forest East, Markfield, Newbold Verdon, Rothley and Stoney Stanton libraries. This is an opportunity for each local group to review progress made, for officers to gather lessons learned from the transition process that may inform further work undertaken as part of the Communities Strategy, and to highlight any concerns that might impact on the future sustainability of each library at an early stage.
- 9 In addition, across all 30 libraries, ongoing contact has been sustained through library support officers and trainers. These officers have worked peripatetically offering informal support and advice and have acted as a broker between each group and County Council departments over issues mainly relating to property, IT and legal services. Operational support and brokerage has been delivered through a small number of call-hubs where local groups can ring to enquire about routine operational library matters.
- 10 Through a combination of intelligence supplied through these two routes, an indicative assessment can be made as to the progress made and a summary of issues that will need to be monitored.

Summary of progress

- 11 Overall positive progress has been made by each group in developing their library following the transition process. Many groups established themselves with the Charity Commission as Charitable Incorporated Organisations (CIOs) and maintain active governing committees that have brought a range of skill sets to their libraries. Some Parish Councils which have Power of Competence have established library management committees, and the community library is run under the auspices of these committees. Examples include Glenhills (Glen Parva Parish Council), Kibworth (Kibworth Beauchamp Parish Council), and Quorn (Quorn Parish Council). All groups have maintained an active number of volunteers timetabled across the opening hours of each site.
- 12 Twelve libraries have, following a local period of consultation with residents, extended their opening hours in order to increase access to library services with an additional 106 hours per week being delivered.
- 13 There is evidence that a wide range of social actions through community led initiatives have been developed across the libraries, as part of their plans in establishing each library as a community hub for the local area. Examples include, the establishment of an after-school club in partnership with a local school; the

creation of a story telling garden; the adoption of the Books on Prescription Scheme and the establishment of a library lottery as an income generating device. All CMLs adopted the annual Summer Reading Challenge that encourages children in reading for leisure during the summer holidays.

- 14 There is also evidence of the social impact that has been made in each community coming together to sustain their local library. A range of anecdotal evidence from the annual reviews undertaken so far suggests that although difficult in early stages, once the settling in stages had concluded, managing the local library has had a positive impact in bringing people together and increased their sense of wellbeing and pride in the work that has been accomplished.
- 15 In addition, each governing group has drawn on local assets and have levered in a wide range of local expertise and skills through the various management committees that have been formed. This has included legal, property and local authority knowledge that has proved invaluable in ensuring the establishment of each group and its local plan.
- 16 A small number of groups have developed plans to improve physical aspects of the venue to improve car parking and internal aspects of their buildings.

Areas for continued monitoring

- 17 Two common areas of concern raised from local groups arising from the annual review cycle are the medium term sustainability of each library in terms of each group's capacity to raise the relevant amounts of income required and also as this applies to the ongoing maintenance and repair of the property asset.
- 18 The support package for most community libraries will come to an end in 2021/22 and there is an understandable concern that, although having income generating plans in place, these will not over time cover the costs of the maintenance of each property.
- 19 In 2015/16, provision was made for a contingency fund of £150,000 to support groups should any significant repairs be required where aspects of the property were beyond economic repair. After the first call for bids, in autumn 2016, approximately £45,000 has been claimed, with a second call to be scheduled in autumn 2017. Given the claim so far, it is likely that this fund will be exhausted within the first three years, leaving groups with up to seven years left on their leases without the availability of this safety net. The contingency fund will be reviewed before it nears its end point.
- 20 Officers are continuing to plan support workshops for CMLs around shared areas of interest which will include income generation strategies.
- 21 An unexpected issue has arisen following a technical review of printing in relation to the provision of public access to ICT. It has become apparent that the configuration of printing across those CMLs that have not moved to their own ICT infrastructure will need to remain the same for each location. Up until the review, the Council's advice to groups was that they may arrange their own printing solution as a means of saving ongoing revenue costs. A small number of groups that had sourced their own public ICT solution had access to a small grant (£3,000) to enable them to do this. This

grant is no longer available to the groups that have transferred. This has left 19 groups who had anticipated making savings to running costs through making separate printing arrangements for their PCs.

- 22 Officers are currently considering options for resolving this issue. These are to retain access to the £3,000 grant for those groups that may wish to source their own public IT solutions. The cost of this may be a maximum of £57,000 that could be met through the existing earmarked transformational fund. Alternatively, officers are considering absorbing the current costs of approximately £8,000 in total until 2019 when the County Council re-procures its print/scan copy solutions.

Lessons Learned

- 23 Generally, the support offered by the County Council has been welcomed by community groups. This has taken the form of relationship officers to guide groups to the point of transfer and library officers who have managed the operational support in running the library. In addition, support from Legal and Property Services have guided groups through the complex and detailed work associated with governance and property issues.
- 24 Most tensions have arisen in the period of time leading up to the point of transfer. At this stage local groups were under a considerable amount of pressure to meet deadlines for transfers and the range of officers associated with this process proved frustrating.
- 25 The Council needs to be continually mindful of this and make every effort to ensure that its responses remain flexible and seek to find an appropriate balance between maintaining its reputation, and protecting its legal position, whilst being open to challenging established practices and being more flexible in its procedures as it develops its role as an enabler rather than a provider.
- 26 Development of the CML network has challenged the library service to reflect on how it will create a different conversation with the retained library estate in future, comprising elements of service that are both county funded and volunteer managed.

Update on libraries scheduled to transfer to community management

- 27 Five libraries remain that have not yet transferred to community management; Braunstone Town, Desford, Ibstock, Kirby Muxloe and Mountsorrel. A summary of the current position and timescales for transition is set out below.

Braunstone Town

- 28 The original transfer date for Braunstone Town was scheduled for March 2017. This has been delayed due to ongoing discussions between the Charity Commission, and Braunstone Town Community Library (the local group), over its submission for establishment as a CIO. Officers are working closely with the group to support them in progressing their plans. A revised transfer date is expected in September 2017.

Desford

- 29 In September 2016, the Cabinet noted that the Desford Community Group had been unable to reconcile differences over the provision of leasing arrangements with the County Council to enable them to progress with their original plan. A deadline of the end of September 2016 was set to see if an agreed position could be reached.
- 30 An agreement was reached, and the local group are now completing their CIO submission to the Charity Commission. Transfer is expected in summer 2017.

Ibstock

- 31 The original date for transfer for Ibstock was spring 2016. This has been delayed due to complications in confirming a new venue for the site following the vacation of Ibstock Community College by the County Council early in 2016. Positive work has since taken place with the Ibstock Junior School and plans are underway to complete a transfer in early summer 2017.

Kirby Muxloe

- 32 In September 2016, the Cabinet authorised the Director of Adults and Communities, in consultation with the Director of Law and Governance, to enter formal agreements for the transfer of the library to a local community group.
- 33 The library was scheduled to transfer in April 2017, but this was postponed due to information received that indicated that the Charity Commission had begun a dialogue with the Recreation Ground Trust about the lease of Trust land to the County Council.
- 34 Officers are currently working with the Recreation Ground Trust and Kirby Muxloe Parish Council in order to understand the dialogue with the Charity Commission. In the meantime, volunteers are undertaking the operational aspects of running the library, supported by a County Council library officer. A final transfer is anticipated to take place later in 2017.

Mountsorrel

- 35 Constructive and positive meetings have been ongoing between Council officers and the landlord regarding plans to create a charitable trust to hold and maintain the fabric of the library building in perpetuity.
- 36 It is the intention of the new charitable trust to lease the building to the Mountsorrel War Memorials Trust to take responsibility for the library, and to buy back library assistant time from the Communities and Wellbeing Service.
- 37 Work is ongoing in completing these arrangements and a transfer is anticipated in September 2017.

Resources Implications

- 38 Since April 2014, the Communities and Wellbeing Service (part of the Adults and Communities Department) has implemented changes to deliver £1.6 million of savings from a mixture of efficiencies and service reductions.
- 39 Members will be aware of the worsening financial situation which is reflected in the 2017/18–2020/21 Medium Term Financial Strategy approved by the County Council on 22 February 2017. At the time of writing this report, a further £1.3 million saving will need to be made by the Communities and Wellbeing Service by 2020/21.
- 40 The annual savings from the community libraries programme remain in line with the initial estimates. For the libraries that have transferred, or are scheduled to transfer, to become community managed, annual savings are expected to be £0.3 million from staff and running costs, (net of income) following the end of the seven year tapering period when the groups assume full responsibility for the costs in question. This will also help to enable further savings from the anticipated departmental restructure that supports all libraries.
- 41 The County Council set aside £0.4 million to support community groups in the initial set up stage. These implementation costs are being met from earmarked transformation funds.

Timetable for Decisions (including Scrutiny)

- 42 Officers will continue to work with the remaining libraries towards achieving community management and update Members as appropriate should any further issues arise.

Conclusion

- 43 To date 30 libraries have transferred to community management across Leicestershire. Evidence collected so far, through a mixture of annual reviews and continued officer links, suggests that a range of exciting and innovative activities has been undertaken which has had a positive impact on local communities.
- 44 Common themes are emerging around challenges for the future and these will continue to be reviewed by officers in partnership with local groups and reported accordingly so that solutions can be found that support the future sustainability of each library.
- 45 The lessons learned from the process so far will inform the future development and implementation of the Communities Strategy.
- 46 Five libraries are set to transfer, but a range of complications have meant that there has been some delay in transferring each of them. Officers remain confident that the transfers will be completed in 2017.

Recommendations

47 It is recommended that:

- a) The Adults and Communities Overview and Scrutiny committee note the progress made with libraries that have transferred to community management.
- b) The progress with Braunstone Town, Desford, Kirby Muxloe, Ibstock and Mountsorrel be noted.

Background papers

Report to the Cabinet on 19 April 2016 'Future Strategy for the Delivery of Library Services
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=4601&Ver=4>

Circulation under the Local Issues Alert Procedure

48 This report will be circulated to all members of the Council via the Members' News in Brief.

Officers to Contact

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Relevant Impact Assessments

Equality and Human Rights Implications

- 49 An Equality and Human Rights Impact Assessment (EHRIA) for each of the 36 community libraries was appended to the Cabinet report dated 19 November 2014 and can be accessed via the following link - <http://ow.ly/105GkG>
- 50 The EHRIA process is iterative in nature and Equality and Human Rights Improvement Plans, attached to the EHRIA, outlines mitigating actions to be monitored should there be any decision to close libraries in these areas.
- 51 An online interactive community profile for the libraries has been established which outlines key features associated with the community from a number of criteria. This can be viewed through the following link: <http://ow.ly/JmQgE>

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JUNE 2017

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

HELP TO LIVE AT HOME
LESSONS LEARNED, IMPLEMENTATION AND PROCUREMENT

Purpose of the Report

1. The purpose of this report is to provide the Committee with a summary of the lessons learned report completed in May 2017, and an overview of the implementation of the Help to Live at Home (HTLAH) service, following its launch on the 7 November 2016.
2. The report also provides an update on the procurement process for the three vacant West Leicestershire lots, the action taken following the Care Quality Commission (CQC) inspection undertaken on one of the new providers (Hales Group).

Policy Framework and Previous Decisions

3. HTLAH is an integrated service between Leicestershire County Council, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG). It is an essential component of the five year plan to transform health and care in Leicestershire, Leicester and Rutland and is targeted at two specific groups of people:
 - Those in need of support at home following a hospital stay;
 - Those in the community who need more support to stay at home.
4. The HTLAH service was launched on 7 November 2016, with eight providers delivering services across 15 lots. The Committee at its meeting on the 8 November 2016 was made aware that the launch was affected by the late withdrawal of one provider in West Leicestershire, which resulted in contingency arrangements being put in place to ensure that care was delivered to everyone who needed it.

Lessons Learned

5. Three lessons learned workshops have taken place with key stakeholders over the duration of the HTLAH programme. The workshops covered general themes, such as leadership, governance and communications and more specific themes for each programme stage - design and procurement; transition and provider mobilisation; operational delivery and go live. The full report is attached as Appendix A.
6. The key lessons learned included:
 - the complexity associated with an integrated programme;

- difficulties in co-ordinating quick and effective decision making across three commissioning organisations. This led to slow decision making at several key points. This was also apparent in elements of the procurement and when managing key decisions and risks to the delivery of the programme;
 - managing the larger than expected numbers of direct payments and personal health budgets, including the consequences that this had on providers;
 - the quality of data available for planning and delivery of the programme;
 - ensuring that care providers were robustly assessed to confirm their readiness for go live and that there were contingency plans in place where problems in delivery arose.
7. The strengths shown in the programme included the strength of the leadership shown by having the Senior Responsible Officer jointly accountability to the CCGs and the Council. Also, the effectiveness of having the weekly management steering group that provided direction and focus for the delivery of HTLAH throughout the planning and implementation phases.

Current Position

8. The HTLAH service has been operational for over six months and the delivery picture is steadily improving. The progress made has had a positive impact on people accessing packages of care both from hospital discharge and in the community. Since November 2016, a total of 57,109 hours (an average of 1,903 per week) of new care have been commissioned for service users. The time taken to arrange care packages has improved and is now better than it was before November 2016.
9. Currently, 933 people are receiving domiciliary care from a HTLAH lead provider and 712 people are receiving care from other providers as part of the contingency arrangements. A further 674 people decided to arrange their own care via a direct payment. This increase in the number of people receiving a direct payment is positive given the increased choice and control this can offer to many older people.
10. A plan has been developed to transfer people with a contingency provider to their HTLAH provider, or to offer a direct payment as an alternative. The transfer of people from contingency providers to HTLAH providers is underway and the work is being undertaken by a dedicated team.
11. The number of complaints received from service users regarding domiciliary care has stabilised since the concerns regarding missed calls that arose in the period after go live in November 2016. Since the beginning of February 2017 to date, a total of six complaints have been made to the Council about the domiciliary care service. The number and nature of these complaints is similar to those received before November 2016.
12. A CQC inspection on the Hales Group took place in November 2016. The Hales Group is the HTLAH provider for Blaby, Countesthorpe, Narborough, Lutterworth, Birstall and Anstey. The CQC report rated the service as inadequate and conditions were imposed on the provider undertaking new work. Contract officers and the Quality Improvement Team have been working intensively with Hales since December, focusing on key areas for improvement in preparation for a forthcoming re-inspection from CQC. The conditions imposed by CQC remain in place pending the re-inspection.

Outcomes of the Procurement

13. In January 2017, the Council commenced an open procurement procedure for the vacant three West Leicestershire lots - Hinckley and Twycross, Groby and Market Bosworth and Mountsorrel and Quorn.
14. Unfortunately, following the rigorous evaluation process no bidders were, at this stage, able to meet the Council's full requirements. This meant that no contract award could be made.
15. Following the conclusion of the second open competitive process in April 2017, approval has been given for a third procurement using a Competitive Procedure with Negotiation (CPN). It was decided that, with additional support in the form of detailed feedback interviews, an enhanced bidders event and revised documentation with clarified tender guidance, the 10 organisations that met the selection criteria and submitted bids in the recent procurement should be able to provide tenders which meet the quality and price requirements.
16. Services in the three lots are expected to commence with the new providers from November 2017.

Resource Implications

17. The HTLAH Programme has a Medium Term Financial Savings target to save £1m. The saving will be achieved through improved provider prices and reducing demand for maintenance through effective use of reablement.

Background Papers

- Report to Adults and Communities Overview and Scrutiny Committee: 2 June 2015 - Final Report Of The Scrutiny Review Panel On Help To Live At Home
[http://politics.leics.gov.uk/Published/C00001040/M00004272/AI00044026/\\$HelptoLiveatHomeScrutinyReviewPanelFinalReportv3.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00001040/M00004272/AI00044026/$HelptoLiveatHomeScrutinyReviewPanelFinalReportv3.docA.ps.pdf)
- Report to and minutes from Adults and Communities Overview and Scrutiny Committee: 8 November 2016 - <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=4522&Ver=4>

Circulation under the Local Issues Alert Procedure

None

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List of Appendices

- Appendix A - HTLAH Key Learning and Recommendations: May 2017
- Appendix B - Equality and Human Rights Impact Assessment: September 2016

Relevant Impact Assessments

Equality and Human Rights Implications

18. Contained within contract documents is the requirement for the service provider to deliver all commissioned care calls to meet the assessed needs of the service user taking into account the gender, age, race, ethnicity, culture, sexuality and disability in accordance with the specified tasks on the Service Users Support Plan, and which meet the Specification and the Health and Social Care Act 2008, (Regulated Activities) Regulations 2009.
19. An updated Adults and Communities Equality and Human Rights Impact Assessment was completed in August 2016 and reviewed by the Adults and Communities Departmental Equalities Group (DEG) on 6 September 2016. The Equality Action Plan was updated on 5 June 2017.

Help to Live at Home Integrated Programme Key Learning and Recommendations

Background

HTLAH is an integrated programme between Leicestershire County Council (LCC), East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG). The programme is an essential component of the five year plan to transform health and care in Leicester, Leicestershire & Rutland (LLR) and is targeted to two specific groups of people:

- Those in need of support at home following a hospital stay
- Those in the community whose needs have changed meaning they need more support to stay at home

Through the commissioning of a new integrated service model for home care the programme aim was to provide a combination of benefits; to individuals in receipt of care, providers delivering the care, commissioners of the services, across both the NHS and Local Government, as well as delivering system wide benefits by supporting more effective care outside of hospital.

It is acknowledged that it has been a challenging programme with complex governance to navigate and deliver across multiple partners and systems, all in the context of very demanding deadlines.

Purpose

This report presents an overview of the key themes that have emerged and makes recommendations to be taken forward by Departments/Teams to ensure learning is embedded in future programmes. The lessons will be of interest to other integration and transformation programmes, although they will need to be adapted to the specific circumstances of each one.

Lessons Learned Approach

Three Lessons Learned workshops have been undertaken over the duration of the HTLAH Programme covering both specific programme stages and general themes that are common to all stages – i.e. Leadership, Governance and Communications. The Phase 1 Lessons Learned workshop was held on 10 May 2016 and covered the Design and Procurement stages; The Phase 2 workshop was held on 17 January 2017 (ten weeks after the go-live date) covering the Back Office Systems, Operational Delivery, Transitions, Mobilisation and Go Live stages. LCC Operational Teams contributions were also captured during a Learning and Recognition Event on 30 January 2017.

The actions identified in this report build on the successes and opportunities from HTLAH and are aimed at driving continuous improvement in programme delivery.

Help to Live at Home Integrated Programme Key Learning and Recommendations

1) Programme Governance

Ref	Key Learning	Recommendations/ Actions	Senior Responsible Owner (SRO) / Team
1.	<ul style="list-style-type: none"> There was an effective programme level Steering Group, maintaining pace and providing leadership for the programme. There was less consistency in oversight across the various workstreams meaning some risks were highlighted later than they might have been. 	<ol style="list-style-type: none"> Replicate programme level structure in future integration programmes of this scale/duration Cascade the same disciplines down to all constituent sub groups / workstreams 	Corporate Transformation Unit / Project Management Office (PMO)
2.	<ul style="list-style-type: none"> The complexity of joint organisational governance arrangements associated with integration programmes slowed decision making. 	<ol style="list-style-type: none"> Explore more streamlined CCG governance to empower joint decision-making and approvals outside of existing arrangements (<i>LCC has an established mechanism for delegated authority</i>) Establish and use Joint Organisational Governance Framework (i.e. Committees in Common) 	LCC & CCG Exec's
3.	<ul style="list-style-type: none"> Robust governance structures were in place with agreed Terms of Reference, but these were not reviewed at every stage of the lifecycle of the Programme. 	<ol style="list-style-type: none"> Tailor programme governance structure to reflect the stage of the programme life-cycle 	Corporate Transformation Unit / PMO
4.	<ul style="list-style-type: none"> Some aspects of the management of the Gateway review and Change Management Processes could have 	<ol style="list-style-type: none"> Adherence to all aspects of the Gateway and 	Corporate

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Help to Live at Home Integrated Programme Key Learning and Recommendations

Ref	Key Learning	Recommendations/ Actions	Senior Responsible Owner (SRO) / Team
	been more effective.	<p>Change Control processes</p> <p>7. Enforcement of joint Gateway sign-offs from both LCC and the CCGs</p> <p>8. Change management process to re-validate plans</p> <p>9. Mandatory Pass/Fail criteria should be established for each Gateway review</p> <p>10. Establish an exit strategy based on risk thresholds, set triggers for business case reviews and escalation to Corporate Programme Board</p>	Transformation Unit / PMO
5.	<ul style="list-style-type: none"> Improve Board Decision Making with regard to the management of Go/No-Go Risks 	11. Review Programme Board challenge and decision making processes; extend Senior Responsible Owner (SRO) training to all deputy and other Board members	Corporate Transformation Unit
6.	<ul style="list-style-type: none"> Legal complexity and joint sign-off process of Provider Framework Agreement (Contract) Section 75 and Homecare Assessment and Reablement Team (HART) Deed of Variation meant that the formal sign off was delayed. 	<p>12. Legal framework for joint working to be agreed and signed-off as part of programme start-up</p> <p>13. Legal sign offs to be a key Gateway criteria for pre-procurement stage</p>	PMO

Help to Live at Home Integrated Programme Key Learning and Recommendations

Ref	Key Learning	Recommendations/ Actions	Senior Responsible Owner (SRO) / Team
7.	<ul style="list-style-type: none"> Risk Management, Ownership and Gateways: risk management is already in place and internal audit assured (LCC) but further improvements for high risk programmes have been identified which should be considered for inclusion in corporate PMO standards 	14. High Impact risks to be assigned an SRO as risk owner 15. Risk process needs to be closely linked to contingency planning work stream; Gateway approvals still carrying high level of risk should result in escalated contingency plans 16. Risk tolerances to be set for each Gateway	Corporate Transformation Unit / PMO

Help to Live at Home Integrated Programme Key Learning and Recommendations

2) Programme Leadership

Ref	Key Learning	Recommendations/ Actions	SRO / Team
8.	<ul style="list-style-type: none"> The HTLAH SRO held an integrated post with joint accountability to NHS and LA partners and was able to provide strong leadership 	17. Use this as a good practice model to be replicated in future key integration programmes. Joint leadership should be considered when an integrated post holder cannot be identified.	Corporate Transformation Unit / PMO
9.	<ul style="list-style-type: none"> Organisational sponsorship of an integrated programme is essential to ensure programme delivery is a priority 	18. Establish escalation route to ensure both LCC and CCG representation at all programme groups and boards	SRO / LCC & CCG Exec's

Help to Live at Home Integrated Programme Key Learning and Recommendations

3) Contingency Planning

Ref	Key Learning	Recommendations/ Actions	SRO / Team
10.	<ul style="list-style-type: none"> Contingency planning was completed close to implementation. The response was effective for addressing missed calls but further improvements can be made with advance contingency planning. 	<ul style="list-style-type: none"> 19. Establish core guidance for contingency workstream planning, based on lesson learned 20. Establish a contingency workstream with operational SRO to lead planning and development from an early stage for high risk programmes (embed in programme methodology) 21. Link contingency workstream to escalation of programme risks 22. Link contingency workstream to Resilience Planning Group 23. Establish standard protocol for reactive action planning based on lesson learned 24. Review operational risk assurance for provider failure and business continuity plans 	<p>Corporate Transformation Unit / PMO</p> <p>ASC Divisional Management Team (DMT) / Compliance Team</p>

Help to Live at Home Integrated Programme Key Learning and Recommendations

4) *Back Office Systems*

Ref	Key Learning	Recommendations/ Actions	SRO / Team
11.	<ul style="list-style-type: none"> The approach to testing and implementation of the IT solution designed to automate the transfer of service user records worked well and was delivered to schedule. 	25. Refer to/adapt HTLAH Back Office Delivery Plan to support future IT implementations	Corporate Transformation Unit / PMO

Help to Live at Home Integrated Programme Key Learning and Recommendations

5) Strategic Approach

Ref	Key Learning	Recommendations/ Actions	SRO / Team
12.	<ul style="list-style-type: none"> Tender evaluation and award was based on passing quality threshold and then weighted towards efficiency and value for money. More consideration could have been given to operational delivery. 	26. Procurement related Subject Matter Expert (SME) expertise should be sought and applied at the earliest opportunity in order to manage legal risks, foster innovation, maximise any opportunity for savings, and where possible allow for pragmatism within the procurement process itself	Market Development / LCC Commissioning Support Unit (CSU) / Legal
13.	<ul style="list-style-type: none"> The learning from 2011 Framework (commissioner and provider feedback) directed implementation towards a single phase implementation approach.' 	27. Commitment of short-term additional operational resources to mitigate a single stage go-live	Programme Board/SRO
14.	<ul style="list-style-type: none"> The decision to move from the existing homecare zones to the new Lots had unintended effects in transitioning some service users. 	28. Programme Boards need to ensure that they consistently use technical ICT advice.	Programme Board
15.	<ul style="list-style-type: none"> Strategic analysis of the impact of the HTLAH model on market stability needed to be more wide-ranging and include an awareness of issues beyond the home care sector. HTLAH Board was not sighted on the impact that NHS and Logistics recruitment would have on providers being able to mobilise staff. 	29. Strategic analysis needs to be regularly refreshed as part of gateway reviews to inform contingency planning.	Programme Board/ Corporate Transformation Unit

Help to Live at Home Integrated Programme Key Learning and Recommendations

6) Data

Ref	Key Learning	Recommendations/ Actions	SRO / Team
16.	<ul style="list-style-type: none"> The programme highlighted a range of data quality and data availability issues across all organisations involved 	<p>30. Resource needs to be put in place to cleanse the LCC data</p> <p>31. Consider revision of LCC protocol to ensure staff are clear about their responsibility to ensure that IAS data remains up to date</p> <p>32. CCGs to address data quality and responsiveness from their Commissioning Support Unit</p> <p>33. Quality assurance checks to be undertaken to ensure final dataset is robust</p> <p>34. Sign-off of data used for key decision making by LCC/CCG; ensuring ownership of associated financial risks</p>	<p>IAS Team</p> <p>IAS Team</p> <p>CCGs Business Intelligence / CCG CSU</p> <p>Chief Financial Officer/SRO/ PMO</p>

Help to Live at Home Integrated Programme Key Learning and Recommendations

7) Direct Payments & Personal Health Budgets

Ref	Key Learning	Recommendations/ Actions	SRO / Team
17.	<ul style="list-style-type: none"> Direct Payment /Personal Health Budget demand was much higher than anticipated and a high level of requests were received close to the Go Live date The setting of a cut-off date caused some concern to people who wanted to make requests for a direct payment 	<p>35. A strategy for the management of Direct Payment requests in future projects needs to anticipate a similar picture and plan appropriately for this</p> <p>36. Set a cut-off date further in advance to preserve data for procurement and transitions phases to reduce risks</p> <p>37. Health to review similar options for Personal Health Budgets</p>	<p>ASC DMT</p> <p>Programme Board</p> <p>CCG Exec Team</p>
18.	<ul style="list-style-type: none"> Directorate and organisational project/programme co-ordination: there were overlaps between the HTLAH Programme and the A&C Direct Payment Project 	<p>38. Improve co-ordination/planning across programmes/projects</p>	<p>Corporate Transformation Unit / PMO</p>

Help to Live at Home Integrated Programme Key Learning and Recommendations

8) Provider Mobilisation

Ref	Key Learning	Recommendations/ Actions	SRO / Team
19.	<ul style="list-style-type: none"> Improve assurance and risk appraisal of provider mobilisation plans; especially relating to the Transfer of Undertakings of Protection of Employment Regulations 2006 (TUPE) and recruitment. Assumptions were made based on providers' historic TUPE experience which did not prove to be sufficiently accurate 	39. Rigorously test, risk assess and challenge providers' business continuity and mobilisation plans throughout the transition and implementation phase	Business Continuity / Compliance
20.	<ul style="list-style-type: none"> Response/understanding of the levels of escalating risk during mobilisation period 	40. Define management information and indicators needed to monitor provider progress and risk to delivery	Programme Board / PMO
21.	<ul style="list-style-type: none"> Improved delivery assurance of new providers may have highlight some problems earlier 	41. Assign dedicated operational resource to each new provider to support their mobilisation and to provide programme assurance; to develop provider relationships and provide opportunity to highlight risks and issues.	Compliance

Help to Live at Home Integrated Programme Key Learning and Recommendations

9) Resources/Tools/Processes

Ref	Key Learning	Recommendations/ Actions	SRO / Team
22.	<ul style="list-style-type: none"> LCC developed, led and resourced a strong Programme Management Office (PMO), this would be further enhanced by identifying and securing required resources earlier in the programme lifecycle and from embedding health resources 	42. Recruit / appoint full PMO structure at initiation and review as programme expands 43. Assign dedicated Project Managers/Business Analysts from a health environment	Programme Board/ SRO
23.	<ul style="list-style-type: none"> Greater operational SME involvement from social care and health essential at each programme stage 	44. Programme stakeholder /engagement analysis to ensure wider operational involvement	PMO / Programme Board
24.	<ul style="list-style-type: none"> Availability and commitment of key working group resources 	45. Prioritise involvement in staff work plans	LCC / CCG
25.	<ul style="list-style-type: none"> CCG provider trusts (University Hospitals Leicester and Leicestershire Partnership Trust) needed to be included in key programme meetings at an earlier stage 	46. Joint communications workstream to include representation from all partner organisations in addition to commissioner leads	PMO / CCG
26.	<ul style="list-style-type: none"> Commissioner understanding of awareness and training requirements for front line staff in partner organisations could have been greater 	47. Develop robust joint training plan covering all partner organisations. Appoint dedicated leads responsible for roll out to respective organisations	Programme Board /PMO
27.	<ul style="list-style-type: none"> Resource capacity for existing provider management the programme experienced episodes of non-compliance which required additional management 	48. Increase / scale up operational involvement in workstreams based on level of risk	ASC DMT/CCGs

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Help to Live at Home Integrated Programme Key Learning and Recommendations

Ref	Key Learning	Recommendations/ Actions	SRO / Team
28.	<ul style="list-style-type: none"> • A higher than anticipated level of resource was required for the Stabilisation period 	49. Continuation of workstreams during the stabilisation period	Programme Board/PMO

Help to Live at Home Integrated Programme Key Learning and Recommendations

10) Communications/Engagement

Ref	Key Learning	Recommendations/ Actions	SRO / Team
29.	<ul style="list-style-type: none"> Good internal programme communications i.e. stakeholder briefings 	50. Replicate approach for other programmes	PMO
30.	<ul style="list-style-type: none"> Service user engagement /communication and engagement plan 	51. Co-production of communication and engagement plan with partners 52. Use reading panel for service user communications	LCC / CCG / CCG CSU comms teams Healthwatch
31.	<ul style="list-style-type: none"> HTLAH service user help desk was run by the PMO and was separate from the Customer Service Centre (CSC), meaning that there was no single point of contact 	53. Locate service user help desk in the Customer Service Centre	PMO / CSC
32.	<ul style="list-style-type: none"> A more effective Contingency communications plan was needed 	54. Ensure contingency communications plan is developed as part of contingency workstream	Contingency workstream /PMO

Help to Live at Home Integrated Programme Key Learning and Recommendations

11) Procurement

Ref	Key Learning	Recommendations/ Actions	SRO / Team
33.	<ul style="list-style-type: none"> Positive market engagement took place 	55. Share market engagement approach	Market Development / PMO
34.	<ul style="list-style-type: none"> The Scrutiny review panel informed the model for procurement; good dialogue and insights from the scrutiny panel were reflected in programme's work 	56. Share learning and benefits of working with a scrutiny review panel	Programme Board
35.	<ul style="list-style-type: none"> Level of understanding of changes to operational processes and systems needed to be more widely shared prior to procurement 	57. Inclusion of operational SMEs in workstreams and completion of feasibility testing of new processes to inform published procurement documentation	PMO

Next Steps

- 9 May 2017** - Present the report to the HTLAH Stabilisation Board for approval
- 24 May 2017** - Report presented to the Departmental Transformation Delivery Board for approval
- 1 June 2017** Report presented to the Transformation Delivery Board for approval and to agree that the final report will be signed off by the Director of Adults and Communities

Help to Live at Home Integrated Programme Key Learning and Recommendations

4. **12 June 2017** – Feedback on the report to the CCG Executive Teams (UHL & LPT) for information
5. **20 June 2017** - Present the report to LCC Adults and Scrutiny Committee for information
6. **July 2017** – Present the report to the CCG Boards for information (*CCG Strategic Leads to confirm*)

RECOMMENDATIONS:

The HTLAH Stabilisation Board is requested to:

RECEIVE	The key learning and recommendations report for comment
APPROVE	The report findings and agree to the onward circulation of the report as set out under next steps
APPROVE	The proposal from the HTLAH Programme Manager to develop a joint action plan from the report recommendations with target dates for completion (<i>reference should be made to the detailed lessons learned reports and operational teams feedback to inform the action plan</i>)
APPROVE	The proposal from the HTLAH Programme Manager to plan a review of the action plan as part of the Post Implementation Review (or earlier)

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.

Section 3

A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

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

The screening document records that a national enquiry conducted by the Equalities and Human Rights Commission (EHRC) concluded that the current time and task model of delivering home care is outdated and unpopular with a significant proportion of service users (*'Close to Home: older people and human rights in home care' 2011*). The research findings have influenced the development of Leicestershire County Council (LCC)'s HTLAH scheme, in particular:

- facilitating reablement

- promoting the dignity of service users
- eliminating Short (15 minute) calls
- promoting service user choice in the services they receive
- addressing loneliness and isolation from local communities
- addressing low pay and status among care workers, to match the level of responsibility and skills required to provide good quality care.

In addition, Providers acting illegally by effectively paying their staff below the minimum wage is evidenced in the practice of making numerous short visits with no travelling time factored in, and can also result from non- payment for training and on-call time (*The Resolution Foundation, Feb 2015*).

Since the screening exercise was completed, the government has introduced the National Living Wage (NLW), which replaced the National Minimum Wage (NMW) for workers aged over 25 years from April 2016. The NMW continues to set the minimum for younger workers (under 25 years).

Exercises undertaken by LCC to explore needs, impacts and barriers:

- a) Qualitative Research conducted by an independent facilitator took place in May 2015. This work engaged 31 service users aged between 60 and 92, via 3 discussion groups. The research objectives were described by the facilitator in the following terms:

The Council sought a series of 'I statements', in service users' own language, which best reflect the aspirations of older people receiving support from the service. It was not practical to expect participants at three discussion groups to draft a full range of 'I statements' by committee. Rather, the groups had the kind of discussion which would enable 'I statements' to be drafted on participants' behalf, on the issues which they chose, and in the way that they would draft them. This is the basis on which the Discussion Guide for the groups, and this report, have been designed.

Two further engagement events took place in April 2016. The purpose of these sessions was to inform users of the service about the changes that HTLAH is likely to bring, and provide a forum for them to express their views and concerns. These events fielded some questions that had not arisen during the Qualitative Research as some consequences of the proposals had not emerged at that stage. This included the possibility that some existing providers may not be approved under HTLAH and their service users would be faced with switching providers

(and carers) against their wishes.

b) Provider engagement was identified as an important element of ensuring a successful transition between current domiciliary care and HTLAH arrangements. The initial Provider engagement events took place on the 2nd and 6th February 2015, and were attended by a total of 61 organisations. This was continued in the form of market warming and shaping throughout 2015, on the following dates.

- 13th & 19th May 2015
- 30th July 2015
- 5th August 2015
- 22nd & 24th September 2015
- 10th & 11th December 2015

Further events in 2016 were focussed on the bidding process in the build up to, and moving through the pre-qualifying questionnaire (PQQ) & Invitation to tender (ITT) elements of procurement.

A specific question covering Equalities and Human Rights compliance was included in the moderation exercise at the PQQ stage. Moderation of this element was completed by LCC and voluntary sector representatives and covered practice as well as policy.

An important function of provider engagement is to test the aspirations of service users against the providers' perspective, in the context of Care Act requirements and LCC's own strategic objectives.

The findings from these events are recorded in paragraph 17.

16.	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?
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The combination of user and provider engagement carried out is considered sufficient to enable effective discharge of the PSED.

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

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

The introduction of the HTLAH service is expected to affect approximately 2750 people whose care is currently arranged by the Council and 250 people with care arranged by the CCGs.

Responses and findings from arising from engagement events.

a) Customer engagement.

The responses, for the most part, confirmed the importance of the HTLAH guiding principles to the lives of service users. In terms of their relevance to this report, the following comments and observations by participants are noteworthy:

- Improved co-ordination, collaboration and communication between services welcomed.
- Greater potential to remain in their own home is a priority
- Retaining independence (doing what you want, when you want to)
- Retaining memories of the past and connections with friends and family
- Avoiding the deterioration that can occur when older people are outside of their familiar environment
- Retaining dignity and self respect
- Helping to extend life expectancy
- Recurring words used in the sessions were *dignity, respect, humanity*
- Practical considerations were important: *cleanliness, mobility, relevant support*
- Importance of being treated as an individual, not as a commodity
- Mutual respect and empathy between cared for and carers
- Continuity of care staff

- **Being an active and contributing member of society**
- **Living as sociable and active a life as possible**
- **peace of mind, reducing needless worries**
- **Importance of advocacy in dealing with official bodies, understanding decisions and making realistic choices.**
- **Requirement for high quality information and advice that can be readily understood.**
- **Understanding finance, the money available and what it can buy**
- **Carers living locally and speaking the same language, promoting understanding and improving the likelihood of shared interests.**
- **Safety, security, freedom from harm, abuse, harassment, neglect and self harm, are all important factors**
- **Forward planning, retaining control in a crisis.**

The recurring themes in this list of independence, respect, dignity, health and wellbeing reflect the advantages that this policy change is expected to bring. The Equality Impacts in para 8 (below) reflect how HTLAH in practice should ensure that the benefits are felt across the protected groups.

From the Engagement events held in April 2016, the main points raised, relevant to this EHRIA, were as follows:

- **Clarity was sought regarding direct payments where part of the money comes from LCC (Direct Payment, or DP) and part from Health (Personal Health Budget or PHB). *In these cases, two separate payments will be made.***
- **Regulation of care standards was questioned. *All providers will have to be registered with the Care Quality Commission (CQC) and their ratings and inspection reports will be checked. Further quality safeguards are built into the procurement process. Regarding individual carers, areas where training may be required, such as health care for social care staff and reablement, will be addressed in the lead up to HTLAH. Providers must also ensure that their workers are trained to the Care Certificate.***

- **The geographical coverage of providers was questioned. A map was provided to reflect this. There were further concerns about services extending to more remote areas, which will be addressed, at present, by encouraging market development and robust planning.**
- **Concerns were raised about transition between the current and future services. LCC assured users that maintaining and monitoring relationships with current providers is a priority, as is ensuring continuity of care.**
- **Information about emergency and out of hours contact was requested. The Customer Services Centre (CSC) and out of hours service numbers were given and advice to clarify the circumstances where providers should be contacted.**
- **A concern was expressed about the standard of continued provision for people with dementia. Services for dementia sufferers will continue to be provided. The support plan passed to new providers will be clear on this, as with other conditions requiring particular attention. As part of the tendering process, providers are required to produce a plan to outline transition and handover.**
- **There was a high level of concern about the reduction in the number of providers leaving some people losing continuity with a provider and carer(s) who they would prefer to keep. The option in this case would be to take a DP, which must be requested and will involve a reassessment of needs. This can then be used to purchase care from a provider outside of the HTLAH framework. This also applies to PHBs for people with health funding.**

b) Provider engagement

These events were attended by representatives from 61 organisations. Headlines from the workshop feedback are as follows:

1. Payment mechanisms

Stepped unit costs (which consist of reablement and maintenance rates) were the preferred option because:

- of front-loaded up-front payment
- it helps with cash flow, helps fund overheads e.g. CPD, SPs would know what to pay the staff
- providers can manage staffing better
- it would encourage provider to take new work
- the market is ready to do this now

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2. Provider options

Single Provider per area:

- is the least favoured option
- may see providers squeezed out of the market

Main provider plus specialist secondary providers:

- is generally welcomed, though not the favourite
- adds specialist skills when really needed
- may add additional cost

More than one Provider per area:

- is the most favoured option
- is the most viable for small providers to transition into

In addition, an on-line questionnaire for Providers resulted in 20 responses. The key points to emerge were:

- The majority of respondents to the online questionnaire were medium-sized (53%) and large-sized SPs (26%).
- Fixed period stepped unit cost is strongly favoured, but outcome payments is not rejected
- More than one Provider per area is strong favoured. Single provider per area is rejected.
- No strong preferences about geography choice.

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?
	Not at this stage

Section 3	
B: Recognised Impact	
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.
	Comments
	<p style="text-align: right;">Age</p> <p>HTLAH is available to all adults aged 18 years and upwards. Although the majority of users will be in older age groups, the different needs of younger disabled adults may require a different approach (e.g. younger people are likely to have different social requirements compared to older counterparts). A different approach to information provision is also suggested for different age ranges (e.g. a lower proportion of older people make use of web based information compared to younger people. If these issues are successfully addressed, it should be possible for service users across the age ranges to receive the intended benefits of HTLAH, in particular the preservation of independence and ability to lead active and fulfilling social and family lives. The concerns raised during customer engagement regarding loss of current providers may particularly affect this group, given the age profile of service users. This is addressed in the Equality Improvement Plan in section 3F.</p>
	<p style="text-align: right;">Disability</p> <p>HTLAH providers must be able to provide services across the full range of abilities that they encounter. As with some age groups, there also needs to be an awareness that certain kinds of health conditions hinder the ability of people to access or engage with information and advice, and will require different formats</p>

		(e.g. for visually impairment, hard of hearing or learning difficulties). Providers who applied to be on the framework were required to explain how their organisation addresses the statutory requirements of the Mental Capacity Act, and to include references to how and when they utilise best interest decision making processes. If these issues are correctly addressed, it should be possible for service users with a wide range of disabling conditions to receive the intended benefits of HTLAH, in particular the preservation of independence and the ability to lead active and fulfilling social and family lives. The comment above relating to customer engagement feedback may also apply to this group in some cases.
	Gender Reassignment	There is very little data on this group that directly relates to care provided at home. However, the principle of providing care that is appropriate and sensitive to a service user's circumstances should act as a universal protection of individual circumstances.
	Marriage and Civil Partnership	N/a
	Pregnancy and Maternity	HTLAH will provide home care for adults (i.e.18 years and upwards). It is therefore possible that some service users will fall into this group. The care needs of women during pregnancy and maternity must therefore be addressed in this context.
	Race	A number of comments from service users during customer engagement indicate a strong desire for services to be culturally appropriate, and also to take account of communication needs arising where language is a potential obstacle to full understanding of any aspect of service provision, including decision making and available choices. This may apply to service users and provider staff alike, in circumstances where they do not share a common first language.
	Religion or Belief	Stated religions or beliefs must be respected in all aspects of care provision.
	Sex	Data shows that women represent a majority of service users across Adult Social Care, so a measure of

		disproportionality consistent with the demographic is to be expected. Service provision may need to be gender-appropriate in certain circumstances.
	Sexual Orientation	The above comments also apply for this group. The requirement for sensitivity to the needs of this group also highlights the importance of collecting comprehensive and accurate monitoring data in order to advise and monitor market providers accordingly.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	The pattern of provision will need to take account of the special circumstances of people living in isolated areas and areas of known deprivation. Health and social inequalities are related to and compounded by these factors. Carers are pivotal to the aim of maintaining the independence of the person they care for. Consequently their interests are closely aligned and carers interests should always be considered.
	Community Cohesion	The HTLAH model facilitates participation in the community, to join community groups or associations and to engage with religious and non-religious activities.

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	Article 2 requires public bodies to take appropriate steps to protect life. In relation to HTLAH, this means that infrastructures and practices should have sufficient safeguards in place to achieve this. Potential providers are required to describe the mechanisms that their organisation has in place to ensure that

	adults and children are adequately safeguarded and that the risk of harm is minimised.
Article 3: Right not to be tortured or treated in an inhuman or degrading way	This Article underpins the standards expected in any circumstances where health and social care is provided. Standards are regulated by the Care Quality Commission (CQC). Potential providers are required to explain the systems (including Electronic Home Care Monitoring and Care Management systems), procedures and other mechanisms that they will have in place to manage the quality of services delivered under the HTLAH contract. This form of quality management supports Article 3 protections.
Article 4: Right not to be subjected to slavery/ forced labour	n/a
Article 5: Right to liberty and security	n/a
Article 6: Right to a fair trial	This Article covers formal hearings, appeal and complaints rights, but only where serious infringement of an individual's rights may arise, without effective redress. Unlikely to arise in the context of HTLAH.
Article 7: No punishment without law	n/a
Article 8: Right to respect for private and family life	The protections under Article 8 are at the heart of the purpose of HTLAH and were reiterated throughout the user discussion groups, particularly in relation to maintaining independence and assisting people to remain active and not isolated. This article is also promoted by requiring potential providers to demonstrate: <ul style="list-style-type: none"> • How appropriate views/ wishes are accommodated within care plans. • How service user feedback is used to inform high level service improvements.
Article 9: Right to freedom of thought, conscience and religion	n/a
Article 10: Right to freedom of	n/a

	expression	
	Article 11: Right to freedom of assembly and association	n/a
	Article 12: Right to marry	n/a
	Article 14: Right not to be discriminated against	HTLAH must be developed and delivered in such a way as to avoid discrimination arising under the terms of all HRA articles.
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	n/a
	Article 2: Right to education	n/a
	Article 3: Right to free elections	n/a
Section 3		
C: Mitigating and Assessing the Impact		
Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.		
21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.	
<p>The expectation is that the potentially adverse impacts have been satisfactorily identified and addressed in the Equality Improvement Plan (EIP, see below). However, this will require review at a later date to ensure that the outcomes materialise.</p>		
N.B.		
<p>i) If you have identified adverse impact or discrimination that is <u>illegal</u>, you are required to take action to remedy this immediately.</p> <p>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.</p>		
22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.	
	<p>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination</p> <p>b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can</p>	

	<p>be addressed</p> <p>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why</p>
<p>This report has identified three protected groups who face disproportionate impact from the introduction of HTLAH: older people, disabled people, and women. The intended outcomes of the new service are regarded by practitioners and services users alike as essentially beneficial, as they identify advantages over the current service in wellbeing, promoting independence, and improving care standards. These factors should promote the overall equality aims of eliminating discrimination and promoting good relations between different groups, as the intended outcome is to more closely align the life standards of disadvantaged groups with those who do not experience similar personal difficulties. The tenets of HTLAH also support Human Rights protections, particularly in relation to dignity and respect.</p> <p>The PQQ stage of procurement was designed to ensure that Equality and Human Rights Act (HRA) protections are observed. The notes against Articles 2, 3 and 8 in para 20 (above) outline how this relates to the HRA.</p> <p>The report must therefore be concerned with identifying the ways in which some individuals or groups may be prevented from benefitting from these identified gains, and as a result be disadvantaged.</p> <p>Potential barriers may arise in one or more of the following ways:</p> <ol style="list-style-type: none"> 1. Variation in costs for similar services between different providers. 2. Where a current provider fails to secure a contract, and their service user experiences difficulty adjusting to new arrangements. 3. Where, despite the precautions built into procurement, the quality of provider services falls short in any of the ways identified as necessary to the interests of protected groups, as outlined in paras 19 and 20 above. 	
<p>Section 3 D: Making a decision</p>	

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.
<p>To reiterate the findings in para 22, the overall consensus among commissioners, providers, and those service users who have been consulted, is that the broad tenets of HTLAH should deliver benefits across the protected groups. The main element that lends support to this expectation is the shift from the time and task model to a focus on outcomes, designed to promote reablement and therefore improve the prospects for retaining independence. LCC's compliance will depend on effective execution of the actions listed in the EIP, and addressing a related concern, i.e:</p> <p><i>Charging for services.</i> The current practice is to base charging to service users for the services they receive on the average cost charged across the county. A proposal currently under consideration is to change to charging for the actual cost of the specific services provided to individual service users. Work is under way to establish whether this could create local anomalies under HTLAH, whereby County residents will be paying very different amounts for similar provision. This is subject to a separate EHRIA.</p>	

Section 3	
E: Monitoring, evaluation & review of your policy	
24.	<p>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?</p> <p>Yes. EIPs include review dates, and it is the responsibility of the Adults and Communities Departmental Equalities Group to monitor and carry out such reviews at the stated intervals. This will ensure that actions have been carried out successfully, and if not to request whatever work is necessary to do so. Actions may be revised if required to achieve the desired ends.</p>
25.	<p>How will the recommendations of this assessment be built into wider planning and review processes? <i>e.g. policy reviews, annual plans and use of performance management systems</i></p> <p>Relevant staff and managers who have not been involved in the development of the EHRIA are notified of its findings.</p> <p>The findings are also included in relevant service plans.</p> <p>EIP reviews are conducted as outlined in para 24.</p>

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**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. To be reviewed March 2017

Equality Objective	Action	Target	Officer Responsible	By when
<p>Ensure that people are kept informed about HTLAH and have the opportunity to ask questions and gain information to help them make the right decision for their individual needs and protected characteristics.</p>	<p>Send out a letter to all service users following award of contracts, to inform them about their new HTLAH provider and give reassurance about how the transition of support would be managed. It also reminded people about the direct payment and PHB options.</p> <p>Four Customer events in different locations across the County will be held between 30 September and 7th October 2016</p> <p>The HTLAH Helpline</p>	<p>Ensure that people are well informed about HTLAH and what it means for them. Each person should receive a letter, be invited to attend an event and have the option of contacting the helpline.</p>	<p>Katy Griffith/David Stanton (HTLAH Project Managers)</p>	<p>7th November 2016 – UPDATE: completed and deadline met</p>

	operating hours have been extended to provide help and advice for service users and their relatives and friends			
Ensure that the alternative option to receiving HTLAH is available for both Council and CCG funded people.	People can choose to take a Direct Payment or a Personal Health Budget as an alternative to receiving a HTLAH service. Referral routes for both are explained in the service user letter.	That a prompt and efficient response is made to people who request a DP/PHB and their uptake is monitored	Katy Griffith	7 th November 2016 – UPDATE completed and deadline met.
Delivery of care services to Care Quality Commission (CQC) standards	Effective monitoring of provision through reviews of care needs and contract compliance Factor in current rates of NLW and NMW , as appropriate, when undertaking reviews of fees paid to providers	Staff retention Care provided in line with Care Quality Commission (CQC) standards Ensure that the assessed care needs of all protected groups are met	Amanda Nunn (Compliance lead)	From 7 th November 2016 - UPDATE the monitoring of care providers is ongoing.

Meeting people's needs in a manner that is culturally appropriate	This is monitored and reported through contact compliance Monitoring of complaints for relevant issues	Ensure that the HTLAH service being delivered are culturally appropriate	Amanda Nunn (Compliance lead)	On- going after service delivery starts

Section 4: Sign off and scrutiny

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

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

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

Section 4

A: Sign Off and Scrutiny

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

Equality and Human Rights Assessment Screening

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer):

Date:

2nd Authorised Signature (DEG Chair):

... *Louisa Jordan*

Date: 14th September 2016.....

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JUNE 2017

SUPPORTING PEOPLE WITH LEARNING DISABILITIES
INTO EMPLOYMENT

REPORT OF DIRECTOR ADULTS AND COMMUNITIES

Purpose of Report

1. The purpose of this report is to update members of the Committee on the progress made around supporting people with learning disabilities into employment and to summarise the work that is being planned for the forthcoming period.

Policy Framework and Previous Decisions

2. Promoting the employment for people with learning disabilities was a cornerstone of the 2001 “Valuing People – A new strategy for people with learning disabilities for the 21st century” and its update “Valuing People Now – Making it happen in 2009”.
3. The Care Act 2014, which was implemented in 2015 places an emphasis on promoting independence and wellbeing alongside supporting individuals in ways which prevent, reduce and delay the need for formal services and where they have a clear need for social care, that their needs are met in ways which promote maximum independence, choice and control.
4. The Adult Social Care Strategy 2016-2020 sets out how the department will meet the requirements of the Care Act within available resources by making full use of community support which is underpinned by a solution focused, progressive support that maximises independence.
5. The Special Educational Needs code of practice reiterates the need for the local authority to ensure that young people are prepared for adulthood, which includes ensuring that their future education and/ or employment needs are considered as part of their transition planning.

Background

6. Historically, the Council’s performance on the proportion of people with learning disabilities in employment has been below the national average, but recent work combined with a change in definition has significantly improved its local position. This is outlined in the table overleaf:

ASCOF 1E: Learning Disabilities in Employment

	2012/13	2013/14	2014/15	2015/16	2016/17
Leicestershire	1.6%	2.5%	1.7%	3.6%	11.1%
England Average	7.2%	6.8%	6.0%	5.8%	N/K
East Mids Average	5.3%	4.9%	3.2%	3.3%	N/K
Shires Average	7.4%	6.6%	5.8%	5.3%	N/K

7. The improvement has been achieved through services commissioned by the Council supporting an additional 111 people who meet the criteria of being in work. This was established as part of the Community Life Choices re-commissioning. The Department carried out some focused work with its existing providers to help them understand what outcomes they are expected to achieve with individuals. This led to the identification of a provider who had not only supported a number of people into open paid employment which has reduced their reliance on support from adult social care, but also worked with a further group of individuals to support them to form their own community interest company which offers a range of services within their local community.
8. The services the Council commissions provide a range of employment related services which are focused on preparing people for work through to work trials and then securing open employment. People move through the journey at different paces. To date one provider has supported 14 people to move on from their work preparation service into paid open employment which has enabled them to reduce the amount of support that they require from adult social care through commissioned services.
9. Examples of the range and types of work that people have secured through the support of the Council's commissioned provider include:
 - *OJ now works three days a week for a local voluntary sector organisation. He no longer requires a personal budget from adult social care.*
 - *AH works 27.5 hrs a week as a general maintenance worker and no longer requires his personal budget.*
 - *SC is on work trial at a local primary school three days a week, he is negotiating his paid work but has already reduced his need for commissioned services and transport*
 - *A number of individuals have part time cleaning jobs or work within local shops.*
 - *Countryside Enterprises CIC has over 125 members who offer a range of services within their local community ranging from free range egg production through to running a local luncheon club for local older people.*

Current work on developing further employment opportunities

10. The new Community Life Choices Framework which came into effect on 1 April 2017 features supporting people into employment as a key outcome and deliverable. The

reduction in the number of suppliers included in the framework means that commissioners can work with them to enhance and develop their offer around employment. This is already proving beneficial as the provider who has developed the community interest company is sharing their experience with colleagues who work in other localities to see if the model can be replicated. The performance against the employment outcome will be part of the provider's contract and quality monitoring.

11. The department had been working on the development of an Employment Strategy for disabled people as part of its commitment to deliver the Adult Social Care Strategy. The initial work has concluded that there is greater benefit to be achieved by looking at the development of a broader strategy, led by the Chief Executive's Department, that brings in the work of other departments within the Council and harnesses its work with wider partners including the Leicester and Leicestershire Enterprise Partnership and partners in the education, training and business world.
12. The Chief Executive's Department have developed a bid for the Department of Work and Pensions (DWP) Local Supported Employment Proof of Concept Fund. The bid centres around building on existing evidence based models used elsewhere to develop a Leicestershire offer for supported employment for those individuals eligible for support from adult social care. If the bid is successful it is envisaged that this will be externally commissioned and will contain an element of payment for the provider achieving successful outcomes.

Next Steps

13. The department will be continuing its work with local providers on developing more employment opportunities through the existing framework agreement and if successful with the bid the DWP local supported employment proof of concept programme.

Resource Implications

14. There are not currently any resource implications, but should the bid to the DWP Local Supported Employment Proof of Concept Fund then match funding of £136,000 will be required. This can be met from within current departmental resources.

Conclusion

15. This report outlines the significant progress the department has made in enabling people with learning disabilities to improve their opportunities to access employment. The department aims to work with other partners to build on the success over the coming years.

Background Papers

- Adult Social Care Strategy 2016–2020
http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf

Circulation under the Local Issues Alert Procedure

None

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Relevant Impact Assessments

Equality and Human Rights Implications

16. There are no equalities or human rights implications arising directly from this report. However, it is recognised that Equality and Human Rights Impact Assessments will be required for specific pieces of work referred to within the report, for example Community Life Choices, which have already been conducted within those work streams.