Leicestershire County Council

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

*Date/Time:* **Tuesday, 11 September 2018 at 2.00 pm**

*Location:* **Sparkenhoe Committee Room - County Hall**

*Contact:* **Miss. G. Duckworth (0116 305 2583)**

*Email:* **gemma.duckworth@leics.gov.uk**

## Membership

Mr. T. J. Richardson CC (Chairman)

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| Dr. P. Bremner CC | Mr. D. Harrison CC |
| Ms. L. Broadley CC | Mr. W. Liquorish JP CC |
| Mr. B. Crooks CC | Ms. Betty Newton CC |
| Mrs. H. J. Fryer CC | Mr T. Parton CC |

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

## AGENDA

| Item | | Report by | |
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| 1. | Minutes of the meeting held on 5 June 2018 | | (Pages 5 - 12) |
| 2. | Question Time. | | |
| 3. | Questions asked by members under Standing Order 7(3) and 7(5). | | |
| 4. | To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda. | | |
| 5. | Declarations of interest in respect of items on the agenda. | | |

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| 6. | Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16. | | |
| 7. | Presentation of Petitions under Standing Order 36. | | |
| 8. | 'The Lives we Want to Lead' The Local Government Association Green Paper for Adult Social Care and Wellbeing | Director of Adults and Communities and Director of Corporate Resources | (Pages 13 - 112) |
| | A copy of the report to be submitted to the Cabinet at its meeting on 14 September 2018 is attached. The Committee is invited to comment on the proposals. The views of the Committee will be reported to the Cabinet. | | |
| 9. | Draft Leicester, Leicestershire and Rutland Carers' Strategy 2018-2021. | Director of Adults and Communities, Director of Children and Family Services and Director of Public Health | (Pages 113 - 168) |
| 10. | Draft Leicester, Leicestershire and Rutland Living Well with Dementia Strategy 2019-2022 Outcome of Consultation. | Director of Adults and Communities | (Pages 169 - 212) |
| 11. | Next Steps in Sustaining and Developing the Home Care Market. | Director of Adults and Communities | (Pages 213 - 218) |
| 12. | Leicestershire and Rutland Safeguarding Adults Board Annual Report. | Independent Chair of the Leicestershire and Rutland Local Safeguarding Adults Board | (Pages 219 - 260) |
| 13. | Annual Adult Social Care Complaints and Compliments Report 2017/18. | Director of Adults and Communities | (Pages 261 - 282) |
| 14. | Performance Report 2018/19 - April - June (Quarter 1). | Chief Executive and Director of Adults and Communities | (Pages 283 - 298) |
| 15. | Dates of Future Meetings. | | |

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

6 November 2018 (commencing at 11.00am)
21 January 2019
11 March 2019

10 June 2019
2 September 2019
11 November 2019

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

## QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Public Scrutiny website www.cfps.org.uk.

The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 5 June 2018.

PRESENT

| | |
|---|---|
| Mr. B. Crooks CC | Mr. W. Liquorish JP CC |
| Mrs. H. J. Fryer CC | Ms. Betty Newton CC |
| Mr. D. Harrison CC | Mr. T. J. Richardson CC |
| Mr. J. Kaufman CC | Mr. T. Gillard CC |

In attendance

Mr. R. Blunt CC, Lead Member for Adults and Communities
Mr. L. Breckon CC, Cabinet Support Member

1. Appointment of Chairman.

RESOLVED:

That the appointment of Mr. T. J. Richardson CC as Chairman of the Adults and Communities Overview and Scrutiny Committee for the period ending with the Annual Meeting of the County Council in 2019 be noted.

Mr. T. Richardson CC – in the Chair

2. Election of Deputy Chairman.

RESOLVED:

That Mr. W. Liquorish CC be elected Deputy Chairman of the Adults and Communities Overview and Scrutiny Committee for the period ending with the Annual Meeting of the County Council in 2019.

3. Minutes of the meeting held on 6 March 2018.

The minutes of the meeting held on 6 March 2018 were taken as read, confirmed and signed.

4. Question Time.

The Chairman reported that questions had been received from Mr Robinson, Ms Mays and Ms Louis under Standing Order 35. As the questions related to items for discussion elsewhere on the agenda (Minutes 10 and 11 refer), he proposed to deal with the questions under those items.

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

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

6. Urgent Items.

There were no urgent items for consideration.

7. 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.

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

There were no declarations of the party whip.

9. Presentation of Petitions under Standing Order 36.

The Chairman reported that three petitions had been received under Standing Order 36.

As the petitions related to items for discussion elsewhere on the agenda (Minutes 10 and 11 refer), he proposed to deal with the petitions under those items.

10. Reconfiguration of In-House Learning Disability Residential Accommodation

The Committee considered a report of the Director of Adults and Communities advising of the outcomes of the public and resident consultation exercise on proposals to reconfigure the County Council's in-house learning disability residential accommodation and recommending changes to provision of these services. A copy of the report, marked 'Agenda Item 10' is filed with these minutes.

In introducing the report, the Director of Adults and Communities highlighted the extensive consultation that had taken place and the strong opposition received to the original proposals. In light of the feedback, a range of other options were considered. The recommended proposals were due to be presented for approval to the Cabinet at its meeting on 12 June 2018.

Under Standing Order 35, questions had been received from Mr Robinson, which the Chairman had agreed would be dealt with as part of this item. A copy of the questions and the response provided by the Chairman was tabled at the meeting and is attached to these minutes (marked 'A'). The Chairman invited Mr Robinson to ask a supplementary question. No supplementary question was asked.

Mr Robinson was then invited to present the petition, containing 4,046 signatures, objecting to the proposed changes to The Trees in Hinckley. In presenting the petition, he stated that, after months of uncertainty, the news of the new proposal for The Trees was welcomed by all. He did, however, query why the original proposal had been suggested and allowed to go to consultation, which he said had caused a great deal of anxiety and stress for the families and individuals concerned. Mr Robinson thanked officers and members for reading the representations submitted

by himself and others during the process, and the support received from a variety of sources.

The Lead Member for Adults and Communities thanked Mr Robinson for the work he had undertaken. In response to Mr Robinson's query, the Lead Member explained that the County Council had to undertake formal consultation. The majority of service users supported by the Department used the independent sector and the proposals were seeking to make greater use of the independent sector. The savings that would result would accrue from the building costs and not from a reduced service to existing clients, who would have their needs met in line with their agreed care plans. However, whilst undertaking the consultation, it had become apparent that the overwhelming response was that people were happy with the service provided by the County Council and wished for it to continue. As a result of this, the decision had been taken to change the recommendation and the Lead Member stated that he was very pleased with the outcome.

The Committee welcomed the revised proposals contained within the report, but arising from the discussion, the following comments were raised:-

(i) Noting that the majority of service users were supported by the independent sector, concern was expressed about the increased risk of failure in that sector and the quality of some service providers. The Director responded by stating that although a small number of private care homes were under scrutiny from the CQC, the County Council, the CQC and the independent providers worked together to address these issues. Where an independent provider was failing, mechanisms were in place to support them, and the County Council had a team dedicated to moving in to failing establishments to provide the necessary help and expertise.

(ii) The decision to consult was necessary as the County Council had a duty of care to residents and staff, and as such it was important to ensure that facilities were not kept open if they did not meet the required standard.

RESOLVED:

That the Cabinet be advised that this Committee welcomes and supports the proposals.

11. Care OnLine Service.

The Committee considered a report of the Director of Adults and Communities providing an update on the consultation with regard to the proposal to decommission the CareOnLine Service and giving an indicative position pending the finalisation of the report for the Cabinet on 6 July 2018. A copy of the report, marked 'Agenda Item 11' is filed with these minutes.

The Director reported that at the close of the consultation period on 22 May 2018, 117 responses had been received along with a small number of individual responses and two petitions. A representation had also been received from Mrs Lynda Jones, a CareOnLine user, a copy of which was circulated at the meeting.

The Chairman invited Mr Ian Retson to present his petition, containing 61 signatures, objecting to the decommissioning of the CareOnLine Service. In presenting the petition, Mr Retson stated that CareOnLine was a unique service providing a 'one stop shop' for the most vulnerable and isolated residents, and stressed that the alternative services suggested by the Council would not be able to provide anything like the support required by CareOnLine users. Mr Retson also said that the long term benefits of CareOnLine had been proven in that a large number of users had said that they would not have connected to the internet without the Service and that it had had a positive impact on their daily lives. He felt that the short term savings would be more than offset by the savings through giving greater independence and communication skills to users and asked the Committee and Lead Member for Adults and Communities to speak with some CareOnLine service users before making a decision.

Under Standing Order 35, questions had been received from Ms Ruth Mays MBE and Ms Kay Louis, which the Chairman had agreed would be dealt with as part of this item. A copy of the questions and the responses provided by the Chairman were tabled at the meeting and are attached to these minutes (marked 'B'). The Chairman invited Ms Mays and Ms Louis to ask a supplementary question.

Ms Mays queried how any transition to different providers would be managed and whether these new providers would have an opportunity to speak with CareOnLine staff to obtain a better understanding of what was available to service users through the CareOnLine Service?

In response, the Director stressed that if the proposal to decommission the Service went ahead, the Council would work with service users on a case by case basis to identify the best solution for their individual needs. It was also stated that the Council had been clear throughout the consultation that any suggested alternative organisations would not exactly replicate the CareOnLine Service, but it was necessary to ensure that transitions were available. Consideration was being given to whether there would be a small amount of transition money available so that, if any additional training or support was required, organisations would then be in a better position to help current service users.

Ms Louis explained the contribution of CareOnLine in helping people contribute to society and preventing social isolation. She stressed that these were very vulnerable people who needed the continued support of the CareOnLine Service and expressed concern that the alternative providers would be unable to meet the needs of the current users. Ms Louis asked whether CareOnLine could be transferred to Adult Social Care to enable it to continue?

The Director of Adults and Communities explained that it was not possible for Adult Social Care to support the service as not all users were eligible for Social Care support. Alternative services were available to help broker a service for those who were not assessed as requiring support from Adult Social Care.

Arising from the discussion, the following comments were raised:-

(i) Concern was raised that the alternative providers would not offer the continuity of support that some users required, and it was suggested that the Lead Member for Adults and Communities should consider what provision would be missing if CareOnLine was decommissioned and

whether the alternative providers could fill the gaps before taking the report to the Cabinet on 6 July. The perceived gap was the bespoke service offered by CareOnLine and the dedicated time given to users. A range of organisations offered a variety of services, but the gap was the offer of ongoing support over a longer period of time, which the County Council felt it could no longer sustain. Some organisations were looking to develop their services and the Council would remain in conversation with these, should the decision be taken to decommission CareOnLine, to look for any opportunities where, through alternative funding sources, they could develop aspects of the service which could bridge the gap. It was stressed that, throughout the consultation period, it was made clear that the alternative providers did not exactly replicate CareOnLine, but the Council had to look at how to provide non-statutory services differently. Individual service users would be contacted to discuss what would be offered by the new providers.

(ii) Social interaction had been highlighted as very important throughout the consultation responses, but it was noted that the purpose of CareOnLine was to enable people to become digitally active and other services were available to assist with social isolation.

The Lead Member for Adults and Communities assured the Committee that he would consider the gaps in service provision prior to the final report being submitted to the Cabinet.

RESOLVED:

That the report be noted.

12. Delayed Transfers of Care: Year End Report.

The Committee considered a report of the Director of Adults and Communities providing the end of year performance up to March 2018 in relation to Delayed Transfers of Care (DTOC). The report detailed the specific improvement actions that had been undertaken and their impact on the patient journey, including the implications of new national requirements imposed by NHS England, as part of the Better Care Fund Policy. A copy of the report, marked 'Agenda Item 12' is filed with these minutes.

It was highlighted that, within the report, the table detailing the average days delayed per day per 100,000 population contained an error – the total variance in column 3 should state 'increased'.

A query was raised around why the NHS was finding it increasingly difficult to discharge patients, where the blockage points were and what the County Council could do. In response, the Director of Adults and Communities stated that the NHS was a huge organisation. Lots of positive work had been undertaken, but there were complexities within the University Hospitals of Leicester (UHL), for example the high number of wards and the turnover of staff, so embedding any change had to be undertaken incrementally. Although significant progress had been made in reducing the number of delays, the biggest challenge locally remained UHL.

The Lead Member for Adults and Communities expressed his thanks to the officers who had worked to improve the DTOC, and emphasised the importance of continuing to work with the NHS.

RESOLVED:

That the report be noted.

13. Century Theatre, Coalville: Proposed Transfer to Leicestershire Traded Services.

The Committee considered a report of the Directors of Adults and Communities and Corporate Resources advising of the work undertaken to explore alternative management options for the Century Theatre in Coalville and to seek approval for its transfer to Leicestershire Traded Services. The report also proposed the de-accession of the Theatre from the Museum Collection, to support its future operation and sustainability as an arts venue and to authorise the Director of Adults and Communities to make disposals from the Museum Collection on behalf of the governing body. A copy of the report, marked 'Agenda Item 13' is filed with these minutes.

Arising from the discussion, the following comments were raised:-

(i) In response to a query as to why the theatre was not moved around the county, it was stated that the Theatre had come to the end of its life as a travelling theatre. The Theatre provided a valuable heritage asset for the area.

(ii) The theatre would continue to be an asset of the County Council but it was recognised that there could be significant maintenance costs going forward. The proposals now put forward were aimed at ensuring that the theatre would break even. The Council had invested £250,000 to improve the area around the theatre and the car park, including a new café, to make it more attractive to visitors. If the theatre did not transfer to Leicestershire Traded Services, it would not be possible for the Adults and Communities department to maintain the theatre at a loss, but it was hoped that the proposals within the report would be the best way to safeguard its future.

RESOLVED:

That the Cabinet be advised that this Committee welcomes and supports the proposals.

14. Safeguarding Adults Board Business Plan 2018/19.

The Committee considered a report of the Independent Chairman of the Leicestershire and Rutland Safeguarding Adults Board presenting the Business Plan for 2018/19 for the Leicestershire and Rutland Safeguarding Adults Board. A copy of the report, marked 'Agenda Item 14', is filed with these minutes.

With regard to the priority around Engagement, there would not be a specific lead as it had been acknowledged by the Board that engagement featured in a lot of work across the priorities. The Board was linking in with work being undertaken by

Leicester City Safeguarding Adult Board and this would be led by the County Council's Safeguarding Board Business Office.

RESOLVED:

That the report be noted.

15. Provisional Performance Report 2017/18.

The Committee considered a joint report of the Chief Executive and the Director of Adults and Communities providing an update of the Adults and Communities Department's performance for the year 2017/18. A copy of the report, marked 'Agenda Item 15' is filed with these minutes.

It was queried whether restricted opening hours had had an impact on the reduction in the number of visits to libraries. In response, the Director advised that there could be a number of reasons for the reduction, including the opening hours. However, the Council was looking to extend opening hours through the introduction of SMART libraries. In general, the number of visits tended to plateau when users became more aware of revised opening hours. It was also noted that there was now greater access to books and information online, and this could be downloaded for free.

RESOLVED:

That the report be noted.

16. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 11 September 2018 at 2.00pm.

2.00 – 3.48pm CHAIRMAN
05 June 2018

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Agenda Item 8

Leicestershire County Council

# CABINET – 14 SEPTEMBER 2018

# 'THE LIVES WE WANT TO LEAD' THE LOCAL GOVERNMENT ASSOCIATION GREEN PAPER FOR ADULT SOCIAL CARE AND WELLBEING

## REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND DIRECTOR OF CORPORATE RESOURCES

## PART A

### Purpose of the Report

1 The purpose of this report is to advise the Cabinet of 'The Lives We Want to Lead', the Local Government Association Green Paper for adult social care and wellbeing, and to seek approval for the Director of Adults and Communities to submit the County Council's response to the consultation. The LGA Green Paper is appended to this report.

2 The Government has stated its intention to publish a Green Paper on adult social care. The publication of the Green Paper has been delayed several times. In June 2018, the Health and Social Care Secretary announced a further delay to the autumn of 2018 following the announcement that a 10 year plan for the NHS would be developed.

### Recommendations

3 It is recommended that:

a) The Local Government Association Green Paper 'The Lives We Want to Lead' be noted;

b) The Director of Adults and Communities, together with the Director of Corporate Resources, following consultation with the Cabinet Lead Members for Adult Social Care and Corporate Resources, be authorised to respond to the consultation on behalf of the County Council.

### Reasons for Recommendations

4 In response to the delay of the Government's publication of a Green Paper on adult social care, and in recognition of the increasing demands on these services and the escalating cost to councils, the Local Government Association (LGA) has published its own consultation on adult social care and wellbeing. The LGA will respond to the findings in the autumn to inform and influence the Government's Green Paper and spending plans.

5 The Green Paper was issued on 31 July and responses are required by 26 September. It is therefore recommended that the Director of Adults and

Communities, together with the Director of Corporate Resources following consultation with the Cabinet Lead Members for Adult Social Care and Corporate Resources, be authorised to submit the County Council's response , which will be based on its assessment of the issues as set out in Part B of this report.

**Timetable for Decisions (including Scrutiny)**

6 The Adults and Communities Overview and Scrutiny Committee will consider the report on 11 September 2018 and its comments will be reported to the Cabinet.

7 The Council's response to the consultation will be presented to the Health and Wellbeing Board (HWB), for information, at its meeting on 27 September 2018.

**Policy Framework and Previous Decisions**

8 The aims outlined in the Green Paper are consistent with a number of County Council strategies including the Strategic Plan, "Working together for the benefit of everyone: Leicestershire County Council's Strategic Plan 2018-22", the Adult Social Care Strategy, Promoting Independence, Supporting Communities, the Early Help and Prevention Strategy, and the Leicestershire *Communities* Strategy ('Working Together to Build Great Communities'.

**Resources Implications**

9 There are no resource implications in responding to the consultation, however, the report does detail the potential impact of further reductions in funding by central Government, the projected costs of care to local authorities and people who use services and suggestions of how these care costs could be funded through reallocation of resources and changes to the welfare system and taxation.

10 The LGA Green Paper states that Councils in the UK spend over £15bn on social care each year and will require an additional £3.6bn by 2025 just to continue to meet current demand. This equates to 38% of total council spend. It also outlines the sums required to further resource full payment of all care costs to all people who may have social care needs together with the introduction of either a cap on personal care costs, an increase in thresholds and the provision of free personal care (in line with free NHS care) of between a further £13-15bn per annum nationally.

11 The County Council currently has a net spend of £137m per annum on adult social care, equating to 38.6% of total net spend. The 2018-22 Medium Term Financial Strategy (MTFS) identifies a growth requirement of £9m over the next four years, which will be increased further by rising prices and inflation costs. If the cost predictions in the Green Paper transpire it would increase the Council's spend on adult social care by a further £90m to £112m per annum.

12 The Director of Law and Governance has been consulted on the content of this report.

**Circulation under the Local Issues Alert Procedure**

13 None.

**Officers to Contact**

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## PART B

## Background

Government Green Paper

14 In the March 2017 Budget, the Conservative Government announced it would publish a Green Paper on social care, in order to allow a public consultation to be held. This followed the decision in July 2015 to postpone the introduction of a cap on lifetime social care charges and a more generous means-test that had been proposed by the "Dilnot Commission" and accepted in principle by the then Coalition Government.

15 The Government has said that the proposals in the Green Paper will "ensure that the care and support system is sustainable in the long term" and include a lifetime "absolute limit" (i.e. cap) on what people pay for social care, and the Conservative Party's manifesto also proposed changes to the means-test. The Health and Social Care Secretary has since confirmed that a cap on lifetime social care charges would be introduced.

16 The Green Paper was originally due to be published in Summer 2017. Following the General Election that year, the Conservative Government then indicated it would published by the end of 2017. In November that year, a revised publication date 'by the summer recess' [2018] was given. In June 2018, the Government advised that this had now been put back to Autumn 2018. Responsibility for producing a Green Paper has also been changed from Health, to the Cabinet Office, to the Department for Health and Social Care.

Government Position

17 In a speech on 20 March 2018, the then Health and Social Care Secretary, the Rt. Hon. Jeremy Hunt MP, outlined "the seven key principles that will guide our thinking ahead of the Green Paper", namely:

- Quality and safety embedded in service provision;
- Whole-person, integrated care with the NHS and social care systems operating as one;
- The highest possible control given to those receiving support;
- A valued workforce;
- Better practical support for families and carers;
- A sustainable funding model for social care supported by a diverse, vibrant and stable market;
- Greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.

18 In June 2018, the Housing, Communities and Local Government, and the Health and Social Care Select Committees published a joint report, "Long-term funding of adult social care". Describing the social care system as "not fit to respond to current needs, let alone predicted future needs", the report called for the Green Paper to be the "catalyst for achieving a fair, long-term and sustainable settlement". The report set out six principles "which we recommend should underpin future decisions about funding social care", namely:

- Good quality care;

- Considering working age adults as well as older people;
- Ensuring fairness between the generations;
- Aspiring over time towards universal access to personal care free at the point of delivery;
- Risk pooling -protecting people from catastrophic costs, and protecting a greater portion of their savings and assets;
- Earmarked' payments.

**'The Lives We Want to Lead', LGA Green Paper**

19 The LGA states that the Green Paper is intended as a starting point to build momentum for a debate across the UK as to how care is funded and how the wider care and health system can be better geared towards supporting and improving people's wellbeing. Throughout the document a series of consultation questions is posed. The LGA has said that it will respond to the findings in Autumn 2018, to seek to inform and influence the Government's Green Paper and future spending plans.

20 The Green Paper, whilst focussing on adult social care, and specifically on the funding challenges facing local Government, also raises questions about the wider role of local authorities, in respect to promoting individual and community wellbeing alongside systemic changes to the care and health system so that it focuses far more on preventative, community-based personalised care, which helps maximise people's health, wellbeing and independence and alleviates pressure on the NHS.

21 It recognises that adult social care reform cannot happen in isolation and looks beyond social care to housing, public health, and other local authority services in supporting wellbeing and prevention.

22 A summary of the issues raised and the County Council's perspective and initial assessment is set out below.

Chapter 1 - The voice of people who use services and Chapter 2 - Delivering and improving wellbeing

23 Chapter 1 provides context to the challenges faced by people who rely on adult social care, and the impact that inadequate care provision can have on the way people live their lives, together with examples of how care services are changing and meeting those challenges, delivering services which can enable people to live more fulfilling lives.

24 The paper then discusses how people can have their independence, wellbeing and health maximised through a partnership of local political, clinical, professional, and community leadership. It asks *"What role if any should local government have in helping to improve health and wellbeing in local areas?"*

25 In discussing this question, the paper outlines the ways in which local government acts to support its communities and individual residents through a general responsibility to promote wellbeing as well as specific duties as detailed in the Care Act 2014. The role of councils as democratically accountable local leaders is highlighted as a means to bring together the various services and contributions of organisations (public, private and voluntary), to deliver population and place-based wellbeing.

26 Leicestershire has a well-established track record of promoting and delivering economic and community development, individual protection, community cohesion, public health, housing and cultural enrichment, which all contribute to individual and community wellbeing. The County Council provides both universal and targeted services, bringing these together to provide tailored service offers and delivery. The Council's role as a democratically elected body provides accountability to local residents. It is the only body which can deliver both place-based and population-based leadership across Leicestershire.

Chapter 3 - Setting the scene – the case for change

27 The paper sets out why social care matters, for example in enriching individuals' lives, connecting people to communities, and enabling people to contribute to their communities. Social care helps support the NHS, it supports a thriving economy, and it matters to local people to know that they can have confidence and trust in their local services.

28 The economic case for investment in sustainable social care is noted - there are over 1.5m people working in over 200,000 social care organisations across the UK and the sector contributes £46bn annually to the economy. Local government spends over £15bn per annum to deliver social care. The cost to the economy of lost productivity, lost tax income, and rising welfare payments through ill health and disability is many times greater; estimated at over £74bn in relation to mental ill health alone.

29 The paper recognises the £6bn of savings and efficiencies adult social care services have made to the local Government efficiency requirement over the last decade, but also the way that social care has innovated, transformed and improved service delivery. The LGA argues that further innovation is required, particularly in respect to information technology and digital solutions to ensure continuous improvement. As councils deliver local services for local people there is natural variation in how service is delivered and how services perform, often because of positive decisions that have been taken at a local level. However, there can also be unwarranted variation in the outcomes that individuals receive. Tackling variation is best achieved through sharing best practice and sector led improvement rather than top down audit and inspection, and by taking a system-wide approach, working with other local leaders.

30 In Leicestershire, social care services have undergone significant transformation and improvement over recent years, both in response to financial challenges and to enhance services for local people. Since 2010, the Adults and Communities Department has delivered savings and efficiencies of over £70m, whilst developing and delivering reablement and enablement services, reductions in long-term care through delivery of alternative care models and housing solutions, asset-based and strengths-based approaches to support planning and increasing choice and control through personalisation and direct payments. The Council has contributed to the sustainability of local NHS services through reducing delayed transfers of care, and developing integrated commissioning approaches, whilst providing protection for individuals and communities through making safeguarding personal and deprivation of liberty processes.

31 The paper addresses the funding challenges facing local Government and the wider system. It recognises that local government has experienced disproportionately high reductions in Government funding and that, whilst councils have sought to protect social care services, this has affected its other functions. Therefore, resolving the social care funding is as much about finding solutions to the wider local government finance settlement as it is about addressing NHS funding.

32 The LGA quotes a national funding gap for local government of £7.8bn by 2025, including an immediate £1.4bn gap in social care funding just to meet current costs of care which rises to £3.6bn taking into account demographic and cost pressures by 2025. In recent years the Government has sought to bridge this gap with short term, non-recurrent funding and increases to local taxation, all of which come to an end in 2020. The LGA considers this approach is unsustainable and is preventing medium to longer term planning.

33 Whilst over 80% of social care services nationally are rated as good or excellent by the Care Quality Commission, there are an increasing number who are seeing their ratings drop on re-inspection. In addition, the number of providers of social care services who have ceased trading or handed contracts back to local authorities is increasing and there is a growing concern that numbers of people are either not having their needs met or have needs which are only partially being met (so called under-met needs). The LGA estimates that if councils were to meet all the assumed unmet and under-met needs they would require an additional £3.6bn.

34 Workforce pressures are also cited within the Green Paper, which notes that nationally 1.5m people work in social care, although the turnover rate is 27.8% compared to 15% in the wider workforce. The Audit Office has commented that jobs growth in the care sector is not keeping up with demand for care, whilst Skills for Care has forecasted that to meet demographic growth an additional 700,000 jobs will be needed.

35 As Leicestershire's overall funding settlement results in the lowest spend per head so funding for social care in Leicestershire is also the lowest per head, and recent evaluations have shown that Leicestershire's adult social care has been deemed one of the most efficient in the country. However this has resulted in reduced numbers of people receiving social care services, and until recently, reductions in average care packages with and increased proportion of funding spent on personal care with reductions to meet wider social needs.

36 This has been coupled with reductions in funding of prevention services, and of the voluntary and community sectors and has impacted on the Council's wider service offer and discretionary provision. However, the most significant risk to social care services in the County is the ability to recruit and retain social care staff, both in the statutory and independent/private sectors, leading to workforce capability and capacity deficits. Thus far the Council has managed to ensure a stable care market and quality ratings in Leicestershire are above regional and national averages.

Chapter 4 – The options for change

37 The LGA notes that the current system of social care (and the funding of social care) is confusing and complex, lacking transparency and is often viewed as lacking fairness. The LGA proposes to make the system better through a two-phase

approach; firstly to ensure that the current system operates as intended and consequences of underfunding are addressed (by fully meeting demand and costs), and secondly through addressing the perceived unfairness and transparency in social care (through a reformed funding mechanism).

38 The LGA estimates that funding existing requirements alone would cost an additional £8.5bn by 2025 and a further £4.7bn to £6.4bn would be required to reform the system and extend entitlements through introducing a 'cap and floor' system or providing social care free at the point of use respectively.

39 The LGA analysis of funding to meet existing requirements is based on local Government being able to meet the true cost of care as estimated by the provider market, ensuring there is sufficient funding to meet all demographic and cost pressures until 2025, and meeting the costs of all estimated unmet needs. However these figures are only estimates and are not based upon validated evidence, nor do they take account of regional or local variation in either costs or demand growth.

40 The extended entitlement modelling has been based on the cap and floor suggested by the Conservative Party during the election campaign of 2017 rather than the previous work carried out through the Dilnot Commission for the Care Act, and the free social care figures only apply to provision of personal care and would still require individuals to meet their accommodation and other costs. The option to provide free personal care may provide the most transparent and fair system of funding, whilst implementing a cap and floor would limit an individual's exposure to high costs of care.

41 The LGA then proposes a range of suggestions about how these care costs could be met, noting that there is a growing consensus amongst MPs, the public, NHS and councils that adult social care funding should be a priority for future funding decisions. In proposing the options, the LGA is clear that it is not suggesting a preferred option but believes that a mix of solutions may be required. It suggests testing the options against a range of criteria such as wellbeing, fairness, sufficiency, sustainability, transparency and subsidiarity.

42 The options put forward are:

- means testing universal benefits (winter fuel, free travel etc) £1.9bn
- social care premium (national insurance premium) £1.0bn
- 1% on income tax £6.4bn
- 1% on national insurance £10.4bn
- as above, but extended to include pensionable income £2.6bn
- 1% increase in council tax £0.29bn
- charging for accommodation on CHC packages £0.20bn

43 In consideration of which options for future funding would provide the preferred solution, national insurance or income tax rises may provide the fairest and most sustainable solutions, whilst removal of universal benefits may affect the wellbeing of people who do not require social care and may create demand downstream. Council tax increases have variable impact and charging for accommodation for people in receipt of healthcare may raise difficult debate about the NHS free at the point of delivery.

Chapter 5 - Adult social care and wider wellbeing

44 Having considered the question of how to fund adult social care, the paper turns to the requirement for a sustainable public health system and the role of public health in supporting a sustainable health and social care system. Whilst the paper does not consider future funding options for public health services, the LGA calls for a fully funded public health service. The role of public health services in prevention and early intervention together with promoting good health and wellbeing is noted alongside the economic consequences of not investing upstream to prevent ill health together with the counterproductive nature of the current reduction of £800m of public health funding and the impact this could have on health and social care services.

45 In Leicestershire, public health services have provided a strategic leadership role in the development of the Health and Wellbeing Board, the Joint Strategic Needs Assessment and Health and Wellbeing Board Strategy. The public health functions of the Council undertake both population based and specific health needs assessment and deliver/commission a range of interventions which provide early intervention and prevention services though clinical and non-clinical models of care and support. Being sited within the local authority provides for a universal offer which improves overall wellbeing taking account of the wider determinants of health to develop place base interventions as well as person centred and community support.

46 Alongside social care and public health, the LGA considers the wider role of local Government in supporting individual and collective wellbeing. The paper notes the impact that the development and maintenance of infrastructure has on wellbeing as well as cultural services, regulatory services and housing services. The paper notes that a sustainable social care system also requires a sustainable funding solution for these wider council services many of which have experienced deeper funding reductions in order that councils can protect care services.

47 The County Council can point to many examples of where other council services have provided direct and indirect support to people who have care needs or who may be at risk. Examples in Leicestershire include trading standards officers working to protect people from financial abuse, culture and heritage services providing specific services for people with dementia, the Lightbulb Programme to provide housing related support, and social care transport services, all contributing to individual wellbeing.

Chapter 6 – Adult social care and the NHS

48 Finally, the paper turns to the question of how adult social care and the NHS work together to provide seamless care which promotes peoples independence and improves people's lives. It states that integration of health and care is not an end in itself but should be seen as a means to improving wellbeing for individuals and communities as well as gaining better value through the best use of local resources. The paper argues that the role of central Government is to support local leaders to find local solutions, rather than to direct integration through imposing targets and funding pressures. To deliver better and more effective care the LGA supports an increased focus on personalisation within health care based on the experience and evidence of improved wellbeing which local Government has delivered.

49 Within the consultation document the LGA asks the question of how the accountability of the Health Service locally could be strengthened.

50 In order to support local leadership of health and care services, the LGA propose that the role of Health and Wellbeing Boards (HWBs) should be developed to address the local democratic deficit in the accountability of NHS services. Specifically the LGA points to the disconnect between HWBs and Sustainability and Transformation Partnerships (STPs) and makes three suggestions of how this could be addressed:

- STPs could be required to engage with HWBs in the development of their plan;
- HWBs could be given a statutory duty and powers to lead the integration agenda at a local level;
- HWBs could assume responsibility for commissioning primary and community care.

51 The Cabinet received a report in April 2018 on the local NHS STP and resolved at that time that:

a) the County Council's position that the Sustainability and Transformation (ST) Plan be published as an NHS document, with the County Council as a consultee, be confirmed;
b) the respective roles of the Cabinet, Scrutiny and the Health and Wellbeing Board be noted;
c) the County Council continue to work in partnership with the NHS in the delivery of services, where those services are already delivered in partnership, and in the transformation and integration of health, public health and social care in the local area;
d) the level of resource applied to the programme for the integration of health, public health and social care be kept under close review, in the context of the Council's Medium Term Financial Strategy, the Council's Strategic Plan, and the Leicestershire Better Care Fund Plan/pooled budget;
e) the local NHS be advised that it remains the County Council's strong view that an external review of the governance arrangements for the Leicester, Leicestershire and Rutland ST Partnership be undertaken to provide:

    i) clarity of decision making and accountability;
    ii) a clear definition of the roles of the partners;
    iii) effective engagement with democratic processes; and
    iv) robust oversight of the delivery of the ST Plan and associated financial ssavings and changes in NHS expenditure;

f) the County Council's position on accountable care systems/integrated care systems be considered further once the NHS provides more information on the direction of travel nationally and any emerging local response.

In regard to part a) of the resolution, the local NHS has not published a ST Plan but a document titled 'Next Steps to Better Care in Leicester, Leicestershire and Rutland'. A copy was circulated to all members on the 31 August. In the document there is an explanation from NHS why a Plan has not been published.

## Consultation Response

52 The consultation is taking place from 31 July 2018 until 26 September 2018. The County Council's response will be prepared with assistance from officers across the Authority and having regard to the comments of the Cabinet and the Adults and Communities Overview and Scrutiny Committee (which will receive a report on 11 September). As it will be necessary to respond to the consultation before the next Cabinet meeting, in October, it is recommended that the Director of Adults and Communities, following consultation with the Cabinet Lead Members for Adult Social Care and Corporate Resources, be authorised to submit the County Council's response.

53 The consultation response will subsequently be presented for information to the HWB on 27 September 2018 and circulated to all other members as a Members' News in Brief.

## Equality and Human Rights Implications

54 Although not the primary purpose, the Council's response to the consultation may identify equalities related issues that directly affect people with protected characteristics. If these are discovered the Adults and Communities Departmental Equalities Group (DEG) will develop an action plan to address them.

## Background Papers

- Strategic Plan, "Working together for the benefit of everyone: Leicestershire County Council's Strategic Plan 2018-22" - https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan
- The Adult Social Care Strategy, Promoting Independence, Supporting Communities - 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
- The Early Help and Prevention Strategy - http://politics.leics.gov.uk/documents/s120525/Appendix%20A%20-%20LCC%20Early%20Help%20and%20Prevention%20Strategy.pdf
- Leicestershire *Communities* Strategy 'Working Together to Build Great Communities' - https://www.leicestershirecommunities.org.uk/uploads/working-together-to-build-great-communities.pdf

## Appendix

'The Lives We Want to Lead', the Local Government Association Green Paper

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Local Government Association

FUTURE OF ADULT SOCIAL CARE

# The lives we want to lead

## The LGA green paper for adult social care and wellbeing

July 2018

## Your views matter.

Our green paper is only a starting point and we want to build momentum for a debate across the country about how to fund the care we want to see in all our communities for adults of all ages and how our wider care and health system can be better geared towards supporting and improving people's wellbeing.

Throughout this green paper we pose a series of consultation questions and we would welcome your views on all those that are important to you. The consultation will run from 31 July to 26 September. Once the consultation closes we will analyse all responses and publish a response in the autumn.

To complete the consultation you can either visit **www.futureofadultsocialcare.co.uk** or you can submit your answers to the questions below to: **socialcareconversation@local.gov.uk**

If you are responding as an individual there is also an option to answer the questions in the 'Summary Green Paper' section which are primarily focussed on gathering experience-based evidence and opinions. You will find these at **www.futureofadultsocialcare.co.uk/summary-green-paper**

# Contents

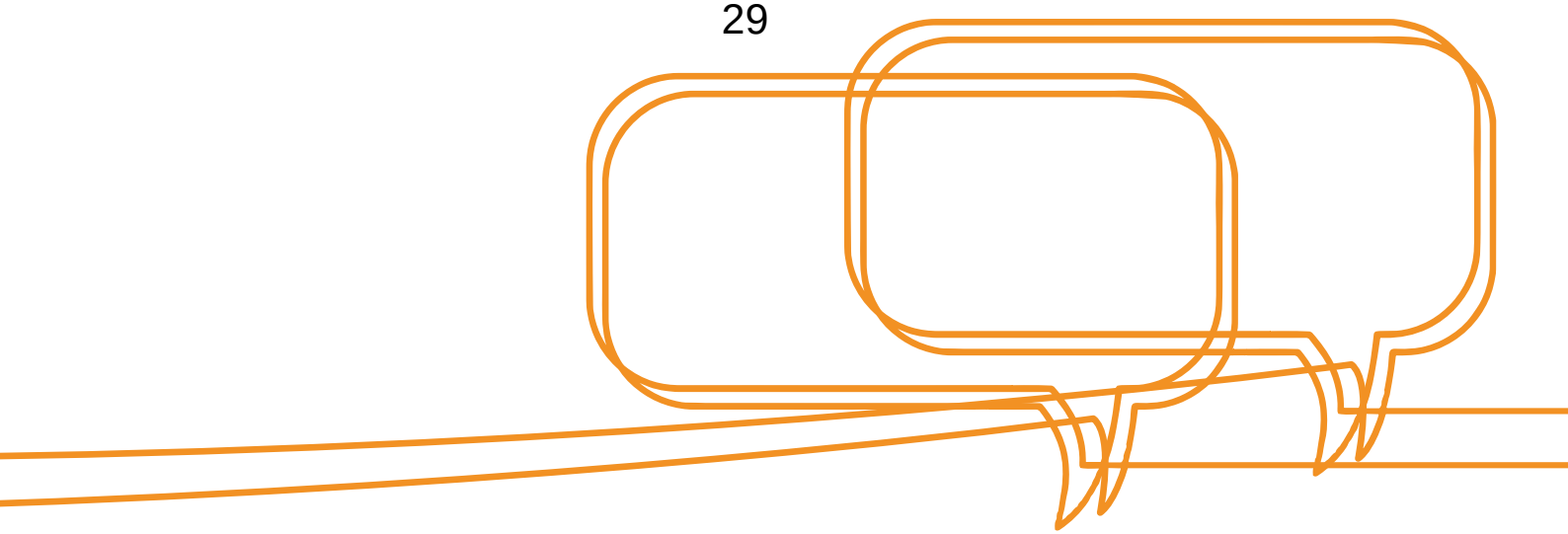
# What our partners have said

"We support the LGA's objective to show how local government can be at the forefront of developing pragmatic solutions, this should be the time for an informed debate with the public on the future of social care. The absence of adequate, long-term funding and reform for adult social care has already had a significant impact on increasing demand both in the NHS and across council services. As a sector we want to support people to live independent, fulfilled lives and we have shown to be effective in doing this when we have the right tools and funding. Ensuring that people and place are at heart of any reform is the right approach to take – we now need to pick up the pace of planning to address the urgency of need."

**Paul Najsarek,**
**Solace lead spokesperson**
**for wellbeing and Chief Executive**
**of the London Borough of Ealing**

"Local government and the voluntary, community and social enterprise [VCSE] sector share a vision for social care which helps us all to live good lives in our own homes with the people we love. Immediate investment is needed to stabilise social care. Then councils and the VCSE sector must work with people who need support and their community organisations to co-design a social care system which intervenes early, sees the whole person and can stay with people and families for the long haul. Human, effective and sustainable approaches already exist: great councils have been pioneering their development. Now they must be scaled up and become the norm."

**Alex Fox OBE, Chief Executive**
**of Shared Lives Plus**
**and independent chair of the**
**Joint VCSE Review**



"The LGA publication of their version of a 'green paper' for social care represents an important contribution to the debate about what we want society to look like from one of the key contributors to delivering that future. ADASS will work with the LGA alongside all stakeholders in this critical debate to ensure the voice of adult social care remains prominent throughout. This document maintains a much needed profile in the lead up to the Government's formal green paper due now in the autumn."

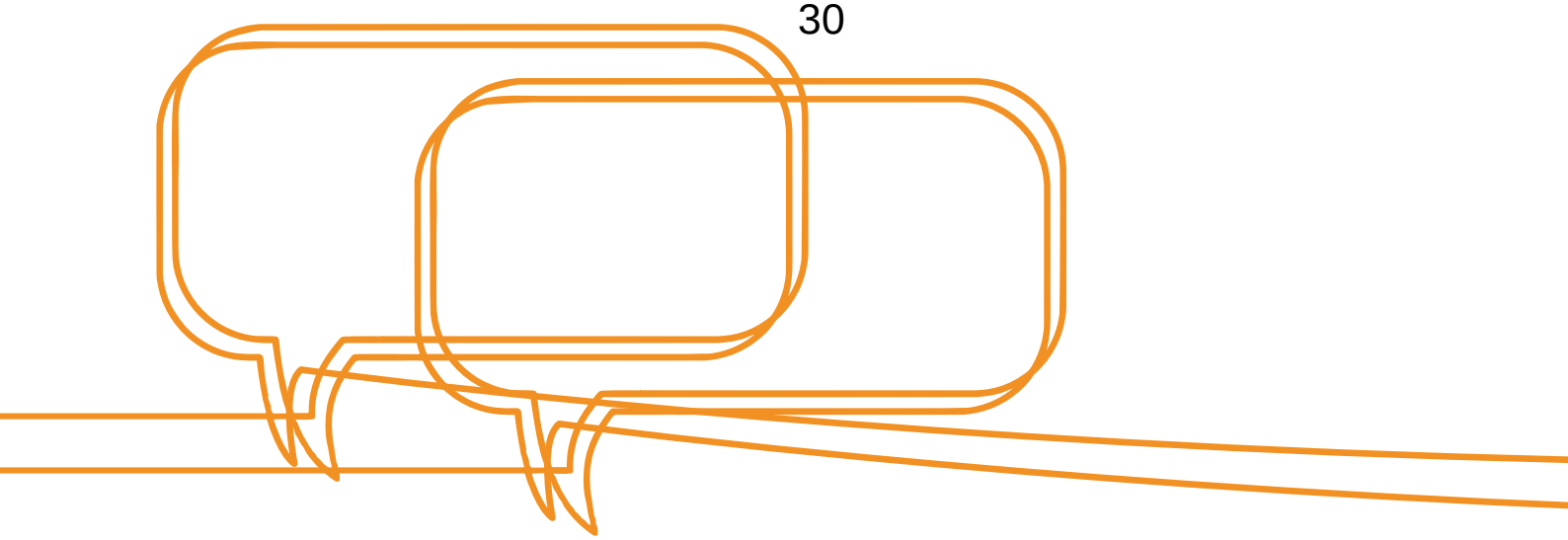
**Glen Garrod, President of the Association of Directors of Adult Social Services**

"It is vital that we keep the focus on the plight of social care, in spite of the succession of government postponements of their own green paper. The LGA is to be congratulated on keeping the debate going and we will respond to the issues it raises."

**Niall Dickson, Chief Executive, NHS Confederation**

"The issue of how to fund social care cannot continue to be avoided. Decades of indecision has led to one in three people with MS (multiple sclerosis) being denied the care they need and this can't go on. The LGA's consultation raises many of the key challenges that must be tackled, including the need for proper government funding and a fair system that works for everyone who needs care. We hope that when it does arrive, the Government's own green paper will set out a bold and ambitious plan that addresses these challenges. People with MS shouldn't have to keep paying the price for a system in crisis."

**Genevieve Edwards, Director of External Affairs, MS Society**



"Fixing social care has been stuck in the too difficult to-do box for far too long. This is not just about the money, it's also how we do care differently, make it more predictive, proactive and personalised.

"The Care Act provides a 21st Century framing for social care but it needs funding to deliver. By setting out its own green paper the LGA is demonstrating the sort of cross party dialogue and collaboration necessary to deliver the sustainable settlement we desperately need. We are running out of road for the Government to kick the can down."

**Professor Paul Burstow FRSA, Chair, Social Care Institute for Excellence**

"I am glad the LGA is continuing the debate for a long-term sustainable solution for adult social care. Of course funding and resources are a critical part of the debate but to ensure we focus on quality too, the needs and aspirations of all those using services, their families and carers, must be at the heart of what that future should be."

**Andrea Sutcliffe CBE, Chief Inspector of Adult Social Care, Care Quality Commission**

"We need to prioritise prevention to ensure a sustainable NHS, to ensure that people can enjoy the best possible quality of life using our hospitals less often and later in life. We can do this through helping people spend more years in good health, and when unwell, to stay in their own homes for longer. And as people retire later, we need to extend their healthy working life.

"40 per cent of all morbidity is preventable and 60 per cent of 60 year olds have at least one longer term condition. In 15 years we will have 1.3 million more people aged over 85, so prevention has to be at the heart of both the new NHS Ten Year Plan and the future work programme of its most critical partner, local government."

**Duncan Selbie, Chief Executive, Public Health England**

"We expect to see a fair and well-funded social care sector to enable older and disabled people to live the lives they choose. It is unfair that successive governments have continued to delay decisions about social care reforms.

"The lives we want to lead from the Local Government Association is a very welcome initiative. Where central government stalls, local government is helping to keep adult social care firmly on the agenda. We all need to engage with the questions in this report, raise the debate and fill the void left by central government's lack of policy progress."

**Dr Rhidian Hughes, Chief Executive, Voluntary Organisations Disability Group and Chair, Care Provider Alliance**

"It's great to see health and wellbeing at the very heart of this paper. We support this consultation and it's essential that the whole system comes together to agree a workable way forward. This must include a strong focus on prevention to deliver sustainable services."

**Nicola Close, Chief Executive, Association of Directors of Public Health**

"Social care and health are two sides of the same coin. The LGA's conversation about social care is vital to understand how we provide high quality, timely, cost effective support to everyone who needs it. Gathering views from the frontline about how we change has never been more important."

**Saffron Cordery, Deputy Chief Executive, NHS Providers**

"This LGA green paper consultation provides a great opportunity for everyone to comment and hopefully help inform the future shape of adult social care."

**Lyn Romeo, Chief Social Worker for Adults, Department of Health and Social Care**

"Big choices loom for social care policy: how much should the state help individuals with the costs of care? how should funding be raised to pay for that help? And what is the balance in responsibilities between local and national government? With such important and contentious issues, it is vital to consult widely and broadly with stakeholders and citizens to help build consensus on the way forward."

**David Phillips, Associate Director, Institute for Fiscal Studies**

# Foreword

## Adult social care and support matters.

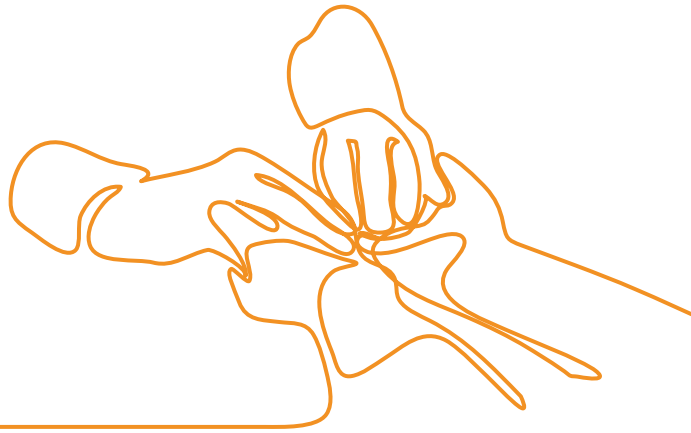
High quality social care and support helps people live the life they want to live. It helps bind our communities, it sustains our NHS and it provides essential economic value to our country.

The Local Government Association (LGA), like its many partners in the social care sector, has worked hard to ensure that the question of how to fund social care for the long-term has had the time in the national spotlight that it deserves. But we have still not secured the action we urgently need.

The continued absence of a sustainable, long-term solution has brought care and support to breaking point. It now also means that, across the country, local government is struggling to sustain universal local public services like roads and waste collection as it has to prioritise statutory duties like social care for children and adults, and support for the NHS. The failure to address this creates a deeply uncertain future outlook for people who use social care services now, and the growing number of people who will need the service in the years to come.

This is a collective failure that impacts most on the very people least able to help themselves.

National governments past and present have tended to put political prospects ahead of difficult but necessary decision-making. When they have put forward proposals, national opposition parties have sought to discredit them instead of trying to find common ground. The national media has latched on to this disharmony, further fuelling the politicisation of the question of social care funding. Faced with a frustrating political stalemate, the wider social care sector at times inevitably seeks to rebuild momentum by focusing on the 'crisis' in care, despite knowing better than most that a more balanced narrative that emphasises the inherent value of social care is more conducive to winning hearts and minds. The preoccupation of successive governments with the state of our hospitals has impacted on the use of new money for social care.



The result is at least two decades in which the question of how to fund social care for the long-term has never enjoyed more than a few brief periods in the national spotlight. All the while, the concerns and experiences of the people who matter most – those who need care and support and their families – have struggled to get the attention they deserve. More widely, the public has largely remained detached from the debate, finding it difficult to engage with a set of questions and issues that have so many conflicting viewpoints. Most people still do not have a good sense of why social care matters, how it works and how it is funded.

Against this backdrop, the approach of governments past and present in dealing with mounting pressures in social care has been to limp along with piecemeal measures from one year to the next. Local government is widely acknowledged as the most efficient part of the public sector and councils, along with providers and third sector organisations, have responded admirably to help maximise every pound and drive innovation in the interests of people and the public purse. But with demand growing, costs rising, people's expectations rightly increasing and funding declining, this approach of short-term sticking plasters must be abandoned. The need to resolve the long-term future of care and support is now urgent.

We cannot duck the issue any longer.

It is time to confront the hard choices, be honest about the options and make some clear decisions.

We need to come together as a society and be positive and inspiring, making the case that investment in social care and support for people who need it helps them to reach their full potential and, in turn, our nation's.

Across the country there are many examples that show how our sector has innovated and transformed itself through world-leading initiatives such as direct payments. Positive futures for care and support, which draw on all the assets of councils, communities and civil society, can already be glimpsed and built upon.

The Government's recent decision to delay its own green paper is disappointing and frustrating. In the context outlined above, it is also hardly surprising. More importantly, it provides an opportunity for local government – so often the pragmatic front-runner on difficult agendas and at the forefront of developing solutions to difficult issues on a cross-party basis – to seize the initiative and take the lead in forging a way ahead. That process begins here with the LGA's green paper for adult social care and wellbeing, The lives we want to lead. It is supported by all political parties within the LGA, demonstrating the required level of cross-party support amongst local politicians that we need to see matched by our national politicians.

Much of our green paper is about the future of care and support for all adults and how we pay for it. But if our starting point is the individual person and what is important to them, then one service alone can never support them to live the life they want to lead, no matter how good it is. Our green paper therefore looks beyond social care and considers the importance of housing, public health, other council services, including those delivered by district councils, in supporting wellbeing and prevention, and the vital work with councils' local partners, families and communities. And of course, we consider the NHS. This year we rightly celebrate the 70th birthday of our health service, but if we are to look ahead with confidence to its centenary then it too must change for the benefit of those it serves.

This is therefore a green paper for wellbeing. It seeks to lay the ground to secure both immediate and long-term funding for social care as well as make the case for a shift in approach from acute treatment to community prevention. It is about people, population and place, not structures, systems and silos. It is also just a starting point. Too often policy is developed in isolation. With this green paper we are seeking as wide a selection of viewpoints as possible, recognising that this is complex territory. There are no single or easy solutions and even within the sector there are different views on how we should move forward. Throughout this publication, we therefore pose a series of consultation questions to understand those views and identify where there is consensus or overlap. We encourage you to respond. We have also produced a separate set of tools to help gather the views of the public which you can find on our website **www.futureofadultsocialcare.co.uk**. Your support in promoting these would be valued as we seek to reach as wide an audience as possible on the questions at the heart of the debate.

We want to build momentum and help stimulate a truly nationwide debate about how best to fund the care we want to see in all our communities up and down the country for adults of all ages, and how our wider care and health system can be better geared towards supporting and improving people's wellbeing. We will reflect on our consultation findings in a further publication later in the autumn, in time to influence the Government's plans; not just their green paper, but also the Budget, the NHS Plan and the Spending Review. This is our chance to put social care and wellbeing right at the very heart of the Government's thinking.

We have a vision for people's wellbeing that is rooted in local areas and backed by clear and strong local democratic accountability. It is about helping to build a society where everyone receives the care they need for a good life: well, independent, at home for as long as possible and contributing to family and community life.

It is our time to drive this agenda forward.

**Lord Porter of Spalding CBE**
LGA Chairman

**Cllr Nick Forbes**
Labour Group Leader
and LGA Senior Vice Chair

**Cllr James Jamieson**
Conservative Group Leader
and LGA Vice Chairman

**Cllr Howard Sykes MBE**
Liberal Democrat Group Leader
and LGA Vice Chairman

**Cllr Marianne Overton MBE**
Independent Group Leader
and LGA Vice Chairman

# Executive summary

**We all strive for a happy and fulfilling life. We should all have the support we need to live one. Many of us can live the life we want without much, if any, help. Others may need a great deal, receiving it from a range of sources including family, friends, neighbours, community and voluntary groups, and statutory services. What matters most is that everyone can exercise their right to opportunity, independence and control.**

Too often adult social care is seen as an adjunct of the NHS, existing simply to relieve pressure on hard pressed acute services. While it is true that social care and the NHS are inextricably linked, it should be seen an essential service in its own right and the people who work hard to deliver the service should be seen as just as valuable as staff in the NHS. It helps people with life-long disabilities, those who acquire disabilities during adulthood, older people with care and support needs and unpaid carers of all ages to live their lives with dignity and in the way they see fit. But it is more than that. It creates services and partnerships – particularly with the voluntary sector – that help strengthen our communities, it allows the NHS to focus on what it does best and it is important for the future of our economy and national productivity; as the Government's own Industrial Strategy acknowledges, helping people to live independent lives and continue to contribute to society will create "an economy which works for everyone, regardless of age'[1].

People working in local government care passionately about adult social care and take pride in the role it plays in supporting people's lives and improving their outcomes. With the right level of funding, councils can continue to make a positive difference to people's wellbeing. With the right level of freedoms and flexibilities, they can work with health and community partners to drive local action across the public, private and voluntary sectors to reshape care and support around the needs of individuals and in the communities they cherish. With the right training and career opportunities, good quality staff can be attracted to the sector and, as importantly, stay in it. Adult social care has a central role to play in this. But it is also embedded in a wider network of local government services and functions which promote health, independence and wellbeing: all council services contribute to health and wellbeing.

Whilst councils and their partners have a strong story to tell on improving people's wellbeing, progress to date is now unquestionably at risk. Local government has kept the worst consequences of austerity at bay in recent years but its impact is now catching up with councils, threatening services that improve our lives and our communities. This is certainly the case with adult social care and the service now faces a funding gap of £3.56 billion by 2025. This must be closed as a matter of urgency. If it is not, we will see a worsening of the consequences of funding pressures we have seen to date. These include fewer people being able to get the high quality care they need, providers under increasing threat of financial failure,

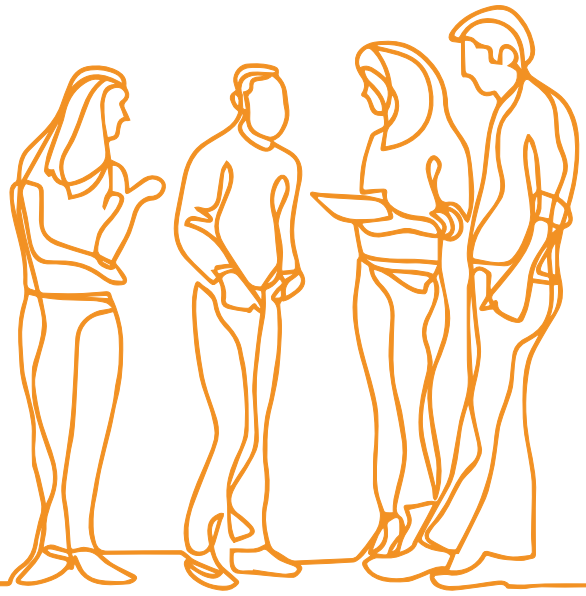
1 https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/industrial-strategy-the-grand-challenges

and a disinvestment in prevention driven by the requirement to meet people's higher level needs. In particular, funding pressures on social care have severe consequences for the NHS, increasing demand on hospitals and more costly acute care. Of course, this is a two-way street and what the NHS does or does not do can impact equally on social care. Reductions in services such as incontinence treatment, stroke rehabilitation and NHS continuing care increase pressures on social care. We know these problems are only going to get worse as demand grows with the needs of our ageing population. The question of how we pay for adult social care for the long-term is therefore getting even more urgent. The fact the question has remained unanswered for at least the last two decades shows the scale of the challenge.

In part, that difficulty stems from a lack of awareness amongst the public of what adult social care is, why it matters and how it is funded. Not so in the NHS, which people intuitively understand, both morally and operationally. By paying our taxes we pool the risk and cost of treatment we may need if we become sick. We pay in, the NHS pays out, free at the point of delivery, free at the point of need. It is a simple equation and a powerful contract between citizen and state.

It is a far less clear cut picture in adult social care. Not all care needs count as 'eligible' for support under the legislation, and the amount you have to pay depends on the level of your own financial resource, which itself is treated differently depending on whether you receive care at home or in a care or nursing home. If you have more than what many would say is only a modest degree of savings, you pay for everything yourself becoming one of a growing population of 'self-funders' who are largely left to navigate the system themselves and make their own arrangements. Without the right information and support, wrong decisions can be made, personal savings can reduce rapidly and people fall back on publicly-funded care, compounding the pressure on local services[2].

**2** See, for instance, https://www.lgiu.org.uk/wp-content/uploads/2012/04/Independent-Ageing.pdf

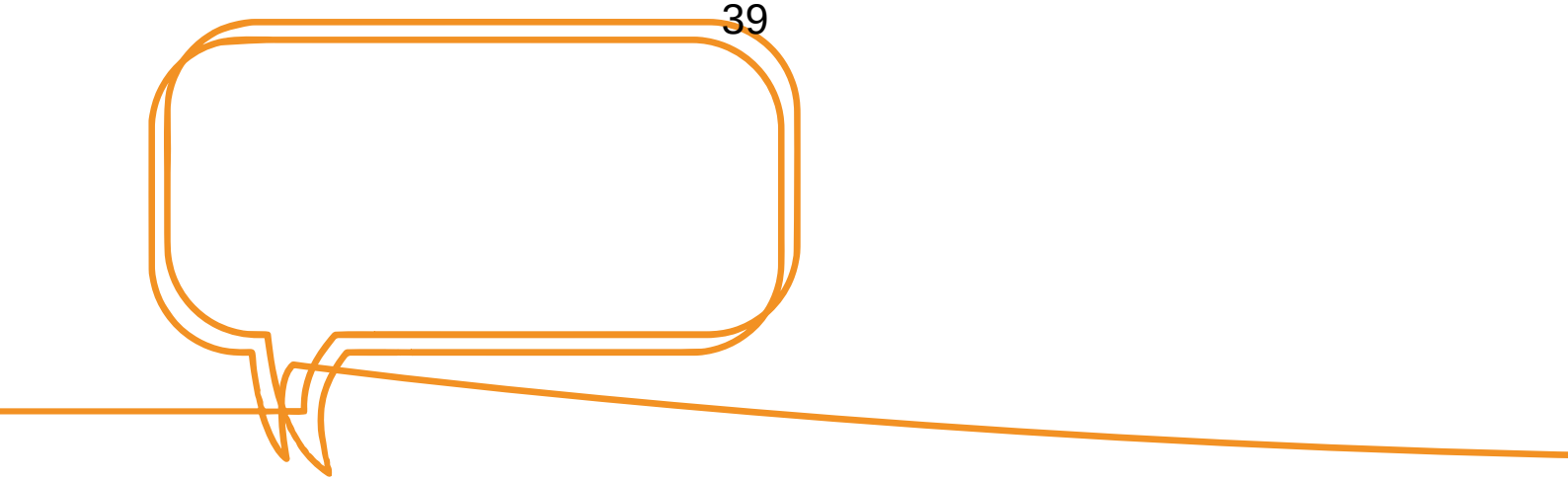


The situation is often summed up by the simple example of cancer and dementia. Develop the former and the NHS will, in general, take care of you for free. Develop the latter and you risk losing the majority of your savings because you will have to pay for your care. This inevitably raises a host of questions which tend to gravitate towards a broad idea of 'fairness'. Over the years this has been articulated in different ways, whether it be about people who have paid taxes all their lives, those who have saved and made provision for the future, the importance of protecting people's housing assets, the opportunities different generations have (or have not) enjoyed, and how we should approach a person's ability to pay. Fairness means different things to different people, but the level of concern clearly points to a pressing problem that needs to be resolved. The question here is therefore twofold: how can we change the system for the better, and how do we pay for the changes involved?

Even answers to these questions will not bring about the change we need. Securing the long-term financial sustainability of adult social care is of course important. But the benefits of sustainable social care will be even greater if our wider care and health system can be made to work better as a whole. This requires a fundamental rebalancing of priorities – moving away from treating long-term conditions and illness caused by ageing and lifestyle factors and moving towards community-based models of both early intervention and support. There are many potential benefits of health and social care working more closely together and the role councils can play in commissioning, particularly in terms of NHS community-based services integrating with adult social care. It could also help to manage pressures on public spending more effectively. This would help maximise people's health, wellbeing and independence for as long as possible, and continue to take a whole-person and whole-family approach to those who develop support needs.

We have many of the key ingredients that are needed to help bring about this shift and focus investment in low cost prevention and support to help bend the demand curve for high cost health care. Under councils' stewardship we have a better performing and more cost effective system of public health. We have significant new funding for the NHS. In health and wellbeing boards we have a means of joining up clinical, professional and service user voices. We have led the way in re-designing services with – not for – citizens, and we work imaginatively with provider organisations and the third sector. Most importantly, we have democratic accountability through local councils. It is clear we are not starting from scratch. The question here is what level of change is needed to realise the full potential of each of these components?

Through this green paper we want to open up the debate on the core questions outlined above. Our focus in this work is people, and councils across the country want to rise to the challenge and do our bit to make sure people get the care and support they need to live the lives they want. We know that driving continuous improvement amongst councils is just as important as bringing about changes required in other parts of the sector. Whether that is improving our performance, working better with our health and community partners or taking greater responsibility for leading change locally; councils can do more and are committed to doing so. We will need to take risks, scaling up the most successful of the many innovations we have developed and supported. And we know there are no easy answers and that any additional investment must deliver real benefits for local people and communities. This is particularly true for people from black, Asian and



minority ethnic (BAME) backgrounds and other excluded groups who do not yet enjoy equal access to social care consistently: delivering on equalities will be a key test of any new system. The stakes are high. A failure to be bold today will impact on people, our communities, our hospitals and our economy tomorrow and for decades to come.

Our green paper deliberately steers clear of pushing particular solutions at this stage. Instead, it articulates why this debate is so important, the scale of the challenge and the sorts of questions we need to tackle to drive the conversation forward. We will work with our many partners to engage professionals, politicians, people who need care and support and the public alike in the weeks ahead, before producing a further report in the autumn that reflects on our consultation findings. We hope this will help shape the Government's own green paper, moving it more towards actual solutions, rather than consulting on territory that has been covered before.

Chapter one of our green paper sets the tone for the remainder, starting with the most important voice in the debate: the people who use services to help them live the life they want to lead. In chapter two we recognise that we are all unique and therefore require different support to fulfil our ambitions. Wellbeing is defined and the role of local government and the wider public, private and independent sectors in supporting this is briefly explored. Chapter three sets out the case for change – why social care matters, how the sector has delivered in challenging times and how it remains committed to doing so, and the scale and consequences of underfunding. In chapter four we explore some of the attitudes and beliefs of the public and other key groups in the debate about the future of long-term funding for social care. We set out a series of options for changing the system for the better before setting out a second set of options for how we might pay for those changes. Chapter five moves the debate along to consider the wider changes we need to see across care and health to help bring out a greater focus on community-based and person-centred prevention. It looks at the role of public health, other council services and those of councils' partners in supporting and improving wellbeing. Chapter six continues this wider exploration of issues by looking at the nature of the relationship between social care and health, integration, accountability and how the new NHS funding could be used for maximum impact.

# Who is this green paper aimed at?

"All too often, the funding of adult social care is seen as an economic and a technical issue: what's the best mechanism for raising the funding we need? While this is important, the more fundamental questions are personal, political and philosophical: what kind of life do we want to have together as a society? How much do we value disabled and older people with care needs? What sort of support would we want available to any of us if we needed care? How much do we really value this and how much might we therefore be prepared to pay for whatever quality of life we decide we want?"

**Professor Jon Glasby,**
**University of Birmingham**
LGA think piece series, 2018

Questions about the future of adult social care and support, and the wider changes we need to make to our care and health system to improve wellbeing, should be everyone's business. They are questions that impact on us all – in our personal and professional capacities, as members of local communities, and as citizens of wider society.

For this reason, our green paper and accompanying consultation aims deliberately high. It seeks the views of people who use care and health services and their carers, people who are experts on various elements of these services, and people who have no knowledge of the system at all. We are ambitious precisely because the views of all these people matter.

We want to hear from:

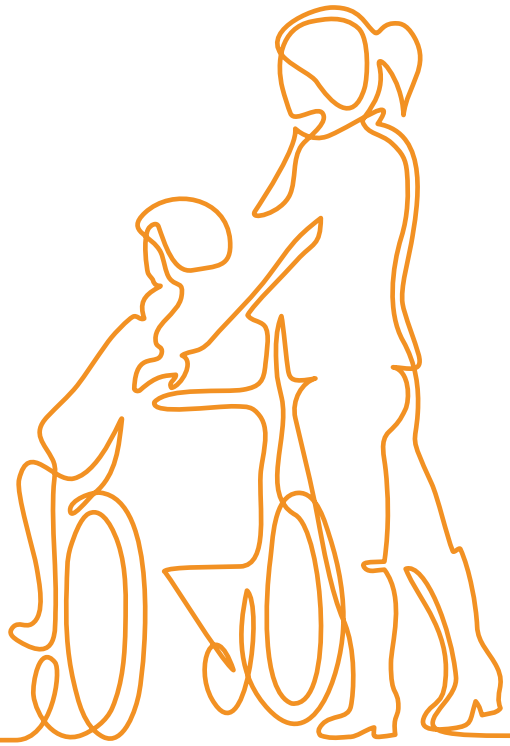
**People who use services and their carers:** your wellbeing is what matters most and your experiences and expertise should be the single most important force in understanding and shaping the change we need to bring about.

**Local and national politicians:** as representatives of us all it is in your gift to help bring about the change that is sought – promoting it, putting it on the map and helping to deliver it.

**Professionals involved in the commissioning and delivery of care and health:** your knowledge of the operational aspects of care and health can help identify all the barriers to progress that need to be overcome and how we might do so.

**Public:** the chances are that you, or someone you know, will at some point have contact with social care, be that needing services, working in the sector, or being an unpaid carer for someone you love. What you would want for yourself, or someone you care about, must shape the future.

**All of us:** we cannot move forward without knowing our level of ambition and what we are willing to pay to achieve it.



# Adult social care at a glance

**Councils spend over**

**£15 billion**

**on social care every year.**

Demography, inflation and National Living Wage pressures means that the gap in adult social care funding will be

**£3.56 billion** by 2025

**(just to stand still)**

This is more than five times the amount spent annually on councils park services and close to the cost of councils waste management for a year (£3.6 billion)

By 2019/20 councils could be spending as much as **38 pence out of every £1 of council tax** on adult social care

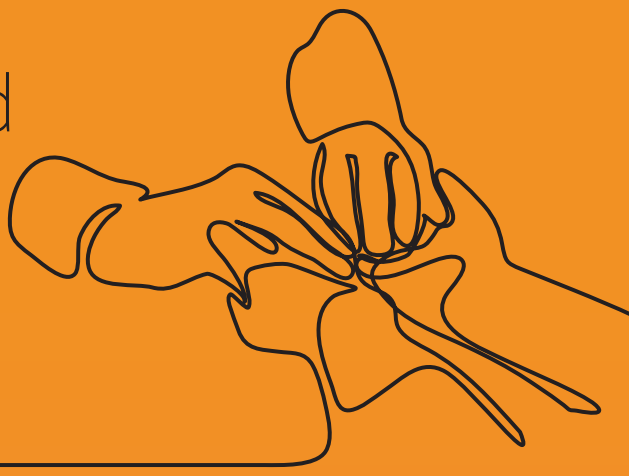
This is up from just over 28 pence in 2010/11. As councils spend more on social care, less money is available to keep valued local services running


**The provider funding gap** is putting providers under impossible pressure

In more than **100 council areas** residential care home and home care providers have ceased trading, affecting **more than 5,300 people** in the last six months. This is a direct result of funding pressures.

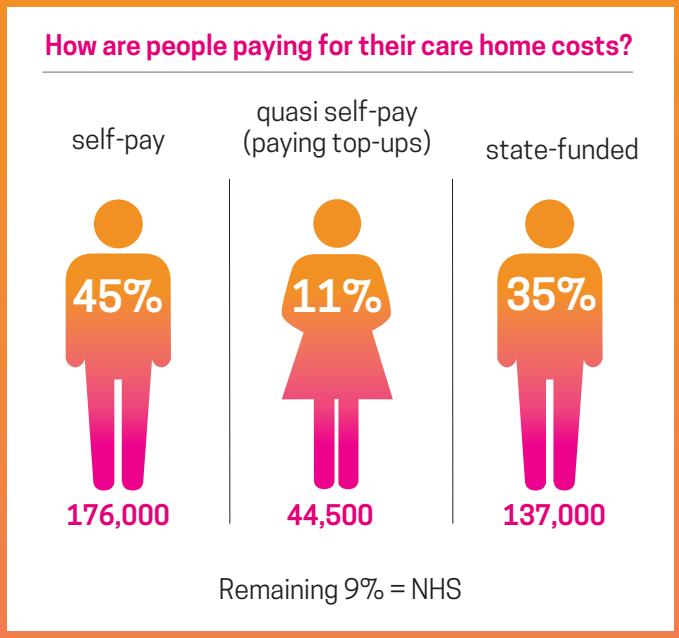
# The lives we want to lead

## The LGA green paper for adult social care and wellbeing



Carers UK shows that **72 per cent of carers in England have suffered mental ill-health** as a result of caring and **61 percent** had suffered physical ill health

Our care system could not survive without the vital help from unpaid family carers.




Source: Care Homes for Older People, 29th Edition, Laing Buisson

Age UK estimates that there are **1.4 million older** people who do not receive the help they need.

That includes **164,217** people who need help with three or more essential daily activities like washing, dressing and going to the toilet but **receive no help at all from either paid services or family and friends**.

# 1. The voice of people who use services

**People must come first. Organisations' structures, governance, strategy, policy and partnerships all matter. But they must only ever be secondary, serving to help a primary aim of understanding people's aspirations, needs and the support required to live a life.**

There is no such thing as a 'typical' person who uses health and social care services. Every individual who needs help and support has their own unique set of circumstances, needs and assets. And there are no neat and clear-cut categories of people who require adult social care and support. Instead, there is a complex interplay between mental and physical conditions that has to be taken into account when deciding the best care and support package. For example, people with learning disabilities have a higher prevalence of mental health problems compared to those without[3]. More than 15 million people – 30 per cent of the UK population – live with one or more long-term condition(s) and more than four million of these will also have a mental health problem[4].

Our first full chapter therefore starts with the voice of people with experience of our care and health system, illustrating the diversity of people supported by the social care and support sector. These are powerful stories, which at times are hard to read. They expose – in the most human terms – the consequences of a system that lacks all the tools required to be the best that it can be for people that need it. They are also a challenge to us all to keep this subject firmly on the public and political radar.

As you read through our green paper and consider the questions it raises, we encourage you to return to these stories as essential grounding in why this debate is so fundamentally important to the future of people across our country, and our country itself.

3 Cooper, S.A., Smiley, E., Morrison, J., Williamson, A., & Allan, L. (2007). Mental ill-health in adults with intellectual disabilities: Prevalence and associated factors. The British Journal of Psychiatry, 190, 27–35.

4 Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossy, M., & Galea, A. (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King's Fund, & Centre for Mental Health.

## Josie's story

**At the moment, I get three short visits a day from a care worker to cook my meals, help me shower, and keep the house clean**.

I get two hours every two weeks 'social' time which at best on a good day gets me over to the park and back. It's not long enough to join in any activities but I value this time hugely as it's uninterrupted time with actual real conversation, not just "what do you need to eat?" or similar.

My basic needs are met – I'm clean and I'm fed. But I haven't got enough support to actually get me out of the house. It means that some days I barely get to speak to anyone, let alone have a social life. If I get an infection and have to ask my carer to pick up a prescription, I don't get to have a shower that day. There just isn't enough time. A little more support – for example, a support worker to go with me to new places – would give me so much more opportunity to take part in life, but at the moment that feels like an impossible utopia!

People like me, who were professionals and could make a contribution with the right support, are being cut out of the workforce. Working in an office or a hospital isn't really possible for me, but I still have skills and experience that I would like to use, if I had the means of doing so. In the end, it is a question of equality. I don't feel like I'm living, just existing.

## Vicki and Keegan's story

**I was diagnosed with Muscular Dystrophy when I was young. As a degenerative condition every day is an increasing challenge.**

I am now 36 years old and I need assistance to get out of bed, to eat, to use the bathroom and to leave the house. I need someone with me day and night.

My partner Keegan cares for me around the clock. If he didn't, I would need a full-time carer or I would have to live in a residential home. Yet, Keegan is only paid for four hours a day and we have no funding for respite. I worry every day about what would happen to me if he couldn't look after me anymore. He is my independence and my dignity.

In the past I have been offered some support to help me at home but as my condition worsens and my needs grow, I am being offered less and less because there is no money available to help me. Something as simple as getting a hoist to help me in and out of bed has become a battle. At times, this has meant that my more preventable symptoms have got so bad I have had to call an ambulance. I am only too aware that every minute I spend with paramedics is taking this costly service away from someone else who needs it, but I am left with no choice. Sadly, I am not the only person I know who has to do this and while I want to feel positive about the future, if I keep being told there is no money for the help me and Keegan need, we feel totally helpless.

It's hard enough living with this condition without feeling like I have to face a challenge every time I ask for help. The sad thing is none of us know when or if we will need people to care for us one day so it is vital that everyone is aware of the issues before it is too late to do anything about it.

## Glyn and Kristin's story

**My wife Kristin is just 47 years old but has had Multiple Sclerosis for 17 years. Each year, as it inevitably progresses, it becomes a bigger aspect of our life together.**

I was caring for Kristin at home but just two years ago this became too much and I collapsed under the strain. We had carers coming in morning and night to get Kristin in and out of bed, but all other hours of the day I was left to care for Kristin on my own.

At the same time, I was trying to run my own business to supplement the modest carer's allowance I received. I got no respite and was exhausted.

Kristin fell ill with a simple respiratory issue and got stuck in hospital for three months because she wasn't allowed to leave until a package of full-time care was in place. When she finally left hospital she came home for four months until I collapsed from looking after her with no respite.

She was then placed in an NHS funded nursing home under the continuing healthcare scheme. I think she could have come home full time with the right care in place or if the money being spent on her care home was invested in making the right adaptations to our home. Devastatingly, the council couldn't pay for all of the changes we needed and I couldn't fund it on a reduced income so we had no choice.

It's so hard for people who are not in our situation to understand the enormous impact this has had on our family. Kristin is the most important person in the world to me and I still find it hard that instead of spending our lives together she is left feeling isolated in a home where she is the youngest person by many years. I see her every day, but I miss her terribly and feel so guilty every time I leave her there.

Before Kristin became ill we had never considered that we might one day rely on carers, which terrifyingly made us realise this could happen to anyone – young or old. What is important is that we have a system that makes sure people get looked after in the way they want because that's the very least we all deserve.

## Sandy's story

**Mum was diagnosed with dementia in her early 70s. Dad cared for her at home for many years until the stress became too much and he had a heart attack. We then tried to access home assistance from the local council, but this proved impossible.**

The only real option was to move Mum into a care home. Dad sold the family home and bought a small bungalow nearby. We all contributed to the top up fees for over seven years, amounting to hundreds of thousands of pounds. We then tried to access NHS funding for Mum, who was by now in an advanced stage of dementia. [She was] doubly incontinent, no longer able to communicate verbally and unable to feed or dress herself. The funding was refused. We couldn't understand why.

Eventually we negotiated social care funding for Mum. However, the amount the council pay is significantly less than the fees charged. This subsidisation by private payers is another example of a system riddled with inequalities.

Our Mum is elderly, vulnerable and unable to vote. She no longer has a voice and has become effectively disenfranchised. So we must speak for her and others like her. Society is judged by its treatment of the elderly and this state of affairs is nothing less than shameful. Dementia is an illness. We cannot throw our hands up and say it's all too difficult.

Governments can no longer turn a blind eye and say we can't afford it. We have to act now to ensure that people affected by dementia are treated fairly and properly. We must fund a social care programme which will allow the most vulnerable in our society to be cared for in an environment which allows them to live with dignity. Government must step up to the plate and be honest with the electorate.

This situation is not going to go away. Everyone affected by dementia, either those living with the disease or their carers and relatives, deserves so much better.

# What adult social care and support desperately needs: sustainable funding for the long-term

## Steve's story

**I was living with my partner, running a B&B when I had a serious stroke and later two minor heart attacks. After four months in hospital, I was depressed, frail and my memory and cognition had deteriorated.**

We knew I needed more support with daily living than my partner could provide. I was unable to return home and it made me frightened about my future, with clinicians uncertain about my further recovery.

I wanted to live locally, so I could continue seeing my partner and I missed my dogs. The Shared Lives scheme matched me, with two trained and approved Shared Lives carers who shared my sarcastic sense of humour, had dogs, and lived close by. They helped me through it all. When I arrived at their home, I never dreamt of being so independent again. I couldn't walk down the drive. Now I can nip up to town.

My Shared Lives carers helped me gain strength and confidence, walking a little bit further each time, until I could walk independently again. They helped me adapt to my memory loss with strategies for managing money and banking, and supported me to make meals and manage my diet.

Since then I have booked a holiday and travelled on my own. I am very optimistic about life and planning a move into my own flat.

Without the Shared Lives scheme I would have undoubtedly spent longer in hospital, had less choice about where I lived, and had a slower recovery. It is so important that money is available to ensure that schemes like this exist.

## Lucy's story

**My daughter Lucy has a learning disability and spent 12 years in hospital after being sectioned under the Mental Health Act.**

Lucy went through a very stressful time in her life which was when things started to go wrong for her. This caused her to suffer from severe anxiety. She began having more epileptic seizures. When she was hospitalised, we struggled to get her out. As a family, we didn't know what to do or where to get help. After 12 long years Lucy came out of hospital, supported by the local commissioner and a care and support provider who worked with Lucy and us to plan what she needed and wanted from her life.

They worked with us and Lucy while she was in hospital and supported her transition back into the community. They really helped us to know what was possible. They really listened to us.

Lucy now lives in her own bungalow, close by to us. She is supported by a staff team that she chose and who are trained to support her in a way that works for her.

When she first came home she was very shy and didn't go out much. Now her confidence has really grown and Lucy has joined the empowerment steering group for the Transforming Care programme, to help improve services and support for people with a learning disability, autism or both. She is learning to travel independently and loves to do the things that we all take for granted – like going out and about, visiting us but most importantly her niece, and looking after her cat, Smudge.

Good support is about saying that people have a right to a good life in the community with the right support. Lucy is doing really well, but there are always worries in the back of your mind that something will change and the support might stop or get less. We need to recognise that good support now will prevent more expensive hospital stays down the line.

# 2. Delivering and improving wellbeing

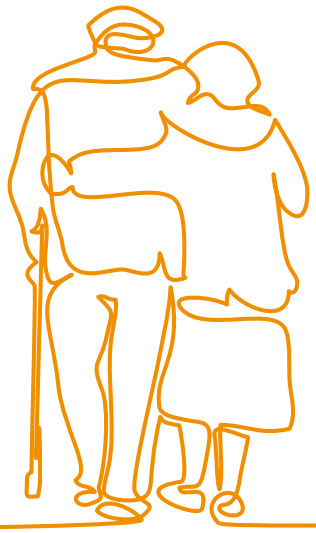
"Local government has many responsibilities but none more core than creating places that are inspiring of good health, leading improvements for local people, encouraging businesses to grow and creating jobs that local people can get. By being ambitious for the health of local people they can create years full of life as well as life full of years."

**Duncan Selbie, Chief Executive, Public Health England**
LGA think piece series, 2018

## Key points:

- We are best able to live the life we want to live if we are independent, well and live in communities that support and encourage the many aspects that make us unique
- This is true for everyone but the support we may need is unique to us as individuals and must therefore be personalised
- Local government exists for this very purpose, affecting multiple dimensions of our communities and lives, throughout our lives
- Supporting and improving people's mental and physical wellbeing is at the heart of local government's work and that of many other local public, private and voluntary sector organisations. It can only be delivered with communities

**"I am very optimistic about life and planning a move into my own flat"** Steve's story



Our lives are precious and unique and we want to live them as we each see fit.

For the benefit of those who need support to live the life they want to lead, we must start by asking the individual person, **'What matters to you?'** rather than **'What is the matter with you?'** However, starting the conversation this way, with the right question and full emphasis on personalisation, means little if we do not have what is required to act on the answer.

Acting most effectively means changing our model of care and support from one which tries to treat the ever-growing burden of long-term conditions and illness caused by demographic and lifestyle factors – doing to the person – to one which helps people maximise their health, wellbeing and independence for as long as possible – doing with the person at all stages of their life. Changing the model in this way requires an equal partnership between local political, clinical, professional and community leaders in which each area develops its own vision and range of services to suit their own unique local circumstances.

Many services support the process of wellbeing. The police service deters, detects and deals with crime. The NHS treats us when we are ill. Our education system helps us learn and be curious. But as essential as these services are, they ultimately only really focus on one element of our lives. And while we alone tend to shape our own aspirations, it is the places in which we live, grow, work and relax that give us opportunities for fulfilling lives and the confidence that the choices we make will result in safe, quality and rewarding experiences.

Local government helps shape the fullness of the places in which we live. From the mix of shops on our high street to the removal and recycling of waste, councils lead and engage with their communities to deliver more than 800 services. This helps keep every aspect of our communities running and improving for the benefit of all people.

Because our lives do not start and stop, neither do councils. Local government services operate both in the background of all our lives and more at the forefront of others'. Councils support people at some of the happiest moments of their lives and some of the hardest.

At the heart of every council's relationship with its local population is a commitment to improving people's physical and mental wellbeing. This is a tradition that can be traced back through the decades as local efforts have pieced together to improve our nation's wellbeing. In more recent times it found expression in the 2014 Care Act, which cemented the idea that a council's general responsibility in respect of the legislation is to promote an individual's wellbeing. Helpfully, this was defined in broad terms, recognising that a person's wellbeing is shaped as much by their participation in work and their personal relationships, to name but two examples, as it is by the practical support they may need with daily tasks such as washing, eating and dressing.

In this way, wellbeing cannot and should not be the preserve of adult social care and support alone. If we are serious about preventing ill health we need a strong public health offer. If we are to help people remain independent at home we need the right kind of housing and neighbourhoods. If we are to encourage physical activity we need vibrant leisure and recreation amenities. If we are to combat loneliness we need reliable transport links, a diverse and resilient community and voluntary sector, and comprehensive employment services. If we are to support people's mental wellbeing we need to build safe and inclusive communities. The list could easily continue.

Wellbeing goes well beyond local government. The essential input from the local voluntary sector, the care provider market and its workforce and the local NHS all have a clear and fundamental role to play in creating local places where wellbeing can thrive. It is precisely because this is a local endeavour that councils, as democratically accountable local leaders of place, are perfectly positioned to marshal all local aspiration and resources around a common vision for a population's wellbeing and independence.

**CONSULTATION QUESTION:**

**1. What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?**

# 3. Setting the scene – the case for change

"Adult social care…matters because it's fundamentally about the business of protecting people's rights as individuals."

**Lyn Romeo, Chief Social Worker for Adults**
LGA think piece series, 2018

"What is clear to me is that local government in general and social care in particular have the advantage of being close to communities, being of those communities and able to take decisions where consequences are clear to us because of our perspective and our roots."

**Glen Garrod, President, ADASS**
LGA think piece series, 2018

## Key points:

- Social care and support matters to individuals, our communities, our NHS and our economy
- The local dimension of social care matters because it ensures the service is accountable to local people
- Despite a challenging financial environment, social care has delivered – it has improved and innovated
- While diversity of local care and support is the positive result of a health and care system that is responsive to the diversity of the community it serves, unwarranted variation in quality, access and outcome is not acceptable. Local government is committed to addressing this and is best equipped to lead improvement.
- Significant reductions to councils' funding from national government is now jeopardising the impact local government can have in communities across the country
- In particular, the scale of funding pressures within adult social care threatens progress made to date and now risks people's wellbeing and outcomes and the stability of the wider system
- There are continuing recruitment and retention challenges in the adult social care workforce
- The Care Act remains the right legal basis for social care but funding pressures are threatening the spirit and letter of the law

# "Good support is about saying that people have a right to a good life in the community with the right support" Lucy's story

## Why does adult social care matter?

### Living the life we want to lead

The first publication in the LGA's recent think piece series[5] on the future of adult social care and support posed the question: why does social care matter? A clear picture emerged from across our expert contributors that the core value of social care lies in supporting people of all ages, with a range of mental and physical health conditions and needs, to live with maximum opportunity, independence, connection to others and control. This is the core value of adult social care and support: it helps people to live the lives they want to lead, building on their own aspirations.

### A service that we are all connected to

One in five people have some contact with the social care and support system. That might be as part of its workforce, as a user of services, or as one of the millions of invaluable unpaid carers[6]. Therefore, while you might not need care now or in the future, you are almost certainly going to be connected to it because of those around you.

### Connecting communities

Social care is also a vital piece of the puzzle that is needed to hold our communities together, making connections to other council services and those provided by local partners. This can help create a network of local support that enables people to be themselves and to fully participate in and contribute to their communities. In the process, this makes those communities more resilient and sustainable; more human.

Links to voluntary, community and social enterprise (VCSE) organisations are particularly important. For instance, the Joint VCSE Review initiated by the Department of Health and Social Care, Public Health England and NHS England notes that:

> "There is wide agreement that community organisations, charities and social enterprises are key to establishing a more community-based health, care and public health system which will help people live well, longer and at home, rather than spending long periods within health and care services. They are particularly vital to groups and communities which experience health inequalities and are currently less well reached and supported.[7]"

5 https://www.local.gov.uk/about/campaigns/towards-sustainable-adult-social-care-and-support-system
6 https://www.adass.org.uk/media/4475/distinctive-valued-personal-adass-march-2015-1.pdf
7 https://voluntarycommunitysocialenterprisereview.files.wordpress.com/2018/05/vcse-review-action-plan-may-2018.pdf

# "People like me, who were professionals and could make a contribution with the right support, are being cut out of the workforce" Josie's story

The Review pointed to two key system shifts. First, towards greater personalised care and the building of wellbeing and resilience through co-designing health and care systems with citizens and communities. And second, a bigger and more strategically resourced role for VCSE organisations "which thinks and acts whole-person, whole-family and whole-community"[8].

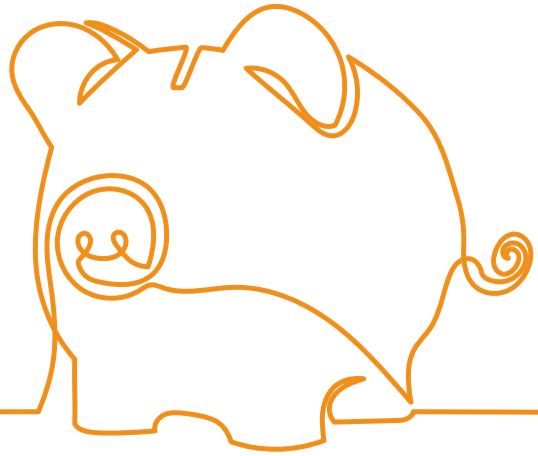
## Sustaining our NHS

Social care is also central to the fortunes of our NHS and managing pressures on our hospitals in particular. Care and support, and its links with primary care and public and community health, helps keep numbers at the front door of hospitals down. For those who require time in hospital, that same support in the community helps keep the back door open so people can return home in a safe and timely fashion. Latest statistics for May 2018 show that delays leaving hospital due to social care are down by 39 per cent since July 2017[9]. To put that into perspective, delays due to the NHS are down 13 per cent over the same period.

## Supporting our economy and productivity

Finally, the scale of social care is huge. It comprises more than 20,000 organisations and a workforce of more than 1.5 million. Skills for Care estimates that the sector contributes £46 billion annually to the UK economy (£38.5 billion to the English economy)[10] and independent care providers are an integral part of many local economies and a driver of employment and local economic growth. Carers UK estimate that the economic value of the contribution made by unpaid family carers in the United Kingdom is a staggering £132 billion a year, more than annual spending by the NHS[11].

Supporting people's wellbeing has wider benefits for our economy. As the Government's Industrial Strategy notes, "Innovation in age-related products and services can make a significant difference to UK productivity and individuals' wellbeing"[12].



8 https://voluntarycommunitysocialenterprisereview.files.wordpress.com/2018/05/vcse-review-action-plan-may-2018.pdf
9 https://www.local.gov.uk/about/news/lga-responds-latest-delayed-transfers-care-figures-9
10 https://www.skillsforcare.org.uk/About/News/News-Archive/Adult-social-care-employers-contribute-46-billion-to-the-UK-economy.aspx
11 https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015
12 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664563/industrial-strategy-white-paper-web-ready-version.pdf

The Strategy's ambition to create "an economy that works for everyone, regardless of age" must recognise the link between good health and greater economic participation – both as workers and consumers. The percentage of people aged 65+ who work has risen to 10.4 per cent from 6.6 per cent since 1992[13] and people aged 65+ contributed or spent £37 billion to the UK hospitality sector in 2015 (27 per cent more than people aged 35-54)[14]. If everyone worked for a year longer, GDP would rise by 1 per cent[15]. More broadly, it is estimated that grandparents now provide up to 40 per cent of childcare, enabling their children to pursue their careers without restriction from prohibitive childcare costs[16].

The focus must not be confined to older people. Demographic trends do not just forecast a growing elderly population but a growing number of working age adults with learning disabilities, mental health problems or long-term conditions who will need adult social care and support for them to lead independent productive and fulfilling lives. Putting the right support in place to help tackle the disability employment gap – the difference between employment rates of disabled (49 per cent) and non-disabled people (80 per cent)[17] – would support working age disabled people into meaningful employment and contribute to local economies. Just as important is supporting people with a mental health condition to remain in, and thrive at, work. The 2016 Stevenson and Farmer review noted that, "300,000 people with a long-term mental health problem lose their jobs each year". The review found that, "The cost of poor mental to government is between £24 billion and £27 billion" (costs associated with providing benefits, loss of tax revenue and costs to the NHS) and that, "the cost of poor mental health to the economy as whole is…between £74 billion and £99 billion a year"[18]. Neither should we just consider the national picture. Locally, and particularly in areas with lower employment rates and lower economic output, the care sector is a major and vital employer of local people who, in turn, support the local economy.

**13** https://www.local.gov.uk/sites/default/files/documents/22.11%20Healthy%20Ageing_web_0.pdf

**14** https://www.barclayscorporate.com/content/dam/corppublic/corporate/Documents/AgeingPopulation/Ageing-Population-North-West.pdf

**15** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/32172/10-1047-default-retirement-age-consultation.pdf

**16** https://www.local.gov.uk/sites/default/files/documents/22.11%20Healthy%20Ageing_web_0.pdf

**17** https://www.citizensadvice.org.uk/Global/CitizensAdvice/Families%20Publications/Halvingthedisabilityemploymentgap.pdf

**18** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

## A locally led service

When it comes to the importance of social care being a local service, expert contributors to our think piece series were equally clear that 'local' matters. At the heart of this principle lies the greatest strength of local government: its democratic accountability to the people it serves. As all communities are different and require a unique arrangement of services, the importance of local accountability cannot be overstated.

Recent LGA polling on resident satisfaction shows that councils are the most trusted form of government to make local decisions about services in a local area, selected by 72 per cent of respondents. Just 17 per cent of respondents selected national government. Similarly, local councillors were selected by 68 per cent of respondents as the individuals most trusted to make decisions about local services. By comparison, 13 per cent of respondents selected MPs and just 7 per cent selected government ministers[19].

**CONSULTATION QUESTIONS:**

**2. In what ways, if any, is adult social care and support important?**

**3. How important or not do you think it is that decisions about adult social care and support are made at a local level?**

## Social care innovation and improvement

Despite a challenging financial environment, adult social care and linked services have worked hard to continue to deliver, improving people's lives in a number of ways.

**Prioritising care and support:** Between 2010 and 2017, adult social care has had to make savings and reductions worth £6 billion as part of wider council efforts to balance the books. But the service continues to be protected relative to other services. The latest ADASS budget survey shows that adult social care accounts for a growing total of councils' overall budgets, up from 36.9 per cent in 2017/18 to 37.8 per cent in 2018/19[20]. As a result, by 2019/20, 38p of every £1 of council tax will go towards funding adult social care.

**Innovating:** Councils are committed to innovation to help reduce costs while maintaining or improving services to the public. This has included changing the way that demand is managed, more effectively using the capacity in communities to help find new care solutions, and working more closely with partners in the NHS to reduce pressures in the care and health system. Innovative approaches can be found in all parts of the country.

**19** https://local.gov.uk/sites/default/files/documents/research%20-%20Resident%20Satisfaction%20Polling%20Round%2020%20-%2025%20july%202018.pdf

**20** https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

**Intervening early and preventing needs:** Investing in prevention has clear benefits for people and reduces costs to the wider care and health system. There is a great deal of work across the country to help people avoid unnecessary hospital admission and support to increase people's independence.

**Performing:** Even in the deeply challenging financial environment in which the wider social care sector has operated over the last few years, there are many instances of performance having been maintained or improved. This includes performance on satisfaction levels, adults with a learning disability living in their own home or with family and the proportion of people using services who say they feel safe and secure.

A range of case studies demonstrating the work of councils and their partners on the above areas can be found at Annex A. These illustrate the significant improvements and innovations which the social care sector has delivered, despite the most challenging circumstances. It is a sector worth investing in.

## The role of digital and technology

We increasingly live in a connected and digital society. Of course, digital and care-related technology is not on its own the solution to addressing our adult social care or public health related challenges and it is not a replacement for person-centred care and support.

However, better use of data in adult social care offers the potential for more preventative and personalised approaches to care to be established, and emerging technologies offer the potential for new business models to flourish amongst providers of care whether they be large or micro care providers[21]. Councils have an important role to play in shaping their care market and areas such as Liverpool and Luton are collaborating with care providers to support innovation.

Digital approaches are enabling valuable time of our workforce to be freed up, allowing them to spend more time with those they are supporting whilst at the same time improving the quality of care.

It has the potential not only to enable staff to more effectively communicate with one another (helping to address the quarter of care providers who say the quality of information they receive on discharge is not sufficient[22]) but also reduce the chances that people have to tell their story multiple times by joining up information from organisations. Progress has been made but still

**21** See Industrial Strategy White Paper – Healthy Ageing Grand Challenge

**22** Care Quality Commission, Beyond Barriers 2018

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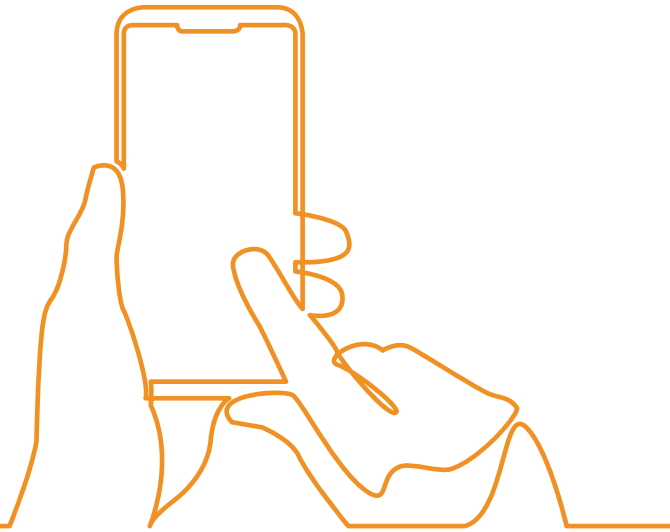


only three in 10 councils say that they have the information they need from health partners[23].

Technology has the potential to help people live more independently for longer, supporting the focus on prevention. Many of us are increasingly adopting smart technologies around the home and increasingly homes are being designed in a way that can both meet but also adapt to our everyday needs.

Understandably, people's expectations are increasing. People want to be able to make quicker and more informed decisions about their care choices which means providing the right information at the time they need it.

At the same time people want to be more in control. This might include giving people more opportunities to easily request the support they need and manage their personal budgets (such as in Harrow) or allow some of the worry to be taken out of caring by giving much more useful and timely information to those in a caring role.

Of course, digital is not right in every situation and where it is introduced it needs to remain person-focused, building trust with individuals. This means starting by understanding the aspirations and needs of individuals and co-designing approaches with them. Councils such as Salford are working with local organisations to support the city's most vulnerable.

The 2016 LGA publication 'Transforming social care through the use of information and technology' provides evidence from across the country of how both social care and public health are designing approaches that incorporate aspects of digital and data – not only saving money but importantly delivering better outcomes for individuals, carers and the workforce.

But as our green paper demonstrates there is still a significant way to go and only with much needed sustainable investment alongside local leadership can existing good practice be extended. Our LGA innovation programme in social care[24], funded by NHS Digital, demonstrates examples of where councils are co-designing approaches that use digital and data. However, these small-scale funding initiatives whilst helpful are not sufficient. The national priority being given to data and technology needs to be re-balanced and show a greater commitment to support local but scalable innovation in adult social care helping to address the systemic challenges that the sector is currently experiencing.

**23** LGA Digital Self-Assessment with councils 2017

**24** www.local.gov.uk/scdip

# "What is important is that we have a system that makes sure people get looked after in the way they want because that's the very least we all deserve"

## Glyn and Kristin's story

### The need for continuous improvement

Whilst there is a huge amount of impressive work going on across the country, there is much more we can do to improve, even within existing funding arrangements. Polling suggests that the public remain concerned about achieving a consistent standard of care both in social care and the NHS, and preventing a 'postcode lottery'. Variation in itself is not a bad thing; diversity of care and support is needed to address the diversity of different communities, and it would be wholly wrong to suggest that every area should have exactly the same set of priorities or range of services for their local population. But nobody wants to see radically different experiences of, or access to, services based solely on where you live rather than on what you need and want. This is one of the reasons that the Care Act introduced a national eligibility framework, to ensure that people across the country are entitled to care on broadly consistent criteria.

There is little evidence that running services nationally makes them more uniform than services planned and delivered locally. The idea that more national systems and approaches would necessarily help eradicate unwanted local variation is flawed: it could exacerbate inequalities which only a highly localised response can address. As is any notion that local government is more variable than other public services. Within the NHS for instance, there is still very significant variation in access, quality and outcomes, including delayed transfers of care attributable to the NHS, Continuing Healthcare eligibility, the rate of patient safety incidents and the availability of IVF treatments. More broadly, variability is not unique to the public sector and is instead an inevitable feature of life. The accessibility and availability of banks, shops, transport connections and restaurants is part and parcel of what makes every area different.

We need a system in which variation reflects positive choices in local areas to reflect local needs and wishes, and to build communities that are inclusive, cohesive and promote the life chances of everyone within them. Councils' bespoke solutions to local challenges also allow greater space for innovation and improvement to flourish, which is harder to achieve with national-level services. Local investment decisions help change the way things are done on the ground, creating services and partnerships – particularly with the voluntary sector – that benefit our communities. It is no coincidence that many national programmes start from best practice from within local government.

The Prime Minister rightly wants best practice to be shared[25]. And councils are keen to embrace learning through sector-led improvement, and have welcomed the findings of the CQC reviews of health and care systems. However it would be wrong to presume that a mandatory national inspection programme of council commissioning would necessarily improve matters. Local government has worked with Government to develop its own sector-led improvement approach and it has been shown to be more cost effective than national inspection. The National Audit Office estimates that the cost of the previous top down inspection regime was in excess of £2 billion annually[26] whilst the LGA receives just 1 per cent of that to facilitate its wider improvement support in councils. Large

**25** https://www.parliament.uk/documents/commons-committees/liaison/Prime-Minister-oral-evidence-session-transcript-20-12-2017.pdf

**26** https://www.webarchive.org.uk/wayback/archive/20070428120000/http:/www.lyonsinquiry.org.uk/submissions/20060308%20National%20Audit%20Office%20Response%20to%20Interim%20Report.pdf

parts of the previous inspection regime were abolished by Government in 2010 due to the expense. Sector-led support also delivers good results, with 95 per cent of chief executives and 96 per cent of leaders saying that it has had a positive impact on their authority[27].

We recognise that the public expect, and have a right to, a consistent level of access, quality and effectiveness of care and support. Councils, working alongside national and local partners, are identifying where unacceptable variation exists and taking steps to tackle it. Local government is committed to working with national government to build on this work, and the sector-led improvement approach that underpins it, to ensure that any new funding for social care is used effectively. Examples of this work are set out below.

## Working together for a system-wide focus

- Local government political and professional leadership increasingly recognises that significant improvements to people's wellbeing cannot be made by just focusing on their part of the health and care system. The recent focus on delayed transfers of care (DTOC) attributable to adult social care is a case in point. Research undertaken for the LGA by Newton Europe[28] into DTOCs attributable to social care in 17 health economies found that focusing on just one part of the system risks either ignoring underlying causes of the blockage or simply shifting pressure elsewhere. The work found that the best way to help patients through discharge is to ensure the focus on their longer term recovery. DTOC is a symptom of system malfunction, not of itself a root cause. Put the patient first and the rest will follow.
- The CQC local system reviews made a similar finding in relation to managing the flow of older people from community settings into hospital and back again. It found that the key driver to overcoming barriers to effective joined up working was local leaders sharing a clear vision to provide a shared purpose for people and organisations across the local health and social care system. Fragmented and separated systems for local government and social care get in the way of person-centred and place-based working. In particular, separate financial frameworks, performance management regimes, workforce planning and regulatory frameworks for the NHS and local government make it difficult to work together. We would welcome the continuation of these cross-sector reviews alongside a sector-led improvement approach to adult social care.

**27** http://lga.moderngov.co.uk/documents/s17081/LGA%20Perceptions%20Survey%202017-18.pdf

**28** https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/resources/emerging-practice

**CONSULTATION QUESTION:**

**4. What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?**

## System leadership

- Some health and wellbeing boards (HWBs) are the driving force for transforming care and support in local communities. They bring together political, health and community leaders to agree a vision and a shared approach to health and wellbeing which addresses the challenges facing their care and health systems. But others are not providing clear leadership and direction. We recognise that if they are to maintain their status as leaders of place, all health and wellbeing boards need to be effective. A key strand of our improvement work focuses on strengthening HWBs in this respect, equipping council leaders with the tools they need to work alongside clinical and community counterparts.

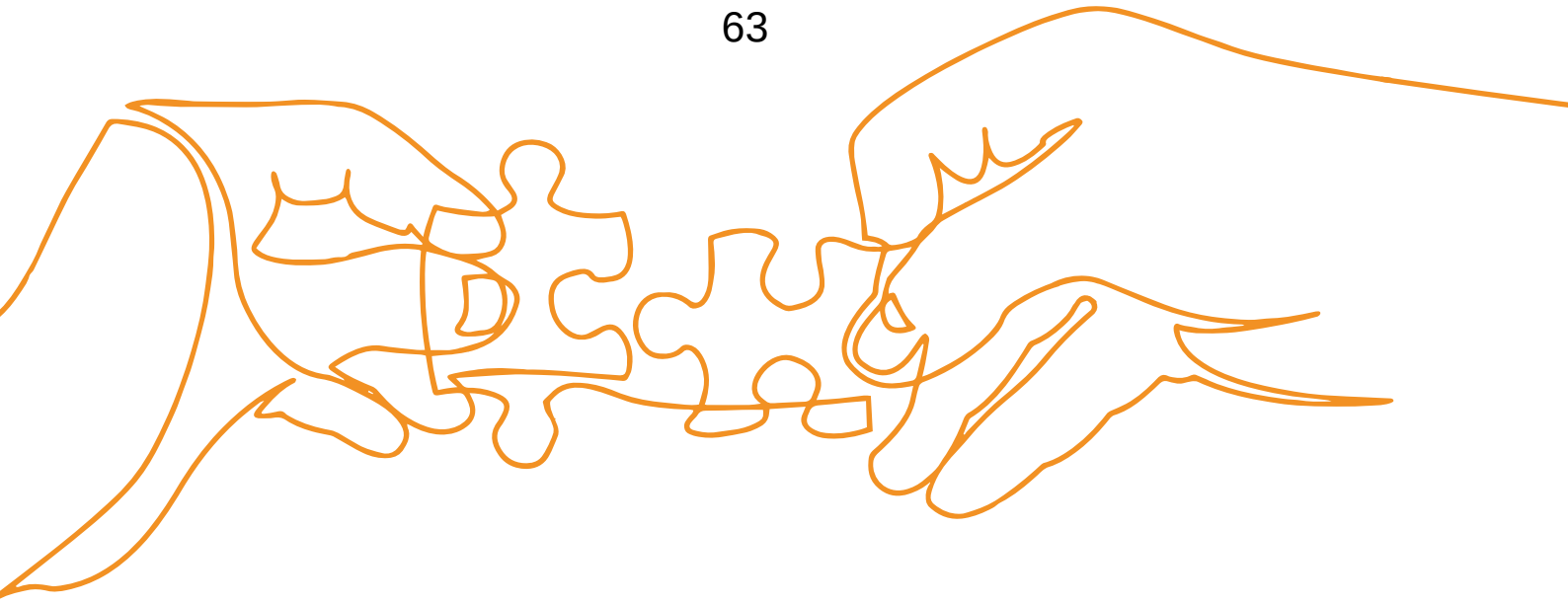
## Integrated commissioning

- Councils recognise the importance of strong commissioning and are taking steps to ensure this drives improvement. Building on our framework for commissioning for better outcomes in social care, we are working with councils to focus on Integrated Commissioning for Better Outcomes[29]. A future model of social care will need to continue to develop and strengthen integrated commissioning.

## Shaping the local care market

- Market Position Statements (MPS) are a requirement of the Care Act and encourage commissioners, people who use services, unpaid carers and providers to come together to consider what care and support services are needed in an area, why, and how they might be delivered. Councils recognise the value of MPSs and the need to ensure their robustness and quality.
- The LGA is working with councils and providers to develop the next generation of MPSs that focus much more on: the services needed in a local area; how they can support people to stay out of hospital and live independently at home; support to providers to recruit, retain and develop the care workforce.

**29** https://www.local.gov.uk/icbo



## Improving system-wide performance and effectiveness

- All of our work on systems has the primary objective of supporting councils to work with all relevant local partners to help keep people out of hospital and, if they do need inpatient care, return them to their communities and full independence as far as possible.
- An example is the Transforming Care Partnership, which helps ensure that more people with complex learning disabilities are moving from secure Assessment and Treatment Units to better placements in their own community near family and friends.

## Data sharing

- Councils increasingly recognise the need for sound data sharing across health, social care and providers to deliver person-centred care and the role of technology to improve integration, efficiency and commissioning.

## Support to challenged areas

- Some areas face a particularly challenging financial environment and require expert support to steer their way through to steadier and more stable times. We have worked with 20 such areas to address real and present financial problems. This is our fastest growing area of support.
- Other areas need support to deliver efficiencies, particularly in learning disability and mental health services, and a range of work is being taken forward to help councils to manage demand.
- As financial circumstances become ever strained, more areas are identifying the need to be better prepared on contingency planning in the event of large scale provider failure. Most councils are experiencing contract hand backs, but the risk of large scale failure is increasing as evidenced by the changing numbers in CQC's market oversight regime.

## Managing risk

- More generally, councils recognise the need to be smarter and more nimble at managing risk. All councils have used our risk tool in some form to aid their understanding of risk in key areas including leadership and governance, performance, quality, resources, workforce and delivering national priorities.

# The funding challenge and its consequences

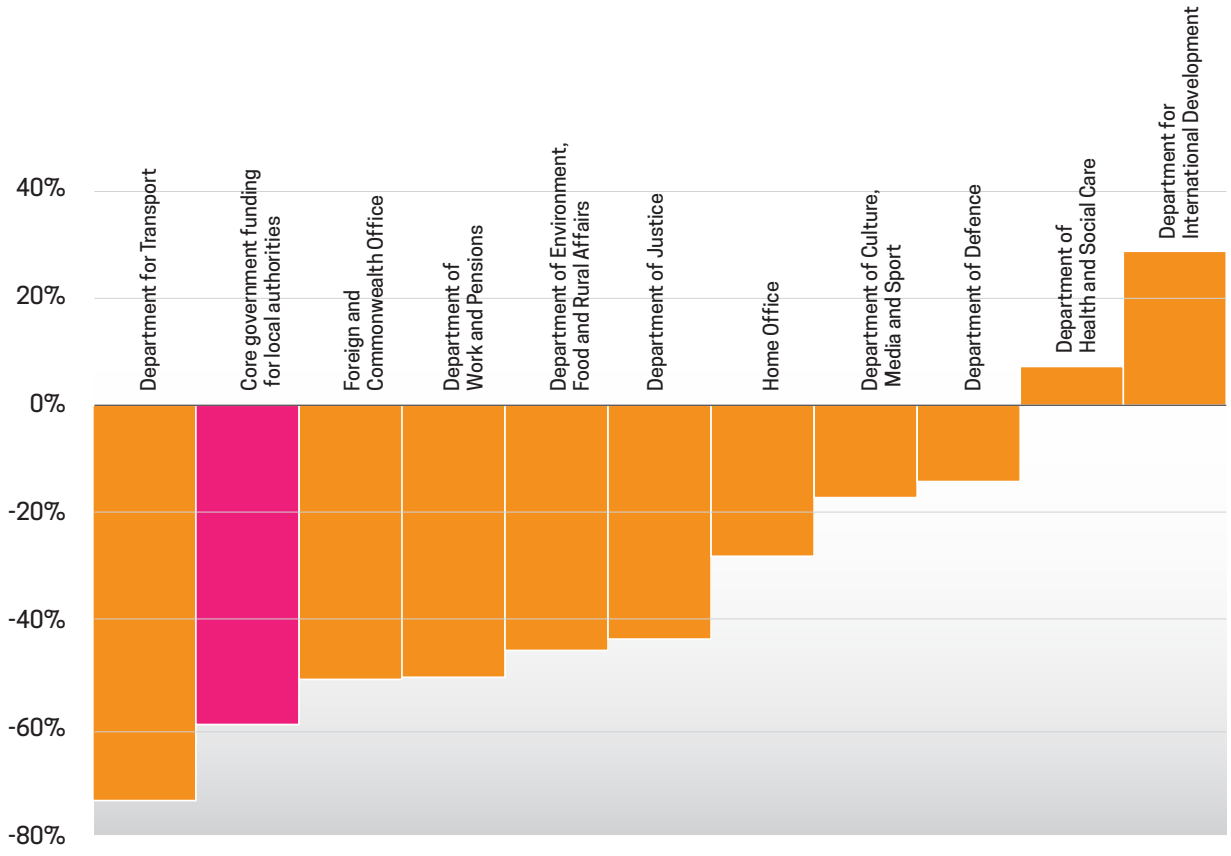
## Local government and the NHS: systems under pressure

The full potential of local government's contribution to wellbeing is struggling to be realised following years of austerity. Councils are not unique in having had to respond to the impact of austerity and, like many organisations, have met the challenge head on. But the scale of the challenge they have faced, and the savings and efficiencies they have made, is significant and cannot be overplayed.

Since 2010, successive governments have cut 60p out of every £1 of national funding for local council services, saving nearly £16 billion a year by 2020. Local government has been cut considerably deeper than many other areas of the public sector and others have seen increases in their budgets, as the chart below shows.

Councils have responded on multiple fronts. They have pursued an efficiency agenda rigorously. They are sharing staff, buildings and delivering services together. Some have merged, some have had to use money that was set aside for major investments to support day-to-day services. Wherever they can, councils have looked at different ways of delivering services and support to citizens, or taken action to reduce

REAL TERMS CHANGE TO REVENUE FUNDING 2010-20
PERCENTAGES



# "I am only too aware that every minute I spend with paramedics is taking this costly service away from someone else who needs it, but I am left with no choice" Vicki and Keegan's story

demand rather than making cuts. But against the scale of the reduction outlined, these efforts can only go so far. As the Public Accounts Committee has noted, "The harsh reality is that more and more local authorities are now showing signs of financial stress"[30]. Today, more councils are struggling to balance their books and some are considering whether they have the funding to even deliver their statutory requirements. Put simply, councils no longer have the resources to support people in their communities[31].

The local government funding position has serious consequences for wellbeing. It constrains adult social care which, in turn, constrains the voluntary sector and care providers. This is happening now and impacting on people's quality of life today. The response has been to protect social care relative to other council services. But those other services are crucial to support people's wellbeing, such as bus services, libraries and road maintenance. In this way, sorting out the long-term funding of adult social care therefore goes hand-in-hand with helping to sort out the long-term funding of local government. And that can only help improve people's wellbeing.

The NHS is also struggling. A report by NHS Providers shows that community health services are also under pressure. More than half of community trusts surveyed (52 per cent) for the report believed funding had fallen this financial year and 82 per cent were worried that community health services would not receive the investment needed to realise the ambitions of the Five Year Forward View[32].

It is a similar picture with GPs with the King's Fund noting that:

> "General practice is in crisis. Workload has increased substantially in recent years and has not been matched by growth in either funding or in workforce…Funding for primary care as share of the NHS overall budget fell every year in our five year study period.[33]"

As social, community health and primary care face growing pressure, wellbeing deteriorates. As a result, people increasingly seek to have their needs met by turning to the part of our public sector which has arguably been protected from the full force of austerity: hospitals. But targeting investment primarily at the acute sector represents poor investment of public money. And more importantly, it is a poor outcome for most people needing care and support. The argument is bigger than simply saying we spend too much on hospitals. It is about arguing for investment for prevention across the wider system – social care, public health, the third sector and parts of the NHS – as part of a truly system-wide approach to embedding prevention and early intervention within our communities and in everything we do. Good investment and good outcomes for people requires a focus on these communities, ensuring people have the care and support (in the broadest sense) they need to live a good life – to be well, independent, living at home for as long as possible and contributing to family and community life.

**30** https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/970/970.pdf
**31** For further information visit: https://www.local.gov.uk/sites/default/files/documents/Moving%20the%20conversation%20on.pdf
**32** http://nhsproviders.org/state-of-the-provider-sector-05-18
**33** https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf

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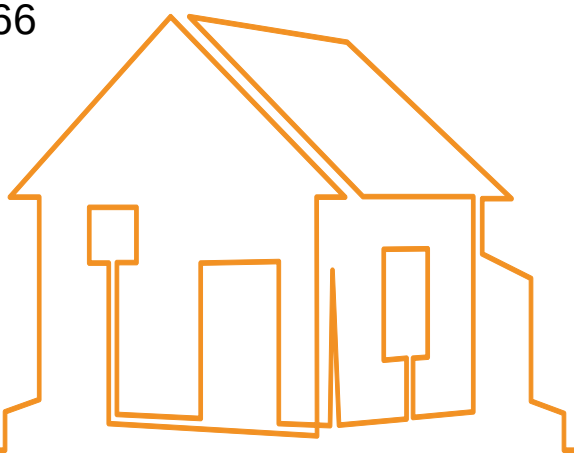


## Adult social care funding

As with local government overall, adult social care funding is at its absolute limit, threatening the great progress that has been made in challenging circumstances. Innovation, prevention and performance may be some of the hallmarks of the last few years as social care has sought to insulate itself from the full impact of austerity. But looking ahead, the scope to continue in this way is greatly reduced.

New research by the LGA shows that local government overall faces a funding gap of £7.8 billion by 2025, just to sustain current – and much reduced – levels of service. This includes, within adult social care, an immediate and annually recurring market provider gap of £1.44 billion; the difference between the estimated costs of delivering care and what councils pay. As demography, inflation and National Living Wage pressures build in subsequent years, the adult social care gap rises to £3.56 billion by 2025[34]. And again, this is purely to stand still. To put this in perspective, this is more than five times the amount spent annually on councils' park services, and close to the total cost of councils' waste management for a year (£3.6 billion). The short-term funding gap must be closed as an urgent priority and as an initial step in securing the sustainability of care and support.

Governments' response to the challenge of adult social care funding in recent years has been short-term and incremental in nature. One-off grants, the council tax precept for social care and increases in improved Better Care Fund funding have been helpful. But each mechanism has its limitations and they have not been sufficient to deal with all short-term pressures, let alone address the issue of longer-term sustainability. They also cease in 2019/20 with no clarity from 2020 onwards, which makes even short- and medium-term planning extremely difficult.

Furthermore, the major Government narrative and focus of attention has been on services to support older people, largely overlooking the fact that much of the growth in cost pressures comes from the increasing needs of working age adults. As the ADASS budget survey[35] shows, services for working age adults now account for 58 per cent of the demographic pressure on social care budgets, including 39 per cent relating to services for people with a learning disability. The demographic pressure relating to older people accounts for 42 per cent of total pressure. This might explain why the proportion of directors most worried about the financial pressures relating to services for working age adults has doubled since last year to 32 per cent and compares to only 12 per cent who are most worried about services for older people.

**34** https://www.local.gov.uk/sites/default/files/documents/Technical%20Annex%20%281%29.pdf
**35** https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

The council tax precept is not a sustainable solution. First, it shifts the burden of tackling a clear national crisis on to councils and their residents – and this after years of councils being encouraged to keep council tax as low as possible, or frozen. Second, the value of the precept varies greatly based on the strength of a council's tax base. Areas facing the greatest demand for services are those that are able to raise the least amount of money through the precept.

Already in 2017/18, the adult social care precept was worth 3.8p of every £1 of council tax raised in England. If all councils with social care responsibility used the precept flexibility and the 2.99 per cent core increase in 2018/19 and 2019/20, this would rise to 6.5p of every £1 of council tax. By the same point, councils could be spending as much as 38p of every £1 of council tax on adult social care, up from just over 28p of every pound in 2010/11.

Improved Better Care Fund resources are also problematic. As explored further below, this funding has become subject to an increasing and concerning degree of oversight and influence from both government and the NHS nationally. The funding also stops at the end of 2019/20.

## The consequences of underfunding in adult social care

The consequences of this immediate and medium-term funding gap will likely include a deepening of the consequences seen to date in a range of areas.

**Quality:** Latest information from the Care Quality Commission shows a broadly encouraging picture on quality, with more than four fifths of adult social care services in England rated as 'good' (79 per cent) or 'outstanding' (2 per cent) following inspection. However, a more worrying trend is emerging amongst services that have been re-inspected. For those services previously rated 'good', 76 per cent saw no change to their rating, but 18 per cent dropped to 'requires improvement' and 3 per cent dropped to 'inadequate'. Amongst those services previously rated 'outstanding', 64 per cent saw no change to their rating, 19 per cent dropped to 'good', 14 per cent dropped to 'requires improvement' and 3 per cent dropped to 'inadequate'. Improving quality is one thing, sustaining it is clearly another and it is becoming harder to achieve[36].

**Provider market stability:** providers of social care are an absolutely vital part of the social care landscape, delivering practical care services with an essential human touch both to self-funders who pay for their own care and those who are funded by their council. But the provider funding gap outlined above, coupled

**36** https://www.local.gov.uk/sites/default/files/documents/Securing%20the%20long-term%20sustainability%20of%20adult%20social%20care%20%E2%80%93%20Quality%20-%20Andrea%20Sutcliffe%20CBE.pptx_.pdf

# "I don't feel like I'm living, just existing"
## Josie's story

with new pressures (such as the potential future uncertainty on liabilities for 'sleep in' care) is putting providers under impossible pressure. In the last six months, this has resulted in providers ceasing trading across home and residential care in more than 100 council areas, impacting more than 5,300 people. It has also resulted in providers handing back contracts to more than 60 councils, impacting just under 3,000 people[37]. Providers make these decisions reluctantly, especially having worked with local communities and individuals over many years. These are difficult decisions that are made when the full costs of care cannot be covered. Some providers are having to reduce the amount of their capacity used by local authorities because it is not profitable. They may seek to increase their income from self funders or others, such as NHS commissioners. The impact is a loss of capacity for local authorities and a knock-on impact on their customers and the NHS.

**Unmet and under-met need:** under the Care Act, councils are required to follow a national minimum threshold for eligibility. This means that there is a single and consistent framework for determining whether a person's needs are eligible for public support. The level at which this is currently set, combined with the pressures on social care described above, has arguably been partly responsible for an increase in unmet and under-met need.

Age UK estimates[38] that there are 1.4 million older people who do not receive the help they need. This includes 164,217 people who need help with three or more essential daily activities (such as washing, dressing and going to the toilet) and who receive no help at all from either paid services or family and friends[39]. As a purely indicative figure, the LGA estimates that if councils were to support this group of 164,217 older people, £2.4 billion additional funding would be needed[40]. Looking to working age adults, and again purely as an indicative figure using estimates based on broad assumptions set out below, the LGA estimates that addressing unmet need amongst the 18-64 population would require an additional £1.2 billion[41]. Unpaid carers also experience unmet need. New research by Carers UK shows that one in seven carers (or those they support) received less care or support in the previous year[42].

Unmet (and under-met) need is bad for people and can lead to the worsening of their conditions, and the costs involved in meeting them. But more broadly, it is bad for our economy and can lead to a huge loss of economic input. As we set out above, supporting people's wellbeing plays an important role in helping

**37** https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

**38** https://www.ageuk.org.uk/latest-press/articles/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/

**39** https://www.ageuk.org.uk/latest-news/articles/2018/july/1.4-million-older-people-arent-getting-the-care-and-support-they-need--a-staggering-increase-of-almost-20-in-just-two-years/

**40** Our estimate of the cost uses Age UK figures as a starting point. We take their figure of 164,217 – the number of older people who receive no support with three or more essential daily activities – and assume support for those people based on the profile of existing support for older people in terms of home care and residential care. We then apply unit costs: for home care we cost 1 hour per day; for residential we cost a year of residential care.

**41** We apply the same method used for estimating the cost of meeting unmet need amongst older people. However, as we do not have a starting number (equivalent to the Age UK figure of 164,217) we link to the number of working age adults currently receiving services. The number of working age adults supported is roughly 40 per cent of the number of older people supported so we apply that percentage to the Age UK figure and apply working age adult unit costs for home and residential care.

**42** https://www.carersuk.org/images/Downloads/SoC2018/State-of-Caring-report-2018.pdf

people to be employed, to be active consumers and to be a support for relatives juggling work and family commitments.

**Carers:** our care system could not survive without the invaluable input provided by unpaid family carers. But as pressures mount on social care, carers shoulder an increasing strain and this impacts on their own physical and mental wellbeing. New research by Carers UK shows that 72 per cent of carers in England have suffered mental ill health (such as stress and depression) as a result of caring and 61 per cent had suffered physical ill health. A clear majority of carers believe their mental (57 per cent) and physical (58 per cent) health will get worse in the next two years[43]. When an unpaid caring role breaks down, everyone suffers and costs rise. The research by Carers UK also shows that one fifth of carers had not received a carer's assessment in the last year[44]. The LGA estimates that it would cost an additional £150 million to provide those assessments.

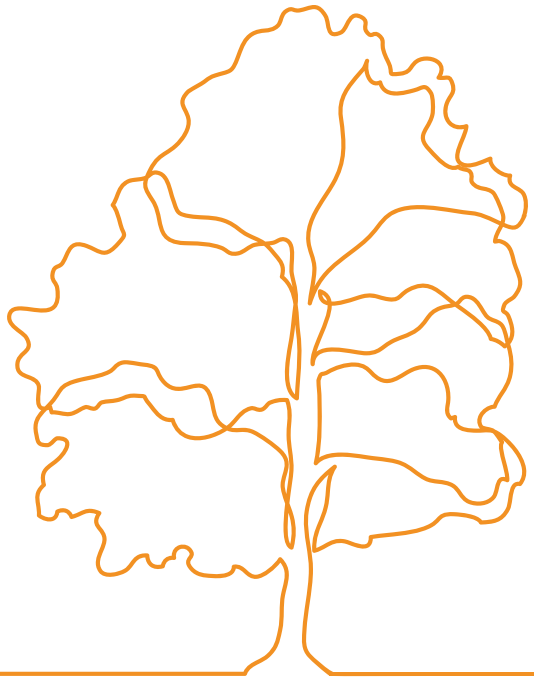
**Workforce:** like unpaid carers, the social care workforce is at the core of our care and support system. Its scale is significant.

> "Adult social care is a growing sector that, in 2016, had around 20,300 organisations, 40,400 care providing locations and a workforce of around 1.58 million jobs. The number of full-time equivalent jobs was estimated at 1.11 million and the number of people working in adult social care was estimated at 1.45 million[45]."

**43** https://www.carersweek.org/images/Resources/CW18_Research_Report.pdf

**44** https://www.carersuk.org/images/Downloads/SoC2018/State-of-Caring-report-2018.pdf

**45** https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf



But it too is under significant pressure. Skills for Care estimates that the staff turnover rate of directly employed staff working in social care was 27.8 per cent in 2016/17, approximately 350,000 leavers during the year[46]. This compares to average labour turnover across the economy of 15 per cent, and 13.4 per cent across local government direct employment.

The National Audit Office has shown that the "growth in the number of jobs has fallen behind growth in demand for care" and that, as we set out above, "The failure of formal care to meet this increased demand may have contributed to the growth in individuals' care needs not being met"[47]. This trend looks set to continue. Skills for Care forecasts show that if the social care workforce grows proportionally to the increase in the number of older people aged 75 and over, an increase of 44 per cent (700,000 jobs) will be needed[48].

This will be challenging. Directors of adult services believe increasing salaries for care workers is the most important factor in recruitment and retention, which will only increase pressures on budgets. Furthermore, pay rises of 29 per cent over the next three years for the lowest paid NHS staff across England will make the challenge even greater. Directors believe a similar pay rise for social care staff would cost an additional £3 billion a year[49]. But it is not simply a matter of money. As the National Audit Office has pointed out, care work – particularly lower level roles – suffers from negative perceptions and "is viewed by the public as low skilled and offering limited opportunities for career progression[50]"

In terms of the workforce directly employed by councils, social workers and occupational therapists are key regulated social care professionals in local authority social care departments responsible for ensuring the protection of people's human rights and promoting safety, inclusion and citizenship outcomes. Social work has one of the highest vacancy rates at 10.8 per cent and a staff turnover rate of 15.6 per cent, and only a third of social work graduates enter adult social care.

**Escalating problems:** more generally, the underfunding of social care and support results in people's wellbeing and outcomes deteriorating as their needs rise and go unmet. This can lead to increased loneliness or the worsening of long-term conditions and results in further demand pressures on the NHS.

## CONSULTATION QUESTIONS:

**5. What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?**

**6. What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?**

**7. What, if anything, are you most concerned about if adult social care and support continues to be underfunded?**

**46** https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf

**47** https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf

**48** https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf

**49** https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

**50** https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf

"Government has already done two of the three jobs we need it to do on social care. It has put in place an excellent piece of legislation – the Care Act – that could provide the right enabling framework for a generation. It has also put in place a trusted inspection system with public confidence. Its third task is to properly fund the system and that should be the primary focus of the green paper"

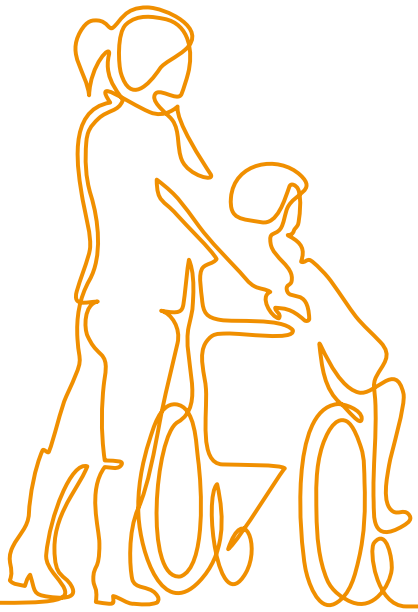
**Jon Rouse, Chief Officer, Greater Manchester Health and Social Care Partnership**

LGA think piece series, 2018

## The Care Act: a legal foundation for care and support

Social care has already been reformed. Between July 2012 and April 2015, the wider social care sector – people with experience of using services, local government, the NHS, providers, the community, voluntary and social enterprise sector, think tanks, academics and the public – came together with Government to help shape a landmark piece of legislation and prepare for its implementation: the 2014 Care Act. This was a model for how laws should be made; collaboratively, with the voices of those who use services front and centre, and with our national politicians and government in genuine listening mode. It is not perfect, no legislation is. But it is close.

It puts people's wellbeing – broadly defined – at the heart of the Act and stresses the importance of preventing or delaying the development of care needs. It makes a clear link to integration with health in achieving both wellbeing and prevention. It promotes the development of a local provider market offering diverse and quality services for both self-funders and publicly-funded care. It puts unpaid carers on a par with those they care for and embeds person-centred care and personalised approaches to care through the care planning process. It promotes personal budgets and direct payments in order to give people choice and control over their care.



However, in spite of a deep commitment to the legislation, councils are increasingly struggling to even meet the 'letter' of the law. In a 2018 survey of adult services directors, just 34 per cent stated that they were 'fully confident' in meeting all of their statutory duties in 2018/19. The figure dropped to one in ten in 2019/20, with no director 'fully confident' of meeting all statutory duties in 2020/2151. We can and must do better.

## Implementing Part II of the Care Act

Despite widespread support for the legislation, the Care Act has not yet been fully implemented, with the Part II reforms to introduce a cap on the amount people might have to pay and an extension to the financial means test limits still waiting to be enacted, partly due to the lack of funding for the system as a whole. The LGA supported the decision, arguing that the funding earmarked for a cap should be used to support the existing social care system before adding new duties and reforms on top of it. Full implementation of the 'Dilnot Cap' as set out in the Care Act is one of the reform options considered in the next section.

**CONSULTATION QUESTIONS:**

**8. Do you agree or disagree that the Care Act 2014 remains fit for purpose?**

**9. What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?**

**51** https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf

# 4. The options for change

"There's a great deal for us to be worried about. The good news is that there's widespread agreement about an urgent need for action. There's political consensus that something must be done, but the question is what?"

**Ben Page, Chief Executive and Anna Quigley, Director of Health Research, Ipsos MORI**
LGA think piece series, 2018

## Key points:

- Social care is becoming a greater public priority
- The public and politicians (local and national) support greater funding for social care
- People find the social care system complex and confusing, it is hard to understand, particularly for those facing the immediate pressures of requiring care and having to engage with a system they have never encountered before
- People worry about the costs of social care but are not making preparation for them and the rules are not clear
- Although it is hard to define, people want a greater sense of fairness within social care
- There are a number of options for making social care better
- Making these changes will require more funding. There are different ways of raising this
- Cross-party consensus or cooperation must be sought to secure a workable long-term solution

"The last 20 years have seen at least five independent reviews of social care funding and 12 white papers, green papers and consultations of one kind or another under five governments. It has been a story of delay, dashed hopes and disappointment."

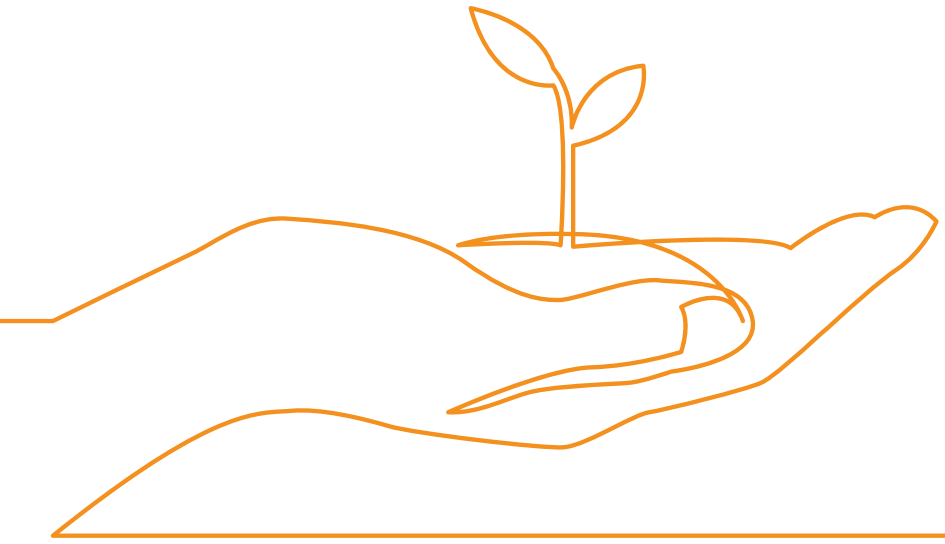
**Richard Humphries,**
**Senior Fellow, The King's Fund**
LGA think piece series, 2018

## Why is it so hard to change?

### Public support

Many of the most significant problems facing social care are primarily driven by a lack of funding, as set out in the previous chapter. Whilst the Care Act remains a widely supported broad legislative framework, more funding is needed to implement it fully. So why has it proved so hard for successive governments to deliver sustainable long-term funding for this crucial service?

The answer lies partly in how the public view social care, which is linked to the fact it is complex and hard to understand. Adult social care and support is not free for everyone. An individual who thinks they need support through adult social services is assessed by their council to identify their care needs and determine whether or not those needs are eligible. If they are, a separate assessment is made of the individual's financial circumstances to determine whether they must contribute to the cost of their care.



# "The sad thing is none of us know when or if we will need people to care for us one day so it is vital that everyone is aware of the issues before it is too late to do anything about it" Vicki and Keegan's story

Two recent reports are extremely helpful in understanding the public's concerns: a recent Ipsos MORI report on attitudes to social care funding reform, prepared for the King's Fund and Health Foundation[52]; and a report by public participation charity, Involve, summarising the findings of a 'Citizens' Assembly' they held on behalf of the Health and Social Care Select Committee and the Communities, Housing and Local Government Select Committee[53].

- **A complex and confusing system:** People do not have a detailed understanding of social care services and are unsure about how to access them. Participants with experience of social care said the system was complex, bureaucratic and difficult to navigate. Forty-five per cent of Citizens' Assembly members selected an 'easily accessible' system in their top five principles for a reformed system. Thirty-eight per cent of assembly members put a 'simple clear' system in their top five.
- **Complex and unclear funding arrangements:** Unless they have experience of it, people have limited understanding of how social care funding works. Most people think social care is funded similarly to the NHS, through tax, or that an entitlement based on National Insurance contributions will be available. People with no or limited experience of social care are largely unaware that the system is means tested. Upon learning this, many are "shocked", as they had assumed there is a more generous offer for more people.
- **Transparency and fairness:** People want more transparency – both in terms of the costs of social care (individually and nationally), and in terms of being able to see where funding for social care is being raised and where it is being spent. On fairness, there are a range of views reflecting the different interpretations of what fairness is. These include fairness to older people who have paid taxes all their lives, fairness in protecting people's housing assets, fairness between different generations and fairness based on a person's ability to pay. In respect of private funding, people want an 'asset floor' below which an individual would not have to contribute to their care costs, as well as a 'cap' on the costs of care beyond which an individual would not have to pay. In terms of public funding, there is broad support for increases to Income Tax, a social insurance scheme (a stand-alone compulsory payment as a percentage of income paid by everyone aged 40 and over), and an extension of National Insurance to people working beyond state pension age.

**52** https://www.ipsos.com/sites/default/files/ct/publication/documents/2018-06/public-attitudes-social-care-funding-reform-ipsos-mori-2018.pdf

**53** https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/citizens-assembly-report.pdf

# "Governments can no longer turn a blind eye and say we can't afford it... Government must step up to the plate and be honest with the electorate"
## Sandy's story

This detailed work helps to explain the many examples of public polls which show that few people understand social care or how the system is meant to work. For instance, a 2017 Ipsos MORI poll suggested 63 per cent of people believed the NHS provides social care for older people, and 47 per cent believed social care is free at the point of need[54].

It is no surprise, given the difficulty of explaining how the existing system works, that governments have struggled to build the political momentum to make proper and long-term improvements to social care funding, when such changes would require tax increases or cuts to other services to pay for it. But that is no excuse. Public and political opinion is changing, and people who need care and support should not be asked to wait any longer.

That is why we are, as part of this consultation, undertaking further work with the public, building on the excellent studies above, to try and get a clearer sense of which changes are most important and acceptable to them.Read more on our website: **www.futureofadultsocialcare.co.uk**

**CONSULTATION QUESTION:**

**10. Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?**

## Changing the system for the better

'Standing still' is not an option and never has been. This was certainly the message from the public in the Ipsos MORI and Citizens' Assembly work. And doing so would impact on people's wellbeing and destabilise the care and support system as we have set out above. Building on what we know the public thinks, and thinking about some of the consequences of repeated under-funding of social care that we would like to tackle, the following table summarises a range of key options set out in recent papers for how we might change social care for the better.

This draws on the excellent recent work by Age UK, the Health Foundation and King's Fund[55] and the joint select committee report, 'Long term funding of adult social care'[56]. The Health Foundation/Kings Fund and joint select committee reports compare a range of proposals, along with costings and the table below provides only a summary. For further details please see the links provided.

We have not included the option, set out in the Health Foundation and King's Fund report, of restoring levels of funding to 2009/10 levels. But it is worth noting that they estimate the costs of that at an additional £8 billion in 2021. All of the options below are compared to current funding and, consequently, current levels of access and quality.

**54** https://www.slideshare.net/IpsosMORI/the-state-of-the-state-20172018
**55** https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf
**56** https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf

The options set out in the table do not, in general, overlap, except that free personal care would mean there was no need for a cap on care costs. They would each help different groups, and are not limited to older people; people with life-long disabilities, or working age adults who acquire a disability, require sustainable funding for care and support in their own right.

In thinking about how we can make the system better there are two broad categories of changes to consider. The first, shaded in the table below, are primarily about making the current system work as intended and relate to implementing statutory duties fully. These would help stabilise the 'here and now', help address the consequences of underfunding as described above, and create a more solid foundation from which to deliver the second, unshaded, options in the table. These are additional proposals for change, which would help address the separate set of concerns identified above that are more to do with notions of fairness, complexity and transparency. They would signal a change to current requirements (although the 'cap and floor' would only require implementation of current legislation, not a new Bill).

The table projects estimated costs in 2024/25 but in considering the long-term future of adult social care we take a longer horizon; the system we build now must be fit for at least the next decade and beyond. In considering the changes we want to make, the question is therefore not simply about preferences for the short- to medium-term, but for the longer-term as well.

| | CHANGE | RATIONALE | COST 2017/18 | COST 2024/25 |
|---|---|---|---|---|
| Funding existing requirements | **1. Pay providers a fair price for care** (LGA and many others)[1] | The stability of the provider market is central to the provision of high quality care and support that meets people's needs and helps keep people independent at home. Enabling councils to pay a fair price for care (based on cautious industry estimates of what is needed) would help prevent providers ceasing trading and/or handing back contracts, and help to prevent a 'two tier' system between publicly funded care and privately funded care. | £1.44 billion | £1.44 billion |
| | **2. Make sure there is enough money to pay for inflation and the extra people who will need care** (LGA and many others)[2] | Without funding for core pressures, unmet need is likely to continue to grow, pressures will build on the provider market and its workforce, and the impact on unpaid carers will continue to increase. | | £2.12 billion |
| | **3. Provide care for all older people who need it** (based on estimates of unmet need amongst older people by Age UK)[3] | Tackling unmet need amongst people with care needs, would help maintain people's independence and prevent the deterioration of people's conditions and would help allow informal carers to continue their caring role. | £2.4 billion in addition to 1 and 2 above | £3.6 billion, in addition to 1 and 2 above |
| | **4. Provide care for all people of working age who need it** (estimates based on broad assumptions set out below)[4] | As above | £1.2 billion, in addition to 1 and 2 above | £1.4 billion, in addition to 1 and 2 above |
| Reforms to extend entitlements | **5. 'Cap and floor'** | A cap on the maximum costs an individual could face, along with a more generous lower threshold in the financial means test, would protect people from 'catastrophic costs' and more of their asset base.<br><br>The cost depends entirely on where the cap and floor are set. The Health Foundation and King's Fund modelled costs based on a cap at £75,000 and a floor at £100,000 (as per Conservative proposals at the 2017 General Election)[5] | | £4.7 billion[6], in addition to 1 and 2 above |
| | **6. Free personal care** (Health Foundation/ King's Fund and Health and Social Care/ Housing, Communities and Local Government select committees)[7] | Free personal care would improve access to social care by removing the current means test and help people to remain independent at home. It would apply to everyone who needed care. Decisions would be required on the level at which the offer applied and what would count as 'personal care'. Accommodation costs – including in residential care – would continue to be the individual's responsibility. | | £ 6.4 billion[8], in addition to 1 and 2 above |

Please see page 86 for table footnote references

ESTIMATED BREAKDOWN OF 2016/17 GROSS ADULT SOCIAL CARE SPENDING


None of these options removes the need for continued innovation, improvements in efficiency and practice, and joint working with other local services. Indeed, part of the solution may be an innovation and scaling fund to help drive best practice to a wider audience.

Nor should we forget that people exercise responsibility and control over maintaining their own health and wellbeing. They have a right to expect accessible and effective advice, information and support provided by councils, health services and community and voluntary organisations to enable them to make healthy choices and maintain their health and independence. Ultimately, it is the individual's choice to take the steps towards health and wellbeing, though this will become increasingly important over time to help manage the growing pressures of an ageing population living with more long-term conditions. As set out further in Chapter 5 below, councils – with their civil society partners – are ideally placed to support people in this process because of their central role in public health and wider wellbeing services.

**CONSULTATION QUESTIONS:**

**11. Of the above options for changing the system for the better, which do you think are the most urgent to implement now?**

**12. Of the above options for changing the system for the better, which do you think are the most important to implement for 2024/25?**

**13. Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?**

**14. Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?**

**15. What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?**

## How to pay for these changes

All of the options set out above cost a great deal of money. Despite the fact many people already pay for their own care, even maintaining the current system as it is now will cost more over time due to rising demand and inflation. Current arrangements which pay for publicly-funded adult social care are already complex: mainly resourced through a mix of national government funding (general and specific grants), local government funding (business rates and council tax) and individuals' own contributions (through charges). The chart below sets this out and excludes self-funders, covering just publicly-funded care. The majority of adult social care funding is not ring-fenced.

Increasing public investment in social care will require difficult political choices, especially when they are in addition to the promise of £20 billion a year additional funding for the NHS. But there

is public support for this. Recent public polling consistently demonstrates that the British public are proud of the NHS and want to see funding for it increase, even if that means paying more tax. We are starting to see similar consensus on the need for more funding for adult social care. This reflects a shift in public opinion over time about the reality and priority of social care funding.

- In the latest King's Fund quarterly monitoring report of changes and challenges facing health and social care, 'social care' was selected by NHS trust finance directors as the highest priority for investment of the new NHS funding.[57]
- 82 per cent of respondents to a 2018 NHS Confederation survey said that they support increasing public spending on social care by 3.9 per cent a year – compared to 77 per cent who support increasing healthcare spending by a similar amount (4 per cent).[58]
- In a 2017 Ipsos MORI poll, 71 per cent of respondents said that they would support an increase in income tax to pay for adult socialcare.[59]
- In a 2018 Ipsos MORI poll, four out of 10 named community and social care services as one of their top three priorities for any new funding – more support even than for routine surgery and primary care, and outstripped only by support for mental health services and urgent and emergency care.[60]
- A recent ComRes poll commissioned by the LGA found that 84 per cent of MPs and 81 per cent of Peers agree that additional funding should go to councils' social care budgets to tackle the funding crisis.
- Recent LGA public polling[61] suggests that 87 per cent of the public agree that councils should be given additional central government funding to deal with the funding gap in adult social care.
- A 2018 LGA poll of council leaders and social care cabinet members suggests that 96 per cent believe there is a major national funding problem in this area. 89 per cent said taxation must be part of the solution to securing the long-term sustainability of care and support.[62]

There has been considerable helpful recent debate about the different ways additional funding could be raised. They have included taxes on income, on property wealth, and cuts to other public spending. The table below summarises the key proposals which have been set out in public, drawing largely on previous reports, and the amount of money they are estimated to raise. We have conducted work to provide a broad estimate of the amount raised by the different options in 2024/25 (where others' work uses a different timescale) to ensure consistency between the figures used in the tables on page 54 and 58-59.

**57** https://www.kingsfund.org.uk/publications/how-nhs-performing-june-2018

**58** http://www.nhsconfed.org/news/2018/06/british-public-backs-increase-in-social-care-spending

**59** https://www.ipsos.com/ipsos-mori/en-uk/majority-support-income-tax-rises-increase-funding-available-adult-social-care

**60** http://nhsproviders.org/public-attitudes-to-health-and-care-new-nhs-providers-polling

**61** ComRes surveyed 155 MPs (56 Conservative, 75 Labour, 12 SNP and 12 Other) and 103 Peers (30 Conservative, 40 Labour, 15 Liberal Democrat and 18 Crossbench/other) using a combination of paper and online surveys between 23 October 2017 and 11 December 2017. The key aims of this research were to track advocacy and efficacy against a comparator set of organisations; and measure attitudes towards local government funding and powers.

**62** https://www.local.gov.uk/about/news/nine-ten-councils-say-national-taxation-key-solving-adult-social-care-funding-crisis

There are, of course, other broad options. For instance, during the 2017 General Election, the Conservative Party proposed aligning the means-test for domiciliary care with that for residential care[63] so that the value of a person's home would be taken account of along with other assets and income. Linked, they proposed extending deferred payments[64] to domiciliary care.

Some organisations have suggested that Attendance Allowance[65] and other benefits that support the same group of people could be reformed. For instance, the Barker Commission proposed repurposing Attendance Allowance as part of a new 'care and support allowance' to help meet lower levels of need. It could also be means tested. Roughly £5.5 billion a year is spent on Attendance Allowance, although some people spend their allocation on their care needs and others are charged against it so the full amount would not be in scope. More broadly, some people may argue that reprioritising Government expenditure is called for and it is of course in the national interest that we root out tax avoidance to ensure the Exchequer has the full extent of revenue it is owed by individuals and organisations. HMRC estimate that more than £30 billion of tax goes uncollected each year[66]. The default position, if additional funding is not raised by the above options or others, would be continued cuts to other local council services to protect adult social care, as we have described above.

## CONSULTATION QUESTIONS:

**16. Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?**

**17. Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?**

**18. What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?**

The LGA is not suggesting a preferred option. However, we are clear that a mix of solutions is likely to be required, both to reflect the scale of the funding challenge we face, which will continue to grow over time, and to reflect different individuals' and different generations' particular circumstances.

**63** https://s3.eu-west-2.amazonaws.com/conservative-party-manifestos/Forward+Together+-+Our+Plan+for+a+Stronger+Britain+and+a+More+Prosperous....pdf

**64** A deferred payment is an arrangement in which a council will (subject to eligibility criteria) pay for an individual's care home costs and recover those costs at a later point once the person's home is sold.

**65** Attendance Allowance helps with personal support costs if you have a physical or mental disability and are aged 65 and over. It is paid at two rates, depending on the level of care you need (£57.30 or £85.60 a week). Unlike social care, it is not currently means-tested.

**66** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715742/HMRC-measuring-tax-gaps-2018.pdf

| OPTION | FURTHER DETAIL | AMOUNT RAISED (based on other organisations' reports | AMOUNT RAISED 2024/25 (estimate) |
|---|---|---|---|
| **Means-testing universal benefits** (2017 Conservative Manifesto) | Means testing and/or better targeting of winter fuel payments and free TV licenses (ie limiting these benefits to people on pension credit) | Means testing winter fuel payments would raise £1.8 billion (2020/21)[9] | £1.9 billion[10] |
| **Social Care Premium** (Health and Social Care and Housing, Communities and Local Government joint select committee report)[11] | An earmarked contribution to which individuals and employers should contribute (such as an addition to National Insurance or another mechanism). Under 40s to be exempt and those beyond the age of 65 should contribute. Consideration to be given to a minimum earnings threshold to protect those on lowest incomes.<br>This could be similar to a social insurance model. This could be voluntary or compulsory with different options for paying in – ie weekly, monthly, on retirement, deferred and paid from a person's estate. It could be private or state backed. | | If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25<br>This is a purely illustrative figure and would not be the cost to individuals if the premium was attached to National Insurance given that a person's employment status and/or how much they earn determines the amount they contribute to National Insurance. in 2024/25[12] |
| **1 per cent on Income Tax** (Health Foundationand King's Fund and reproduced in joint select committee report)[13] | Basic | £3.8 billion (2020/21)<br>£5.1 billion (2030/31) | £4.4 billion[14] |

| OPTION | FURTHER DETAIL | AMOUNT RAISED (based on other organisations' reports | AMOUNT RAISED 2024/25 (estimate) |
|---|---|---|---|
| | Higher | £1.3 billion (2020/21) £1.8 billion (2030/31) | £1.5 billion |
| | Top rate | £400 million (2020/21) £900 million (2030/31) | £450 million |
| **1 per cent on National Insurance** (Health Foundation and King's Fund and reproduced in joint select committee report)[15] | All rates | £9.1 billion (2020/21) £12 billion (2030/31) | £10.4 billion[16] |
| | Extend beyond retirement age given the increase in the number of people working beyond retirement age | £1 billion (2020/21) £1 billion (2030/31) | £1.1 billion |
| | Extend to some elements of pension income (Resolution Foundation – note this was presented as an option for funding an NHS spending increase)[17] | £2.5 billion (2022/23) | £2.6 billion[18] |
| **1 per cent increase in council tax** | | | £285 million[19] |
| **Charging for accommodation costs in Continuing Health Care** (Barker Commission)[20] | Means testing accommodation costs for people who receive continuing health care in a residential setting. | £200m estimate at the time the Barker review was published | £200 million |

Please see page 86 for table footnote references

Beyond this, there are other tests we may wish to apply to judge the relative merits of any solution/s the Government puts forward in its green paper. These might include, for instance:

- **Wellbeing:** do the solution/s help advance the core aims of improving and supporting people's wellbeing, putting the individual at the centre of their care and support, and investing in the social and economic outcomes of our communities?
- **Fairness:** to what extent, and in what ways, do the solution/s help achieve a greater level of fairness for people? Do we understand the overall impact of the whole package of changes on different groups?
- **Sufficiency:** how much does the proposed solution/s raise in the short, medium and long-term? How does this compare to the costs of the type of options for change set out above?
- **Sustainability:** can we be confident that the funding is sufficient over time? If it is sufficient on day 1, will it be sufficient on day 2, day 100, day 1,000, and so on?
- **Clarity and transparency:** are the solution/s easy enough to understand and will they allow for clear lines of accountability on spending decisions?
- **Subsidiarity:** can national-level reforms be led as close as possible to the individual they are designed for?

**CONSULTATION QUESTIONS:**

**19. What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?**

**20. In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?**

## Cross-party political co-operation

> "Whatever colour your rosette, I urge all politicians to come together and unite around the common aim that got us into politics in the first place: to improve our communities and the lives of the people who live within them."
>
> **Baroness Margaret Eaton DBE DL**
> LGA think piece series, 2018

Potentially difficult reforms to deliver a sustainable and fully funded care system in the future stand a greater chance of success if they are built on a degree of political consensus which can deliver cross-party co-operation, particularly in a parliament with a narrow majority.

Creating a constructive space in which the real issues and the full range of possible solutions can be debated could pave the way for a shared and concerted effort to raise awareness of social care with the public. This might include, for instance, an agreed cross-party narrative on why adult social care matters, how the system works, the challenges it faces, the level of funding required in the sort, medium- and long-term, and the types of options that are most likely and realistic to raise that level of funding.

This is not an impossible task. The recent joint report on long-term funding for adult social care by the Health and Social Care and Housing, Communities and Local Government select committees was a coming together of 22 MPs across four political parties. They reached consensus – not just in terms of articulating the problem but also in identifying, and crucially backing, a set of solutions for a way forward. Through this process, the LGA is seeking to develop a similar position, with similar cross-party support.

# 5. Adult social care and wider wellbeing

"Doctors and nurses can treat illness, but they cannot deliver health. Only healthy local communities can do that – and that is the role of local government."

**Rt Hon Stephen Dorrell, Chairman, NHS Confederation**
LGA think piece series, 2018

## Key points:

- Tackling the full extent of future demand requires a shift in focus and a far greater emphasis on prevention and early intervention
- Public health has a fundamental role to play in this – investing in public health helps to deliver the wider prevention agenda that is critical to our health and care system overall
- Council services – including those provided by district councils – support people's wellbeing, as do those of councils' many local partners

As we have set out, adequately funding social care is a key part of the solution for a more secure long-term future for health and wellbeing. But if we are to really tackle the full extent of future demand with quality services we need to refocus our efforts on intervening earlier and preventing needs developing in the first place (or slowing their escalation). This is better for people and better for the public purse. Promoting healthy choices, protecting health, preventing sickness, intervening early to minimise the need for costly hospital treatment, supporting people to manage their own conditions or 'self-care', or providing support to unpaid carers requires the input of many council services and many of councils' local partners.

# "We need to recognise that good support now will prevent more expensive hospital stays down the line" Lucy's story

## The role of public health

### The public health challenge in numbers…

**Two thirds of adults and a quarter of two to 10 year olds are overweight or obese. Treating the consequences of obesity costs £5.5 billion to the health and social care system and has significant impacts on the quality of lives of people.**

**The proportion of adults who are overweight or obese is predicted to reach 70 per cent by 2034.**

**Alcohol-related crime accounts for about 920,000 violent incidents each year – accounting for 47 per cent of violent offences committed. The total annual cost to society of alcohol-related harm is estimated to be £21 billion. The NHS incurs £3.5 billion a year in costs related to alcohol.**

**Trips and falls cost the NHS more than £2 billion each year, with a 35 per cent increase in acute care costs in the year following a fall.**

**Loneliness and social isolation are as damaging to our health as smoking 15 cigarettes a day.**

Local government is unanimous in its support for taking leadership of public health and working with local partners to achieve shared priorities. Councils are committed to making a difference to the lives of people in local communities by helping them live longer, healthier and more fulfilling lives. But this can only be achieved if we do things differently and resource public health services appropriately as part of wider investment across the system to help embed community-based prevention at all key points, including social care, the NHS and the voluntary sector.

In the 21st century, a huge part of the burden of ill health is avoidable. About a third of all deaths are classed as premature – that is they could have been prevented by lifestyle changes undertaken at an earlier time of life. The World Health Organization (WHO) estimateS that almost one third of the disease burden in industrialised countries can be attributed to four main behaviours: smoking, alcohol intake, poor diet, and lack of physical activity.

Without investment in prevention and early intervention, we will only ever see a continuation of the current vicious circle in which inadequate investment in these areas puts increasing pressure on hospitals, which then attract scarce resources. To put it another way, we need to tackle the cause of the pressures on hospitals and their budgets, not just keep treating the symptoms. Adequately resourcing public health is a sound investment precisely because it helps deliver the wider prevention agenda that is critical to the stability of our care and health services.

But when considering the cost of that illness it is not just the bill for treatment and care that should be taken into account. The economic consequences of premature death and

preventable illness are considerable, too. These can include loss of productivity in the workplace and the cost of crime and antisocial behaviour.

This is not a new argument. In 2002, the Wanless Report[67] put forward a strong case for investing more in public health, estimating that effective public health policy could save the NHS £30 billion a year by 2022/23. The report warned that, without investment in preventing ill health and changing our model of care services, the NHS would be financially unsustainable by 2014. This has come to pass. Spending on NHS care has more than doubled from £61 billion in 1994/95 to over £140 billion in 2016/17 (at 2016/17 prices)[68]. And even this has not been enough. Latest performance information from NHS Improvement shows that, for the year ending 31 March 2018, providers reported an aggregate deficit of £985 million. This was worse than both the forecast deficit at 2018/18 quarter three (£931 million) and the deficit in the previous financial year (£791 million)[69].

> "If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness"
>
> **NHS Five Year Forward View, 2014**

Councils are thinking creatively about their public health responsibilities and asking the central question: how do we use all of our resources for council-commissioned or provided services (and not just the modest ring fenced budget) to improve the health of our residents? This discussion is leading councils to think differently about how they affect the wider determinants of health and challenge established ways of working. Where services are not delivering value or significant outcomes they are being decommissioned and replaced by services that can deliver on local government's huge ambitions for local people.

The LGA has consistently highlighted that the potential contribution of public health is being undermined by funding constraints. Services and interventions that are vital for improving population health are not being implemented, or are being cut back, risking the future sustainability of the NHS. Council leaders have expressed particular concern that recent budget reductions will result in public health services that are inadequate for meeting the needs of the local populations they serve. And they have long warned that planned cuts by Government of £600 million between 2015 and 2020 are counterproductive and will only exacerbate the problems facing the NHS and social care.

**CONSULTATION QUESTION:**

**21. What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?**

**67** http://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/Publichealth/Healthinequalities/Healthinequalitiesguidancepublications/DH_066213

**68** HM Treasury Public Expenditure Statistical Analyses 2017

**69** https://improvement.nhs.uk/documents/2852/Quarter_4_2017-18_performance_report.pdf

## The role of other council services and those of local partners

As we have outlined already, council services make an important contribution to supporting people's wellbeing in the broadest sense. Within councils' highways and transport services for instance, close on £2.2 billion is spent on road maintenance, street lighting, traffic management and road safety, parking and concessionary fares, which all help create environments that are accessible and safe. Further spending totally nearly £2.1 billion is spent on councils' culture and related services, such as culture and heritage, recreation and sport, open spaces and library services. Such services help provide opportunities that get people out and about in their local communities. £332 million is spent on regulatory services that ensure high standards in trading, water safety, food safety and noise and nuisance protection. £266 million is spent on community safety measures and nearly £4.3 billion is spent on street cleaning, recycling and waste collection and disposal, creating communities that are safe, clean and accessible.

As the Association for Public Service Excellence has said:

> "The provision of high quality local neighbourhood services has a positive impact on the perception of an area, encourages physical activity in a community setting and fosters a sense of wellbeing with citizens. High quality neighbourhood services are complementary to social care, health services, police and fire services, education and housing. All other services thrive better in neighbourhoods that are deemed to be well managed, clean and safe.[70]"

It is precisely these sort of universal services that have been cut deeper to protect adult social care. To reiterate an earlier point, sorting out the long-term funding of social care therefore goes hand-in-hand with sorting out the long-term funding of services that play an essential role in creating communities we want to live in and which support our wider wellbeing. This includes the many vital frontline services commissioned and delivered by district councils that significantly impact the wider determinants of health and mitigate pressure on primary and social care. Of particular note are housing adaptations which help keep people out of hospital and allow them to return home safely in cases where time in hospital is required.

**70** http://www.apse.org.uk/apse/assets/File/Neighbourhood%20Services%20(web).pdf

## CONSULTATION QUESTIONS:

**22. What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?**

**23.To what extent, if any, are you seeing a reduction in these other local services?**

District councils are an equally important part of the equation when it comes to designing a system-wide focus on community-based prevention.

Housing more generally is a key component of health and care and the foundation upon which people, including those in vulnerable circumstances, can achieve a positive quality of life. The impact of poor housing on health is similar to that of smoking or alcohol and costs the NHS at least £1.4 billion a year, as well as creating housing worries that can end in homelessness for too many families[71].

The lack of available and appropriate general needs, social and private housing is putting pressure on supported housing provision, which provides a vital bridge between housing, support, care and health. Supported housing reduces cost pressures on public services by keeping people out of more costly health and care settings and providing the necessary support to address issues that might otherwise prevent independent living. Around £2.05 billion is spent on support and care services for people living in supported housing[72].

This comes from a variety of sources, including council adult social care and housing and homelessness funding.

It is not just councils that help support people's wellbeing. There are an estimated 36,000 voluntary, community and social enterprise (VCSE) organisations that support and provide health and social care services. The vast majority (nearly 90 per cent) are small, community-based organisations supported by an estimated three million volunteers[73]. This is an essential sector but one which faces its own pressures as demand for its services rises but state funding is constrained. This pressure is felt all the more by organisations that have relied, in part, on grants and contracts for their local councils, further reducing the impact of the local voluntary sector[74]. A sustainable voluntary sector is therefore a key component of wellbeing. As the Richmond Group of charities notes:

> "Funding for interventions and services that provide vital support for people with long-term conditions or that tackle our serious public health challenges needs to be more sustainable – moving away from the current situation in which as soon as public finances get tight, effective voluntary and community sector approaches get cut[75]"

**71** https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

**72** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655990/Funding_supported_housing_-_policy_statement_and_consultation.pdf

**73** https://www.kingsfund.org.uk/sites/default/files/2018-02/Commissioner_perspectives_on_working_with_the_voluntary_community_and_social_enterprise_sector_1.pdf

**74** https://www.thinknpc.org/publications/boldness-in-times-of-change/

**75** https://richmondgroupofcharities.org.uk/sites/default/files/final_aw_5902_the_richmond_group_a4_10pp_report.pdf

# 6. Adult social care and the NHS

## Key points:

- Our care model must change so that people experience it as a seamless package of care and support to address their specific needs and aspirations, helping them to live independent and fulfilling lives.
- Integration is not an end in itself but a means of improving health and wellbeing outcomes for individuals and communities, improving the planning and delivery of services and making the best possible use of resources
- The Better Care Fund has been a driver for joined-up planning but it should be locally-led by health and wellbeing boards
- Local government provides vital local leadership and democratic accountability. This must be harnessed, particularly through strengthened health and wellbeing boards, to address the democratic deficit in the NHS
- Council and health leaders are also best placed to drive improvement at the local level. The LGA, working with national partners, is committed to supporting local areas to improve and spread good practice.
- Extracting maximum value from the new NHS funding requires priorities to be set at the local level, with minimum top-down influence from government and the NHS nationally

## Adult social care and health working together

'Integration' is not an end in itself but a means of achieving the triple aims of: improving health and wellbeing outcomes for individuals and communities; improving the planning and delivery of services; and making the best possible use of health and council resources. Neither is integration a panacea for the financial challenges of the health service and local government. Joining up care and support and intervening and offering early support to keep people well is a more efficient use of resources but efficiency alone is not enough to ensure the long-term sustainability of the health and care system.

The primary role of central government and national bodies in integration is to support and enable local leaders by removing the financial, cultural and structural barriers which prevent them acting for the good of their population, rather than the good of their own organisations. However, there has been increasing pressure from central government and the NHS at national level to direct integration and narrow its focus to reducing pressure on acute hospitals. In particular, the Better Care Fund (BCF)[76], originally intended as a spur to local leaders to create their own shared plans for joined up community based services, has been used as a tool of performance management.

The introduction of a new requirement in October 2017 for local BCF plans to comply with national targets for delayed transfers of care, or risk national direction or a review of their allocations, was a step too far in central influence. Developments such as these have,

**76** The Better Care Fund was announced by the Government in the June 2013 Spending Round. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people. For further information, visit: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund

in many areas, undermined local partnerships rather than supported them.

The LGA continues to support the original intentions of the BCF[77]. Local leaders should have freedom to develop their own plans to promote integrated services, with national government playing a supportive and enabling role. But a number of factors, including financial challenges facing health and social care and the increase in national direction of local BCF plans, are identified as major barriers to greater joined up working. A recent LGA survey of council leaders and cabinet members for adult social care asked them to select the single biggest barrier to integration out of a list of ten possible choices. The top four barriers were identified as:

- Financial challenges (33 per cent)
- National direction and pressure to meet national targets (15 per cent)
- Workforce challenges (11 per cent)
- Lack of agreement between health and care leadership (10 per cent)

While local leaders can do their best to use the resources they have to support local joined-up working, there is a clear demand for national government to provide sufficient funding to support integration and give local leaders the space to develop and deliver their own plans.

If this cannot be achieved, the BCF should be reformed with resources going directly to councils and deployed according to locally agreed plans overseen and assured by health and wellbeing boards.

**CONSULTATION QUESTION:**

**24. What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?**

## Joining up support around the person

The primary purpose of integration is to provide better and more effective care and support to people, enabling them to live more fulfilling and independent lives. Professionals across health and care working together to join up or coordinate services undoubtedly improves people's experience of services. But on its own it is not sufficient to deliver personalised care. To make real progress on this ambition, we need to put the person at the centre of our planning and for professionals to work with them to identify what they most value in their lives and how we can enable them to achieve it.

Personalisation is not a new concept in social care. For well over a decade, adult social care has worked with people who use services to design and recommission services to ensure that they have more choice and control. Through the Think Local Act Personal (TLAP) partnership initiative, local government and partners have committed to transforming health and social care through personalisation and community-based support.

**77** The Better Care Fund was announced by the Government in the June 2013 Spending Round. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people. For further information, visit: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund

The 'Making it Real' (MiR)[78], framework developed by TLAP in partnership with people who use services and carers, describes the outcomes that genuinely personalised care and support should achieve in delivering more choice and control.

The MiR approach uses first person 'I' statements or 'progress markers' to express what service users and carers would expect to find, if personalisation is working and supporting them to be active, healthy citizens. A review by TLAP of the MiR approach demonstrated that those councils who have signed up and completed their MiR action plans:

- have a greater increase in the numbers of people who use direct payments
- have higher satisfaction levels of people who feel they have control over their life
- have provided more support to carers.

Local government has shown that personalised care at scale is possible. For example, over 500,000 people have a personal budget of whom 154,000 people have a direct payment or part-direct payment[79] in order to purchase the support they need.

Though it originated in adult social care, personalisation is now a central principle of health care as demonstrated by The Five Year Forward View[80] which recognised that many people have the knowledge, skills and confidence to manage their mental and physical health and wellbeing and want to make choices and have control of the care and support they receive. The LGA has worked with NHS England to develop the Integrated Personal Commissioning programme to spread joined-up and personalised care across health and social care, focusing on shared decision making; personalised care and support planning; enabling choice, including legal rights to choice; social prescribing and community-based support; supported self-management and greater access to personal health budgets and integrated personal budgets.

We support the commitment to ensuring that whole-person integrated care is a founding pillar of a future care and support system[81]. A sustainable approach to health and social care must have personalisation at its heart. Not just because this is what people want, but also because it has the power to transform the way professionals work with people and the way the system works, and this can help to transform lives.

**78** Making it Real website (which includes support materials, case studies, films and examples of Making it Real action plans): www.thinklocalactpersonal.org.uk/Browse/mir

**79** NHS Digital (2016), Adult social care activity and finance report, England 2016-17 – table T27 Available online: https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/adult-social-care-activity-and-finance-report-england-2016-17 (accessed 7 June 2018)

**80** NHS England (2014), Five Year Forward View. Available online: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf (accessed 3 June 2018)

**81** https://www.gov.uk/government/speeches/we-need-to-do-better-on-social-care

All of this will necessitate identifying the new roles and skills which will be needed in the system and funding for sustainable skills development. For instance, it may be worth exploring ways in which the new apprenticeship levy can be used more flexibly to help here but other funding will be needed given the anticipated demand for carers.

## Local government, local leadership

Local government leadership is highly effective in driving forward an inclusive, place-based approach to improving health and care services and outcomes. Though only two integrated care systems[82] are led by local council senior officers, they have demonstrated how local government can firmly embed plans to transform health and wellbeing into the wider local landscape. Local government is able to use its direct connections with communities through its democratic mandate to have honest and inclusive conversations about the rights and responsibilities of citizens with regard to their health and wellbeing. And it can also link community-based health and wellbeing services to existing community-based services, which are easily accessible to and trusted by people.

A good example of this is the Nottingham and Nottinghamshire Integrated Care System, which is led by David Pearson, Director of Adult Social Care, Health and Public Protection at Nottinghamshire County Council. It has worked closely and inclusively with its communities, workforce and partners to develop a plan that is very much grounded in the promotion of health and wellbeing, prevention, independence and self-care, through supporting community resilience and capacity building. It also recognises the vital need to strengthen primary, community, social care and carer services and the role of housing in supporting wellbeing. The fact that Nottinghamshire was selected as one of the first 10 integrated care systems is evidence that local government leadership is effective in developing a strongly inclusive place-based approach.

## Accountability in the NHS

Public polling shows that people trust local councillors more than national politicians to make the right decision for their area. However, the NHS is accountable upwards to the Government, through NHS England, rather than outwards to its communities, through local councillors. The 2012 Health and Social Care Act went some way to addressing the democratic deficit in the NHS by creating health and wellbeing boards (HWBs). The boards are an equal partnership of political, clinical, professional and community leaders, with powers and duties to develop their own place-based strategy for improving the health and wellbeing outcomes of the population. HWBs are variable in their impact and influence. The front runners have undoubtedly driven local plans to develop a new approach to health and wellbeing, which invests in promoting wellbeing, early help and support delivered through joined-up community-based services and advice and information to help people manage their own health. However, not all HWBs have been effective in leading the transformation of health and care services. The LGA continues to support HWBs to ensure that they have an impact on the health and wellbeing of their communities and lead the transformation agenda.

**82** Integrated care systems are a new type of even closer collaboration in which NHS organisations, local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Yet the democratic deficit in the NHS continues, in part due to the disconnect between HWBs and Sustainability and Transformation Partnerships (STPs), set up in 2015 to deliver the NHS Five Year Forward View. Though the LGA supports the intentions of STPs, the way in which they have been implemented in many areas has largely excluded existing democratic processes and has failed to engage councillors or communities in developing plans to transform services. In a recent LGA survey of council leaders and cabinet members for health and social care were asked about the extent to which they were making progress with various partners on integration in their local area. The responses are summarised below:

### TO WHAT EXTENT ARE YOU MAKING GOOD OR MODERATE PROGRESS ON INTEGRATION WITH YOUR PARTNERS?

- Council – 87 per cent
- Health and wellbeing board – 84 per cent
- Clinical commissioning group – 81 per cent
- NHS providers – 72 per cent
- Integrated care system – 54 per cent
- Sustainability and transformation partnership – 48 per cent
- NHS England – 26 per cent

It is clear that council leaders and lead members feel strongly that local councillors working with their health commissioning and provider partners are best placed to lead integration, with only 48 per cent reporting good or moderate progress in working with STPs. This is a serious cause for concern as STPs have been given the leadership of place-based integration within the NHS. Unless HWBs are given additional powers they will continue to be bypassed by STPs and people will remain unclear about how decisions are taken within the NHS at the local level. Strengthening the role of HWBs could take various forms:

- STPs could be required to engage with HWBs in the development of STP plans
- HWBs could be given a statutory duty and powers to lead the integration agenda at the local level
- HWBs could assume responsibility for commissioning primary and community care

### CONSULTATION QUESTIONS:

**25. In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?**

**26. Do you think the role of health and wellbeing boards should be strengthened or not?**

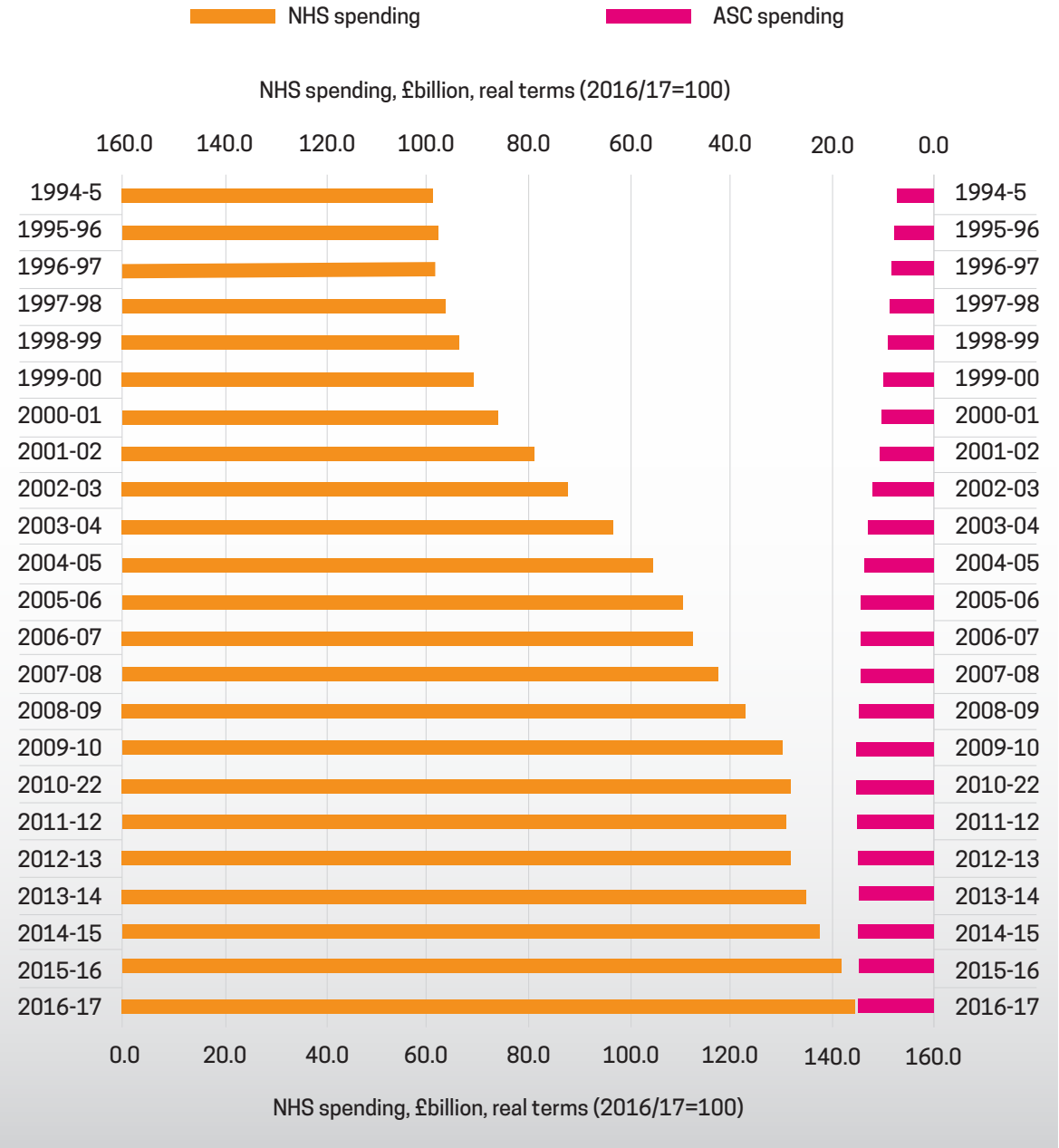
**27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?**

**28. Do you have any suggestions as to how the accountability of the health service locally could be strengthened?**

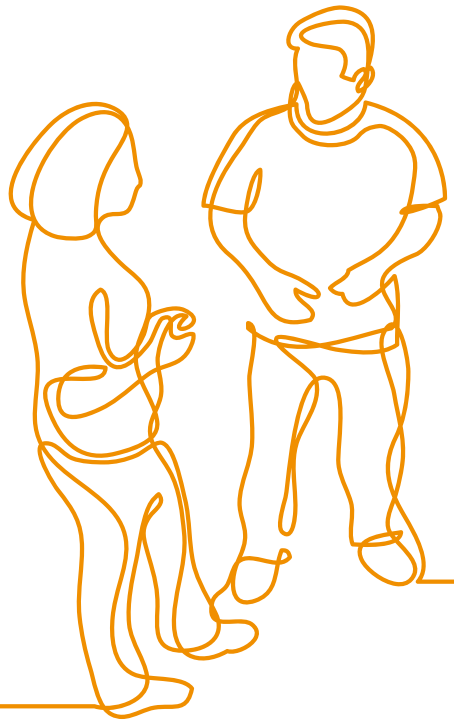
## New NHS funding – how it can benefit the system

Historically as a nation we have spent far more on the NHS than on adult social care, as the following chart shows.

NHS AND ADULT SOCIAL CARE SPENDING 1993-2017




Source: HM Treasury Public Expenditure Statistical Analyses 2017 and NHS digital data on adult social care spending, multiple years



Bringing about the shift from treating conditions to maximising wellbeing requires rethinking how additional resources are used to best effect. The NHS has been promised significant additional new funding, rising to £20.5 billion by 2023/24, an average of 3.4 per cent growth over the next five years. The linked NHS ten year plan is an opportunity to set out how our health service will develop over the next decade as part of efforts to ensure a world-class NHS. That aspiration can only be achieved if the NHS plan, and the new NHS funding, is used to best effect. But that assumes that the new NHS funding is sufficient and many commentators have already questioned this. For example, the Institute of Fiscal Studies and Health Foundation suggest that "spending on healthcare will have to rise by an average 3.3 per cent a year over the next 15 years just to maintain NHS provision at current levels, and by at least 4 per cent a year if services are to be improved"[83].

Similarly, NHS Providers have warned that "filling the gaps that have opened up in the health service after almost a decade of austerity will account for much if not most of the new money"[84]. If such commentators are right, we run the risk of yet again using scarce new resources to manage demand pressures on our hospitals. This would be a missed opportunity to bring about more fundamental change and ensure maximum value is extracted from the £20 billion. Maximum value of the new funding should be defined at the local level, with minimal top-down initiatives from government and NHS England and maximum input from communities, workforce, service users and patients.

**83** https://www.ifs.org.uk/uploads/R143.pdf#page=6

**84** http://nhsproviders.org/news-blogs/news/recovering-nhs-performance-risks-swallowing-up-new-funding

With sufficient local flexibility, the funding could be used to:

- Invest in prevention, primary care and community health services, with multiagency teams working closely alongside the voluntary sector to put in place early help and support
- Reinvigorate investment in intermediate care
- Reverse the cuts to district nursing, particularly so that district nurses can support care homes and extra care facilities
- Fund GP support in nursing homes and care homes to keep people out of hospital
- Fund care navigators in GP surgeries
- Invest in joined-up infrastructure, such as joint commissioning, joint assessment and shared information to track people through the health and care system and joint workforce planning
- Invest in skills development with councils taking more responsibility
- Take personalisation further with a single assessment and care planning process, which is centred on the individual and what matters to them
- Ensure that what digital activity gets delivered through the NHS Plan recognises – and funds – the critical interface with councils and the care sector, with support being given to the sharing of information through local shared records

## CONSULTATION QUESTIONS:

**29. Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?**

**30. Do you have any other comments or stories from your own experience to add?**

# 7. Summary of key points

## Delivering and improving wellbeing

- We are best able to live the life we want to live if we are independent, well and live in communities that support and encourage the many aspects that make us unique.
- This is true for everyone but the support we may need is unique to us as individuals and must therefore be personalised.
- Local government exists for this very purpose, affecting multiple dimensions of our communities and lives, throughout our lives.
- Supporting and improving people's mental and physical wellbeing is at the heart of local government's work and that of many other local public, private and voluntary sector organisations, it can only be delivered with communities.

## Setting the scene – the case for change

- Social care and support matters to individuals, our communities, our NHS and our economy.
- The local dimension of social care matters because it ensures the service is accountable to local people.
- Despite a challenging financial environment, social care has delivered – it has improved and innovated.
- While diversity of local care and support is the positive result of a health and care system that is responsive to the diversity of the community it serves, unwarranted variation in quality, access and outcome is not acceptable. Local government is committed to addressing this and is best equipped to lead improvement.
- Significant reductions to councils' funding from national government is now jeopardising the impact local government can have in communities across the country.
- In particular, the scale of funding pressures within adult social care threatens progress made to date and now risks people's wellbeing and outcomes and the stability of the wider system.
- There are continuing recruitment and retention challenges in the adult social care workforce.
- The Care Act remains the right legal basis for social care but funding pressures are threatening the spirit and letter of the law.

## The options for change

- Social care is becoming a greater public priority.
- The public and politicians (local and national) support greater funding for social care.
- People find the social care system complex and confusing, it is hard to understand, particularly for those facing the immediate pressures of requiring care and having to engage with a system they have never encountered before.
- People worry about the costs of social care but are not making preparation for them and the rules are not clear.
- Although it is hard to define, people want a greater sense of fairness within social care.
- There are a number of options for making social care better.

- Making these changes will require more funding. There are different ways of raising this.
- Cross-party consensus or co-operation must be sought to secure a workable long-term solution.

## Adult social care and wider wellbeing

- Tackling the full extent of future demand requires a shift in focus and a far greater emphasis on prevention and early intervention.
- Public health has a fundamental role to play in this – investing in public health helps to deliver the wider prevention agenda that is critical to our health and care system overall.
- Council services – including those provided by district councils – support people's wellbeing, as do those of councils' many local partners.

## Adult social care and the NHS

- Our care model must change so that people experience it as a seamless package of care and support to address their specific needs and aspirations, helping them to live independent and fulfilling lives.
- Integration is not an end in itself but a means of improving health and wellbeing outcomes for individuals and communities, improving the planning and delivery of services and making the best possible use of resources.
- The Better Care Fund has been a driver for joined-up planning but it should be locally-led by health and wellbeing boards.
- Local government provides vital local leadership and democratic accountability. This must be harnessed, particularly through strengthened health and wellbeing boards, to address the democratic deficit in the NHS.
- Council and health leaders are also best placed to drive improvement at the local level. The LGA, working with national partners, is committed to supporting local areas to improve and spread good practice.
- Extracting maximum value from the new NHS funding requires priorities to be set at the local level, with minimum top-down influence from government and the NHS nationally.

# 8. Have your say

**Your views matter. Our green paper is only a starting point and we want to build momentum for a debate across the country about how to fund the care we want to see in all our communities for adults of all ages and how our wider care and health system can be better geared towards supporting and improving people's wellbeing.**

Throughout our green paper we have posed a series of consultation questions (set out below) and we would welcome your views on all those that are important to you. The consultation will run from 31 July to 26 September. Once the consultation closes we will analyse all responses and publish a response in the autumn.

To complete the consultation you can either visit **www.futureofadultsocialcare.co.uk** and complete the online survey under the section titled 'The Green Paper', alternatively you can submit your answers to the questions below to: **socialcareconversation@local.gov.uk**.

If you are responding as an individual there is also an option to answer the questions in the 'Summary Green Paper' section which are primarily focussed on gathering experience-based evidence and opinions. Again, this can be done online or via the **socialcareconversation@local.gov.uk** inbox.

1. **What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?**

2. **In what ways, if any, is adult social care and support important?**

3. **How important or not do you think it is that decisions about adult social care and support are made at a local level?**

4. **What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?**

5. What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?

6. What, if anything, has been the impact of funding challenges on local government's efforts to improve adult social care?

7. What, if anything, are you most concerned about if adult social care and support continues to be underfunded?

8. Do you agree or disagree that the Care Act 2014 remains fit for purpose?

9. What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?

10. Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?

11. Of the above options for changing the system for the better, which if any, do you think are the most urgent to implement now?

12. Of the above options for changing the system for the better, which if any, do you think are the most important to implement now?

13. Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?

14. Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?

15. What is the role of individuals, families and communities in supporting people's wellbeing, in your opinion?

16. Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?

17. Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?

18. What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?

19. What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green paper?

20. In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?

21. What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?

22. What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?

23. To what extent, if any, are you seeing a reduction in these other local services?

24. What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?

25. In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?

26. Do you think the role of health and wellbeing boards should be strengthened or not?

27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?

28. Do you have any suggestions as to how the accountability of the health service locally could be strengthened?

29. Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?

30. Do you have any other comments or stories from your own experience to add?

# Annex A: Case studies of innovation, delivery and performance

**Prioritising care and support:** Between 2010 and 2017, adult social care has had to make savings and reductions worth £6 billion as part of wider council efforts to balance the books. But the service continues to be protected relative to other services. The latest ADASS budget survey shows that adult social care accounts for a growing total of councils' overall budgets, up from 36.9 per cent in 2017/18 to 37.8 per cent in 2018/19[85]. As a result, by 2019/20, 38p of every £1 of council tax will go towards funding adult social care.

**Innovating:** Councils are committed to innovation to help reduce costs while maintaining or improving services to the public. This has included changing the way that demand is managed, more effectively using the capacity in communities to help find new care solutions, and working more closely with partners in the NHS to reduce pressures in the care and health system. Innovative approaches can be found in all parts of the country.

- Kent County Council is driven, like many councils, by the daily challenge of ensuring people have what they need to enable them to leave hospital safely. Daily multi-disciplinary meetings help to identify and reduce delayed transfers of care and weekly improvement cycle meetings address the reasons for the delays. Staff training and good performance management have helped to embed the ethos, resulting in a 59 per cent reduction of people being discharged into residential care and a 54 per cent reduction in people being discharged into short-term beds. This equates to 350 additional people going to live back at home each year. In 2017 Kent saw 911 fewer residential and nursing care placements compared to 2013.
- Kirklees Metropolitan District Council's 'Gateway to care', co-located with community health, is a multidisciplinary 'front door' which provides simple care packages for a rapid response, care navigation, assistive technology provision and safeguarding support. Care navigators, located in four community hubs, help to embed a strengths-based approach by building community capacity and supporting people to find solutions in those communities. The front door deals with the majority of contacts first time, with just 6 per cent going on to a full assessment. In 2017/18 almost half of those with eligible care needs achieved good outcomes through community support, saving the council over £1.9 million.
- Bristol City Council is changing the conversation it has with residents when they first make contact with adult social care, focusing on finding help and support from communities rather than from formal care services. This has resulted in 75 per cent of first contacts being referred to community support, with two thirds of those making contact saying that they felt positive about how they had been treated. In the first year, this approach has saved £6 million[86].
- In Swindon Borough Council, a review of patient cases showed that when someone was discharged to a residential care setting, 45 per cent of the time they would have achieved

**85** https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf
**86** https://www.local.gov.uk/sites/default/files/documents/25.43%20Chip%20Efficiency%20Project_03_1.pdf

a better outcome had they been supported to return home (either with domiciliary reablement, or via intermediate residential reablement). However, neither of these services had the capacity or capability to take the additional volume of patients. Swindon's health and social care teams designed and led a change programme which has achieved a 163 per cent increase in patients receiving reablement services, daily internal coordination meetings and a reduction in social care delayed transfers of care from 450 days in May 2017 to 30 days in March 2018. It has also resulted in an annual saving of over £1.9 million to the health and social care economy.

- Somerset County Council has worked with the social enterprise Community Catalysts to stimulate micro-providers to develop care and support services in rural areas. This enables people to get support from community enterprises in ways, times and places that suit them and their families, rather than from formal support services. This initiative has led to the development of a flourishing social enterprise sector with 178 providers offering low cost, flexible care and support to older and disabled people and their families. In the first year, care has been offered to over 700 people, collectively delivering 3,600 hours of care a week. The council estimates that this approach has saved over £800,000 a year while offering people a far more flexible and accessible service[87].

- Bristol City Council, North Somerset Council and Bath and North East Somerset Council jointly commission sector-leading care and repair services across all three council areas from a single organisation, West of England Care & Repair (WEC&R). The councils have pooled their resources to secure economies of scale in the delivery of a range of services to support older and disabled people to live well in their existing homes, for example through providing home improvements, handyperson services, adaptions and support with hospital discharge. The scale of the contract has enabled WEC&R to 'lever in' additional funding from grants, and to secure additional private funding to complement the funding from councils. More older and disabled people are receiving a service in addition to what can be delivered from the core funding and for WEC&R it provides a viable and sustainable business.[88]

- Patients in Mendip seeing a doctor can be referred to Health Connections Mendip, a team employed by the 11 Mendip general practices. Patients can discuss what is important to them and the team can help them access the support they might want. The End Loneliness Campaign in Mendip signposts people to clubs and activities, such as Talking Cafes, line dancing classes, community transport, men's sheds and befriending services. Health Connections Mendip have a team of more than 600 Community Connectors – such as café owners, drivers, supermarket staff – who on average talk to about 20 people a year which means more than 12,000 signposting conversations a year. Health Connections

**87** https://www.local.gov.uk/sites/default/files/documents/25.43%20Chip%20Efficiency%20Project_03_1.pdf

**88** https://www.local.gov.uk/sites/default/files/documents/5.17%20-%20Housing%20our%20ageing%20population_07_0.pdf

Mendip works as part of a team which includes primary care, secondary care, adult social care, voluntary sector, town and district councils and the wider community. This partnership working has led to a 20 per cent reduction in local hospital admissions which is saving £2 million on the public purse. Every £1 spent on the scheme saves the NHS £6.[89]

- Central Bedfordshire Council has addressed the housing needs of its older population by using a detailed qualitative and quantitative evidence base to produce an 'investment prospectus' that sets out its vision and development opportunities. It is a more attractive and engaging approach to stimulating the market than a traditional 'market shaping' document. The prospectus specifically identifies the range of opportunities that will, collectively, address the identified demographic, housing and care/support needs, as well as the aspirations and requirements of older people. Delivery outcomes from this innovative way of engaging providers and promoting investment in housing solutions for older people include:
    - A council-developed extra care housing scheme of 83 units in Dunstable.
    - A private sector 'rightsizer' housing scheme of 32 units in Dunstable.
    - Two new care homes with 141 beds in Dunstable enabling the council to close some of its in-house outdated care home provision.
    - A housing association extra care housing scheme of 81 units in Leighton Buzzard.[90]
- Councils are at the forefront of promoting choice and control through personal budgets. For example, in Harrow the council is working with the CCG to extend the My Community e-Purse system, which supports purchasing social care services and equipment via personal budgets to people with a personal health budget. This project will benefit people, their carers and their families by giving them more control and choice over their carer and support choices. It will also enable closer working between health and social care and find ways of releasing funding tied up in secondary care that could be more effectively used in social care. The council will manage 259 personal health budgets on behalf of the CCG and it is estimated that the savings – to be realised in 2018/19 – will be £147,000 based on the estimated 7 per cent savings that the council's e-Purse system has already achieved.[91]
- Shared Lives is a vital and highly praised approach which matches young people or adults who need support with an approved Shared Lives carer, who provides personal care and either a home or a place to visit regularly. Of the 14,000 people using Shared Lives, half live with their Shared Lives carer and half visit for day support or overnight breaks. My Shared Life[92] is an online platform that enables people to give their experience of the service. Responses from over 200 people in Shared Lives shows that:

**89** https://www.local.gov.uk/about/news/loneliness-initiatives-cutting-emergency-hospital-admissions-20-cent

**90** https://www.local.gov.uk/sites/default/files/documents/5.17%20-%20Housing%20our%20ageing%20population_07_0.pdf

**91** London Borough of Harrow Case Study, Care and Health Improvement Programme, April 2018, https://www.local.gov.uk/sites/default/files/documents/London%20Borough%20of%20Harrow%20LIP%20Case%20Study.pdf .

**92** https://sharedlivesplus.org.uk/short-breaks/item/484-my-shared-life

- 92 per cent of people felt that their Shared Lives carer's support improved their social life.
- 81 per cent of people felt that their Shared Lives carer's support made it easier for them to have friends.
- 73 per cent of people felt involved with their community but 93 per cent felt their Shared Lives carer's support helped them feel more involved.
- 85 per cent of people felt their Shared Lives carer's support helped them have more choice in their daily life.
- 84 per cent of people felt their Shared Lives carer's support improved their physical health.
- 88 per cent of people felt their Shared Lives carer's support made their emotional health better.

- Councils are supporting people with dementia. Sutton Council funds Admiral Nurses to give support to people living with dementia and their families. This has been supported by the local CCG, which recognises the value of providing extra support to these families. And Cumbria County Council is building three new council care homes to cater for residents with advanced frailty and dementia. This has been identified as an area where not enough private provision is available.
- Digital and technology can play a key role in wider service redesign. It can help make the shift from treatment to prevention and there is a growth in consumer-based technology that can be purchased on the high street to support people remain independent at home. It can also help providers deliver more effective person-centred care and we are seeing examples of providers (across care settings) using technology to help improve communication with friends, family and those receiving care.
- A number of councils including Hampshire, Barnet, Lancashire and Wolverhampton are using care technology to support people to remain independent at home for longer. In Hampshire, 8,600 people are being supported with 94 per cent of people saying that these approaches increase their feelings of safety and security. Ninety-eight per cent of people would recommend the service to others. It is a similar picture in Lancashire where 8,400 people are being helped to maintain independence and safety.
- Areas such as Leeds, Stockport, Bristol, Dorset and Bracknell Forest are bringing information together from the council and health providers which is reducing the need for service users to have to tell their story multiple times. In Luton and Central Bedfordshire, care homes are being supported to improve sharing of information through access to NHS Mail and shared care records. The project with the ultimate goal of fully shared records is now being expanded to all care homes in the region.
- There are a number of new social care technology-based start-ups emerging, which are using technology to improve the delivery of person-centred care. These providers are using technology to better match care workers to clients and digitising the care records so that carers can log on to information about their clients using their smartphone. Other care providers are using technology to store notes about

clients, read up on those they are visiting and using it as a way to raise the alert if anything is wrong. Families and friends can receive notifications and log in to see how care for their family member is proceeding. These forms of technology are enabling care providers to improve the delivery of person-centred care whilst improving business efficiency of care providers. In Liverpool the council has worked to bring the home care provider sector together with technology suppliers which has resulted in the digitisation of care records and introduction of a network that allows for improved monitoring of people requiring care and support at home.

**Intervening early and preventing needs:** Investing in prevention has clear benefits for people and reduces costs to the wider care and health system.

- Falls prevention programmes run by councils and their partners reduce the number of falls requiring hospital admission by 29 per cent. This represents a return on investment of more than £3 for every £1 spent.[93]
- Research on Disabled Facilities Grant (a council grant to help disabled people make changes to their home) shows that every £1 spent on housing adaptations is worth more than £2 in care savings and quality of life gains.[94]
- Evaluation of the Handyperson Programme has shown that handyperson services support large numbers of older and disabled people to live independently at home for longer and with greater comfort and security. Services include small repairs and minor adaptations that reduce the risk of falls, home security measures to help maintain independent living, and energy efficiency checks to help reduce excess winter deaths[95].
- Partners in Leicester are improving hospital discharge and avoiding unnecessary admissions through, for instance, an 'integrated lifestyle hub' tackling the wider determinants of health, GP-led care planning for patients identified via a risk stratification system, wrap-around rapid access to services such as assistive technology, falls assessment and equipment, and proactive discharge follow-up for at-risk groups. As a result, attendances in A&E in quarter one of 2017/18 were down by 2.9 per cent from the same point in 2016/17.[96]
- The Kent Pathway Service supports adults with a learning disability to achieve a more independent life. It supports people for between one and 12 weeks to learn or re-learn skills that help them become more independent and need less support. This has also led to an outcomes-focused practice project for people with a learning disability which aims to adopt a strength-based approach by setting goals and monitoring that providers are delivering and undertaking practice reflection sessions.[97]

**93** https://www.local.gov.uk/about/news/hospital-admissions-due-falls-older-people-set-reach-nearly-1000-day
**94** https://www.local.gov.uk/sites/default/files/documents/building-our-homes-commun-740.pdf
**95** https://www.local.gov.uk/sites/default/files/documents/prevention-shared-commitm-4e7.pdf
**96** For further information, visit: https://www.local.gov.uk/leicester-journey-improving-discharge-and-avoiding-admissions
**97** https://www.local.gov.uk/sites/default/files/documents/lga-learning-disability-s-d9a.pdf

- Darlington Council adopted the progression model, making enablement a priority. High cost packages of care and in-house services in supported tenancies, day opportunities and short break stays were prioritised as areas of greatest opportunity. Following a strengths-based assessment, James, an individual with a learning disability, moved from residential care to his own tenancy and transferred to tenancy support, making an annual saving of £88,600 to adult social care.[98]

**Performing:** The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. Latest information from October 2017 (for 2016/17)[99] shows that, even in the deeply challenging financial environment social care has operated in over the last few years, performance has improved or been maintained in several key areas. The Personal Social Services Adult Social Care Survey (for 2016/17)[100] also provides encouraging findings:

- 64.7 per cent of service users are extremely or very satisfied with the care and support services they received.
- 67.6 per cent of service users in the community reported that they have enough choice over the care and support services they receive.
- The proportion of people who use services who have control over their daily life is currently at its highest level (77.7 per cent) in the reporting period (2014/15 to 2016/17).
- The proportion of adults with a learning disability who live in their own home or with their family is currently at its highest level (76.2 per cent) in the reporting period.
- The proportion of people aged 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation services is currently at its second highest level (82.5 per cent) in the reporting period.

The proportion of people who use services who say that those services have made them feel safe and secure is currently at its highest level (86.4 per cent) in the reporting period.

The City of Wolverhampton Council is improving outcomes whilst creating a financially sustainable service through the creation of a 'Promoting Independence Team' to undertake overdue reviews. To date, 700 cases have been reviewed, 22 per cent of which resulted in a decrease in the size of the care package, delivering a saving of £900,000 per annum. Use of the ASCOF tool to measure quality of life at start and end of intervention indicated that people felt more in control and were achieving better quality of life outcomes following the review.

**98** https://www.local.gov.uk/sites/default/files/documents/lga-learning-disability-s-d9a.pdf
**99** https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current
**100** https://files.digital.nhs.uk/pdf/d/5/pss-ascs-eng-1617-report.pdf

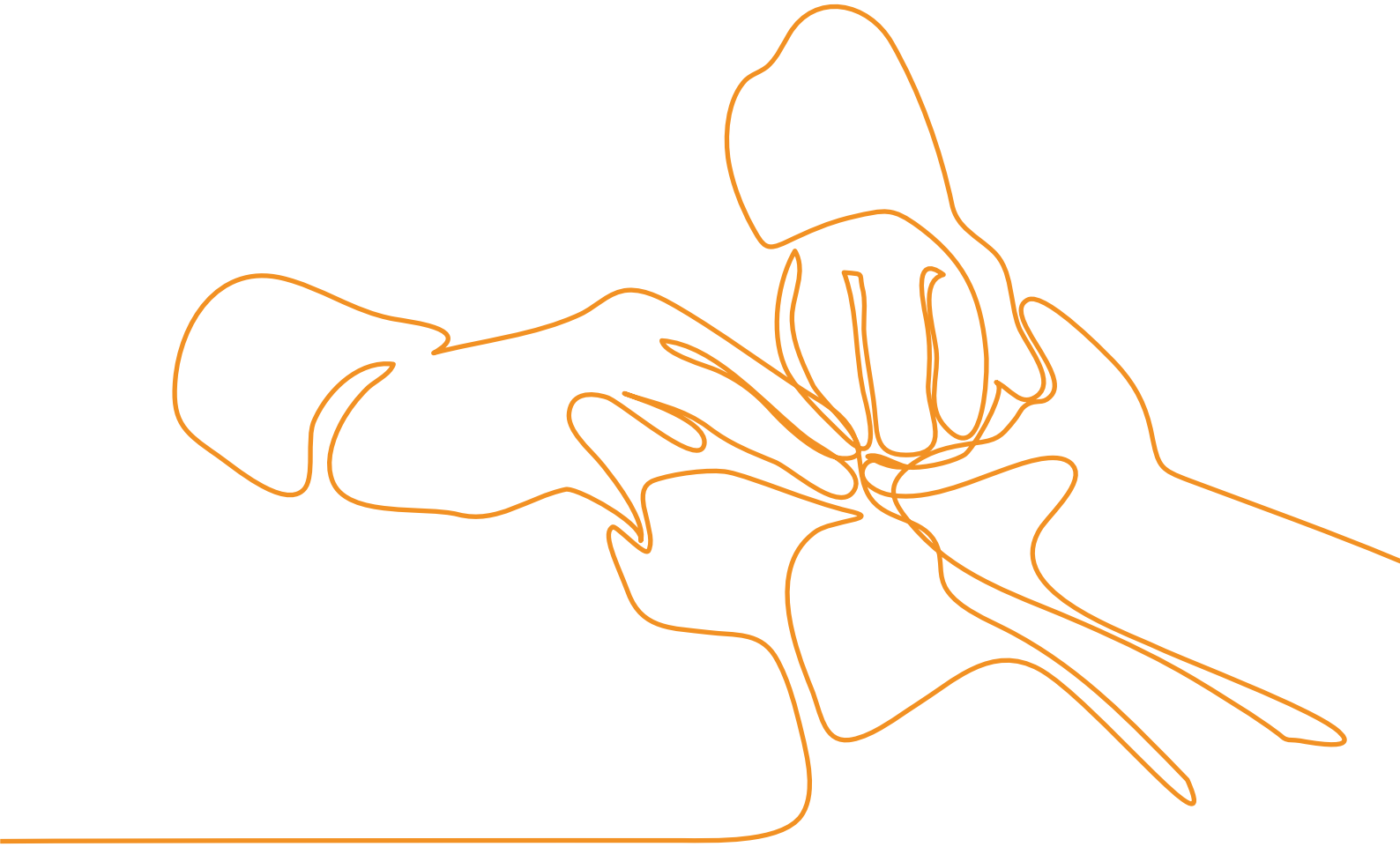
# References from tables:

**Page 54:**

1. See here for further explanation: https://www.local.gov.uk/sites/default/files/documents/Technical%20Annex%20%281%29.pdf
2. See here for further explanation: https://www.local.gov.uk/sites/default/files/documents/Technical%20Annex%20%281%29.pdf
3. Our estimate of the cost uses Age UK figures as a starting point. We take their figure of 164,217 – the number of older people who receive no support with three or more essential daily activities – and assume support for those people based on the profile of existing support for older people in terms of home care and residential care. We then apply unit costs: for home care we cost 1 hour per day; for residential we cost a year of residential care.
4. We apply the same method used for estimating the cost of meeting unmet need amongst older people. However, as we do not have a starting number (equivalent to the Age UK figure of 164,217) we link to the number of working age adults currently receiving services. The number of working age adults supported is roughly 40 per cent of the number of older people supported so we apply that percentage to the Age UK figure and apply working age adult unit costs for home and residential care.
5. https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf
6. As per under-pinning analysis conducted by the Health Foundation and King's Fund: https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf
7. See for instance: https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf and https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf
8. As per underpinning analysis conducted by the Health Foundation and King's Fund: https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf

**Page 58-59:**

9. https://www.health.org.uk/sites/health/files/Social-care-funding-options-May-2018.pdf
10. We take the estimate as put forward by the Health Foundation and King's Fund (see 61) and uprate it by OBR forecasts for CPI inflation.
11. https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf
12. For illustrative purposes only, we take a figure of £1 billion and divide this by ONS projections for people aged 40+ in 2024/25. In practice there are many different ways to approach this option, and this cost illustration is intended to give an indication of likely average costs.
13. https://www.health.org.uk/sites/health/files/A-fork-in-the-road-Next-steps-for-social-care-funding-reform-0.pdf / https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf
14. For Income Tax estimates, we take the 2020/21 estimate as put forward by the King's Fund and Health Foundation, and uprate it on the basis of OBR forecasts of income tax take (themselves extended using the long term average rate of growth to get to 2024/25). In effect this is a 1p increase in the rate, not a 1 per cent increase in income.
15. https://www.kingsfund.org.uk/publications/how-nhs-performing-june-2018.
16. For National Insurance, we take the 2020/21 estimate as put forward by the King's Fund and Health Foundation, and uprate it on the basis of OBR NIC revenue forecasts (themselves extended to get to 2024/25 as above). In effect this is a 1p increase in the rate, not a 1 per cent increase in income.
17. https://www.resolutionfoundation.org/app/uploads/2018/06/Healthy-Finances.pdf
18. We assume pensions rise with inflation.
19. Councils with responsibility for adult social care are only raising around £23 billion in council tax this financial year. 1 per cent of this is £230m. We uprate this in line with expected growth in council tax income so that we apply the 1 per cent to the expected tax base in 2024-25.
20. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Commission%20Final%20%20interactive.pdf

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REF 29.2

Agenda Item 9

Leicestershire County Council

# ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 11 SEPTEMBER 2018

# DRAFT LEICESTER, LEICESTERSHIRE AND RUTLAND CARERS' STRATEGY 2018–2021

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

### Purpose of Report

1 The purpose of this report is to advise the Committee of the results of public consultation on the draft joint Leicester, Leicestershire and Rutland (LLR) Carers' Strategy 2018–2021 (attached as Appendix A), which sets out strategic priorities relating to unpaid carers of all ages.

### Policy Framework and Previous Decisions

2 The Care Act 2014 replaces most previous legislation regarding adult carers and includes reforms of health and social care, and prioritising people's wellbeing, needs and goals. It gives local authorities a responsibility to assess a carer's needs for support and, where the carer appears to have such needs, to consider the impact of caring on their overall wellbeing.

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

4 On 10 October 2017, the Cabinet approved the draft LLR Carers' Strategy for consultation, and this had been developed as a joint Strategy including all local authorities and Clinical Commissioning Groups (CCGs) across LLR. This report described the range of support services for adult and young carers commissioned by the Adults and Communities Department and the Children and Family Service.

5 Other relevant policy framework includes:

- The Sustainability and Transformation Plan (STP);
- Leicestershire County Council's Strategic Plan 2018-2022;
- Leicestershire Communities Strategy 2014;
- The Leicestershire Adult Social Care Strategy 2016-2020;
- Children and Family Services Commissioning Strategy 2016–2020;
- Leicestershire County Council Provisional Medium Term Financial Strategy (MTFS) 2018/19-2021/22.

## Background

6 In June 2018, the National Carers' Action Plan was published, and this sets out how the government will improve support for carers in England over the period 2018-2020. The action plan puts a focus on current delivery ahead of the forthcoming social care Green Paper.

7 The LLR STP for health and social care recognises the critical role which carers play in supporting service users and its positive impact on reducing the need for formal public service intervention, and carers' own need for support.

8 The current local LLR Carers' Strategy across health and social care was implemented from 2012. Achievements have included carer awareness raising, particularly in relation to GP practices and in educational settings, the introduction of carers' assessments and personal budgets (for adult carers), access to advocacy for carers, and services to provide quality advice, information and support.

9 In light of the changed landscape for social care, both nationally and locally, it is imperative that unpaid carers are supported to continue in their caring role and to maintain their own health and wellbeing, facilitated by the approval of a new joint Carers' Strategy.

## Local Context

10 It has been projected that between 2016 and 2041 (25 years) the total population of Leicestershire will grow by 16% to almost 790,000. However, this growth is not uniform across the age groups. It is expected that there will be an increase of 127% in people aged 85 years and over and an increase of 44% in people aged 65-84 years.

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

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

13 Census data from 2011 also shows there are over 3,500 young carers in Leicestershire, nearly 800 of whom are under 15 years of age. However, census data for young carers is generally considered inaccurate, as there are complex reasons why parents do not acknowledge their children as carers on a census form. National estimates suggest that as many as one in 12 children have caring responsibilities.

14 The Adult Social Care Outcomes Framework (ASCOF) monitors how well care and support services achieve the outcomes that matter most to people. A Survey of Adult Carers in England is undertaken on a biannual basis, and asks about quality of life and the impact that the services received have on the quality of life. The responses

from the survey fed into the ASCOF scores and a number of measures relating to adult carers are derived from the survey.

15 In October 2017, the Cabinet resolved that the Director of Adults and Communities be authorised to take appropriate action in response to the engagement feedback received to improve the Council's response to adult carers, whilst further consultation on the overarching Strategy is completed. Leicestershire County Council's recent enhancements for carers have included:

- Dedicated adult carer support workers to enable access to appropriate support and to help carers navigate through the care system;
- Simplification of the assessment process;
- Increased access to respite provision;
- Enhanced training for staff to increase identification, recognition and involvement of carers as partners in care planning;
- Focus on the transition from children's to adults' services using the whole family approach to ensure a smooth handover;
- Work with employers and carers (including young carers) to support them into further/higher education or employment.

16 It is intended that the Strategy will enable the Council not only to jointly deliver the vision for carers across LLR, but also to improve the carer's offer in Leicestershire, in line with the aims of the Leicestershire Adult Social Care Strategy 2016-2020 and the Children and Families Commissioning Strategy 2016-20.

**Public Consultation Feedback**

17 The vision for the draft Strategy was developed from extensive carer engagement, and is for unpaid carers of all ages to be identified early, feel valued, respected and supported.

18 Following the Cabinet's approval to proceed to public consultation, and similar approvals from the partner organisations, consultation was launched throughout LLR on 28 February 2018 and closed on 22 April 2018. The consultation was hosted by the County Council.

19 Views were sought from the general public, carers, service users, stakeholders and partners via:

- an online questionnaire;
- a public event timed to permit attendance from working carers;
- targeted consultation with carers currently accessing support from the Council.

20 The consultation was promoted in advance of and during the period to stakeholders and partners including the three local authorities, two Clinical Commissioning Groups, Healthwatch, Voluntary Action South Leicestershire, District Councils across Leicestershire, contracted providers, and the Leicestershire Learning Disability Partnership Board.

**Overview of Consultation Findings for Leicestershire**

21 The consultation report for Leicestershire is attached as Appendix B. In summary:

- 230 responses were received to the consultation, of which 69% are Leicestershire residents;
- 63% of respondents are in receipt of some form of carers' service, for example, receiving a carers personal budget, attending a carers group or receiving other specific support for carers;
- 73% of respondents felt that the Strategy reflects carer issues;
- All the eight priorities set out in the Carers' Strategy were deemed as fairly or very important by over 90% of respondents;
- 82% agreed that the priorities are the right priorities;
- 79% of Leicestershire respondents agreed with the delivery actions; the majority wanted to see the individual action plans for comment alongside the strategy.

22 Although the response to the consultation was largely positive across LLR, it should be noted that the acceptability of the Strategy varied according to the cohort of respondents and the local authority area. The County Council will be asking the Cabinet to approve the final version of the Strategy on 16 October 2018, although following approval further work will need to be undertaken through engagement with young carers to ensure that their expectations of the strategy and implementation plans are met across the whole of LLR.

**Consultation Outcomes**

23 Outcomes of the consultation have influenced the final draft version of the LLR Carers' Strategy and the draft implementation plan for the County Council (attached as Appendix C).

24 The other partner commissioning organisations will also develop their own implementation plans based on the strategy consultation, and will take them through the relevant internal approval route alongside the final Strategy.

25 Implementation of the final Strategy and assurance of delivery against plans will be overseen by the LLR Carers' Delivery Group, which has a broad range of stakeholder representatives including from health and social care, voluntary sector organisations and Healthwatch.

**Resource Implications**

26 Within the Adults and Communities Department, funding for specific adult carers services include voluntary sector support, access to one off and regular personal budgets and respite provision. The budget for 2018/19 is £1,466,000 although some carers' support may also be delivered within the personal budget of the cared for person. Therefore this does not represent the totality of carer support costs.

27 In April 2017, further funding of £200,000 for each of 2018/2019 and 2019/2020 through the Improved Better Care Fund (IBCF) was identified to support an improved service offer for adult carers and delivery of these measures is underway.

28 The Children and Family Service commissions a voluntary sector provider to undertake carers' assessments and provide support to young carers across Leicestershire.

29 Although there are no specific resource implications relating to the overarching Strategy, the outcome of the engagement undertaken, the intended consultation, and the resulting implementation plan will establish commissioning plans for Leicestershire and ensure that Council resources are used to maximum effect in supporting unpaid carers.

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

## Timetable for Decisions

31 The final version of the Strategy will be presented to the Cabinet for approval on 16 October 2018.

## Conclusion

32 The Committee is invited to comment on the report and the draft Strategy ahead of consideration of the final LLR Carers' Strategy and the Council's implementation plan at Cabinet on 16 October 2018.

## Background Papers

- Report to Cabinet: 5 February 2016 – Adult Social Care Strategy 2016 – 2020 - http://politics.leics.gov.uk/documents/g4599/Public%20reports%20pack%20Friday%2005-Feb-2016%2014.00%20Cabinet.pdf?T=10
- Report to Cabinet: 13 December 2016 – NHS Sustainability and Transformation Plan – http://politics.leics.gov.uk/documents/s125045/NHS%20Sustainability%20and%20Transformation%20Plan.pdf
- Report to Cabinet: 10 October 2017 – Draft LLR Carers' Strategy 2018-2021 - http://politics.leics.gov.uk/documents/s132241/Draft%20LLR%20Carers%20Strategy%202018-2021.pdf

## Circulation under the Local Issues Alert Procedure

33 None.

## Equalities and Human Rights Implications

34 An initial screening assessment for the equalities and human rights impact was undertaken in 2017, and reviewed by the Adults and Communities Departmental Equality Group, and this indicated that once implemented the Carers' Strategy may have a positive impact on a number of protected characteristics. There were no further equalities and human rights impacts identified through consultation responses.

## Relevant Impact Assessments

35 Implications for partnership working are highlighted throughout this report.

## Appendices

Appendix A: Draft Leicester, Leicestershire and Rutland Carers' Strategy 2018-2021
Appendix B: Leicestershire Consultation Summary Report
Appendix C: Leicestershire Draft Implementation Plan

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# JOINT CARERS STRATEGY 2018 – 2021

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



Leicestershire County Council

NHS East Leicestershire and Rutland Clinical Commissioning Group

Rutland County Council

NHS West Leicestershire Clinical Commissioning Group

Leicester City Council

NHS Leicester City Clinical Commissioning Group

## Contents

## 1. Our Local Vision for Carers

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

**'Family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing'.**

Throughout this strategy we refer to 'the partnership' or 'partners'. Specifically, this refers to the Carers Delivery Group, a sub-group of the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership which is responsible for overseeing a plan to improve the health and social care services to reduce inefficiencies. Supporting carers has been identified as a key area of work in Better Care Together (the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland). The Carers Delivery Group sits within the Prevention (Home First) work stream of the Sustainability and Transformation Partnership, and also links to the work streams for integration, urgent and emergency care, and resilient primary care.

Individual members of the Carers Development Group will share this strategy with their own organisation, who will develop a delivery plan based on a set of guiding principles, as detailed in section 2 and key priorities and associated actions as detailed in section 9. Delivery plans will be tailored to suit each the diverse needs of carers in their locality and to reflect the available resources for each organisation.

Partners include: Leicester City Council, Leicestershire and Rutland County Councils, East Leicestershire and Rutland, West Leicestershire and Leicester City Clinical Commissioning Groups, voluntary and community sector organisations (notably organisations delivering carers services and speaking for carers), and Healthwatch Leicestershire.

## 2. Guiding Principles

The strategy is underpinned by a number of guiding principles that reflect both the national and local requirements of carers

1. **Carer Identification** - We will work together across the statutory and voluntary sector organisations in Leicester, Leicestershire & Rutland to identify carers and to ensure they are signposted to relevant information and services if they require assistance. This includes young people under the age of 18 who may be caring for a family member.

2. **Carers are valued and involved** - We will listen to carers and involve carers in the development of services that enable them to continue to provide their caring role.

3. **Carers Are Informed** - We will ensure that accurate advice, information and guidance are available to assist carers to navigate health and social care services.

4. **Carer Friendly Communities** - Communities will be encouraged to support carers through awareness-raising within existing community groups.

5. **Carers have a life alongside caring-** We will ensure that health checks for carers are promoted as a means of supporting carer to maintain their own physical and mental health and wellbeing and encouraged to have a life outside of their caring role.

6. **Carers and the impact of Technology Products and the living space -** We will work with housing and other organisations to ensure the needs of carers are considered in terms of the provision of technology, equipment of adaptations that may assist a carer with their caring role.

7. **Carers can access the right support at the right time -** We will respect and promote the needs of carers and ensure they have access to carer's assessment, which will determine if social care services have a statutory duty to provide assistance. The carers' experience will be considered during the assessment and any subsequent reviews.

8. **Supporting young Carers -** we will ensure that the needs of young carers are also considered and that families/cares with a child with special needs are supported through the transitions process, which can also be difficult to navigate their child transitions into adult services.

The above principles have been translated into key priority and actions as detailed in section 9 and each partner organisation will be expected to build upon them in the development of their individual delivery plans.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. Therefore, the available resources for each organisation will be reflected in the individual plans that will be developed by the partners, which will underpin this strategy and the guiding principles.

## 3. Who is the Strategy for?

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

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

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

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

**Who is a carer?**

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

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

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

## 4. Impact of caring

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

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

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

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

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

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

**Older Carers**

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

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

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

[3] Carers and housing: addressing their needs

[4] Carers Trust Retirement on Hold Supporting Older Carers

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

**Working Carers**

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

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

**Parent/ Family Carers**

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

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

**Multiple/Sandwich Carers**

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





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

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

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

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

[9] CUK- State of Caring 2017

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

[11] CUK- State of Caring 2017

**Young Carers**

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

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

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

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

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

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

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

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

[14] Research summary for Carers Week 2017

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

[16] CUK- State of Caring 2017

## 5. Relevant policy and legislation

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

We intend that this new strategy builds on the achievements of the previous one; some of these are:

- A Carers Charter, developed with carers, in place in all Leicester, Leicestershire and Rutland locations
- Commissioning Carers Support Services which help deliver the Care Act Early Intervention and Prevention duties, and which include a Carers Outreach Service in GP surgeries
- Developing carers registers in Primary and Adult Social Care
- Focused work in BAME communities to support people to identify as carers
- Offering Carers Assessments
- Provision of flexible respite and short breaks
- Agreement to a Memorandum of Understanding between Adult Social Care and Children's' Services in respect of Young Carers
- Partners offering information in a variety of formats, hard copy, web based, face to face
- Providing training for carers
- Providing advocacy for carers

There remain ongoing challenges which will be picked up by this new strategy. Notably these are:

- Continuing to raise awareness of carers issues and promoting early identification of carers
- Making information easy to find
- Ensuring that carer registers are robust
- Involving carers at an individual and strategic level
- Making communities carer friendly

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

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

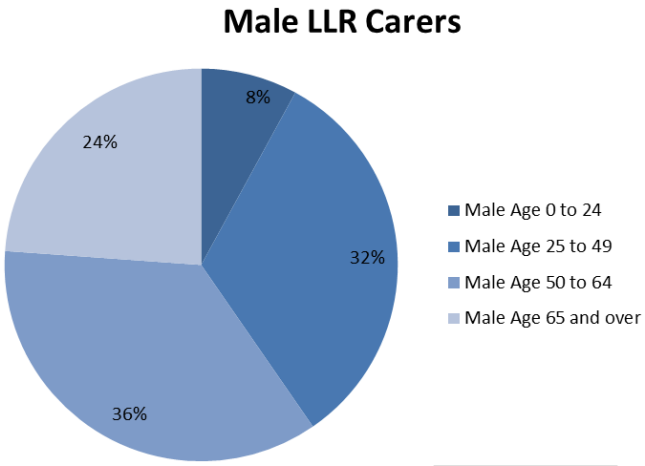
**The Children and Families Act 2014**
The Act gives young carers more rights to ask for help. Councils must check what help any young carer needs as soon as they know they might need help, or if the young carer asks them to. In the past, young carers always had to ask first if they wanted their council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

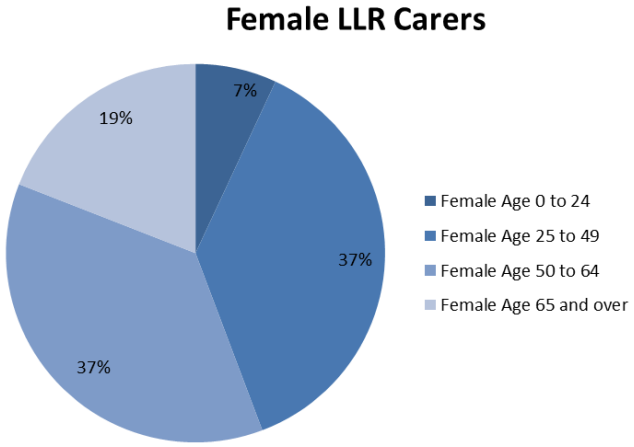
**NHS England's Commitment for Carers**
The Department of Health set out in its mandate to NHS England 'that the NHS becomes dramatically better at involving carers as well as patients in its care'. In May 2014 they published NHS England's Commitment for Carers, based on consultation with carers. Based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

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

## 6. Profile of carers in Leicester, Leicestershire and Rutland

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




Across Leicestershire over 90% of carers are from a white ethnic background and in Rutland it is 99%, however in Leicester City this figure is just over 50% with the remaining majority of carers coming from an Asian/Asian British background. See also Appendix 3.

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

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

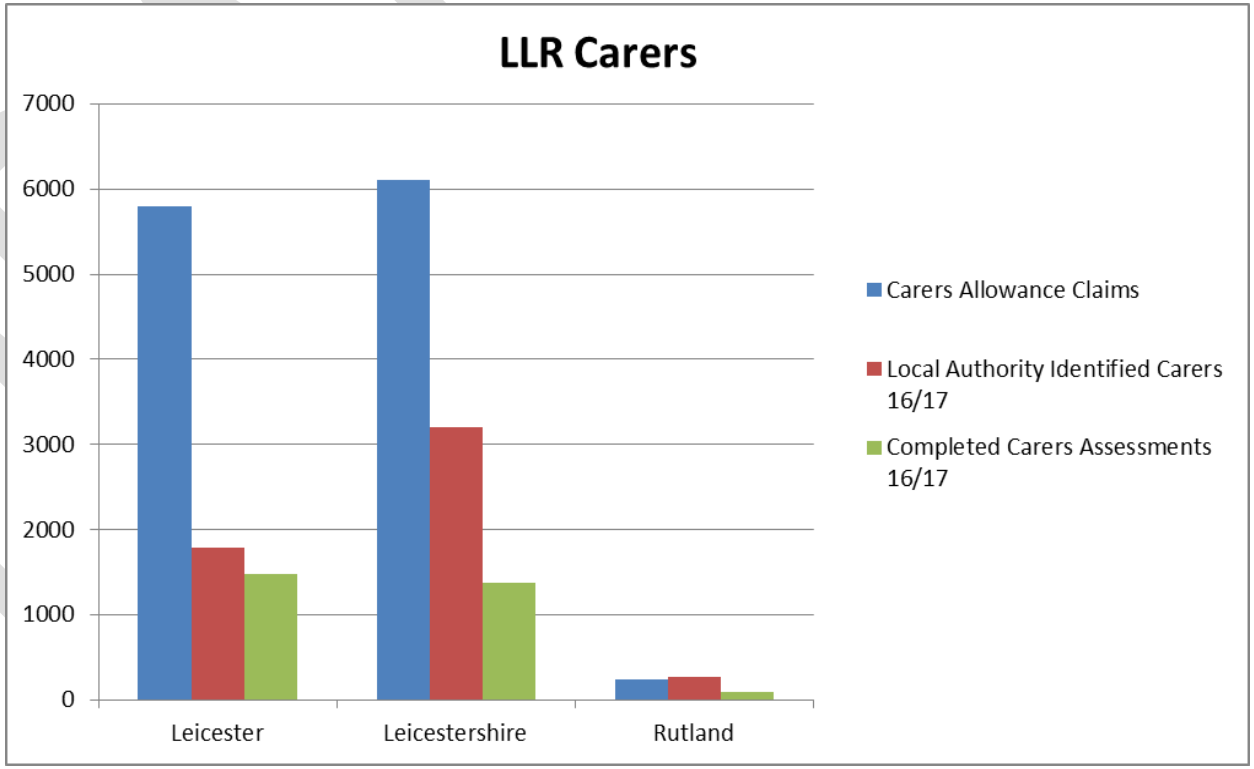
Source: Carers UK (2013)

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

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

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

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



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

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

## 7. Current carer support

A range of carer support services are commissioned across Leicester, Leicestershire and Rutland including support groups, advocacy, support to complete a carer's assessment form, and information and advice for carers including information on local services, and services specifically for young carers. Through an assessment process carers may also receive a personal budget, and councils can provide respite to give carers a break from caring (including breaks for parent carers).

In addition to the services common across Leicester, Leicestershire and Rutland, Leicestershire County Council also commissions online forums where carers can meet other local carers and a telephone befriending service specifically for carers. Rutland County Council has dedicated adult social care carer's workers who specifically carry out carers assessments, and funds fortnightly carers support and drop in sessions for carers and parent carers. Leicester City Council commissions a range of services for carers, including peer support and training and opportunities for social interaction which give carers a break from caring, and some specific services for carers of people with mental health needs and learning disabilities from black and ethnic minority backgrounds.

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

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

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

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

## 8. What Leicester, Leicestershire and Rutland Carers say

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

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

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

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

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

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

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

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

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

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

"Need better quality support services for carers and family"

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

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

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

"Need to educate people on what a carer is"

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

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

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

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

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

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

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

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

Recommendations from the research paper include that organisations and carer services manage diversity and not equality – personalising support and opportunities as although they may be perceived to be in similar situations what support is needed may be different for individuals. Health and Social Care organisations should have policies that support working carers and they should be supported to gain further skills required for caring if necessary.

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

In 2015 West Leicestershire Clinical Commissioning Group undertook some qualitative research across Leicester, Leicestershire and Rutland on behalf of Better Care Together. Responses reflect the key themes identified in the 2017 engagement work, but also highlighted as key issues the lack of recognition of carers' knowledge and expertise and their non-inclusion in planning and decision-making regarding the persons they care for, and the impact of the end of the caring role.

## 9. Key priorities and associated actions

Partners across LLR have drawn together national guidance, local data, the key themes from the engagement activity undertaken, and considered the local carers offer to determine key areas of development and improvement during the lifetime of this strategy. They are illustrated as key priorities, and for each priority high level partnership actions have been determined.

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

**Leicester, Leicestershire and Rutland**

**Guiding Principles**

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

**Underpinning Partnership response**

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

| ***Priority 1. Carers are identified early and recognised*** - Building awareness of caring and its diversity | |
|---|---|
| **What we found** | **What we will do** |
| Carer identification was a key theme.<br><br>Services that work with carers reported a difficulty in getting carers to recognise themselves as carers.<br><br>Carers described not accessing support until they reached crisis point as they had not recognised themselves as carers before that point. | • All partners will seek to support carers to identify themselves as appropriate<br><br>• LLR Clinical Commissioning Groups will include information on carers and increase carer awareness in practice staff inductions. They will aim to increase the number of carers identified on GP practice registers.<br><br>• Individual partners will work to make their carer registers robust. |
| **How will we know if it's worked?** | |
| • Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services<br>• Increase in carers referred to carer support services<br>• Increase in the number of carers assessments offered | |

| ***Priority 2. Carers are valued and involved*** - Caring today and in the future | |
|---|---|
| **What we found** | **What we will do** |
| Carers do not feel supported, valued or empowered in their caring role, often not being kept informed, or not seen as a key partner in care. | • Health and social care professionals will seek the input of informal carers at appropriate key points on the health and social care pathway in order to secure the best possible outcomes for the cared for. This joined up approach is particularly focussed on avoiding inappropriate hospital discharge and enabling timely discharge.<br><br>• Commissioners will ensure that carers' views are sought and reflected in commissioning exercises.<br><br>• Good practice in carer training will continue to be shared across partners. |
| **How will we know if it has worked** | |
| • Increased satisfaction level from carers within the next national carers survey | |

| ***Priority 3. Carers Are Informed*** - Carers receive easily accessible, appropriate information, advice and signposting | |
|---|---|
| **What we found** | **What we will do** |
| There was recognition through engagement that information about carer issues was difficult to find and carers needed to actively seek out support and information rather than it being offered. | • Partners will review their information offer for carers to improve its accessibility.<br>• All Partners will seek opportunities to raise awareness of local carers services |
| **How will we know if it has worked** | |
| • Increase in the proportion of carers who say they find it easy to find information about services<br>• Increase in carers identified<br>• Increase in numbers accessing carer support | |

| ***Priority 4. Carer Friendly Communities*** | |
|---|---|
| **What we found** | **What we will do** |
| Feedback included carers wanting services and support available "in smaller pockets within localities as access to services is often difficult due to the obscure shape of the localities".<br><br>Other feedback from carers included "help should be offered rather than having to ask for it"<br><br>Those in minority or geographically isolated groups need support too. | • Commissioners will take the views of carers into account in future commissioning exercises. This will include consideration of geographic and demographic profiles.<br>• Encourage communities to support carers through awareness raising within existing community groups |
| **How will we know if this has worked** | |
| • Carers report greater satisfaction in the accessibility of services | |

| ***Priority 5. Carers have a life alongside caring*** – Health, employment and financial wellbeing | |
|---|---|
| **What we found** | **What we will do** |
| Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work<br><br>Carers cite financial worries as one of their biggest concerns.<br><br>Carers highlighted that they often neglect their own health and wellbeing<br><br>Carers also felt respite was essential to enable to them to continue within their caring role. | • As employers themselves, partners will review their carer friendly policies and aim to set a good example to others.<br><br>• The assessment process will consider the use of flexible and responsive respite provision to enable carers to have a break, including short beaks to families with a child with Special Educational Needs and Disability.<br><br>• CCG's will continue to encourage carers to take up screening invitations, NHS Health checks and flu vaccinations, where relevant. |
| **How will we know if it has worked?** | |
| • Working carers will feel better supported | |

| ***Priority 6. Carers and the impact of Technology Products and the living space*** | |
|---|---|
| **What we found** | **What we will do** |
| The home environment plays a key part in enabling a carer to undertake their caring role. A carer's perspective should be considered throughout relevant assessment processes. Although most workers would consult carers and some positive feedback was received the approach was not consistent.<br><br>It was also found across LLR local authorities do not hold enough information on carers and their tenure status.<br><br>Some Leicestershire carers found equipment often took a long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care. | • The partnership will seek to involve professionals from housing, equipment and adaptations in work to improve the carers' pathway. This should include raising awareness of the issues facing carers with those organisations. |
| **How will we know if it has worked** | |
| • Assessment processes will be more carer aware. | |

x

| ***Priority 7. Carers can access the right support at the right time*** - Services and Systems that work for carers | |
|---|---|
| **What we found** | **What we will do** |
| Carers wanted to receive support that recognised their individual circumstances, and sometimes needed support to navigate through the system.<br><br>Throughout all engagement work carers felt access to services was challenging due to lack of integration | • Assessments will take a strength based approach<br><br>• Each partner will look at its carer's pathway to reduce the potential for a disjointed approach.<br><br>• Opportunities for closer working between agencies will be |

| | |
|---|---|
| (with the exception of many carers based in Rutland) and felt the services they received were often disjointed due to interdepartmental transfers or change in funding streams.<br><br>Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together. | considered at appropriate points in service reviews.<br><br>• People will be signposted to sources of support post-caring |
| **How will we know if it has worked** | |
| • Improvements in carer reported quality of life and satisfaction with social services. | |

| *Priority 8. Supporting Young Carers* | |
|---|---|
| **What we found** | **What we will do** |
| Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children's to adult services.<br><br>Young Carers often miss education due to their caring responsibilities this can impact on them when it comes to employment.<br><br>Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time. | • All partners will take the needs of young carers into account in planning and assessment processes.<br><br>• The assessment process will take a whole family approach |
| **How will we know it has worked** | |
| • The impact of caring on young carers is taken into account in assessments and transition planning.<br>• Young carers report improved outcomes at home, school or in employment. | |





## 10. Monitoring progress

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

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

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

## 11. Conclusion

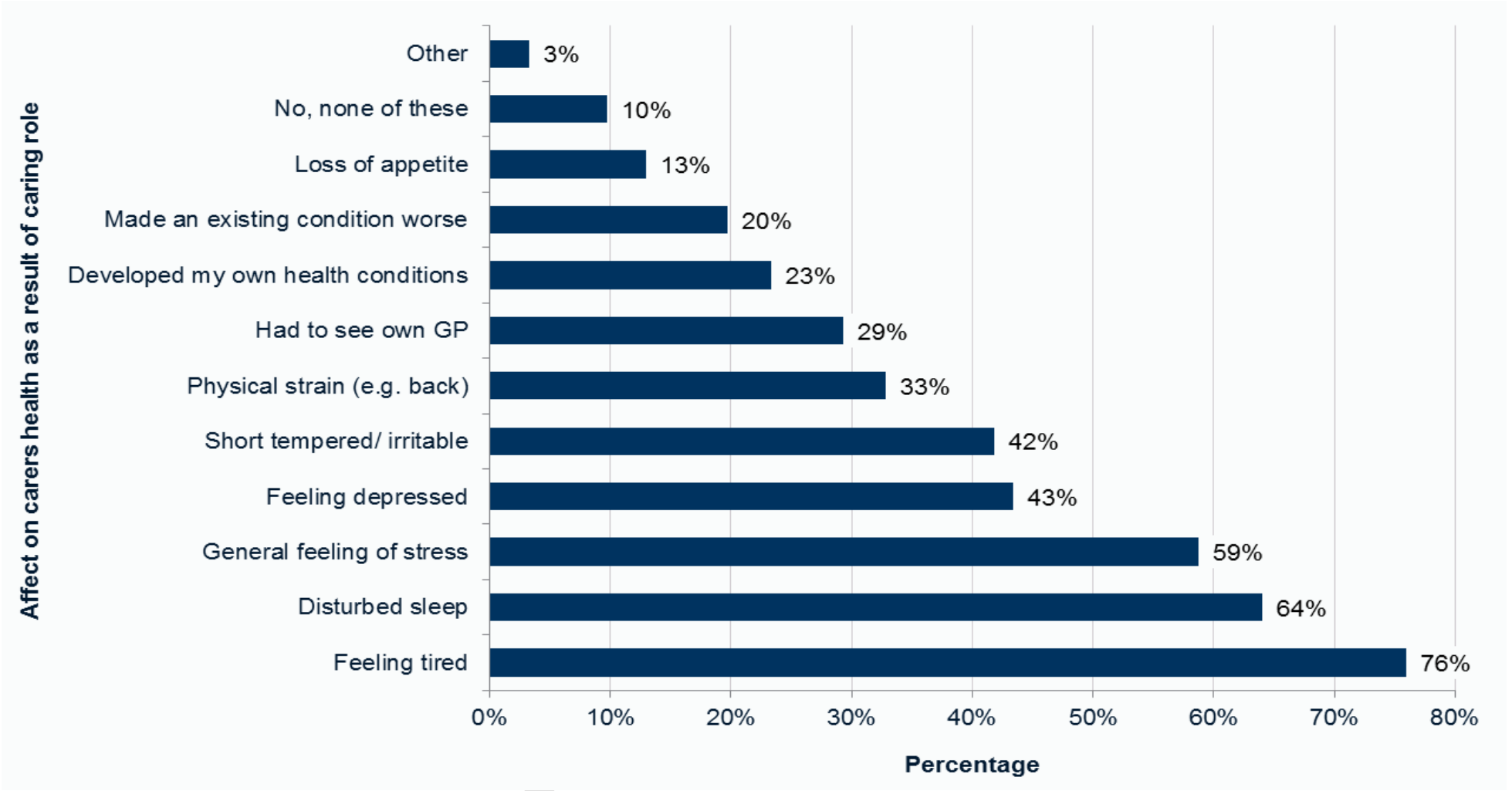
Whilst recognising the significant contribution that carers make across the health and social care economy, it is clear from our review of evidence and through significant engagement undertaken, that more can be done to recognise, value and support carers across Leicester, Leicestershire and Rutland.

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

## Appendix 1 – Adult Social Care Outcomes Framework

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

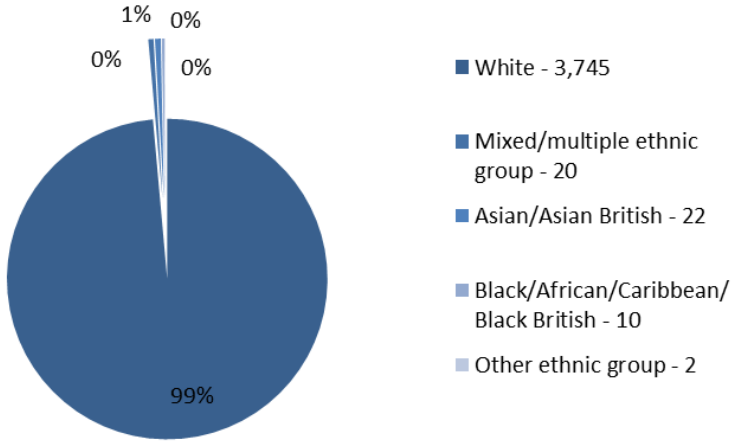
## Appendix 2: Effect on Carers' Health



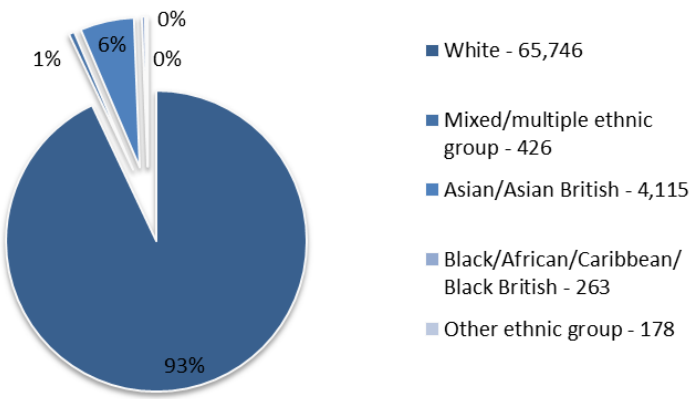

Source: SACE, NHS Digital

## Appendix 3: Carers ethnicity breakdown and Young Carers statistics

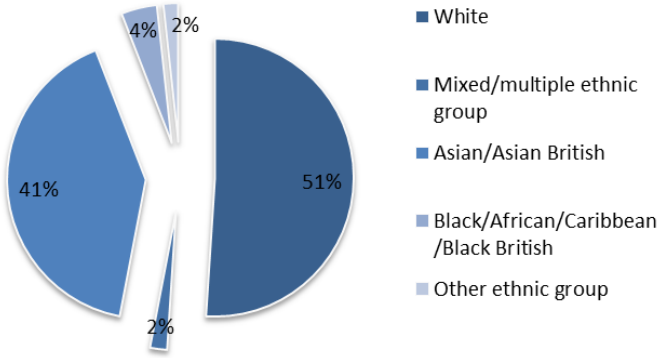
### Carers Ethnicity Rutland



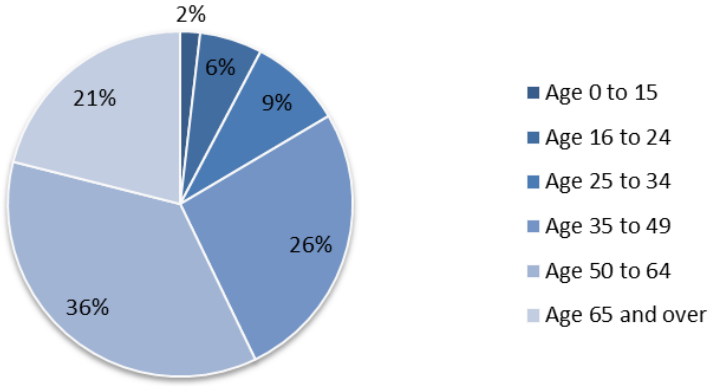

### Carers Ethnicity Leicestershire

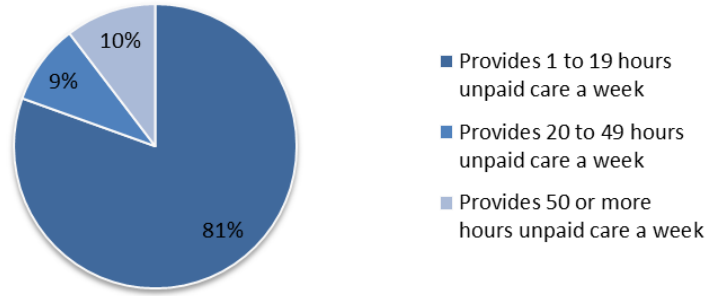


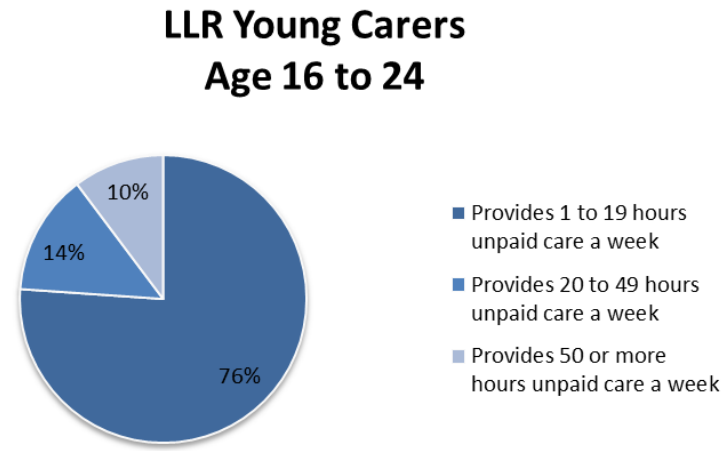

### Carers Ethnicity Leicester



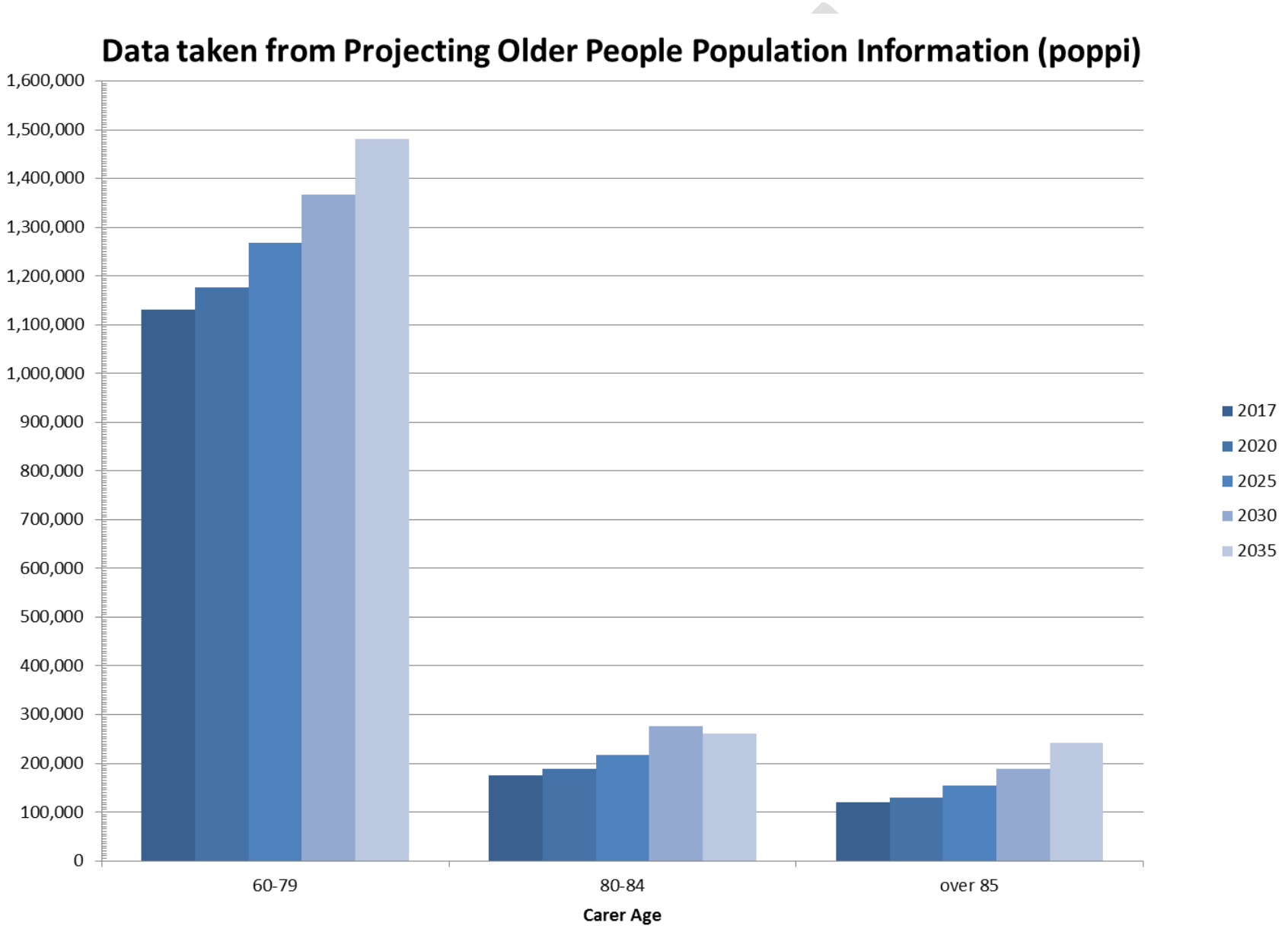

### Age of LLR Carers




LLR Young Carers
Age 0 to 15
10%
9%
81%
Provides 1 to 19 hours unpaid care a week
Provides 20 to 49 hours unpaid care a week
Provides 50 or more hours unpaid care a week


LLR Young Carers
Age 16 to 24
10%
14%
76%
Provides 1 to 19 hours unpaid care a week
Provides 20 to 49 hours unpaid care a week
Provides 50 or more hours unpaid care a week

## Appendix 4: Poppi data



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**Appendix B**

**Leicester, Leicestershire and Rutland draft Joint Carers Strategy 2018-2021**

**Summary Report of Leicestershire Responses to Public Consultation**

## 1. Purpose of the report

This document provides a summary of the findings from Leicestershire residents of the public consultation undertaken between 28th February 2018 and 22nd April 2018 on the draft Joint Carers Strategy 2018-2021.

The report reflects the findings of the formal consultation questionnaire, and engagement events, meetings and briefings undertaken during the consultation period.

## 2. Summary overview of responses and themes from feedback received

The key themes that emerged in relation to each question within the questionnaire are detailed below. This is followed by a section reflecting the additional issues raised through the face to face meetings and events.

### Question Responses:

### Q1 In what role are you responding to this consultation?

There were a total of 230 responses received to the consultation questionnaire. 157 (69%) of these respondents live in Leicestershire

Of this 157:

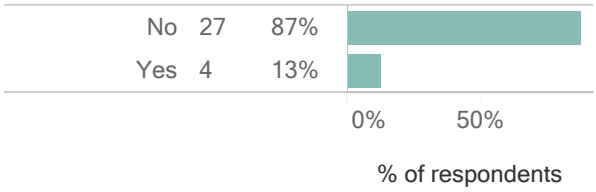
- 46% were a family member/ carer of an adult or child who uses social care
- 31% were a family member/ carer of an adult or child who does not use social care
- 9% were young carers
- the remainder was split across council staff, interested member of the public, representatives of voluntary sector or charity organisations and other stakeholders.

### Q2 Asked for details of those who had responded as a representative of a service provider, voluntary organisation/charity, GP/Pharmacist or other professional stakeholder.

There were 9 organisations responses from Leicestershire and national charities, 4 of these were dementia organisations.

## Q3 Are you providing your organisation's official response to the consultation?

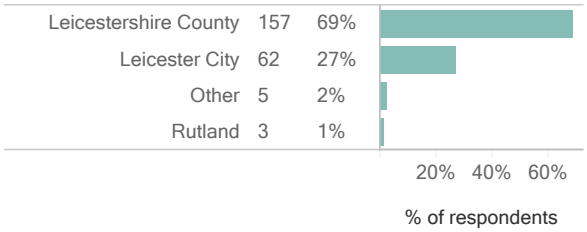
87% of respondents answering in a professional capacity were not providing organisational responses to the consultation.




Base = 31

## Q4 In which area do you live?

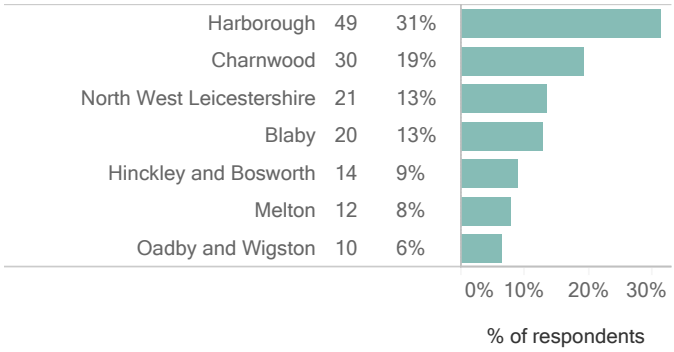
69% of respondents live in the county.




Base = 227

## Q5 If you live in Leicestershire County, in which district do you live?

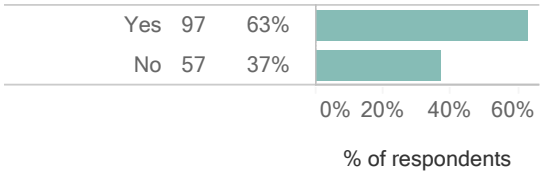
31% of respondents live in Harborough district, 19% from Charnwood, Northwest Leicestershire and Blaby provided 13% responses respectively, with the remaining districts each contributing less than ten percent <10% of the responses.




Base = 156

## Q6 Are you a current user of a carers service, such as receiving a carer's personal budget, attending a carer's group, or receiving some other specific support for carers?

63% of respondents are current users of carers support.

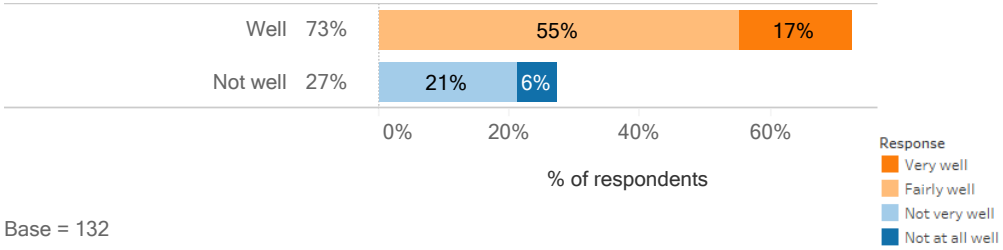



Base = 154

## Q7 How well, if at all, do you think the draft carers strategy accurately reflects carers issues?

Overall it was felt that that the draft strategy accurately reflects carers' issues with 73% of respondents choosing either very well or fairly well.

27% felt it didn't accurately reflect carers' issues.

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## Q7a Why do you say this? Is there anything missing?

70 respondents chose to answer this question, 13 of them commented that something is missing but gave no details, and the other responses were coded into themes, the major theme for Leicestershire residents was lack of appropriate carer support, as carers gave responses that detailed a lack of support either in type of support offered, or information about the support on offer.

*"central point of contact for all carers to access what is available to them in terms of benefits, home care help, respite care, breaks away for carers, support in the community etc instead of having to find this out on your own with no support coming as an automatic especially if you live in a rural area with no nearby facilities for help"*

*"The strategy is ok but there aren't any actual support services for working carers in my area at a time and location that I can access. There are no alternatives in other areas either"*

*"I am fairly good at finding out what is available to us in terms of services - the problem is the services we want often don't exist or are not of a high quality. There seems to be an assumption that I need to talk, meet others in a similar situation over a nice cup of tea and a biscuit, learn to meditate and manage my stress - cynically I think this is because these things are reasonably cheap! I wouldn't have so much stress to manage if high quality education and real expertise were available to me! No good helping me become aware of what's out there is nothing very useful is!"*

*“carers need specialist help to cope with issues they are not trained in.”*

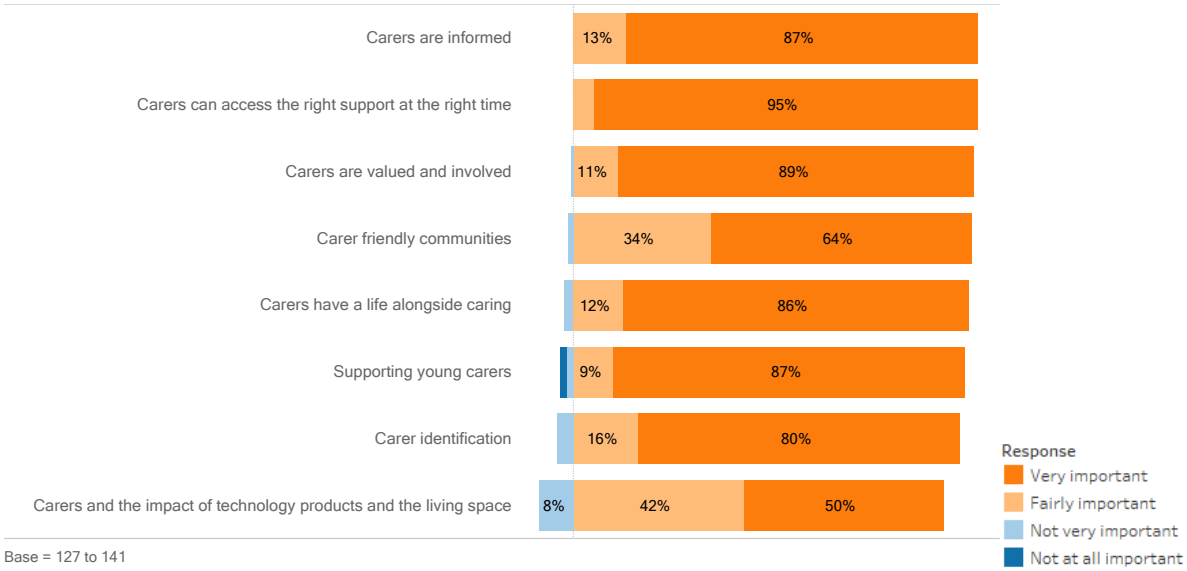
*“Need training i.e. moving and handling, first aid etc, carers allowance needs increasing”*

*“Caring for people with dementia. It is important that the carer is prepared and informed when the early signs of a disease appear, prior to diagnosis, to understand the nature of the disease, its progression, the access to information, training and the preparation of the residence. The strategy deals with this but after diagnosis. This results in many potential carers, particularly males, being deterred form caring at home even when that is the wish of the person.”*

## Q8 How important, if at all, are the following priorities to you?

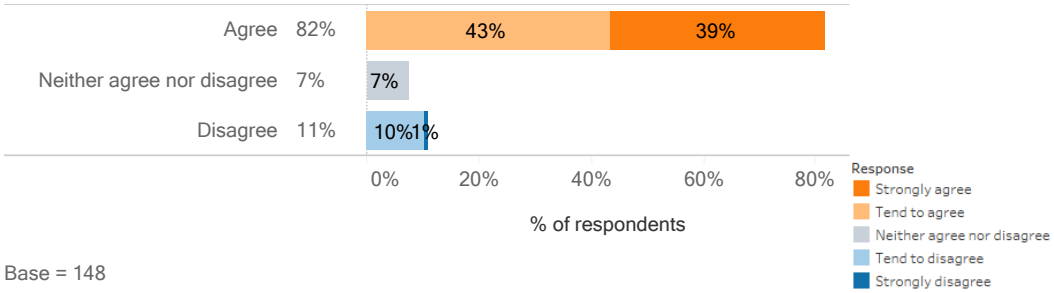
1. Carer identification
2. Carers are valued and involved
3. Carer friendly communities
4. Carers are informed
5. Carers have a life alongside caring
6. Carers and the impact of technology products and the living space
7. Carers can access the right support at the right time
8. Supporting young carers

When respondents were asked how important the eight priorities were all priorities were voted as very or fairly important, by over 90% of respondents.




## Q9 To what extent do you agree or disagree that these are the right priorities?

82% of respondents agreed that these were the right priorities; 11% disagreed.

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## Q9a Why do you say this? Are there any other priorities that should be included in the strategy?

80 respondents chose to provide further information on this question, and although the majority felt there were no other priorities, comments that were left focussed on the support required by carers and comments around health partners.

*"More help for Dad so he can have more time to spend with me as he cares for my Mum"*

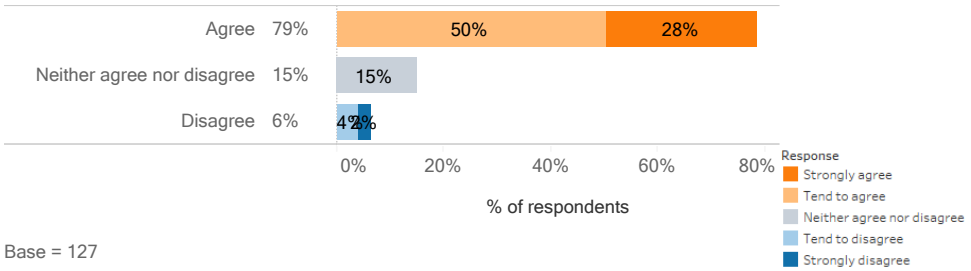
*"Financial, emotional and loneliness support for carers. More accessible and flexible support."*

*".. many people like me are caring for people who don't use social services and we seem to be missed from your strategy. I go to my GP regularly about the stress I feel and no one has ever mentioned support for carers so I don't really understand what the benefit is of being identified when there isn't actually any support I can have anyway"*

*"Currently feeling undervalued as carers with support varying between GP surgeries"*

## Q10 To what extent do you agree or disagree with the actions proposed to deliver these priorities?

79% of respondents agreed with the actions to deliver these priorities.

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## Q10a Why do you say this? Are there any other actions that should be included in the strategy?

58 respondents chose to provide further information; 40 of these comments didn't recommend additional actions but did raise concerns over delivery details.

*"…lack of clarity on proposals but general agreement with ideas"*

*"But I cannot see how you can deliver the priorities with all the budget cuts taking place. Is the whole thing a 'box ticking ' exercise that will make no practical difference?"*

*"They seem like just empty words. I can't see how any of the actions would make a difference to me."*

*"I am interested to see how these will be implemented it didn't really happen with the last one? Is this just a paper exercise?"*

*"Would agree strongly but I'm not convinced that there are sufficient funds or staffing for it to really happen in a timely fashion."*

**Q11 Is there anything you particularly like about the draft strategy?**

92 respondents left comments, and 61of these were positive comments, 14 were positive with some concerns, (concerns were largely based around the delivery detail) 13 were negative.

Positive comments included;

*"The inclusion of quotes from carers. It's good that it's across all the local statutory organisations."*

*"Working together is starting to filter through"*

*"The input from actual carers has been noted."*

*"Yes carers being recognised as partners"*

Negative comments were largely a "No" response however some longer comments were left;

*"..our child can't go to their Young Carers club when their dad is working away as the Council withdrew funding for the transport. Their friends have had similar experiences…. The Council expects that everyone can afford and be able to drive a car. Therefore it can be said that a Young Carers are not supported if they can't access their support group because they can't get transport"*

*“Its a start but it lacks detail, and lacks information on proposed means of implementation.”*

*“I like that there is some attention on this issue. I know what often happens in these situation though, unfortunately. The true issues will be kicked into the long grass and bureaucracy will take over. By the time any changes even begin to be implemented it'll all go on hold as a general election will be approaching…I know for a fact people like me will receive no extra financial support any time soon ..”*

**Q12 Is there anything you particularly dislike about the draft strategy?**

There were 76 responses to this question, 45% responded No, 55% responded Yes of those that answered Yes 23% of these had concerns regarding Delivery Details, and 14% of these had concerns regarding engagement and the additional pressure on carers to input into strategy. 11% left comments around the language and length of the document.

*“It’s just words and is unlikely to have any meaningful impact”*

*“I am concerned that the whole exercise is a 'box ticking' exercise and that, in practical terms, nothing will change.”*

*“I don't believe a new strategy will make a huge difference. It's all down to funding and we all know that we are at the bottom of the list for funds.”*

*“Lack of detail around how it will be monitored and managed. Lack of 'teeth' to ensure delivery… The agencies/councils have periodically spoken about taking a 'joined up approach'… it has never happened… so this new strategy should look at what/why past strategies have failed. If they do not understand 'why' then there will be limited confidence in the carer community that things will change for us.”*

*“additional responsibility in needing to engage with strategy on top of caring role. Desire for more engagement in districts”*

*“It's a little confusing”*

*“All jargon, I didn't understand most of it, what are commissioning exercises, carer pathways strength based approach sorry I do not understand. It didn't seem very relevant to the daily stress and hard work that I am doing to supporting my son with his mental health where do I go to get the emotional support and understanding I need?”*

*“Too much background information and lack of detail in delivery”*

**Q13 What would make the most difference to your life as a carer?**

130 respondents answered this question, and 53% gave a response based around carer support that they require, or lack of appropriate carer support for them.

When examined a third of these were around requiring a form of respite or time for themselves. A quarter of these responses were around getting easier access to information and support, a number of responses were categorised as a “one stop shop” as they contained calls for a universal point of access for carers services.

*“Access to social care, short breaks and respite through a personal budget so I can ensure this support works to suit my family and the person I care for.”*

*“Time for me. My life is on hold while I look after Mum and support Dad, who is falling apart. As a full time working 30-something, I should be able to do normal things. But all I do is look after Mum, put Dad back together, work and sleep.”*

*“More regular out of house respite support”*

*“Respite (only on occasions) Not always able to get carer for important appointments etc”*

*“Recognition of my information on what I need as support as a carer. A universal accessible place to get information or support locally”*

*“One central contact person and phone number, email. Someone who could point in the right direction where to go for what service.”*

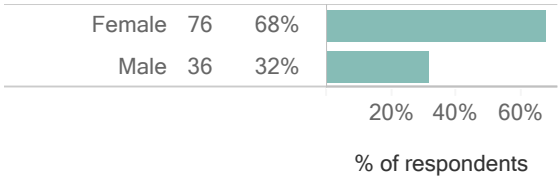
**Q14 Do you have any other comments?**

There were 92 responses to this question:

- 25% related to lack of appropriate carer support
- 19% stated they had nothing more to add
- 14% had apprehensions around the delivery details of the strategy
- 8% raised concerns over lack of appropriate services for the person they care for
- 7% commented how important the carer support groups are to them

**About you**

Not all respondents were asked to complete these questions (i.e. only if identified as ‘a carer, social care user/ family member of a social care user or an interested member of the public in Q1); of those that did, we were able to ascertain that the majority of respondents were female.

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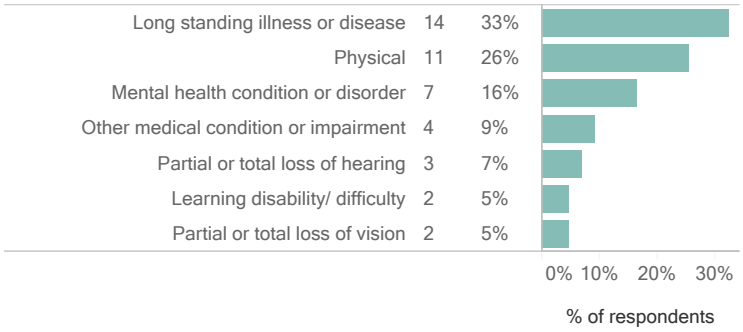
79% of those that completed this section were carers of a person aged 18 or over.

Health condition of the respondents is shown below:

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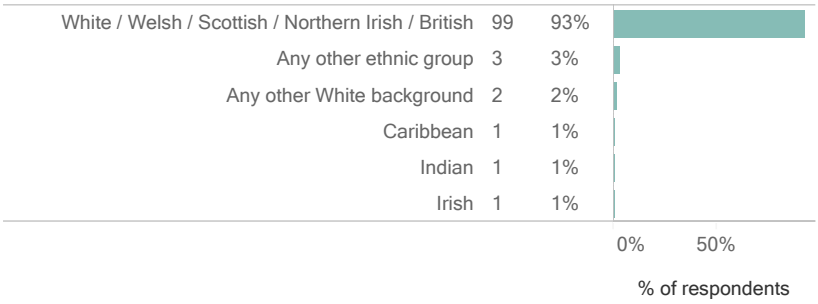
93% were white British 3% classified themselves as any other ethnic group and 2% any other white background, with the majority of respondents being aged between 45 and 84, with 43% of respondents being aged 45-64 and 42% aged 65-84.

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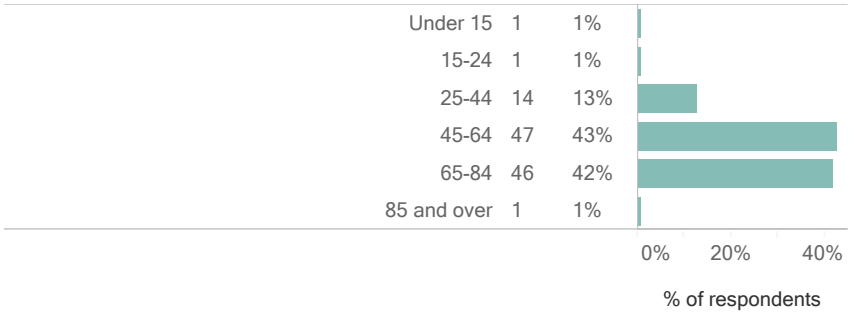


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## Issues raised at face-to-face meetings

LCC officers were invited to attend 8 meetings across the county to inform groups about the strategy, including the event at County Hall 118 individuals were spoken to about the consultation.

In addition to the issues relating to specific questions in the consultation which are reflected above, the following were identified as important to stakeholders:

- A key point that emerged in the majority of face to face settings was health, GPs and Hospitals and perceptions of their view of carers. Comments included lack of identification and support of carers by GPs, and hospitals not recognising carers' concerns about the discharge process not involving carers.

- Attendees felt that a lack of support was available generally for carers, particularly around emotional support.

- There were also a number of comments made around lack of suitable services for the person they were caring for, a feeling that providers of these services are relying on carers and they have insufficient time for breaks.

## 3. Key Themes Emerging

The information gathered during this consultation will be used to inform the way forward. The key issues which the commissioners have identified are:

- The draft strategy was welcomed and the majority of respondents feel it reflects carers' issues.

- There is general support for the draft strategy, but there is a clear call for the action plans to be released to allow for comment on the delivery detail of the strategy.

- Leicestershire respondents believe there is a lack of appropriate carers services available.

- Carer recognition was highlighted as a positive theme.

- Young carers receiving appropriate support, was another theme identified.

- Services provided for the cared-for also came under scrutiny; it appears that carers generally agree that the way in which services are provided for the cared-for creates a level of carer strain for varying reasons.

- Respite was another apparent theme of concern through the responses, and was used in varying contexts:

    - Cared for overnight breaks
    - Cared for short stays
    - Carers' sitting services
    - Carers' breaks

  This demonstrates a level of confusion around the terminology we use; clarification is needed to ensure there is a clear consistent offer to carers.

- A number of responses were coded as health or health partner issues, there appears to be a disparity between services received in GP surgeries across the county and some concerns raised about the interface between health and social care.

- A collection of comments were also made regarding the strategy document not being easy to read, based around the language used and length of the document, both in consultation responses and during face to face engagement.

The information contained in this document has been used to inform the development of the Leicestershire County Council action plan which will support delivery of the strategy.

## Engagement activity

| Contributor | Recipient Name | Summary of communication |
|---|---|---|
| Leicestershire County Council | Provider communication | Shared in online provider groups - Knowledge Hub - forum groups |
| | Provider communication | Encouraged provider staff to complete at residential care forum |
| | Members News in Brief | Update to cabinet members |
| | Internal Staff | Email to all users ASC staff |
| | Posted details on two Knowledge Hub Forum Groups | Posted consultation details on shared hub to 50 provider contacts |
| | Sent to Mental Health provider forums | 40 contacts |
| | Local Offer Roadshow | Stand with information and promotion of consultation |
| | Social Media messages | Via corporate Facebook and Twitter accounts and haring of partners social media messages |
| | Carers Officer | Attended 4 carers' groups and held evening meeting at County Hall |
| | Commissioning Business team members | Attended 2 carers' groups |
| | Parish councils newsletter article | March issue |
| | Press release | Issued 22.03.18 |
| | Media Coverage | Leicester Mercury article – 29/03 – very positive piece<br>Hinckley Times article – 04/04 – very positive piece<br>Coalville Times article – 05/04 – very positive piece |

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**Appendix C: Leicestershire Draft Carers' Strategy Implementation Plan**

Priority:

1. Carers early identification and recognition of caring roles

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 1 | Awareness raising | Increase general public carer awareness | Promotion of digital resource in libraries, internet, carers groups | • Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services<br>• Increase in carers referred to carer support services<br>• Increase in the uptake of carers assessments |
| | | | Promotion of Employers for Carers scheme with local employers | |
| | | Promoting identification of carers through GPs, pharmacies, housing representatives and staff | GP carers information leaflet | |
| | | | Housing Service Partnership involvement | |
| | | | Carers Champion Network | |
| | | | General carer awareness - co-production of ELearning for LCC staff | |
| 2 | Co-production of staff training package | Co-production of training package – addressing issues raised by carers through engagement<br>Enable staff to recognise carers, and understand issues facing carers<br>Ensure staff are appropriately trained in recognising carers, have a good understanding of the issues facing carers and a sound knowledge of the local offer and assessment processes | Co-production training<br>ASC staff training | |

2. Carers being valued and involved

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 4 | Increase involvement of carers | In the development of<br>- staff training<br>- service reviews<br>- increased involvement of carers in the assessment process | Co-production of staff training | • Increased satisfaction level from carers within the next carers survey<br>• Increase in carers known/ receiving assessment by local authorities |
| | | | Involve carers in reviews of services | |
| | | | Staff training to ensure approach to carers assessment is consistent | |
| | | | Carers assessment form review with carers | |
| 5 | GP link pack for carers and GP staff | Information booklet to encourage identification and provide information for carers within GP practices | GP carers information leaflet | |
| 6 | Seek carers views during commissioning exercises | Ensure carers are able to comment on review of services and inform commissioning. Meetings with carers and seeking of carers views as stakeholder feedback. | Offer carers opportunity to inform development of services we commission | |
| 7 | Hospital discharge packs: develop a joined up approach to carer involvement | Recognition of carer during hospital stays and supporting discharges from hospital | Co-production of hospital discharge packs | |

3. Carers are informed

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 8 | Development of integrated, partnership approach to information and advice | Review of information and advice provided to carers – use of CDG meetings to ensure consistent approach to information and advice within LLR across organisations, teams and resources | Via Carers' Delivery Group meetings | • Increase in the proportion of carers who find it easy to find information about services<br>• Increase in carers identified and assessed<br>• Increase in access to carer support groups |
| 9 | Implementation of staff training | Ensure staff are appropriately trained and are aware of the local carers offer, and how to access it | Staff training - ensure staff are aware of local offer and how to access | |
| 10 | Advocacy | Carers to be made aware they are able to use the advocacy services available. Through updated staff guidance and information and advice available | Refresh of advocacy contract | |

4. Carer friendly communities

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 11 | Work with local communities to aid early identification of carers and promotion of carer awareness | Working alongside broader partners, district councils, educational services, parish councils and across the voluntary sector<br>A key theme will be planning for the future and preventing crisis | Ensure Local Area Coordinators and Communities teams are kept up to date with carers' issues - continue to raise awareness and promote carers support in these areas | • Local community groups being accessed<br>• Increase in carers identified and assessed, and increase in carer quality of life |
| 12 | Carers' Passports | Carers Passports in communities and employment | Carers Passport - development and promotion of the scheme | |
| 13 | Encourage / support growth of new carer support groups | Specifically groups in localities and hard to reach communities | Shires Grants carers group projects | |

5. A life alongside caring

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 14 | Raise awareness of carers in employment | Business case for supporting carers in employment circulation to Leicestershire employers - Employers for Carers Membership<br>Work with local employers – cascading supporting policies and procedures | Promotion of Employers for Carers scheme internally and with local employers | • Employee carers groups will grow and information will be regularly shared to support carers at work<br>• More carers feel they have as much social contact as they want<br>• Increase in carer quality of life |
| 15 | Improve support to carers we employ | Review of policies and relaunch of support offer - Carers Passport | Carers' Passport in employment | |
| 16 | Access to finance and benefit advice | Signposting | Identification of specific benefits and finance advice for carers | |
| 17 | Provision of flexible and responsive respite provision | Ensure all staff are aware of the respite framework and review of guidance to ensure clear when this should be used<br>Enable carers to have a break, including short beaks to families with a child with Special Educational Needs and Disability | Respite Framework Review | |

6. Carers living spaces and technology products (equipment)

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 18 | Gather more information on carers and tenure status | More research needed into the effects housing has on those in a caring role, to better determine the effects of housing on the caring role | Work with district councils to develop project to research this area and determine interventions | • Carer involvement during the initial assessment<br>• Guidance across all districts giving the same advice<br>• More information and better understanding of the relationship between carers and housing tenure status |
| 19 | Implementation of Lightbulb project | Ensure carers are recognised, will have one professional that will look after their equipment or adaptations case and will aim to speed up processes | Discussion with Lighbulb team to identify how this fits into their service model | |
| 20 | Work with district councils to provide consistent housing message | Leicestershire County Council will work alongside districts to ensure all guidance is consistent across the county | Develop project through Housing Services Partnership | |
| 21 | Provision of carer training to housing staff | Development of a training package co-produced with carers. Consideration to be given to how will be delivered. Leicestershire will train housing staff in carer awareness | Carer awareness training - co-production and roll out | |

7. Carers accessing the right support at the right time

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 22 | Consider carers in the development of integration projects | Work to join up or align commissioning practices to avoid duplication or lack of alignment | Develop aligned proposals through Carers' Delivery Group across all partners. For Leicestershire County Council, continue to promote the needs of carers within commissioning practice | • Improvements in carer quality of life and satisfaction with social services. |
| 23 | Review of carers' offer | Review of Carers Offer:<br>- CSC dedicated assessment workers<br>- review of assessment process<br>- Carers skills development project.<br><br>Specific consideration of support for carers with complex or longer term needs and accessible skill development for carers including bite size short courses, and use of alternative formats. | CSC dedicated Carers staff<br><br>Review of Assessment Process<br><br>iBCF funded contract to provide targeted skills support for carers | |
| 24 | Training for use of equipment for changes in housing | Direct one to one training through Occupational Therapists in Rutland and Leicestershire | Develop consistent offer and promote good practice with Occupational Therapy teams | |

8. Supporting young carers

| *Action No* | *Actions required* | *Details* | *Project* | *Measure* |
|---|---|---|---|---|
| 25 | Review current contract | Commission services to provide specific young carer assessments and subsequent support for the family through specialist workers | Children and Family Services | • Evaluation of the assessments showing improved outcomes and a reduction in needs<br>• Improved school attendance and higher achievement academically leading to greater potential to access employment<br>• Clear identification of young carers in education settings leading to an increase in referrals for assessments and/or group work support<br>• Group work outcomes will show positive impact reducing the need for support services involvement with families |
| 26 | Maximise the identification of young carers | By working with schools to raise awareness across the area. Ongoing meeting of the Young Carers Multiagency group focussing on identification through schools | Children and Family Services | |
| 27 | Work with Transition teams | Focus on the transition from children's to adults' services using the whole family approach to ensure a smooth handover, and work with employers and young carers to support them into further/higher education or employment | Children and Family Services | |
| 28 | Prioritise group work support for young carers | Targeted to their needs and work with partners in the PVI sector to provide a range of 'respite' opportunities | Children and Family Services | |

Agenda Item 10

Leicestershire County Council

# ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 11 SEPTEMBER 2018

# DRAFT LEICESTER, LEICESTERSHIRE AND RUTLAND LIVING WELL WITH DEMENTIA STRATEGY 2019–2022 OUTCOME OF CONSULTATION

## REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

### Purpose of Report

1 The purpose of this report is to update the Committee on the outcome of the consultation on the Draft Leicester, Leicestershire and Rutland (LLR) Living Well with Dementia Strategy 2019-2022 and to present the associated draft delivery plan. The Committee is invited to comment on this report ahead of consideration of the final Dementia Strategy and the delivery plan by the Cabinet on 16 October 2018.

### Policy Framework and Previous Decisions

2 The relevant policy framework includes:

- The Care Act 2014 requires local authorities and health partners to work in partnership and integrate services, where possible,
- Leicestershire County Council's Strategic Plan for 2018-22 – Working Together for Everyone, which describes the Council's overall policy framework and approach.
- Adult Social Care Strategy ('Promoting Independence, Supporting Communities; Our vision and Strategy for Adult Social Care 2016);
- Better Care Together (BCT) Five Year Strategic Plan (2014);
- LLR Sustainability Transformation Plan (LLR STP) (2016).
- The Challenge on Dementia 2020 sets out priority actions and the responsible organisations expected to deliver these.

3 On 9 March 2018, the Cabinet approved a public consultation of the Dementia Strategy (attached as Appendix A).

4 This Committee considered the draft Strategy on 6 March 2018 and asked that particular consideration be given to meeting the needs of people with early onset dementia in the delivery plan.

**Background**

Local Context

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

6 Data suggests that in Leicestershire there are 9,458 people over the age of 65 years with a diagnosis of dementia, and 184 people between the ages of 30 and 64 diagnosed with early onset dementia. The number of people over 65 with dementia is predicted to rise to 17,028 by 2035. It is anticipated that the number of carers of people with dementia will rise proportionately to the population growth.

7 In August 2018, the Adults and Communities Department supported 239 people in care homes and 122 people in the community who were over 65 and had a primary support need relating to dementia. As older people often have more than one support need it is likely this is an underestimation of people with dementia supported. In total the Department supported 1,728 people aged over 65 in care homes and 3,173 people over 65 in the community.

8 The Adults and Communities Department also supported 29 people under 65 with a primary support need of memory and cognition, nine in care homes and 20 living in the community. Some younger people may be categorised under the primary support need of mental health.

9 The dementia diagnosis indicator compares the number of people thought to have dementia with the number of people diagnosed with dementia. The target set by NHS England is that two thirds (67%) of people with dementia are diagnosed. All local Clinical Commissioning Groups (CCGs) areas are meeting the 67% national target in relation to diagnosis rates, although further work to maintain and increase these rates is planned within the draft Strategy. Current rates are as follows:

- East Leicestershire and Rutland CCG - 67.6%;
- Leicester City CCG - 85.3%;
- West Leicestershire CCG - 70.8%.

Current services and support for people affected by dementia

10 The jointly commissioned Dementia Support Service (health and social care across Leicester and Leicestershire) began in October 2017, offering a single point of access for people with dementia, carers and professionals. Total joint funding by the partners for this service is £495,000 per annum, of which the County Council's contribution is £281,000 from the Better Care Fund (approved by the Cabinet on 10 March 2017).

11 In addition to the Dementia Support Service, there is a range of support across Leicester and Leicestershire for people with dementia and carers. This includes advice, information, training and carer respite. Advocacy and safeguarding

services are in place, assistive technology solutions are widely offered, and a variety of social opportunities such as activity groups and memory cafes are available to support people and carers to live well with dementia.

The draft LLR Living Well with Dementia Strategy 2019-2022

12 The Strategy uses the guiding principles developed by NHS England named the "Well Pathway for Dementia". This pathway was based on guidelines from the National Institute for Care and Excellence, the Organisation for Economic Development framework for dementia, and the Dementia statements in the National Dementia Declaration. The five principles of the pathway are Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well.

Governance

13 The LLR Dementia Programme Board has established membership across partnership organisations and has written the draft Strategy and high-level action plan. This multi-agency partnership works to ensure that interdependencies are identified, including but not limited to:

- Home First;
- Urgent and Emergency Care;
- Integrated Locality Teams;
- Resilient primary care;
- Planned care;
- Mental health;
- Prevention;
- Medicines Management;
- Learning disabilities;
- End of life;
- Continuing health care and personal budgets.

## Consultation

14 An LLR public consultation was undertaken between 19 April and 22 June 2018. In the County, responses indicated that people were broadly in agreement with the Strategy.

15 The consultation was conducted through a number of mediums including an online survey to which 96 county residents responded and small meetings with people affected by dementia and their families.

## Overview of Consultation Findings for Leicestershire

16 The consultation report is attached as Appendix B. In summary:

- The total number of responses was 221, with 155 responses relating to Leicestershire.
- Out of the full 221 responders, 43% responded in relation to Leicestershire only, 27% with regard to Leicestershire and Leicester/Rutland, 28% for Leicester City only and 2% for Rutland only.

- Of the 155 responses relating to Leicestershire, 42% were from people who cared for someone with dementia, 5% from people diagnosed with dementia, 25% responders worked for a local authority and 23% were from interested members of the public.
- Out of the 155 responders, 72% were in agreement to the priorities and this is similar to the overall 73% of responders in agreement across LLR. This indicates there were no major differences between the Council areas.
- Of the carers and people diagnosed with dementia who responded in Leicestershire, 74% felt that the strategy had the right priorities. This was the same as this cohort within all Council areas.

17 The LLR report will be presented to the Dementia Programme Board on 25 September 2018.

18 In response to the request by the Overview and Scrutiny Committee, a specific meeting was held with people affected by early onset dementia on 31 May 2018. The feedback they gave was very similar to that given by other respondents, for example quicker diagnosis, although there were some specific points raised:

- More flexibility in the use of direct payments;
- Support for balance issues;
- Alternatives to residential care;
- More information and advice around finances and how to live healthy and well.

19 Significant responses relevant to Leicestershire which will be addressed in the local delivery plan include:

- Public awareness;
- Improved diagnosis and post diagnosis support and information;
- Training and improved quality of care;
- More information and support for carers;
- People with early onset dementia having more age appropriate services and support;
- More emphasis on advanced decisions for end of life care;
- Concern that without additional funding or resources, this will be challenging to deliver.

Draft Leicestershire County Council Delivery Plan 2019-2020

20 In order to address the County Council's responsibilities for delivery of the Strategy a delivery plan has been drafted (attached as Appendix C). Leicester City Council and Rutland Council will be developing their own delivery plans.

21 The delivery plan was developed with the assistance of relevant stakeholders at an engagement event held on 1 August 2018. This event was attended by key stakeholders, including people affected by dementia (both people living with dementia and carers), care providers, NHS partners, officers from the County Council, District and Borough Council representatives, Police, and the Voluntary Sector, including the Alzheimer's Society, Age UK and Dementia UK.

22 Four key areas were identified, which have informed the delivery plan: workforce, quality of care, support as the person's dementia progresses and raising public awareness. Whilst the Council is an active partner in a number of the Strategy's actions, the Department's specific commitments focus on improving access to information and advice at the time people need it, improving the quality in care through direct work with care services and promoting training for staff.

23 Further work is ongoing to co-ordinate this delivery plan with Leicestershire CCG commissioning leads.

## Resource Implications

24 There are no resource implications arising directly from this report. However, the Strategy, along with the stakeholder and consultation feedback received, will be used to shape future commissioning decisions for dementia services.

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

## Timetable for Decisions

25 The full LLR consultation results and the final recommended draft Strategy will be taken to the LLR Dementia Programme Board on 25 September 2018. After this, the final draft of the Strategy with the local delivery plan will be presented to the County Council's Cabinet on 16 October 2018 and multi-agency Governance Boards between October and December, with the intention of publishing the final Strategy in early 2019.

## Conclusions

26 The results of the public consultation exercise relating to Leicestershire demonstrated overall agreement by most consultees to the draft Strategy.

27 A requirement of the Strategy was that statutory organisations build on the high level LLR action plan contained within the draft Strategy by developing specific delivery plans. A Leicestershire County Council delivery plan has been drafted to reflect the consultation results and key responsibilities of the County Council.

28 The Committee is invited to comment on this report ahead of consideration of the final Dementia Strategy and the delivery plan by the Cabinet on 16 October 2018.

## Background Papers

- Report to Cabinet: 5 February 2016 – Adult Social Care Strategy 2016 – 2020 - http://politics.leics.gov.uk/documents/g4599/Public%20reports%20pack%20Friday%2005-Feb-2016%2014.00%20Cabinet.pdf?T=10
- Report to Cabinet: 13 December 2016 – NHS Sustainability and Transformation Plan - http://politics.leics.gov.uk/documents/s125045/NHS%20Sustainability%20and%20Transformation%20Plan.pdf
- Report to Adults and Communities Scrutiny Committee: 6 March 2018 - Draft Leicester, Leicestershire and Rutland (LLR) Living Well with Dementia Strategy 2019-2022 - http://politics.leics.gov.uk/documents/s136020/LLR%20Living%20Well%20with%20Dementia%20Strategy.pdf

- Report to Cabinet: 9 March 2018 - Draft Leicester, Leicestershire and Rutland (LLR) Living Well with Dementia Strategy 2019-2022 - http://politics.leics.gov.uk/documents/s136066/3_March_Draft%20LLR%20Living%20Well%20with%20Dementia%20Strategy%20FINAL.pdf

## Circulation under the Local Issues Alert Procedure

29 None.

## Equalities and Human Rights Implications

30 An initial equalities and human rights impact assessment (EHRIA) has been undertaken by the Dementia Programme Board. The notion of a joint Dementia Strategy across LLR will ensure that there is a more streamlined approach to dementia and dementia care across the various footprints. It will join up all of the professional organisations that are working with people affected by dementia, as well as the people affected by dementia themselves, to demonstrate how improvements to the system can be made for the benefit of the people that use it. Therefore it is expected it will have a positive impact on the lives of people with dementia and those affected by it.

31 The outcome of the consultation supports the view that equalities and human rights impact considerations have been addressed appropriately in the draft Strategy.

32 The Adults and Communities Departmental Equalities Group (DEG) will monitor the action plan accompanying the EHRIA. This will be conducted on a six monthly basis to ensure all outstanding actions are completed where they affect the protected characteristics listed in the Equalities Act 2010.

## List of Appendices

- Appendix A – The Draft Leicester, Leicestershire and Rutland (LLR) Living Well with Dementia Strategy 2019-2022
- Appendix B – Summary report of the Leicestershire responses to Public Consultation and Engagement
- Appendix C – Draft Leicestershire County Council Delivery Plan

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# Leicester, Leicestershire & Rutland's Living Well with Dementia Strategy 2019-2022

Leicestershire County Council

NHS

Rutland County Council

Leicester City Council

# 1. Introduction

Supporting and helping those living with dementia and their carers remains a priority for Leicester, Leicestershire and Rutland's (LLR) health and social care organisations.

Our strategy sets out the Leicester, Leicestershire and Rutland ambition to support people to live well with dementia. It reflects the national strategic direction outlined in The Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020. The strategy is **informed by** what people have told us about their experiences either as a person living with dementia or as a carer and is written **for** those people; specifically those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them.

Leicester, Leicestershire and Rutland's Living Well with Dementia Strategy 2019-2022 has been developed in partnership between local health, social care and voluntary sector organisations.

An important focus of our strategy is to move towards delivery of personalised and integrated care. We have used the NHS England Well Pathway for Dementia* to give us a framework that puts the individual and their carer at the centre of service development and implementation across health and social care. We acknowledge that by collaborating in this way, efficiencies across the wider health and social care system will also be realised.

As a partnership, we are committed to minimising the impact of dementia whilst transforming dementia care and support within the communities of Leicester, Leicestershire and Rutland, not only for the person with dementia but also for the individuals who care for someone with dementia. We also aim to improve access to diagnosis and support services for all patients and service users, especially those from Black, Asian, minority ethnic and hard to reach groups who currently do not access services.

We want the well-being and quality of life for every person with dementia to be uppermost in the minds of our health and social care professionals.

*list of reference websites provided at the end

# 2. What is dementia?

‘Dementia describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer’s disease, a series of small strokes or other neurological conditions such as Parkinson’s disease.’

Prime Minister’s Challenge on Dementia 2020

All types of dementia are progressive. The way that people experience dementia will depend on a variety of factors therefore the progression of the condition will be different.

People of any age can receive a dementia diagnosis but it is more common in those over the age of 65. Early onset dementia refers to younger people with dementia whose symptoms commence before the age of 65. Younger people with dementia often face different issues to those experienced by older people.

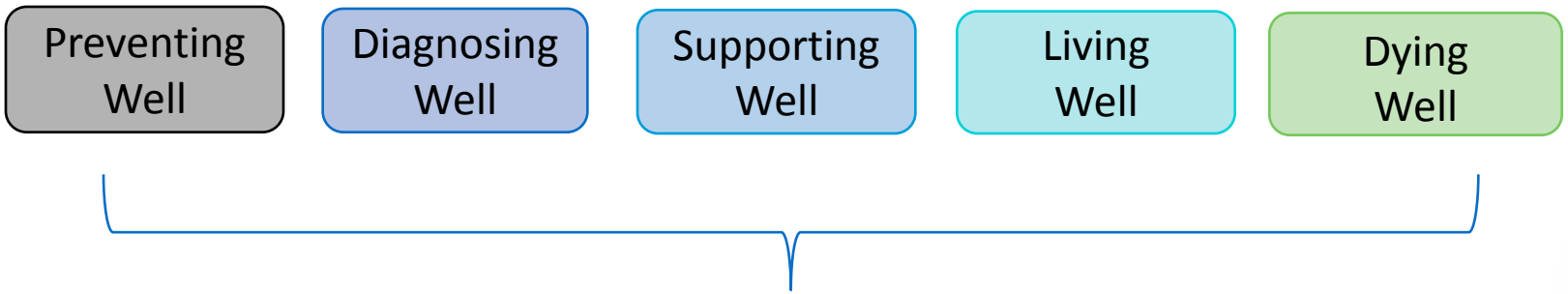
No two people with dementia are the same and therefore the symptoms each person experiences will also differ.

Links to further information about the different types of dementia are provided at the end.

# 3. Vision, guiding principles and aim

This strategy has been guided by principles developed by NHS England in their transformation framework. This 'Well Pathway for Dementia' is based on NICE guidelines, the Organisation for Economic Co-operation and Development framework for Dementia and the Dementia I-statements from The National Dementia Declaration.

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:




We aim to create a health and social care system that works together so that every person with dementia, their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

# 4. National context and background

**There are a number of national drivers that shape and influence the way the UK should tackle dementia as a condition**

**Prime Minister's Challenge on Dementia 2020**

In February 2015, the Department of Health published a document detailing why dementia remains a priority and outlined the challenges the UK continues to face in relation to dementia.

The priorities identified within this are:

1) To improve health and care
2) To promote awareness and understanding
3) Research

**Legislation**

- Care Act 2014
- Equality Act 2010

**Context**

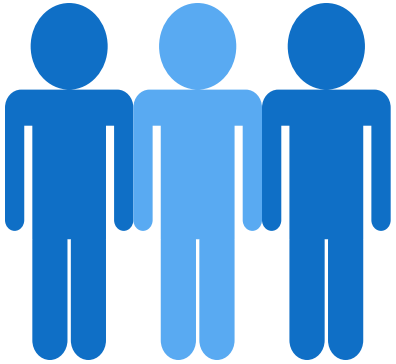
- Living Well with Dementia 2009
- Dementia 2015
- NHS & Adult Social Care Outcomes Frameworks
- Fix Dementia Care 2016

# National picture

There are currently 850,000 people living with dementia in the UK. 42,325 of these have early onset dementia.

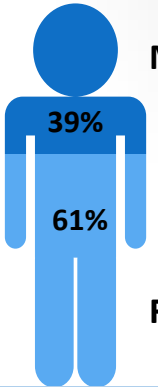
The number of people with dementia is forecast to increase to 1,142,677 by 2025 – an increase of 40%.

It is estimated that 1 in 3 people in the UK will care for someone with dementia in their lifetime



In the UK 61% of people with dementia are female and 39% are male. There are a higher proportion of women with dementia as women tend to live longer, however, this does reverse when considering the data for people with early-onset dementia.

## Gender

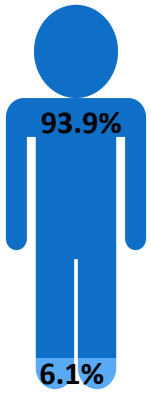


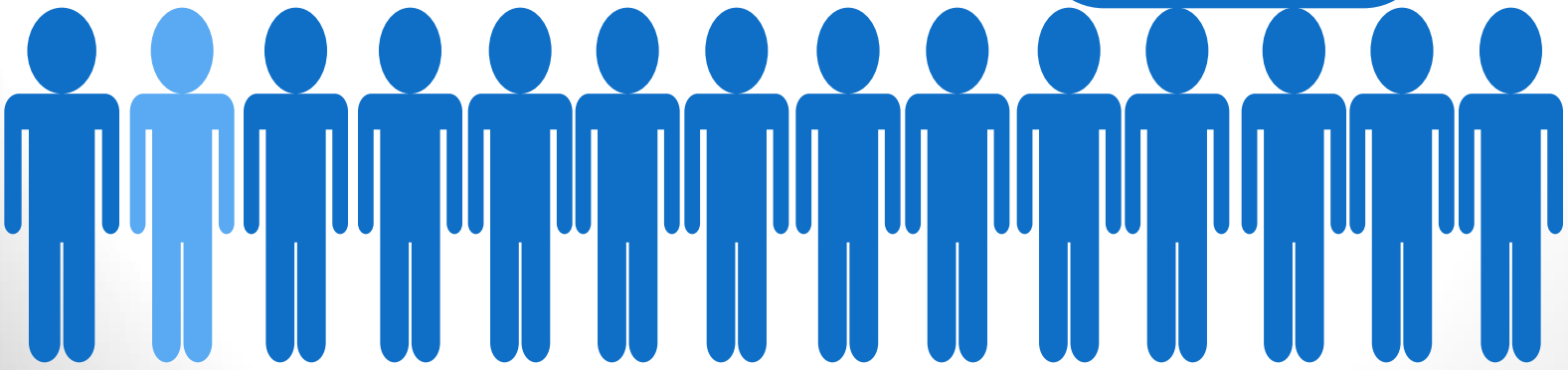

1 in every 14 of the population over 65 years has dementia

1 in 3 people who die over the age of 65 years have dementia. Dementia now accounts for 11.6% of all recorded deaths in the UK.

It is estimated that there are 11,392 people from black and minority ethnic (BME) communities who have dementia in the UK. 6.1% of all those are early onset, compared with only 2.2% for the UK population as a whole, reflecting the younger age profile of BME communities.

## Dementia and Ethnicity



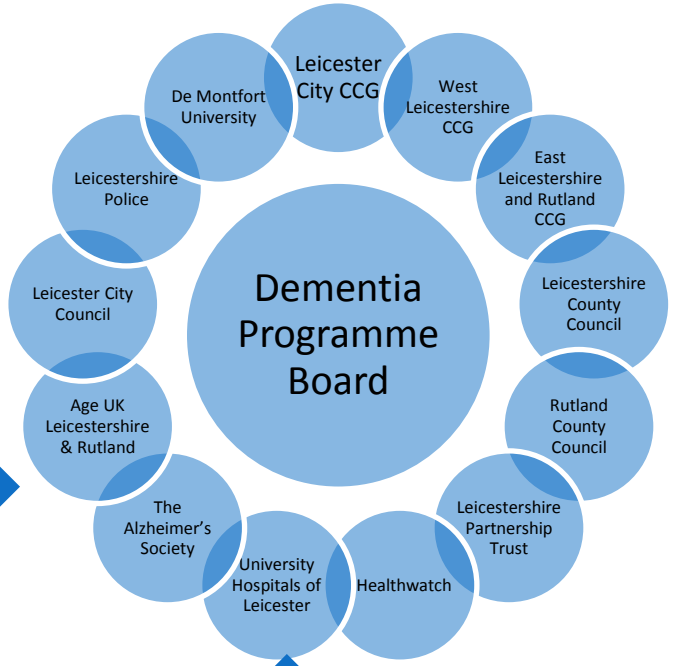



# 5. Local context and background

Better Care Together (BCT) is the programme of work that plans to transform the health and social care system. The Sustainability and Transformation Partnership (STP) in LLR is derived from this programme and is developing proposals across a variety of health and social care areas, to enable us to plan and be responsive to the needs of the whole population. The dementia work stream has established a programme board with membership across partnership organisations and linked to the wider STP programme.

The Dementia Programme Board has written this strategy and high-level delivery plan. The multi-agency partnership works to ensure that interdependencies are identified including but not limited to:

- Home First
- Urgent and emergency care
- Integrated locality teams
- Resilient primary care
- Planned care
- Mental health
- Prevention
- Medicines Management
- Learning disabilities
- End of life
- Continuing health care and personal budgets




Funding in relation to dementia is not directly addressed within this strategy. However the financial position cannot be ignored therefore the available resources for each organisation will be reflected in individual organisational plans that will be developed by partners setting out their role in the delivery of the strategy.

**The key local policy documents that influence the delivery of the strategy**

Leicestershire County Council Adult Social Care Strategy 2016-2020

Leicester City Council – Adult Social Care: Strategic Commissioning Strategy 2015-2019

Rutland County Council – The Future of Adult Social Care in Rutland

2015 – 2020

Clinical Commissioning Group Operational Plans 2018-2019

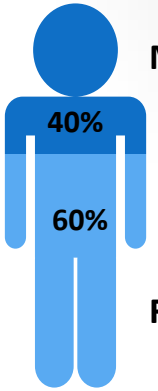
University Hospitals of Leicester NHS Trust Dementia Strategy 2016-2019

# Local picture

There are currently 13,372 people living with dementia across Leicester, Leicestershire & Rutland. This number is set to increase to 16,969 by 2025.
269 of these people have early onset dementia.

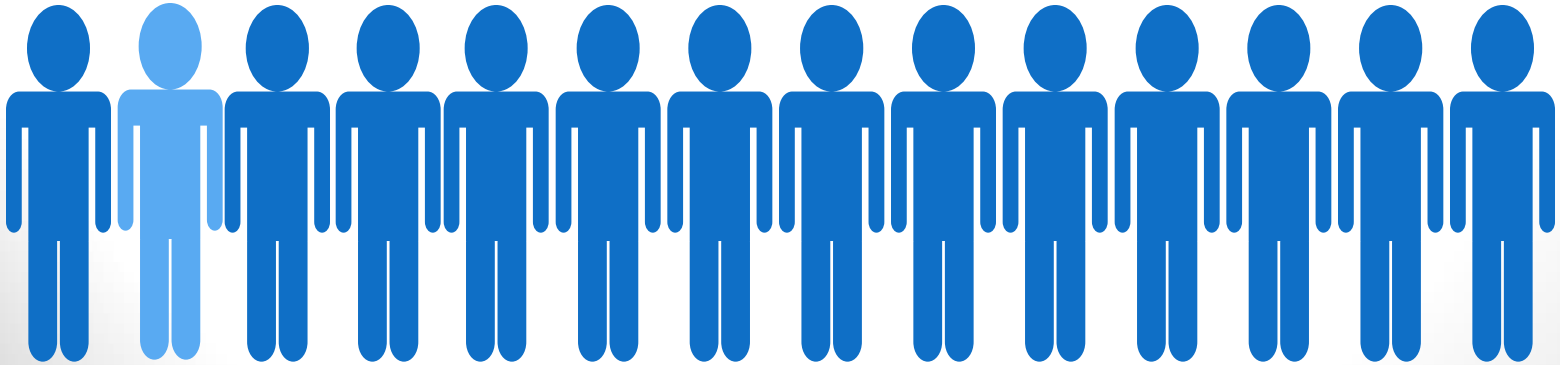
Across LLR 60% of people with dementia are female and 40% are male. This reflects the national trend.

**Gender**




It is estimated that there are 105,000 carers across LLR. For further information relating to carers, see the draft LLR Carers Strategy.

1 in every 14 of the population of LLR over 65 years has dementia, reflective of the national trend



# Local picture

The dementia diagnosis indicator compares the number of people thought to have dementia with the number of people diagnosed with dementia. The target set by NHS England is for at least two thirds of people with dementia to be diagnosed (67%). The national prevalence of dementia is 1.3% of the entire UK population equating to approximately 850,000 individuals.

## Local NHS Diagnosis Rates

| West Leicestershire | Leicester City | East Leicestershire & Rutland |
|---|---|---|
| 73% | 87% | 67% |

(Percentages represent the proportion of people living with dementia that have a formal diagnosis as of November 2017)

### Leicestershire

- 9,642 individuals thought to be living with dementia
- 9,458 of these are 65 years or over
- The total population of people aged 65 years or over is 139,400 which equates to 6.78% of this cohort of the population living with dementia

### Leicester

- 3,026 individuals thought to be living with dementia
- 2,951 of these are 65 years or over
- The total population of people aged 65 years or over is 41,700 which equates to 7.07% of this cohort of the population living with dementia

### Rutland

- 704 individuals thought to be living with dementia
- 694 of these are 65 years or over
- The total population of people aged 65 years or over is 9,500 which equates to 7.3% of this cohort of the population living with dementia

# Local picture - What people told us

# 6. How dementia support currently looks across LLR

General medical practice

Memory clinics

Community dementia support services such as those provided by Admiral Nurses, the Alzheimer's Society and Age UK, including support for carers

Social care services including  care management and assistive technology services

Advocacy services and deprivation of liberty safeguards services

Extra care, residential and nursing homes

Members of Dementia Action Alliances working towards creating more dementia friendly communities

Advice and information services, including welfare benefits

# 7. Achievements of the previous LLR Strategy 2011 – 2014

GPs have been supported to understand and promote key preventative messages as well as developing health checks and a dementia friendly GP toolkit

Engagement with people living with dementia and their carers has been undertaken across the area to understand their experiences of the health and social care system to inform future work

All CCG areas are meeting the 67% national target in relation to diagnosis rates and appropriate referrals are being made to memory assessment clinics, underpinned by a shared care agreement

The memory pathway is well embedded across the area with good connections form primary care, memory clinics, post diagnostic support services, social care

A new community and hospital based Dementia Support Service has been commissioned across Leicester and Leicestershire, with a single point of access for people with dementia, carers and professionals

Rutland commissioned a dementia support service who worked with local partners to support people with dementia and their carers

Contract monitoring was undertaken by all commissioners and aimed to ensure that people with dementia were cared for and supported well

Carers are supported through specific services, including advice, information, training and respite

# 7. Achievements of the previous LLR Strategy 2011 – 2014

Voluntary and community sector organisations offer training programmes for people with dementia and carers. NHS and social care organisations offer staff training programmes

Advocacy services and deprivation of liberty safeguards services are in place to give people with dementia a voice

Assistive technology solutions are widely offered to people living with dementia and carers

Strong links have been made with the local Dementia Action Alliance social movement to recruit dementia friends and work towards creating more dementia friendly communities

A variety of social opportunities such as activity groups, memory cafes, befriending is available to support people and carers to live well with dementia

Advice and information is available throughout the memory pathway

# 8. LLR Dementia Strategy Delivery Plan 2019 - 2022

This delivery plan will be refreshed on an annual basis to ensure its relevance. Actions have been agreed as a result of engagement with stakeholders and feedback from public consultation. Each member of the LLR Dementia Programme Board will reflect these delivery actions in their own organisational plans and the needs of under-represented groups will be considered in all of the actions listed below.

| Action | Responsible | Guiding Principle | Actioned By |
|---|---|---|---|
| Pilot the Dementia Friendly general practice template and consider how to rollout more widely | CCGs | Preventing Well | 2019/2020 |
| Promote the inclusion of dementia risk reduction messages within health checks across primary care | CCGs | Preventing Well | 2019/2020 |
| Increase Public Health involvement in the work of the DPB | LLR Dementia Programme Board | Preventing Well | 2019 |
| Promote opportunities to be involved in research to people affected by dementia and their carers throughout the memory pathway | LLR Dementia Programme Board | Preventing Well | 2019/2020 |
| Review memory assessment pathway and referral processes | CCGs and LPT | Diagnosing Well | 2019/20 |
| Promote memory pathway | LLR Dementia Programme Board | Diagnosing Well | 2019/20 |
| To develop a process to increase the number of people receiving a dementia diagnosis within 6 weeks of a GP referral | CCGs | Diagnosing Well | 2020/21 |

# 8. LLR Dementia Strategy Delivery Plan

| Action | Responsible | Guiding Principle | Actioned By |
|---|---|---|---|
| Work with care homes to pilot and roll out the dementia diagnosis toolkit | CCG and Local Authority Commissioners | Diagnosing Well | 2020/2021 |
| Monitor the Dementia Support Services contracts and take action as appropriate | Local Authority Commissioners | Supporting Well | Ongoing |
| Raise awareness of dementia with housing providers | LLR Dementia Programme Board | Supporting Well | 2020/2021 |
| Contribute to a review of the workforce development offer to ensure a focus on high levels of expertise when delivering personal care | Health and Social Care professionals and workforce development providers | Supporting Well | 2019/2020 |
| Continue to focus on improving the in-patient experience and hospital discharge pathways | LLR Dementia Programme Board | Supporting Well | 2019/2020 |
| Promote Dementia Support Services across LLR | Health and Social Care professionals and providers | Living Well | 2019/2020 |

# 8. LLR Dementia Strategy Delivery Plan

| Action | Responsible | Guiding Principle | Actioned By |
|---|---|---|---|
| Support the work to improve residential provision for people with complex dementia | CCG and Local Authority Commissioners | Living Well | 2019/2020 |
| Support the Dementia Action Alliance to develop more dementia friendly communities | LLR Dementia Programme Board | Living Well | 2019/2020 |
| Develop routine engagement processes with people living with dementia and carers to inform our work | LLR Dementia Programme Board | Living Well | 2019/2020 |
| Review the dementia information offer to ensure it covers a range of topics, including accommodation options | LLR Dementia Programme Board | Living Well | 2020/2021 |
| Review the current care and support standards used across LLR and agree a common set | Health and Social Care professionals and providers | Living Well | 2020/2021 |
| Work with care homes and other providers to develop training and support to manage crises and work with reablement principles | Health and Social Care professionals and providers | Living Well | 2020/2021 |
| Make stronger links with STP End of Life work-stream | LLR Dementia Programme Board | Dying Well | 2019/2021 |

# 9. Useful websites

**Context**

NHS England Well Pathway for Dementia: england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf

Further information about the different types of dementia: nhs.uk/conditions/dementia-guide/Pages/dementia-choices.aspx and alzheimers.org.uk/info/20007/types_of_dementia

Prime Ministers Challenge on Dementia: gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020

Living Well with Dementia: gov.uk/government/uploads/system/uploads/attachment_data/file/168221/dh_094052.pdf

Dementia 2015 – Aiming Higher to Transform Lives (report by the Alzheimer's Society): alzheimers.org.uk/info/20093/reports/253/dementia_2015

NHS Outcomes Framework & Adult Social Care Outcomes Framework 2016-17:
gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf
gov.uk/government/uploads/system/uploads/attachment_data/file/629812/ASCOF_handbook_definitions.pdf

Fix Dementia Care 2016: alzheimers.org.uk/info/20175/fix_dementia_care

**Legislation**

Care Act 2014: legislation.gov.uk/ukpga/2014/23/contents/enacted

Equality Act 2010: gov.uk/guidance/equality-act-2010-guidance

**Local Policy**

Leicestershire County Council Adult Social Care Strategy 2016 – 2020:
leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC_Strategy_2016_2020_0.pdf

Leicester City Council – Adult Social Care: Strategic Commissioning Strategy 2015-2019:
leicester.gov.uk/media/179825/strategic-commissioning-strategy-2015-2019.pdf

Draft Leicester, Leicestershire and Rutland Carers Strategy: leicestershire.gov.uk/carers-strategy

Rutland County Council – The Future of Adult Social Care in Rutland:
rutland.gov.uk/my-services/health-and-family/adult-social-care/adult-social-care-strategy

East Leicestershire and Rutland Operational Plan 2016-2017
West Leicestershire Operational Plan 2016-2017
Leicester City Operational Plan 2016-2017

University Hospitals of Leicester NHS Trust Dementia Strategy – April 2016 – March 2019:
leicestershospitals.nhs.uk/EasysiteWeb/getresource.axd?AssetID=41809&type=full&servicetype=Attachment

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**APPENDIX B**

# Summary Report of Leicestershire Responses to Public Consultation and Engagement:

# Leicester, Leicestershire and Rutland's Living Well with Dementia Strategy 2019-2022

## 1. Purpose of the report

This document provides a summary of the findings from Leicestershire respondents of the public consultation undertaken between 19 April - 22 June 2018 on the draft **Leicester, Leicestershire and Rutland's Living Well with Dementia Strategy 2019-2022.**

The overall LLR Consultation report will be presented to the Dementia Programme Board on the 25th September. The information gathered during this consultation will be used to inform the way forward.

The total responses relating to Leicestershire was 155, 96 Leicestershire only and 59 who responded in regard to Leicestershire and Leicester and/or Rutland.

**Areas people stated they were responding in relation to** (More than one area could apply)

| | |
|---|---|
| Blaby | 70 |
| Charnwood | 62 |
| Harborough | 52 |
| Hinckley and Bosworth | 53 |
| Melton | 37 |
| North West Leicestershire | 50 |
| Oadby and Wigston | 50 |

**In what capacity are you responding? (**More than one category could apply)

| | |
|---|---|
| I have a diagnosis of dementia | 5% |
| I am a family member / carer of a person with dementia | 43% |
| I am an interested member of the public | 23% |
| I work for a council | 25% |
| I work for a dementia service provider | 10% |
| I am a representative of a voluntary sector organisation or charity | 10% |
| I work as a GP / pharmacist or other healthcare professional | 10% |
| I am a stakeholder (like an elected member, representative of statutory body) | 1% |
| Other (please specify) | 17% |

## 2. Key Themes Emerging for Leicestershire

The key issues identified in the analysis of this consultation are:

- The draft strategy was welcomed by the majority of respondents.
- There is a clear call for the delivery plans to be more specific about how actions will be delivered.
- A consistent concern about how the actions can be achieved without additional funding.
- A concern that the current financial situation is impacting on the quality and availability of care particularly to support people remain at home longer, care whilst in hospital and care services in the advanced stages of dementia.
- More awareness raising in local communities about the risks of developing dementia but more significantly more awareness and information about how to spot the early signs of dementia.
- More awareness raising in schools
- More support for families when the person appears to be in the early stages but for various reason will not visit their GP.
- More consistent post diagnosis support, key workers and specialist nurses like Admiral Nurses.
- More and improved dementia care training for staff caring for people affected by dementia - at all levels, to the skills level need for their role, including care training for family carers.
- Awareness training for allied staff who come into contact with people affected by dementia.
- More awareness raising about the fact younger people can have dementia and more age appropriate services and support.
- More information, awareness raising and specific diagnostic tools for people from BME communities.
- Improved information advice and support for people and families who are self-funding their care.
- Do more to support people make advance decisions.

## 3. Overview of Responses and Themes Relating to Each Question

### Key Actions Preventing Well - We Plan to

- Help GP practices to be more aware of and give support to people with dementia by
- Use a standard professional guide
- Promote health checks in primary care
- Increase involvement of Public Health in the Board's work.

Q1. Do you think these actions will raise awareness of risk factors associated with developing dementia?

| | |
|---|---|
| Yes | 77% |
| No | 12% |

| | |
|---|---|
| Don't Know | 12% |

Q2. If no, give reasons why

This answer includes common comments including from people who answered yes

- GP's should already be doing this but are under pressure.
- More Public Health awareness is needed so that people look after themselves
- Not everyone goes to the GP
- How do we encourage those who are reluctant to go to see their GP or are in denial and support their families with this?
- You need to distinguish between the risk factors like unhealthy lifestyles and early warning signs of dementia.
- Raising awareness needs to go right across all communities and organisations.
- More information about dementia and its causes needs to be available to the public. Particularly families with ageing partners and relations.

Q3. Is there anything else we could do to raise awareness of risk factors associated with developing dementia?

- More information and public campaigns coordinated between Public Health, district and borough councils and the voluntary sector
- Early health checks at GP's
- Raise awareness of the professionals so it is picked up by any health contact, e.g. clinics like for heart and diabetes.
- Educate in schools
- More staff have dementia awareness training
- Use a full range of ways to get messages across, like posters, leaflets and social media, community centres, GP surgeries
- Tailor information and awareness raising to BME communities
- Provide information to families who have relatives with dementia. Are they at more risk of developing dementia?
- Reductions in social care services is considered by some as creating problems
- Some respondents suggested specialist nurses, like Admiral nurses would be helpful

**Key Actions- Diagnosing Well - We Plan to:**

- Promote information on what people should do if they are worried about their memory or have a diagnosis of dementia
- Speed up process of diagnosis
- Review memory assessment and referral processes
- Introduce diagnosis toolkit to care homes
- Promote post diagnostic information and support for people who have a diagnosis of dementia.

Q4. Do you think these actions will ensure that people receive a timely diagnosis?

| | |
|---|---|
| Yes | 72% |
| No | 14% |
| Don't Know | 14% |
| Not Answered | 1% |

Q5. If no, please give reasons why:

This answer includes common comments including from people who answered yes

- Resource pressures for NHS will have an impact on timely diagnosis
- Diagnosis in care homes are unnecessary and resource intensive if not likely to result in better care.
- People are fearful of going the GP so more education and awareness needed and more support for families to encourage them to get help.
- Post diagnostic support and services is just as important as a diagnosis important
- Raise awareness via Dementia Friends
- GP's need more support/training to assess and review people.

Q6. Is there anything else we could do to diagnose dementia well?

- Listen and support families when person is unaware or in denial and will not go to GP's or seek help
- All staff at GP surgery do a Dementia Friends session
- GP's and practice nurses have specialist training in dementia
- Have someone available to speak to straight after diagnosis
- Speed up the time taken to diagnose, like access to scanning and memory clinic.
- Increase funding to dementia services
- Specific diagnosis tools i.e. culturally appropriate and for young onset dementia
- More public awareness of the early signs particularly for families
- Provider post diagnosis support
- Recognise that younger people get dementia too

Q7. Is there anything else we could do to improve diagnosis and raise dementia awareness amongst Black, Asian, Minority Ethnic (BME) and hard to reach groups?

- A better culturally appropriate diagnosis tool
- Raise awareness of health risks like diabetes and hypertension for vascular dementia
- Awareness raising in BME communities and with families by connecting with local community leaders, community centres, places of worship and religious events.
- Information to be clear and concise and relevant to all.

**Key Actions- Supporting Well - We plan to:**

- Monitor the dementia support services we buy to ensure they provide high quality
- Support, provide equal access for all and give good value
- Raise awareness of dementia with housing providers
- Develop high levels of expertise among staff delivering personal care
- Improve the experience of inpatient care and the hospital discharge process by ensuring staff involved are dementia aware.

Q8. Do you think these actions will give people with dementia (and their carers) access to safe, high quality health and social care?

| | |
|---|---|
| Yes | 69% |
| No | 10% |
| Don't Know | 19% |
| Not Answered | 1% |

Q9- If no, please give reasons why:

This answer includes common comments including from people who answered yes

- Resources and funding is an issue
- Training is not effective if staff do not have time to spend with the person
- People who self-fund need more support to access services
- Training needs to be provided to all care staff at a good standard and level

Q10- Is there anything else we could do to support people with dementia?

- Provide Admiral Nurses across Leicestershire
- Fund more care provision for people with dementia,
- Make financial assessments and access to funding easier.
- Better quality training that is refreshed and monitored
- More than the minimal 2 days training for care staff, more than Dementia Friends session
- More specific care homes for younger people
- Specific support for people from BME communities
- More support to family carers, information advice as well as services and training in care tasks.
- Support people who self-fund
- Better care on general hospital wards
- Listen more to people affected by dementia

**Key Actions- Living well - We plan to:**

- Make sure we talk with people with dementia and their carers to make our services relevant to their needs
- Support the Dementia Action Alliance to develop more dementia friendly communities

- Review the dementia information available to ensure it covers a range of topics
- Including accommodation options
- Promote dementia support services
- Agree a common set of care and support standards across Leicester, Leicestershire and Rutland
- Support work to improve residential services for people with complex dementia
- Develop training and support for care homes and other providers to manage crises.

Q11. Do you think these actions will enable people living with dementia to live well and safely within their communities?

| | |
|---|---|
| Yes | 76% |
| No | 6% |
| Don't Know | 17% |
| Not Answered | 1% |

Q12. If no, please give reasons why:

- Statements do not give clarity on what actions are going to be taken
- Need to support people to live at home not just look at care homes
- Without additional funding will this be possible?
- Needs to tailor to individual needs as well as have common standards

Q13. Is there anything else we could do to support people with dementia to live well?

- More advice and support for younger people with dementia
- Make sure care homes can support people with behaviours that challenge and scrutinise those who are registered to provide dementia care who don't manage.
- Support self-funders and provide better information and advice
- Provide more support for family carers at home
- Listen to people with dementia and ensure they are represented on the Dementia Programme Board.
- Have crisis plans with individuals in place e.g. if carer needs to go into hospital at short notice
- Provide more information about what Dementia Action Alliances are and do

**Key Actions - Dying Well - We Plan to:**

- Strengthen links with other working groups (such as palliative care teams), particularly around care for people with dementia who are approaching the end of their lives.

Q14. Do you think this action will ensure people with dementia can die with dignity in the place of their choosing?

| | |
|---|---|
| Yes | 65% |
| No | 12% |
| Don't Know | 23% |

Q15. If no, please give reasons why:

This answer includes common comments including from people who answered yes

- Not on its own
- There needs to more emphasis on supporting people make advanced decisions whilst people have capacity
- People and families are not given a choice in reality to die at home and are moved to hospital or a care home
- Collaboration between experts in palliative care and experts in dementia care is needed
- More training for staff

Q16. Is there anything else we could do to ensure people living with dementia can die with dignity?

- Mores conversations early on about Advanced Decisions and care planning
- Value and support care staff and care homes and provide more training.
- Provide more discreet beds/side rooms for people who are dying
- Know when to stop providing invasive treatments
- Listen to families for end of life decisions and provide more information about what they might expect to happen as someone's dementia advances

**Additional Information**

The Consultation was hosted by the City Council with links provided on the LCC and CCG websites to the online survey, The City Council also ensured that an easy read version was made available as were printed copies on request. Partners were encourages to support people they work who were affected by dementia fill in the survey. In addition ASC sent an "all user" email internally and sent out over 600 emails to care providers, local networks, housing and voluntary sector providers seeking their assistance with publishing the survey. Local publicity was used during Dementia Action Week in May and via CCG and Council twitter feeds. The Health and Wellbeing Board was briefed on the 24th May and requested at a later point to have more information about what was happening in localities.

Additional consultation meetings were provided on request for people affected by dementia. Three meetings were attended by County Council Officers at which people were encourages to fill in individual surveys. A group of people with early on set dementia and their families invited both City and County Council Officer's to attend their meeting in May and gave detailed feedback relating to their needs and experiences. This largely echoes the findings of the survey and included, the need for information to keep active, healthy and live well, diagnosis being speeded up, the need for good financial advice at an early stage, advice for self funders, more flexibility with carer's and service user direct payments including being able to buy overnight respite at home and that people wanted to live at home and be supported

there.

## Appendix 1 - Equality Monitoring Information

The tables below refer to demographic information from people who stated they were:

### Ethnic Background

| | |
|---|---|
| Asian or Asian British: Any other Asian background | 0.6% |
| Asian or Asian British: Indian | 3% |
| Black or Black British: African | 0.6% |
| Chinese | 0.6% |
| Dual/Multiple Heritage: Any other heritage background | 0.6% |
| Dual/Multiple Heritage: White & Black Caribbean | 0.6% |
| White: Any other White background | 0.6% |
| White: British | 86% |
| White: European | 1% |
| White: Irish | 1% |
| Prefer not to say | 3% |
| Not Answered | 1% |

### Age

| | |
|---|---|
| 18 - 25 | 1% |
| 26 - 35 | 5% |
| 36 - 45 | 14% |
| 46 - 55 | 32% |
| 56 - 65 | 30% |
| 66+ | 14% |
| Prefer not to say | 4% |
| Not Answered | 0.6% |

### Disability

| | |
|---|---|
| Yes | 14% |
| No | 81% |
| Prefer not to say | 5% |
| Not Answered | 0.6% |

**Religion**

| | |
|---|---|
| Atheist | 5% |
| Buddhist | 1% |
| Christian | 55% |
| Hindu | 0.6% |
| Muslim | 1% |
| Sikh | 1% |
| No religion | 24% |
| Any other religion or belief (please specify) | 2% |
| Prefer not to say | 9% |
| Not Answered | 1% |

**Sexual Orientation**

| | |
|---|---|
| Bisexual | 1% |
| Gay / lesbian | 3% |
| Heterosexual / straight | 83% |
| Other (please specify) | 2% |
| Prefer not to say | 8% |
| Not Answered | 3% |

**Gender**

| | |
|---|---|
| Male | 15% |
| Female | 77% |
| Other (e.g. pangender, non-binary etc) | 0.6% |
| Prefer not to say | 5% |
| Not Answered | 1% |

**APPENDIX C**

## Leicestershire County Council – draft Dementia Action Plan 2019 - 2022

**Council actions in bold**, *includes actions led by other stakeholders in italics*

**Key**

| Completed | On-Track | No progress made |
|---|---|---|

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| **Preventing Well** | | | | | | | |
| *1* | *Pilot the GP Dementia Friendly Template and consider roll out across general medical practices* | *CCG lead action: To be monitored through Dementia Programme Board* | | *Leicestershire CCG Commissioners* | *January 2019* | *March 2020* | |
| **2** | **Promote the inclusion of dementia risk reduction messages within health checks across primary medical care** | **Review existing risk reduction messages and agree a revised Communication programme**<br><br>*CCG actions to be monitored through Dementia Programme Board (DPB)*<br>*Roll out information and messages to primary medical care*<br><br>**Encourage practices to adopt a social prescribing approach to managing risks and consequences of dementia e.g. using First Contact plus. To cover wider determinants of health. Lightbulb etc.** | **Communications programme and campaign agreed.** | **SRO: Director of Public Health** | January 2019 | March 2020 | |
| **3** | **Increase Public Health Involvement in the work of the** | **Agree PH representation on the DPB.**<br><br>**To consider the involvement of Public Health in each initiative or dementia related commissioning activity** | **Public Health representation agreed on DPB.** | **SRO: Director of Public Health** | January 2019 | March 2019 | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| | **Dementia Programme Board (DPB)** | | **Evidence of Public Health involvement on commissioning initiatives, where applicable.** | | | | |
| 4 | *Promote opportunities to be involved in research to people affected by dementia and their carers throughout the memory pathway.* | **Negotiate with contract lead and providers to ensure research opportunities are reflected in the service specification for the memory assessment service, Health Checks and Dementia Support Services.**<br><br>*Ensure there is research representation on the DPB.*<br><br>*Research information is shared with the membership of the DPB.* | **Specification updated to reflect research.**<br><br>*Representation identified.*<br><br>*Research programmes and information shared with the membership of the DPB.* | *DPB*<br><br>*Research team*<br><br>*CCG Commissioners*<br><br>**Public Health Contract Manager and commissioning manager**<br><br>**Lead Commissioner Mental Health & Dementia** | *January 2019* | *March 2020* | |
| **Diagnosing Well** | | | | | | | |
| 5 | *Review memory assessment pathway and referral process.* | *CCG actions to be monitored through Dementia Programme Board*<br><br>*Review service specification and work with Leicestershire NHS Partnership Trust (the provider organisation) to update the service specification.*<br>*Through the DPB, establish a small task and finish group to review the pathway particularly in line with the NHSE guidance around the new 6 week RTT target to be introduced by DH.* | *Service specification reviewed and agreed.*<br><br>**Task and Finish Group established.** | *CCG Commissioners*<br><br>*Leicestershire NHS Partnership Trust (LPT).*<br>*CCG and LPT clinicians* | *January 2019* | *June 2019* | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| | | **Council to participate in Task and Finish group to ensure local authority role and functions are reflected in care pathway.** | *Pathway updated and changed accordingly.* | **Lead Practitioner Mental Health & Dementia** | | | |
| 6 | **Promote memory pathway** | **To bring together partners to develop a Leicestershire communications and implementation plan with outcome measures to improve the awareness of dementia by communities.** | **Communications plan agreed.**<br><br>**Action plan submitted to, and agreed with, Dementia Action Alliance** | **SRO: Lead Commissioner MH/ Dementia** | January 2019 | March 2020 | |
| *7* | *To develop a process to increase the number of people receiving a dementia diagnosis within 6 weeks of a GP referral.* | *CCG lead action: To be monitored through Dementia Programme Board* | | *CCG Commissioners* | *January 2019* | *March 2020* | |
| 8 | *Work with care homes to pilot and roll out the dementia diagnosis toolkit.* | *CCG lead action: To be monitored through Dementia Programme Board*<br><br>**Disseminate information and engage care homes through regular contract monitoring, quality assurance and market development opportunities.** | **Information on dementia diagnosis toolkit shared with care homes** | *CCG Commissioners*<br><br>**Contracts Manager**<br><br>**Senior Quality Manager** | January 2019 | March 2020 | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| **Supporting Well** | | | | | | | |
| 9 | *Monitor Dementia Support Services contracts and take action as appropriate* | **Work in partnership with all stakeholder organisations to promote the Dementia Support Service. Support Leicester City Council who manage the contract on behalf of all partner organisations.**<br><br>**Receive and act on 3 monthly monitoring information provided by Leicester City. Plan exit strategy and future funding by Dec 2018.**<br><br>**Work with lead contract manager to monitor use and take up of service offer for those with early onset dementia.**<br><br>**Work with lead contract manager to monitor use and take up of Alzheimer's Society online discussion group called Talking Point, a national resource which has a dedicated group for younger people.** | *Contract monitoring established.*<br><br>*Contract monitoring meetings established.*<br><br>*People with early on set dementia having improved access to more age appropriate services and support* | *Leicester City Contracts Lead*<br><br>**Lead Commissioner Mental Health & Dementia** | October 2017 | September 2019 | |
| **10** | **Raise awareness of dementia with housing providers.** | **Work with the Housing Services Partnership to develop an action plan for housing, including raising awareness, dementia friendly design, etc.**<br><br>**Work with Districts, Lightbulb and Private Housing providers to raise awareness of the needs of people with dementia and actively encourage them to become members of local Dementia Action Alliance.**<br><br>**Work with the Extra care providers to agree a plan for improving support to people with dementia within their schemes** | **Evidence of attendance at specific meetings led by local authorities, if required.**<br><br>**Presentation to Housing Services Partnership**<br><br>Evidence of providing information and | **Lead Commissioners Older People/ Mental Health & Dementia/ Supported Accommodation**<br><br>**ASC Housing Services Partnership Rep**<br><br>**Contracts Manager** | January 2019 | March 2021 | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| | | | support through the DPB.<br><br>**Housing initiatives recognised in commissioning plans where required.**<br><br>**Sign up to the Housing Charter and commitments** | | | | |
| 11 | **Contribute to a review of the workforce development offer to ensure a focus on high levels of expertise when delivering personal care.** | **Review and refine the existing County offer, including the following:**<br>• **Initially map skills, knowledge and training needs across internal staff group and providers**<br>• **Map training commissioned and provided across the market, including Leicestershire Social Care Development Group (LSCDG) offer, and existing plans of LPT and University Hospitals of Leicester (UHL)**<br>• **Investigate input and support available from local Universities and other providers**<br>• **Develop training offer to meet identified knowledge and skills gaps.** | Workforce information provided to the workforce group.<br><br>**LSCDG to monitor uptake of training offer** | **Lead Commissioner Mental Health & Dementia**<br><br>**Workforce Lead** | January 2019 | March 2020 | |
| 12 | *Continue to focus on improving the in-patient experience and hospital discharge pathways.* | **Working with the Dementia Support Service to ensure there is a positive link between the support workers in UHL, the hospital social work team and the discharge teams, and community workers of the discharge support service.**<br><br>**Engage with Leicestershire Partnership NHS Trust (LPT) transformation programme on Dementia pathways, to ensure shared understanding of discharge pathways.** | Dementia is reflected in discharge plans including care home capacity. | **Hospital Social Work Team lead**<br><br>**Lead Practitioner Mental Health & Dementia** | April 2018 | March 2022 | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| | | **Work closer with the UHL Dementia Strategy Implementation Group to support the continued development of improved in-patient care for people living with dementia.** | | **Lead Commissioner Mental Health & Dementia** | | | |
| **Living Well** | | | | | | | |
| 13 | **Promote Dementia Support Services across LLR** | **Maintain and monitor use of existing links to Alzheimer's Society web pages through First Contact Plus, to include needs of early onset cohorts**<br><br>**Establish information on First Contact Plus and Council web information offer to signpost to access to Dementia Action Alliance.**<br><br>**Through web offer including First Contact Plus and Local Area Coordination, reinforce dissemination of information on**<br>• **Early Onset Carers Support Group**<br>• **Early Onset Activity Group, and**<br>• **Age UK Leicester Shire & Rutland drop in service.** | **Communications and implementation plan in place** | **Lead Commissioner Mental Health & Dementia**<br><br>**Local Area Coordination Manager** | January 2019 | March 2022 | |
| **14** | **Support the work to improve residential provision for people with complex dementia** | **Engage with LPT transformation programme on Dementia pathways, to ensure shared understanding of care pathways into, and from, residential provision.**<br><br>**Plan and facilitate workshop with key statutory stakeholders to develop 2 year plan to improve offer.**<br><br>**Identify representatives from adult social care, LPT and CCGs to organise workshop. Strategic review of residential offer, to include People Living with Complex Dementia.**<br><br>**Establish a state of the market report on current residential and nursing offer for people with complex dementia** | **Plan developed and implemented** | **Care Home Sub-group**<br><br>**Lead Commissioner Mental Health & Dementia** | January 2019 | March 2022 | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| | | **Develop an action plan to address identified gaps in provision**<br><br>**Work with providers to access support from the quality team to enable them to enhance their current offer**<br><br>**Support access to positive behaviour support team**<br><br>**Identify best practice in care homes and use the forums to disseminate to others** | | | | | |
| **15** | **Support the Dementia Action Alliance to develop more dementia friendly communities** | **Establish a working group to explore the Council's approach to supporting range of dementia friendly activities including membership of Dementia Action Alliance (DAA), promoting dementia friendly communities and being dementia friendly employer**<br><br>**Enable DPB to establish infrastructure to support Dementia Action Alliances in each district, utilising Local Area Coordination networks.**<br><br>**Support the Dementia Action Alliance initiative 'Message in a Bottle' and the Herbert Protocol, to include public awareness raising and targeted engagement with care homes and people living with dementia in their own homes.** | **Action Plan monitored through DPB.**<br><br>**DAA established and functional in each district/borough**<br><br>**Decision on Council as Dementia Friendly organisation** | **Request via Health & Wellbeing Board**<br><br>**Lead Commissioner Mental Health & Dementia** | January 2019 | March 2022 | |
| **16** | **Develop routine engagement processes with people living with dementia and carers to inform our work** | **Develop an engagement plan, with support of Co-production officer and engagement network.**<br><br>**Utilise existing links to Making It Real, care homes, Help to Live at Home, Extra Care and voluntary sector.**<br><br>**Dementia Programme Board to ensure appropriate representation from Experts by Experience and carers.** | **Engagement plan developed and linked to coproduction function within adult social care.** | **Lead Commissioner Mental Health & Dementia**<br><br>**Commissioning Officer Mental Health & Dementia** | January 2019 | March 2020 | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| **17** | **Review the dementia information offer to ensure it covers a range of topics, including accommodation options** | **Review the Council's information offer.**<br><br>**Work with Care Directory publisher to produce a Dementia Care Guide.**<br><br>**Mirror information in Dementia Care Guide publication to First Contact Plus and Council web information offer.** | **Comprehensive and up-to-date information readily available and accessible** | **Public Health lead**<br><br>**Commissioning Officer Mental Health & Dementia**<br><br>**Lead Commissioner Mental Health & Dementia**<br><br>**Commissioning Business Support Unit** | January 2019 | March 2021 | |
| **18** | **Review the current care and support standards used across LLR and agree a common set** | **Review existing service specifications and consider opportunities to enhance and assure quality care, including due consideration of value-based recruitment, retention and leadership.**<br><br>**Include assessment of nationally recognised education and training framework for local application, and link to review against dementia friendly care standards**<br><br>**Convene a Task and Finish group with professionals and Experts by Experience to consider and make recommendations of "what good looks like" specific to High Quality Dementia care to the Care Home Sub-group and the DPB.** | **Task and Finish Group established.**<br><br>**Recommendations made.**<br><br>**Existing specifications reviewed.** | **Lead Commissioner Mental Health & Dementia** | January 2019 | March 2022 | |
| **19** | **Work with care homes and other providers to develop** | **Contribute to a review of the workforce development offer (see 11), to include evaluation of existing provision.**<br><br>**Work with existing providers to identify current barriers to and** | **Number of provider staff engaged in development of** | **Lead Commissioner Mental Health & Dementia** | January 2019 | March 2021 | |

| Action No | Action Required | Details | Measure | Lead | Start Date | End Date | RAG |
|---|---|---|---|---|---|---|---|
| | **training and support to manage crises and work with reablement principles** | **opportunities for quality care.**<br><br>**Develop a working group to identify the current support options and how best to ensure they are utilised appropriately** | **workforce offer**<br><br>**Number and distribution of provider staff engaged in tiered training**<br><br>**LSCDG to monitor uptake of training offer** | | | | |
| **Dying Well** | | | | | | | |
| *20* | *Make stronger links with STP End of Life work-stream* | *DPB lead action: To be monitored through Dementia Programme Board* | | *Dementia Programme Board* | January 2019 | March 2021 | |

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Agenda Item 11

Leicestershire County Council

# ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 11 SEPTEMBER 2018

# NEXT STEPS IN SUSTAINING AND DEVELOPING THE HOME CARE MARKET

# REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

## Purpose of Report

1. The purpose of this report is to update the Committee on the short-to-medium term actions for developing the home care market and of future joint commissioning priorities for home care.

## Policy Framework and Previous Decisions

2. The Care Act 2014 replaced most adult social care legislation and included reforms of health and social care, prioritising people's wellbeing, needs and goals. It promotes consideration of emerging best practice on outcomes based commissioning.

3. The Leicestershire Adult Social Care Strategy ('Promoting Independence, Supporting Communities; Our vision and strategy for Adult Social Care 2016-20') outlines the authority's vision and strategic direction for social care. The County Council promotes outcomes based commissioning and delivery of a progressive model of support in line with the principles (to prevent, reduce, delay and meet need) set out in the Strategy.

4. Other relevant policy framework includes:

- The Sustainability and Transformation Plan (STP);
- Leicestershire County Council's Strategic Plan 2018-2022;
- Leicestershire Communities Strategy 2014;
- Leicestershire County Council Medium Term Financial Strategy (MTFS) 2018/19-2021/22.

## Background

5. Help to Live at Home (HTLAH) is an essential component of the STP Plan to transform health and care in Leicester, Leicestershire and Rutland (LLR). It provides home (domiciliary) care 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.

6. The objectives are to improve outcomes as follows:

- helping people achieve maximum possible independence at home, by focusing on reablement;
- supporting individuals following hospital discharge, or those who need more support in the community to avoid an admission to hospital or a care home setting;
- facilitating the delivery of Better Care Fund (BCF) targets for delayed transfer of care (DTOC) and permanent admissions to residential and nursing care;
- delivering home care as a core element of the wider integrated care and support being developed in Leicestershire localities;
- improving market management or market development by reducing the number of providers and building longer term, strategic relationships with lead providers;
- building a more resilient market to meet the changing shape of health and care services, and the anticipated increase in demand for community based services.

7. An integrated service model was jointly commissioned by the County Council, East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) and West Leicestershire CCG (WL CCG), with the County Council acting as lead commissioner on behalf of the two CCGs.

8. Initial contracts went live on 7 November 2016 (Phase 1) with eight lead providers delivering services across 15 lots. One of the providers withdrew at a late stage, resulting in the re-procurement of three of the lots, which went live on 6 November 2017 (Phase 2).

9. A joint group of the three commissioning organisations meets regularly to oversee and manage the performance of the lead providers. The group also plans for the challenging winter months, and considers how the service can be improved and developed.

**Current Arrangements**

10. As at mid-August 2018, overall the lead providers were delivering 67% of all managed care packages, although the market share varies significantly between areas of the county.

| | *Managed Service for Home Care* | | |
|---|---|---|---|
| | *Lead provider* | *Supplementary provider* | *TOTAL* |
| Market share (service users) | 67% | 33% | *100%* |
| Number of people currently served | 1,189 | 586 | *1,775* |
| Hours delivered | 12,533 | 6,092 | *18,625* |
| Value per week | £208,166 | £101,195 | *£309,361* |
| Value per year | £10.8m | £5.3m | *£16.1m* |

11. People may request a Direct Payment instead of a managed service, so that they can purchase their own home care.

12. The County Council is giving the lead providers in-depth recruitment and retention assistance from its external workforce team, in addition to support and challenge through contract management meetings. Quality Team expertise on care planning, medication management, and recording is also available to providers if required.

13. The remaining 33% market share of care packages, which are not being delivered by the lead providers, is carried out by a number of 'supplementary' providers. Preparatory work is underway for the procurement of a longer term supplementary arrangement to support the primary HTLAH model and to ensure that all home care requirements are fulfilled from the earliest possible opportunity.

14. The Council has put in place a one-year contract for short-term 'bridging' services of between one to three working days, which is provided by the Carers' Trust's Discharge Response Team (DRT) for individuals leaving hospital, where HTLAH providers or the authority's Homecare Assessment and Reablement Team (HART) are unable to provide care at the point of discharge. The council's Crisis Response Service also provides short-term bridging care in a small number of cases.

**Sustaining and Developing the Home Care Market**

15. Following the implementation and embedding of the HTLAH model, health and adult social care partners carried out a review of its objectives, benefits, and further possible improvements. Additionally, Oxford Brookes University's Institute of Public Care (IPC) was asked by the County Council and the CCGs to recommend future developments.

16. A number of short to medium term actions were highlighted by both to enhance the current home care model, as well as longer-term considerations for joint commissioning of home care for health and social care.

17. Actions to further stabilise and develop the HTLAH model during the remaining period of the lead providers' contractual arrangements are:

| *Subject* | *Actions* | *Lead organisation(s)* |
|---|---|---|
| Stabilisation | • Supplementary providers to support the lead providers<br>• Internal staff resource for effective management of provider relationships<br>• Establishment of two year external workforce project to work with providers to improve recruitment and retention | Leicestershire County Council and CCGs |

| *Subject* | *Actions* | *Lead organisation(s)* |
|---|---|---|
| Recruitment and retention | • Share initiatives that enable the recruitment and retention of care workers in the county<br>• Enable smaller providers to develop and articulate career pathway options, improving the public perception of care as a career<br>• Explore shared services or resources with providers for example backroom services or training | Leicestershire County Council |
| Quality | • Quality teams to work with providers to ensure they maintain or improve their Care Quality Commission ratings | Leicestershire County Council and CCGs |
| Direct Payments | • Develop the future approach to Direct Payments and Personal Health Budgets | Leicestershire County Council and CCGs |
| Provider relationships | • Develop strategic and locality-based operational forums including health, social workers and all providers in those localities<br>• Continue to develop relationships with all home care providers<br>• Work with current local providers to encourage specialism where required | Leicestershire County Council |
| Stakeholder relationships | • Develop understanding widely of where HTLAH fits with out of hospital provision | Leicestershire County Council and CCGs |
| Outcome focus | • Consider the range of different tasks that are required for different customers whose needs can be met through home care. Recognise different outcomes for different needs<br>• Work to achieve the best possible results from reablement | Leicestershire County Council and CCGs |
| Resources | • Further develop understanding of the drivers of demand into and within domiciliary care<br>• Continue to collect relevant data to improve services | Leicestershire County Council and CCGs |
| Technology | • Explore technological advances and their role in delivering home care | Leicestershire County Council and CCGs |

18. HTLAH is the first phase of moving to an outcome-based commissioning of home care. The current lead provider contracts were let for three years, with the option to extend twice for one year (so a five year maximum period). As the initial three years ends in November 2019, the intention is to begin work in autumn 2018 to develop a model for the next phase.

19. The representative organisations will meet in autumn 2018 to set out the outcomes for service users expected from the next phase of home care in Leicestershire, beyond the end of the current contractual arrangements. They will consider the IPC's recommendations, which include:

- measuring service user outcomes;
- determining possible changes to how the lead provider role operates;
- evaluating other approaches that might assist in further developing the options for care in the community, looking at what is right for individual localities;
- continuing to develop effective and efficient joint working between the partner organisations.

## Resource Implications

20. Cost analysis for the future approach to home care will be undertaken using both adult social care and health data provided by ELR CCG and WL CCG via the Midlands and Lancashire Commissioning Support Unit. Of the £16.1m value of managed home care service in Leicestershire per annum, £1.6m of this relates to services provided on behalf of the CCGs.

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

## Timetable for Decisions

22. The Committee will be provided with updates on progress as appropriate.

## Conclusions

23. The Committee is asked to note that in order to continue to stabilise and strengthen the local home care market, the performance of the lead providers is being monitored and measures put in place to ensure that they deliver the required service standards, capacity and response times. The existing lead provider model will be supported from April 2019 by a Framework of Supplementary Providers, for which an open procurement process will commence in October 2018. This will replace the temporary contingency arrangements using the 2011 Domiciliary Care contract, which were put in place in November 2016.

24. The Committee is invited to comment on the proposals contained within the report.

## Background Papers

- Report to Cabinet: 7 October 2015 – Full Business Case for the Joint Commissioning of Personal Care Services Provided in the Home (Help to Live at Home Programme) http://politics.leics.gov.uk/documents/g4504/Public%20reports%20pack%20Wednesday%2007-Oct-2015%2014.00%20Cabinet.pdf?T=10
- Report to Cabinet: 5 February 2016 – Adult Social Care Strategy 2016-2020 http://politics.leics.gov.uk/documents/g4599/Public%20reports%20pack%20Friday%2005-Feb-2016%2014.00%20Cabinet.pdf?T=10
- Report to Cabinet: 13 December 2016 – NHS Sustainability and Transformation Plan http://politics.leics.gov.uk/documents/g4608/Public%20reports%20pack%20Tuesday%2013-Dec-2016%2014.00%20Cabinet.pdf?T=10

## Circulation under the Local Issues Alert Procedure

25. None.

## Equalities and Human Rights Implications

26. The actions identified by the Equality and Human Rights Impact Assessment (EHRIA) for the main Help to Live at Home Framework are being reviewed to ensure the agreed actions have been completed and any further impacts resulting from the procurement of the Supplementary Framework are identified.

## Relevant Impact Assessments

Partnership Working Implications

27. Implications for partnership working are highlighted throughout this report.

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Agenda Item 12

Leicestershire County Council

# ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 11 SEPTEMBER 2018

# LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULT BOARD ANNUAL REPORT 2017/18

# REPORT OF THE INDEPENDENT CHAIR OF THE LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULT BOARD

## Purpose of Report

1. The purpose of this report is to seek the views of the Committee on the draft Annual Report 2017/18 for the Leicestershire and Rutland Safeguarding Adults Board (LRSAB). Any comments or proposed additions and amendments will be addressed in the final report before it is presented to the LRSAB at its meeting on 25 October 2018 and subsequently published.

2. The final report is the report of the Independent Chair who must publish an annual report on the effectiveness of safeguarding adults in the local area. This is a statutory requirement under the Care Act 2014.

## Policy Framework and Previous Decisions

3. The LRSAB is a statutory body established as a result of the Care Act 2014. The main purpose of the LRSAB is to ensure effective, co-ordinated multi-agency arrangements for the safeguarding of vulnerable adults.

4. The Business Plan of the SAB for the period that this annual report relates to was considered by the Adults and Communities Overview and Scrutiny Committee on 7 March 2017.

5. The Business Plan of the SAB for 2018/19 was considered by the Adults and Communities Overview and Scrutiny Committee on 5 June 2018.

## Background

6. The SAB shares some operational arrangements with the Leicestershire & Rutland Local Safeguarding Children Board (LRLSCB). From 2018/19 the two Boards will have separate Independent Chairs and will no longer have joint Board meetings, as the LRSAB further aligns its work with the Leicester City SAB. The LSCB and SAB produce separate Annual Reports. Other aspects of joint working between the LSCB and SAB will remain for 2018/19.

7. The Annual Report provides a full assessment of performance on the local approach to safeguarding adults in line with the requirements of the Care Act 2014.

8. The key purpose of the Annual Report is to assess the impact of the work undertaken in 2017/18 on service quality and on safeguarding outcomes for adults in

Leicestershire and Rutland. Specifically it evaluates performance against the priorities that were set out in the LRSAB Business Plan 2017/18, including priorities shared with the LRLSCB.

9. The Annual Report 2017/18 can be found in full at Appendix A to this report, and includes:
   (i) A foreword from the Independent Chair;
   (ii) A summary of the work and findings of the Board during the year;
   (iii) An overview of the Board's governance and accountability arrangements and local context;
   (iv) Two separate outlines of safeguarding adults performance, activity and outcomes for Leicestershire and Rutland;
   (v) Analysis of performance against the key priorities in the 2017/18 Business Plan;
   (vi) An overview of the Board's work on engagement, assurance, learning and development and training;
   (vii) The challenges ahead including the Business Development Plan Priorities for 2018/19.

**Key Messages**

10. The key messages from the LRSAB, specifically in relation to Leicestershire are:
    - Workers and agencies work well together to safeguard adults in Leicestershire.
    - 'Making Safeguarding Personal' (MSP) is influencing practice across agencies and more people in Leicestershire have more say in the enquiries about their safeguarding.
    - Financial Abuse remains a prevalent area in the abuse of adults in Leicestershire.
    - Good and consistent understanding of, and responses to, Mental Capacity is a development need across the workforce.
    - The Board will continue to challenge and drive improvement in the safeguarding of adults, including developing its own approach to engagement and participation of adults with care and support needs.

**Proposals/Options**

11. The Committee is asked to consider the Annual Report and to make any comments or proposed additions or amendments. These will be addressed prior to the final version of the Annual Report being published.

**Consultation**

12. The Annual Report includes a summary of the consultation and engagement work which the SAB has carried out with the public, adults with care and support needs and with practitioners.

13. This report to the Adults and Communities Overview and Scrutiny Committee forms part of the consultation on the Annual Report.

14. All members of the Boards and their Executive have had opportunities to contribute to and comment on earlier drafts of the Annual Report.

**Resource Implications**

15. There are no resource implications arising from this report, as this is a retrospective report. The LRSAB operates with a budget to which partner agencies contribute.

16. Leicestershire County Council contributes £52,798 to the costs of the LRSAB, 52% of the total budget of £100,878 in 2018/19. In addition it contributes £83,415 to the costs of the LRLSCB, 35% of the total budget of £240,263 in 2018/19, and hosts the Safeguarding Boards' Business Office.

17. Following anticipated funding reductions and agreement with Board partners, the Board budget for 2018/19 no longer includes funding for Serious Case Reviews (or Safeguarding Adults Reviews for the SAB). These are to be funded through the reserves of the Safeguarding Boards, which are sufficient to cover current reviews underway. The Board has agreed that any additional costs would be covered proportionally by safeguarding partners.

18. The budget requirement for future years will be considered in the work to agree new multi-agency arrangements for safeguarding children and parallel consideration of Safeguarding Adults Board support arrangements.

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

**Timetable for Decisions**

20. The Annual Report will be presented to the Adults and Communities Overview and Scrutiny Committee on 11 September 2018, the Cabinet on 14 September 2018 and the Health and Wellbeing Board on 27 September 2018. Any comments will be addressed prior to the final report being submitted to the LRSAB on 25 October, after which it will be published.

**Conclusions**

21. The Committee is invited to comment on the attached Annual Report 2017/18.

**Background Papers**

Report to the Adult and Communities Overview and Scrutiny Committee, 7 March 2017 - http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=4925&Ver=4

**Circulation under the Local Issues Alert Procedure**

None.

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**List of Appendices**

Appendix A - Leicestershire and Rutland Safeguarding Adult Board Annual Report 2017/18

**Relevant Impact Assessments:**

Equality and Human Rights Implications

22. The LRSAB seeks to ensure that a fair, effective and equitable service is discharged by the partnership to safeguard vulnerable adults. At the heart of the work is a focus on any individual or group that may be at greater risk of safeguarding vulnerability and the performance framework tests whether specific groups are at higher levels of risk. The Business Plan 2018/19 includes a priority on Engagement which will consider how the partnership will seek to engage with all parts of the community in the coming year.

Crime and Disorder Implications

23. The SAB works closely with community safety partnerships in Leicestershire to scrutinise and challenge performance in community safety issues that affect the safeguarding and wellbeing of individuals and groups, for example domestic abuse and Prevent. The SAB also supports community safety partnerships in carrying out Domestic Homicide Reviews and acting on their recommendations.

24. The LRSAB Annual Report includes analysis of performance in a range of areas relevant to the community safety agenda and the evaluation of performance will be shared with these partnership forums to ensure that both strengths and development needs are recognised and acted on.

Environmental Implications

25. The published LRSAB Annual Report will primarily be made available on-line in electronic form, rather than paper.

Partnership Working and associated issues

26. Safeguarding is dependent on the effective work of the partnership as set out in national regulation relating to the Care Act 2014.

# LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD (LRSAB)

# Annual Report 2017/18



**Document Status**

| | |
|---|---|
| **First draft completed:** | 21/06/2018 |
| **Approved by Executive:** | |
| **Approved by Board:** | |
| **Published:** | |
| **Report Author:** | Safeguarding Boards Business Office, Leicestershire & Rutland LSCB and SAB |
| **Independent Chair:** | Robert Lake |

## Foreword

I am pleased to present the 2017/18 Annual Report for the Leicestershire and Rutland Local Safeguarding Adult Board (LRSAB). This is the first occasion on which I am presenting this report. I became the Independent Chair of the Board in April 2018 taking over from Simon Westwood who had served the Board with distinction and skill. Clearly, the work of the Board, as reflected in this Annual Report, was undertaken under Simon's stewardship. On behalf of all of those involved in or receiving safeguarding services in Leicestershire and Rutland, a very big thank you to Simon for all his hard work.

The report is published at the same time as the Annual Report for the Safeguarding Children's Board (of which Simon is still the Independent Chair). The report includes commentary on areas of cross-cutting work we undertaken through a joint business plan between the two Boards.

The key purpose of the report is to assess the impact of the work we have undertaken in 2017/18 on safeguarding outcomes for vulnerable adults in Leicestershire and Rutland. The report concludes that:

- Workers and agencies work well together to safeguard adults in Leicestershire and Rutland.
- 'Making Safeguarding Personal' (MSP) is influencing practice across agencies and more people in Leicestershire and Rutland have more say in the enquiries about their safeguarding.
- Financial Abuse remains a prevalent area of abuse of adults in Leicestershire and Rutland and will be given continued attention.
- Good and consistent understanding of and responses to Mental Capacity is a development need across the workforce. (Research shows that this problem is experienced by several Boards across the country.)
- The Board will continue to challenge and drive improvement in safeguarding of adults, including developing its own approach to engagement and participation of adults with care and support needs.

The LRSAB is a strategic body: much of the detailed work of the Board is taken forward by our various sub-groups/task and finish groups. These are the real workhorses for safeguarding and I must take this opportunity on behalf of the Board to thank all members of these groups for their continued commitment as well as to thank their employing agencies for contributing their participation. I would also want to place on record my appreciation of the work done by the members of the Board's Business Office, without whom the Board would struggle to be as effective as it is.

We can never eliminate risk entirely. We need to be as confident as we can be that every vulnerable adult is supported to live in safety, free from abuse and neglect. As stated earlier, the Board is assured that, whilst there are areas for improvement,

agencies are working well together to safeguard adults in Leicestershire and Rutland and are committed to continuous improvement.

I trust that you will find this report informative and readable. If you have any comments you would wish to raise with me, I can be contacted via the SAB's Business Office sbbo@leics.gov.uk.

Robert Lake

Independent Chair of the Board.

**Contents**

**Summary**

The Board is assured that, whilst there are areas for improvement, agencies and workers are working well together to safeguard adults in Leicestershire and Rutland.

In reaching this conclusion, we have:

Challenged those who work directly with adults with care and support needs to listen to what they are saying, respond to them appropriately and Make Safeguarding Personal.

Monitored data and information on a regular basis**.** Learning from this includes, in both areas:

- Fewer safeguarding enquiries from the cause for concern alerts received by Local Authorities.
- An increase in the proportion of people being asked about what they want to happen in their safeguarding enquiries and whose desired outcomes are met in those enquiries
- Numbers of referrals for Deprivation of Liberty Safeguards continue to rise

Worked on and reviewed progress against our Business Development Plan for 2017/18;

Conducted a series of formal audits of our safeguarding arrangements, including:

- A Safeguarding Adults Audit Framework (SAAF) process;
- Case reviews of frontline practice regarding safeguarding and domestic abuse.

Carried out Safeguarding Adult Reviews (SAR), other reviews of cases and disseminated learning from these across the partnership**.**

Supported the ongoing use of and confidence in the Vulnerable Adults Risk Management (VARM) tool to support consistent responses to vulnerable adults who do not meet thresholds for access to safeguarding services, particularly in relation to self-neglect;

Sought assurance from partners regarding the work they have carried out over the year to safeguard adults with care and support needs;

More information on all of these areas can be found throughout the Annual Report

The nature of the Board is holding partners to account and promoting learning and improvement therefore the Board is always considering how it can further improve safeguarding practice. The key areas for further development include:

- Developing prevention approaches
- Supporting confident and consistent understanding of Mental Capacity
- Strengthening the participation of and engagement with adults with care and support needs and frontline practitioners in the work of the Board.

Key Messages

- Workers and agencies work well together to safeguard adults in Leicestershire and Rutland.
- 'Making Safeguarding Personal' (MSP) is influencing practice across agencies and more people in Leicestershire and Rutland have more say in the enquiries about their safeguarding.
- Financial Abuse remains a prevalent area of abuse of adults in Leicestershire and Rutland.
- Good and consistent understanding of and responses to Mental Capacity is a development need across the workforce.
- The Board will continue to challenge and drive improvement in safeguarding of adults, including developing its own approach to engagement and participation of adults with care and support needs.

## Board Background

The Leicestershire & Rutland Safeguarding Adults Board (LRSAB) serves the counties of **Leicestershire** and **Rutland**. It became a statutory body on 1st April 2015 as result of the Care Act 2014.

### Safeguarding Adults Board Arrangements

The Care Act requires that the SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. It requires the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. It should also concern itself with a range of issues which can contribute to the well-being of its community and the prevention of abuse and neglect.

The Annual Report presented here sets out how effective the Board has been in delivering its objectives set out in its Business Plan. The report also includes an outline of the Safeguarding Adult Reviews (SARs) and other reviews carried out by the LRSAB, the learning gained from these reviews and the actions put in place to secure improvement.

The LRSAB normally meets four times a year alongside its partner Board: the Leicestershire and Rutland Local Safeguarding Children Board. Each of the four meetings comprises an Adults Board meeting, a Children Board meeting and a Joint meeting of the two Boards. The Board is supported by an integrated Safeguarding Adults and Children Executive Group and a range of subgroups and task and finish groups formed to deliver the key functions and Business Plan priorities.

During the year the decision was taken by the SAB to increase join up with the Leicester City SAB, including a joint chair for the 2 SABs. The practicalities of this and impact on the joint arrangements between Leicestershire & Rutland LSCB and SAB are being worked out in 2018/19 alongside work to set the new Multi-agency safeguarding arrangements for safeguarding children. From July 2018 the LRSAB will no longer meet alongside the Leicestershire and Rutland Local Safeguarding Children Board, as the SAB aligns its operation more closely with the Leicester City Safeguarding Adults Board (LCSAB).

The LRSAB works closely with LCSAB on many areas of work to ensure effective working across the two areas. The LRSAB and the LCSAB have established a joint executive that oversees joint areas of business for the two Boards.

The SAB is funded through contributions from its partner agencies. In addition to financial contributions, in-kind contributions from partner agencies are essential in allowing the Board to operate effectively. In-kind contributions include partner agencies chairing and participating in the work of the Board and its subgroups and Leicestershire County Council hosting the Safeguarding Boards Business Office. The income and expenditure of the Board is set out on Page 25 of this report.

**Independent Chair**

The LRSAB is led by a single Independent Chair. The independence of the Chair of the SAB is a requirement of the Care Act 2014.

During 2017/18 Simon Westwood operated as the Independent Chair for both Safeguarding Adults and Children Boards in Leicestershire and Rutland. From 2018/19 Robert Lake has been appointed as a joint Independent Chair between the Leicestershire & Rutland and Leicester City Safeguarding Adults Boards as part of aligning safeguarding adults work across the two areas.

The Independent Chair provides independent scrutiny and challenge of agencies, and better enables each organisation to be held to account for its safeguarding performance.

The Independent Chair is accountable to the Chief Executives of Leicestershire and Rutland County Councils. They, together with the Directors of Children and Adult Services and the Lead Members for Children and Adult Services, formally performance manage the Independent Chair.

The structure of the LRSAB and membership of the Board can be found on the Board's website www.lrsb.org.uk.

**SAB Business Plan Priorities 2017/18**

Priorities set by the LRSAB for development and assurance in 2017/18 were to:

- Develop a clear approach for Prevention of harm to adults, including increasing the unacceptability of abuse across the community
- Further embed Making Safeguarding Personal (MSP) across the Partnership
- Ensure adult safeguarding thresholds are understood and being utilised correctly
- Develop a clear consistent response to self-neglect and safeguarding for front line workers

In addition, the LRSAB shared the following priorities for development and assurance with the LRLSCB:

- To be assured that in situations where domestic abuse, substance misuse and mental health difficulties are all present (toxic trio) the impact is recognised and responded to using robust multi-agency risk assessment, information sharing and sign posting to resources
- Children and vulnerable adults have effective, direct input and participation in the work of the Boards
- The Board is assured that the emotional health and well-being of adults and children and safeguarding risk is understood
- To strengthen multi-agency risk management approaches

## Safeguarding Adults in Leicestershire

From its scrutiny, assurance and learning work the Leicestershire and Rutland SAB assesses that organisations are working well together in Leicestershire to safeguard adults with care and support needs.

**Adult Safeguarding snapshot for Leicestershire:**

**105,423** individuals (of any age) who report their day-to-day activities are limited and **130,084** adults aged 65 and over live in Leicestershire[1] (16% and 19% of the population respectively).

By 2037 the population aged over 85 is predicted to grow by **190%**, to 45,600 people, and the population aged 65 to 84 is predicted to grow by **56%**, from to 164,900 people. This compares to an overall population growth of 15%.

It is estimated that there are around **9,700** people aged 18-64 with learning disabilities in Leicestershire[2]. These numbers are predicted to stay fairly stable in Leicestershire over the next 12 years to 2030.

↔ **4,530** safeguarding alerts to Adult Social Care.

▼ **19%** of alerts became safeguarding (s42) enquiries.

▲ **46%** of enquiries were substantiated, at least in part.

Financial abuse became one of the three most common categories of abuse alongside Neglect and Omission and Physical Abuse.

↔ **768** alerts from the public.

▲ **70%** of people were asked about what they wanted to happen from the safeguarding enquiry.

▲ In **96%** of cases the persons desired outcomes were met, at least in part.

**97%** of people felt listened to in conversations and meetings with people about helping them feel safe

▲ **13%** of enquiries were ceased at the request of the individual

▲ **4,669** referrals for Deprivation of Liberty Safeguards (DoLS)

▲ **1,555** cases on the waiting list for Deprivation of Liberty Safeguards

▲ Paid Persons Representatives allocated to **49%** of DoLS.

The number of calls to Adult Social Care, from professionals and the public, regarding a safeguarding concern stayed at a similar level to last year, greater than the year before.

[1] ONS mid-year population estimates 2014

[2] Figures from www.pansi.org.uk

Fewer alerts met the threshold for a safeguarding enquiry to be undertaken than in the previous year, however more of the enquiries that were carried out found that abuse probably took place (were substantiated, at least in part) than last year.

Making Safeguarding Personal is becoming more embedded in safeguarding practice with a greater proportion of people being asked about what they wanted to happen from the enquiry regarding their welfare. A greater proportion of these people's desired outcomes were met this year than last year. More enquiries being ceased at the individuals request than last year suggests Making Safeguarding Personal is being implemented robustly, however the SAB case-file audit noted potential difficulties with this with regard to domestic abuse.

There was a continued increase in referrals for Deprivation of Liberty Safeguards (DoLS). Despite an increase in service capacity for assessments to be carried out overall there was an increase in the waiting list for DoLS in Leicestershire.

More people for whom there has been an application for Deprivation of Liberty Safeguards were allocated a Paid Persons Representative to advocate on their behalf in the assessment process than in previous years.

Leicestershire Adult Social Care has established a new Safeguarding Team to improve consistency in application of safeguarding thresholds and addressing initial areas of risk relating to safeguarding adults referrals. Initial indications are that, because this team can make additional enquiries than were possible in the customer service centre, this has meant that it is possible to gather additional information to enable more effective application of SA thresholds and MSP principles, and has resulted in less safeguarding enquiries requiring transfer to Locality Teams. Data on the direct impact of this is being sought by the Board.

Following ongoing positive joint work with Trading Standards around prevention of financial fraud and scams, Leicestershire are establishing an Adult Social Care post in the County Council Trading Standards team to further embed this effective work.

## Safeguarding Adults in Rutland

From its scrutiny, assurance and learning work the Leicestershire and Rutland SAB assesses that organisations are working well together in Leicestershire to safeguard adults with care and support needs.

**Adult Safeguarding snapshot for Rutland:**

**5,788** individuals (of any age) who report their day-to-day activities are limited and **8,830** adults aged 65 and over live in Rutland[3] (15% and 23% of the population respectively).

It is estimated that there are around **500** people aged 18-64 with learning disabilities in Rutland[4]. These numbers are predicted to drop by around 7% over the next 12 years to 2030.

▼ **235** safeguarding alerts to Adult Social Care.

▼ **22%** of alerts became safeguarding (s42) enquiries.

▲ **60%** of enquiries were substantiated, at least in part.

'Neglect and Omission' has become more prevalent as the most common category of abuse, present in two thirds of cases.

▼ **39** alerts from the public.

▲ **96%** of people were asked about what they wanted to happen from the safeguarding enquiry.

▲ In **95%** of cases the persons desired outcomes were met, at least in part.

↔ **15%** of enquiries were ceased at the request of the individual

▲ **223** referrals for Deprivation of Liberty Safeguards (DoLS)

▼ **8** cases on the waiting list for Deprivation of Liberty Safeguards

▲ Paid Persons Representatives allocated to **49%** of DoLS.

The number of calls to Rutland Adult Social Care, from professionals and the public, regarding a safeguarding concern reduced compared to the previous year, this is an ongoing reduction in calls from professionals over the last two years.

Fewer alerts met the threshold for a safeguarding enquiry to be undertaken than in the previous year, however more of the enquiries that were carried out found that abuse probably took place (were substantiated, at least in part) than last year.

Making Safeguarding Personal is becoming more embedded in safeguarding practice with a greater proportion of people being asked about what they wanted to

[3] ONS mid-year population estimates 2014

[4] Figures from www.pansi.org.uk

happen from the enquiry regarding their welfare. A greater proportion of these people's desired outcomes were met this year than last year.

There was a continued increase in referrals for Deprivation of Liberty Safeguards (DoLS), however an increase in service capacity for assessments to be carried out supported a reduction in the waiting list for DoLS in Rutland.

More people for whom there has been an application for Deprivation of Liberty Safeguards were allocated a Paid Persons Representative to advocate on their behalf in the assessment process than in previous years.

Rutland has carried out some positive joint work with the LADO to improve the quality of a children's residential school which also accommodated over 18s.

In response a number of safeguarding adult enquiries regarding financial abuse Rutland County Council has initiated monthly meetings with Community Care Finance and Revenues and Benefits department to raise awareness and support early identification and prevention.

Rutland County Council have expanded their Prevention and Safeguarding team to provide a social worker and an Assistant Care Manager to provide a rapid response around cases where self-neglect and safeguarding are indicated

**Safeguarding Adults across Leicestershire and Rutland**

Following challenge the Board asked for an assessment of notification of Section 42 enquiries in healthcare settings to the local authorities. Health agencies reviewed cases and referrals and assurance was provided to the Board that notifications were generally, being made where appropriate, but some process issues existed. This resulted in a revision of guidance and the set-up of regular meetings between health in-patient settings and Adult Social Care.

The Police, Leicestershire County Council and Leicester City Council are working together to establish an Social Care post in the planned Multi-Agency Risk Assessment Conference (MARAC) hub, to help ensure that there is an effective and multi-agency approach to manage high risk domestic abuse cases on a daily basis and therefore early identifications of which cases also meet safeguarding thresholds.

Our partners provide assurance regarding safeguarding practice and development throughout the year to our Safeguarding Effectiveness Group, key points and developments are included in relevant sections of the report.

## Business Development Plan Priorities

Progress on the Boards priorities is outlined below.

### SAB Priority 1 – Develop a clear approach for Prevention of harm to adults, including increasing the unacceptability of abuse across the community

**We planned to** consider what prevention strategies and practice were in place relating to Safeguarding and develop a Prevention approach to support effective safeguarding (e.g. community awareness and resilience).

**We brought together** a group of key frontline professionals across Leicestershire and Rutland who identified and assessed current approaches to safeguarding prevention, areas of good practice and areas for further development.

The scoping work identified a broad multi-agency desire to support prevention, but a lack of knowledge of tools and services already in place.

**We started to pilot an approach to** effective multiagency Prevention work in local areas through an existing multi-agency group, Rutland Joint Action Group linked to the Safer Rutland Partnership.

**We plan to** implement and assess the development of the JAG as a forum for prevention and develop further community awareness raising regarding safeguarding adults.

### SAB Priority 2 – Further embed Making Safeguarding Personal (MSP) across the Partnership

**We planned to** embed principles of MSP across multi-agency safeguarding practice through awareness-raising, training and service development. We also planned to assess use of MSP in safeguarding and the impact of MSP through audits and performance information.

**We assessed** use of MSP in the multi-agency audits and monitored local authority data on MSP in our Safeguarding Effectiveness Group.

The audit showed that MSP was being used in practice. MSP data for local authorities regarding whether people are asked about the outcomes they would like from enquiries and whether those outcomes are achieved was higher than last year, but has shown a levelling off in performance after a steady increase in the previous year.

In Leicestershire the Local Authority is looking at how MSP approaches tie in with Signs of Safety in Children's Safeguarding

**We plan to** understand partner agencies work on MSP in future years through the Safeguarding Adults Audit Framework (SAAF).

## SAB Priority 3 – Ensure adult safeguarding thresholds are understood and being utilised correctly

**We planned to** monitor compliance against local guidance on Section42 enquiries and monitor partner data to understand the effect of Leicestershire Adult Social Care pathway restructure and identify other areas requiring further development. **We also planned to** assess understanding and use of thresholds through our multi-agency audits.

**We finalised** guidance for the Oversight Process of S42 Enquiries in NHS Settings was finalised and put into practice.

The Clinical Commissioning Groups, Leicestershire Partnership NHS Trust and University Hospitals of Leicester NHS Trust carried out a review of practice regarding Section 42 safeguarding enquiry notification in specific settings that identified improvements in processes to be applied.

**We monitored** adult safeguarding alerts to the local authorities from different sources, including health settings through our Safeguarding Effectiveness Group.

The multi-agency audit focussed on domestic abuse considered application of thresholds and found that in almost all of the eighteen cases thresholds were applied appropriately.

## SAB Priority 4 – Develop a clear consistent response to self-neglect and safeguarding for front line workers

**We planned to** develop a clear process across Leicester, Leicestershire and Rutland to support decision making in self-neglect cases, and a quality assurance and performance management framework to test the impact of this.

**We developed** Vulnerable Adults Risk Management (VARM) guidance across Leicester, Leicestershire and Rutland to provide more consistent approaches to working with people in situations of risk, where they are not engaging with agencies and in particular for working with people at high risk in relation to self-neglect.

Leicestershire County Council and Rutland County Council incorporated training on the VARM process within their safeguarding training.

**We ran** four half day multi-agency events at the King Power Stadium to raise awareness about the Vulnerable Adults Risk Management (VARM) process for frontline staff across agencies, including housing, Fire and Rescue, Police, Drug and Alcohol and Domestic Abuse services, Community Safety, General Practitioners (GPs) and other health staff.

228 practitioners attended the training events from over twenty different agencies with many positive comments. Confidence levels in understanding and using the VARM process increased with 98% of attendees at least fairly confident in using the VARM following training and the VARM guidance was revised based upon practitioner feedback from the event.

Twenty-nine high level self-neglect cases were referred to the VARM process in Leicestershire.

**We plan to** audit use of the VARM across a broad range of agencies in 2018 and agencies other than Adult Social Care will consider how their VARM activity will be reported to the

Board and how awareness raising around the VARM processes continues to be embedded on a multi-agency basis

Progress on the four priorities shared with the LRLSCB:

### LSCB / SAB Priority 1 – To be assured that in situations where domestic abuse, substance misuse and mental health difficulties are all present the impact is recognised and responded to using robust multi-agency risk assessment, information sharing and sign posting to resources

**We planned to** develop a coherent, co-ordinated framework that delivers effective safeguarding responses where these three factors are present across families.

**We researched** the issues facing adult and children safeguarding and individual agencies with regard to this 'trilogy of risk'.

**We developed** a package of customisable materials for agencies to use within their own organisations to communicate key messages and improve practice.

**We plan to** launch the materials in July 2018 and will assess the dissemination of the materials and the impact of this work through a quality assurance plan developed alongside the materials.

### LSCB / SAB Priority 2: Children and Vulnerable Adults have effective, direct input and participation in the work of the Boards

**We planned to** research models of participation for children and vulnerable adults and develop an effective model for engagement of adults with care and support needs.

**We researched** models of engagement in place in other areas with regard to safeguarding adults. Further work is required to develop engagement with adults for the SAB.

**We plan to** develop engagement with adults for the SAB as part of the Safeguarding Adults Board Engagement priority for 2018/19, in conjunction with work underway with Leicester City Safeguarding Adults Board.

### LSCB / SAB Priority 3: The Board is assured that the emotional health and well-being of adults and children and safeguarding risk is understood.

**We planned to** produce practice guidance and implement appropriate training and development activities to develop common understanding of emotional health and safeguarding risk across all agencies and ensure emotional health and safeguarding risk with regard to the broader family context is considered in safeguarding work with children and adults.

**We also planned to** review the Safeguarding Risk Assessment of the local Sustainability & Transformation plan for health.

**We explored** the gap in understanding and needs across the workforce with regard to emotional health and wellbeing and safeguarding. The breadth of scope for this piece of work meant that this work took longer than anticipated.

As a result of the assessment work, understanding emotional health needs of parents and carers was identified as the key area for work.

Further work will be taken forward by Future in Mind and Better Care Together within the Sustainable Transformation plan (STP).

Leicestershire Partnership Trust are developing their 'Whole family' approach which will support this.

## LSCB / SAB Priority 4: To strengthen multi-agency risk management approaches

**We planned to** develop a structured multi-agency framework to enable a reflective supervision session to be used in cases where the issues are complex or entrenched.

**We created** an initial process following research into existing models locally and nationally and collating ideas and views of staff and tested the process.

**We plan to** test the process and adopt it by September 2018.

The impact of the process will be tested by reviewing outcomes for cases where the process has been used.

## Operation of the Board

Partner and Public Engagement and Participation

### Partner Engagement and Attendance

The Board met four times during 2017/18. The membership of the Board can be found on the Boards website www.lrsb.org.uk. Almost all partners attended all or the majority of Board meetings during the year and sent apologies for those they missed.

Engagement with the Criminal Justice Sector requires improvement. Whilst the Community Rehabilitation Company attended one meeting and sent apologies to all others, there was no attendance from the Prison Service or the National Probation Service to any SAB Board meetings during the year.

Due to a change in personnel the representative from the private care sector only attended the SAB development day considering priorities for 2018/19.

All agencies consistently engage well in the subgroups of the Board.

The new Independent Chair of the Board will engage with agencies to ensure appropriate attendance.

### Public Engagement & Participation

Despite the shared priority on engagement and participation for the SAB with the Safeguarding Children Board work on this for the SAB did not progress as planned during the year and further work is required on this.

The Board's Business office carried out some public engagement and awareness in Loughborough town centre in conjunction with Charnwood Community Safety Partnership (CSP). The team shared a market stall with the CSP, provided information leaflets and carried out a survey to assess understanding of and raise awareness of safeguarding adults issues.

Thirty-one surveys were completed, over half by people aged 65 years or over.

Over half of those surveyed said they knew someone who had been affected by abuse and the surveys identified some knowledge of adult abuse and how to respond to this.

The issues that concerned people the most were Anti-Social Behaviour and Financial Abuse. Board office staff members were able to advise a number of people where to seek advice and follow up on specific concerns.

Four people said that they, or someone they knew had experience of contacting services in relation to abuse or neglect, but feedback on the quality of response was varied. Two women praised the Police, Social Services and Women's Aid with regard to their response to Domestic Abuse, however they had had to wait a long time for counselling and access to group work

More events like this are planned.

Towards the end of the year the SAB linked in with engagement work being undertaken by the Leicester City SAB, and has identified this as a standalone priority for 2018/19 that will cut across all of the work of the Board.

Assurance – Challenges and Quality Assurance

**Challenge Log**

The Board keeps a challenge log to monitor challenges raised by the Board and the outcomes of the challenges. During the year the following challenge was raised by the Board with safeguarding partners:

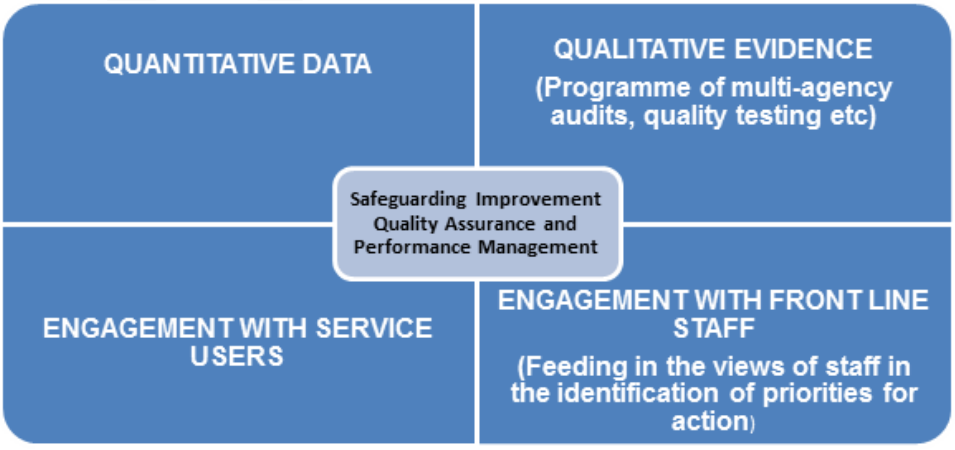
- Leicestershire County Council reported that they could not give assurance regarding their oversight of S42 safeguarding enquiries carried out by health providers, as they felt the numbers they were getting through were lower than expected and the council did not have evidence that everything that should be referred is being referred.

Following this challenge:

- A review of settings took place and assurance gained from all that their reporting procedures were being followed correctly.
- Thresholds and guidance regarding Section 42 enquiries were revised.
- Documents and processes in Health organisations were changed to support reporting
- A bi-annual review meeting for the Oversight Process has been set up.

**Quality Assurance and Performance Management Framework**

The Board operates a four quadrant Quality Assurance and Performance Management Framework as outlined overleaf. This is overseen by the Boards' Safeguarding Effectiveness Group (SEG) shared with the LSCB. The outcomes of and findings from this performance framework are incorporated in the relevant sections within the report.



**Audits**

During 2017-18 the SAB, along with Leicester City SAB carried out a Safeguarding Adults Audit Framework (SAAF) audit that tests agencies compliance against their safeguarding duties within Care Act 2014 through an organisational assessment against safeguarding standards.

Audit returns from the seven agencies that work in Leicestershire or Rutland identify that most agencies consider that they are 'effective' or 'excelling' across the majority of the compliance questions that are relevant to them.

- Clinical Commissioning Groups are working towards effectiveness with regard to managing increasing demand for DoLS and embedding the Mental Capacity Act in safeguarding.
- Leicester Partnerships NHS Trust (LPT) are working towards effectiveness regarding Mental Capacity Act within safeguarding and processes and regarding restrictions and restraint under this Act.
- Leicestershire County Council are excelling in embedding Making Safeguarding Personal, alignment with multi-agency procedures and safeguarding adults leads advising and supporting commissioning.

The Fire & Rescue Service and Public Health did not submit a response this year.

Commentary on audit returns from agencies identifies that a good level of testing is taken out in completing the audit. There is currently no direct challenge element to self-reporting of progress. The SAB process for SAAF compliance assurance will be reviewed in 2018/19 to consider how the process can be streamlined and more peer review and challenge of compliance findings can be introduced.

In addition to its 'SAAF' audit process the Board continued its approach to multi-agency auditing. During the year two safeguarding multi-agency case file audits were planned focussing on the following priorities:

- Domestic Abuse
- Strategy Meetings

Due to bad weather the final multi-agency discussion and analysis part of the Strategy Meetings audit did not take place by the end of the year. The findings of this will be reported in the next annual report.

The audit process involves individual agencies auditing a sample of their own case files using a common tool, and bringing audits and learning to a multi-agency meeting to be reviewed across partners. The cases are selected at random by the individual agencies. An independently selected random case sample will be considered by the SAB in future.

The Domestic abuse audit of 18 cases found that:

- Overall there was good recognition on a multi-agency basis of when domestic abuse concerns are also safeguarding issues and good knowledge of domestic abuse processes and specialist support services.
- In all cases where risk was identified it was felt that this was reduced, although there were cases where the adult at risk then chose to re-establish

contact with the perpetrator and further safeguarding enquiries/measures were then required.

- Due to the fact that adults at risk within safeguarding enquiries will have needs for care and support, perpetrators of domestic abuse may also be carers. This is clearly a complex situation as the adult at risk will often feel reliant on their carer and be fearful of losing the support they provide.
- Perpetrators of domestic abuse may also be family members, and the adult at risk may feel responsibility towards them, particularly where they are a parent of the perpetrator. This can be difficult as with two cases within the audit where the adult child had no alternative accommodation and the parent felt they are unable to ask them to leave their property.
- In the above situations and due to the care and support needs of adults at risk within safeguarding enquiries relating to domestic abuse, it can be difficult for the worker to speak to the adult at risk alone, and also be clear about the concerns, as the perpetrator will often also be present in the home, and it may not easy for the adult at risk to leave the property to meet elsewhere, for example where the person may have dementia or there are mobility needs. There were positive examples of practice identified within the audit where creative approaches were used such as meeting at a GP surgery.
- In at least one case there was evidence of the 'Trilogy of Risk'-domestic abuse, mental health issues and substance misuse being present. Whilst there were no concerns about risks to children identified within the audit that had not been responded to, adult workers require ongoing support to recognise the additional risks that the presence of the Trilogy of Risk poses to children and other vulnerable people.
- In some cases the adult at risk within a safeguarding enquiry relating to domestic abuse will not want any further action to be taken, and as with all enquiries this requires careful consideration by agencies involved about whether it is appropriate to cease the enquiry taking into account Making Safeguarding Personal (MSP) principles but also the risk within the situation.

Agencies have taken away these learning points to embed this within their practice. An audit regarding the Vulnerable Adults Risk Management (VARM) tool is planned for 2018/19.

Learning and Improvement

**Safeguarding Adults Reviews and other Learning Reviews**

The SAB Safeguarding Case Review Subgroup (SCR Subgroup) receives information from agencies about serious incidents of abuse and considers if a Safeguarding Adult Review (SAR) or alternative review process is required to ensure multi-agency learning is captured and implemented.

Making Safeguarding Personal is an element of all reviews through a standard question set within terms of reference for reviews.

In 2017/18 the SCR Subgroup received two referrals for consideration and the table overleaf outlines their progress as of April 2018:

| Gender | Age | Harm Factors | Type of Review | Progress |
|---|---|---|---|---|
| Female | 20 | Mental Ill-health - Suicide | SAR | Author appointed and Panel process underway |
| Female | 69 | Elderly couple query attempted and assisted suicide – both survived | Potential SAR | Did not meet the criteria. SCR Subgroup assured that safeguards were put in place |

The Subgroup also continued work on four cases referred in 2016/17:

| Gender | Age | Harm Factors | Type of Review | Progress |
|---|---|---|---|---|
| Male | 90 | Neglect in Care - Died | Potential SAR | Awaiting Crown Prosecution Service decision |
| Female | 34 | Substance Misuse – Died following an assault | SAR | 1st Draft out for consultation |
| Female | 54 | Chronic Self-Neglect - Died | SAR | Review completed |
| Female | 66 | Domestic Abuse Mental Ill Health, Alcohol – serious injury | SAR | Final Report out for consultation |

**Learning from reviews**

Learning from the reviews that commenced in 2016/17 contributed to the six learning themes reported in last year's annual report as follows:

***Theme 1 – 'Better Conversations':*** Staff in all agencies to be reminded of the importance of 'Better conversations' at the point of referral so they result a shared understanding of what the concerns, desired outcome for service user and next steps are.

***Theme 2 – 'Service users reluctant to engage':*** This can be a very complex and challenging area for staff to deal with. Staff should consider creative and partnership solutions to development engagement.

***Theme 3 – 'Understanding Domestic Abuse and Older People':*** Staff to be reminded that in assessing Domestic Abuse situations they have a good understanding of aspects and impact of domestic abuse and consider specific vulnerabilities and relationship dynamics for individuals.

***Theme 4 – 'Understanding Mental Capacity':*** Staff should have knowledge of the Mental Capacity Act relevant to their role; however, in practice, staff are supporting decision making all the time, so need to assume capacity unless there are indicators to the contrary for that individual and be clear who is accessing capacity, and what is the impact of Mental ill-health on daily living.

***Theme 5 – 'The impact of Alcohol misuse':*** Supporting people who misuse drugs and alcohol can be challenging, complex and unpredictable. The issues are closely

linked to **Themes 1, 2 and 4.** Staff should additionally consider resources and expert advice available and how they may be accessed.

***Theme 6 – Self-Neglect:*** Staff need to be able to recognise Self-Neglect and be familiar with how to respond

The importance of use of the Threshold Guidance for Adult Safeguarding was highlighted through these themes.

**Domestic Homicide Reviews**
The LSCB and SAB manage the process for carrying out Domestic Homicide Reviews (DHRs) on behalf of and commissioned by the Community Safety Partnerships in Leicestershire and Rutland. This is managed through the joint Children and Adults section of the Boards' SCR Subgroup.

One DHR was completed during the year. Two further potential DHRs were considered, one is being taken forward as a DHR locally and the other is being reviewed in another geographical area.

**Development Work and Disseminating Learning**
The SAB produces a quarterly newsletter in conjunction with the Local Safeguarding Children Board, called Safeguarding Matters. This is used to disseminate key messages including from reviews and audits across the partnership and to front-line practitioners.

The September 2017 Edition of Safeguarding Matters was a 'Learning from Reviews' Special. This edition was relevant to all staff whether the workers focus is on adults or children, front line or practice supervisor/manager

Learning has also been shared through the Trainers Network and single agency internal and single agency internal processes, including to GPs via the Primary Care Safeguarding Children Quality Markers (SCQM) tool.

The Board carried out a review of Safeguarding Matters and the Board website with practitioners across partners. Feedback included that Safeguarding Matters was a useful tool for keeping up to date with safeguarding learning, and also for disseminating safeguarding information across teams. Some areas for improvement were identified regarding design and highlighting items of interest for specific audiences.

The Boards website was felt to be easy to access and find relevant information on, but not so easy to find out what had been updated. Some areas for improvement were identified with regard to colours used and adding Board papers to the site.

**Learning Disability Mortality Review (LeDeR) Programme**

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. The programme is led by the University of Bristol, and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

Locally the programme reports into the Joint Executive of the Leicestershire & Rutland and Leicester City Safeguarding Adults Boards. After initial work to commence the programme in 2016-2017 the programme went fully live in Leicester, Leicestershire and Rutland (LLR) on 1 October 2017.

The programme received 42 referrals between 1 October 2017 and 17 July 2018 across Leicester, Leicestershire & Rutland, three reviews have been completed.

Indicative findings from these referrals and reviews include:

- Average age of death for those with Learning Disabilities is lower than the life expectancy for the general population.
- Twice as many deaths of people with learning disabilities occur in hospital than in the community
- The most prevalent causes of death are respiratory related conditions.

The priorities for the programme locally are to:

- Recruit further LeDeR reviewers
- Continue to raise awareness of the programme with stakeholders
- Begin to formulate Action Plans based upon the findings of completed LeDeR reviews
- Integrate LeDeR into LLR's programme of work to improve services for people with learning disabilities (through mechanisms such as the Learning Disabilities Partnership Boards & local/regional strategies)

<u>Co-ordination of and Procedures for Safeguarding Adults</u>

In response to learning from the reviews and audits of practice, alongside research findings and review findings nationally, the Board has developed and updated local safeguarding procedures as follows:

- Completion and sign-off of the revised Safeguarding Adults Information Sharing Agreement (ISA)
- Developed procedures regarding Modern Slavery
- Developed an Advocates policy
- Strengthened reference to mental capacity and best interests processes in the section regarding Self-Neglect
- Updated information for practitioners on Preventing Violent Exremism
- More information to support practitioners to recognise and respond to ill treatment and wilful neglect
- Updated the Escalation and Professional Disagreement Process
- Reviewed guidance on Thresholds and Section 42 enquiries in health care settings
- Revised guidance on the VARM
- Updated guidance for Managing allegations re persons in positions of trust

Future Work planned includes:

- Review of the structure of procedures to streamline them and support practitioners to utilise them more easily.

Training and Development

The Competency Framework for safeguarding adults in Leicester, Leicestershire & Rutland sets out minimum competencies and standards across the adults workforce and gives advice as to how practitioners can meet these requirements through learning, development and training. This supports practitioners, managers and organisations to ensure a good level of competence across the partnership workforce with regard to safeguarding adults.

The SAB, through its Safeguarding Effectiveness Group regularly requests information from its partners regarding the effectiveness of their safeguarding training programmes. All partners have provided information to assure the Board that staff are appropriately trained.

The Board does not have general resource to support Multi-Agency Safeguarding Adults training. Some multi-agency training is provided through individual agencies training programs, such as Leicestershire County Council.

Leicestershire's training has included eighteen days of a new 'Safeguarding Adults in Practice' core day, to approximately 400 front line staff and supporting bolt on workshop modules, including Domestic Abuse and Coercive Control.

The Board ran four half-day VARM training courses in conjunction with the Leicester City SAB to increase awareness and effective use of the VARM to support prevention of safeguarding need.

The Board supports a Safeguarding Adults Trainers Network has met four times with regular attendance of forty staff from the Independent, Statutory and Voluntary Sector who have a responsibility for developing and delivering learning and development opportunities.

The Network continues to give participants the opportunity to discuss and develop their organisations approach in light of: National and local developments in practice and procedures; Learning from reviews (national and local); Embedding the Competency Framework and updates to training materials and resources.

The Network also supports dissemination of information and awareness raising materials such as Safeguarding Matters, Leaflets and training events.

Feedback from the group has been sought on levels of understanding of MSP and ease of access to the procedures and this feedback has influenced further developments to procedures.

## Leicestershire & Rutland SAB and LSCB Finance 2017-18

| | £ |
|---|---|
| **SAB Contributions** | |
| Leicestershire County Council | 52,798 |
| Rutland County Council | 8,240 |
| Leicestershire Police | 7,970 |
| Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland) | 15,930 |
| University Hospitals of Leicestershire NHS Trust | 7,970 |
| Leicestershire Partnership NHS Trust | 7,970 |
| **Total SAB Income** | **103,334** |
| | |
| **LSCB Contributions** | |
| Leicestershire County Council | 84,003 |
| Rutland County Council | 52,250 |
| Leicestershire Police | 43,940 |
| Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland) | 55,760 |
| Cafcass | 1,100 |
| National Probation Service | 1,348 |
| Derbyshire, Leicestershire, Northamptonshire and Rutland Community Rehabilitation Company (Reducing Re-offending Partnerships) | 3,000 |
| **Total LSCB Income** | **241,401** |
| | |
| **Total Income (LSCB & SAB)** | **344,735** |

| | £ |
|---|---|
| **SAB and LSCB Operating Expenditure** | |
| Staffing | 214,966 |
| Independent Chairing | 22,500 |
| Support Services | 30,500 |
| Operating Costs | 13,500 |
| Case Reviews | 16,290 |
| Training Co-ordination and Provision (LSCB) | 55,641 |
| | |
| **Total SAB & LSCB Operating Expenditure** | **387,037** |

| | |
|---|---|
| **Deficit** | **£8,662** |

| | |
|---|---|
| **LSCB & SAB Reserve account at end of year*** | **£55,641** |

*£4,625 charged in 2018/19.

**Business Plan Priorities 2018-19**

Review and analysis of learning, performance information and emerging issues have led us to identify the following priorities for 2018-19:

| Development Priority | Summary |
|---|---|
| 1. Prevention | Prevention of Safeguarding need through building resilience and self-awareness in adults with care and support needs |
| 2. Mental Capacity | Improve the understanding of capacity to consent and the application of the Mental Capacity Act across agencies |
| 3. Thresholds | Promote a better and more consistent understanding and use of adult safeguarding thresholds |
| 4. Engagement | Ensuring the work of the Safeguarding Adults Board is informed by adults with care and support needs |

For 2018-19 there are no priorities shared with the Leicestershire & Rutland Local Safeguarding Children Board.

Action plans are in place for each of these priorities.

**Partner Updates**

NHS West Leicestershire Clinical Commissioning Group

NHS East Leicestershire and Rutland Clinical Commissioning Group

Leicestershire and Rutland and West Leicestershire Clinical Commissioning Groups (CCGs) are committed to the promotion of safeguarding adults, supporting the work of the safeguarding board and to support staff and partners to undertake their safeguarding responsibilities.

In 2017/18 the CCGs demonstrated their support to the promotion of the adult safeguarding agenda by increasing the Adult Safeguarding and Mental Capacity Act component of a Designated Nurse role with a view to ensuring the voice of the Adult at risk is more equitably represented in its work.

We have strengthened internal and external processes to support care homes where care may have fallen below the expected standard.

In an attempt to increase the knowledge of adult safeguarding within our future workforce, safeguarding adults training is provided to pre-registration nursing students - this includes raising awareness of board procedures and elements of board work.

We have worked with GP practices to improve safeguarding adult understanding and provide support to GPs, CCG and external staff with regard to management of complex cases.

Relevant policies have been reviewed and amended. Systems to ensure adult safeguarding is integral to our procurement processes have been enhanced and safeguarding adults is also a prominent feature in our processes for seeking assurance regarding quality of care from providers of commissioned services.

In addition to the production of the Domestic Violence and Abuse Policy that has been disseminated to all GP Practices across Leicestershire and Rutland, UAVA have been commissioned by the CCGs to deliver Managing Disclosures of Domestic Abuse briefings to all GP Safeguarding Leads. UAVA have also provided Train the Trainer sessions to all members of the CCG Safeguarding Team to enable the team to continue to deliver the Domestic Abuse briefing sessions to GP's once UAVA have delivered their CCG 6 commissioned sessions.

The CCGs undertake work on an ongoing basis to promote the work of the LRSAB. The Safeguarding Team led the arrangements for the Safeguarding Health Network- a quarterly meeting of safeguarding leads from all of the CCG commissioned services. During Q3 and Q4 two meetings have taken place: discussions included the pending changes in DoLS legislation and the delivery of the NHSE highlight report for adults safeguarding.

Leicestershire & Rutland Safeguarding Children Board / Safeguarding Adults Board information has been cascaded to the Safeguarding Health Network that includes NHS and Non NHS Providers.

Messages from Adult Serious Case Reviews and Domestic Homicide Reviews have been cascaded to GP's via the Primary Care Safeguarding Children Quality Markers Tool (SCQM).

The CCGs' commitment to safeguarding and working in partnership will continue into 2018/19.


There is currently work ongoing with Trading Standards within LCC after some initial scoping identified that around 40% of the people Trading Standards are alerted to be the national Scam Hub are known to Adult Social Care (ASC).

Following initial pilot activity in 2017 the Adults and Communities Department has agreed to fund two workers to provide awareness-raising of scams and rogue traders to vulnerable people and organisations who support them. Trading Standards workers will also provide support to victims and social care workers through co-working. ASC are working closely with Trading Standards and have delivered joint training to front line staff and managers.

We have been involved in a review of the MARAC process with the Police and agreed to host a Social Care post within the planned MARAC Hub to provide advice guidance and support at initial referral stage. The post will help ensure that the is an effective and multi-agency approach to manage high risk domestic abuse cases on a daily basis and therefore early identifications of which cases also meet safeguarding thresholds. The recruitment process is underway for this post.

This year has seen a major refresh of our internal training programme with Core Modules and e-learning now available to all staff. This has led to a 93% take up of the new offer. Safeguarding audits and views of staff and managers were used in shaping the new training offer. The core training day uses real and live anonymised case studies in order to accurately reflect the work and challenges workers can face within their practice. Active participation and discussion is encouraged throughout the training sessions. All practitioners are asked for confidence scores before and after the training day and this has evidenced a consistent improvement in confidence levels within safeguarding practice. In addition to the core training the Lead Practitioner for Safeguarding and Learning and Development advisors have delivered further training and workshops, including around Organisational Safeguarding, Financial Fraud, Domestic Abuse and Vulnerable Adults Risk Management (VARM).

In order to respond to increasing numbers of safeguarding referrals, a key area of focus for LCC has been be in continuing to develop consistent and robust approaches to applying safeguarding thresholds and addressing initial areas of risk relating to safeguarding adults referrals. Therefore the focus of the Safeguarding Adults Team has been revised.

The purpose of the Safeguarding Adult Team is to ensure that there is a consistent and timely approach to applying safeguarding thresholds at the 'front end' of the process, and in identifying and addressing immediate risk and establishing the outcomes of the person involved, in line with Making Safeguarding Personal principles. The new team has recently become operational and therefore is on-going analysis of the impact on throughput and allocation of safeguarding cases. Early indications are that the through initial swift responses including meeting with the adult at risk as soon as possible, the team are able to more quickly identify where safeguarding thresholds are not met and alternative signposting and referrals are required to manage any risk. This enables the Locality Teams to focus their resources on adults at risks who may be unable to protect themselves from abuse, and is likely to result in lower numbers of safeguarding enquiries being reported by LCC going forward.

Discussions are on-going with Signs of Safety (SoS) consultants looking at developing this approach for adults, particularly around a model for safeguarding meetings.

We have been working on processes to support staff to effectively evidence robust decision making within safeguarding practice, potentially based on SoS model and a new case recording template has now been developed and is being piloted across several localities, and this will be audited in the next couple of weeks.

Following the development of our database to better record and report on how the principles of Making Safeguarding Personal are being applied, we can evidence the increasing numbers of people who feel their outcomes are being met and they felt listened to within the safeguarding enquiry.

We have facilitated workshops and training with NHS colleagues to improve the shared understanding of Section 42 oversight duties and application of safeguarding thresholds within health settings.

We are committed to working with independent providers and the Care Quality Commission (CQC) to improve the quality and safety of care provided. This year has seen a reduction in safeguarding investigations in care home settings.

Our safeguarding data evidences that LCC has effectively worked with Residential Care Providers to reduce risk in recent years as the percentage of safeguarding enquiries undertaken in care homes in Leicestershire has dropped from 61.6% in 2015/16 to 38.9% in 2016/17. This work continues and there is also a focus on work with domiciliary and supported living provider services.

LCC has active membership of the SAB subgroups and we have had significant involvement in the review and update of several key pieces of safeguarding

guidance, including VARM, People in Positions of Trust (PIPOT) and Thresholds and the current review of the Multi-Agency Policy and Procedures. The revised LLR thresholds guidance is now being adopted regionally by the East Midlands Safeguarding Adults Network (EMSAN) with a proposal that this is taken forward by the Association of Directors of Adults Social Services (ADASS) potentially on a national basis.

The SAB Audit Group is also chaired by the LCC Lead Practitioner for Safeguarding and has successfully delivered multi-agency audits around Domestic Abuse and Strategy meetings in the last year.

As active members of EMSAN we have delivered guidance on effective safeguarding Audit assurance tools and the use of agreed thresholds for front line workers. Shared practice across the region helps to embed best practice and influence consistent standards. The work of the EMSAN is fed back to the LRSAB through the Safeguarding Adult Review (SAR), Policy and Procedures and Safeguarding Effectiveness Group (SEG) subgroups.

Deprivation of Liberty safeguards have continued to present a challenge in 2017-18 as demand for sign-offs continue to rise. We have targeted our most experienced staff to undertake training and qualification to carry out Best Interest Assessments to most effectively manage this demand and continue to prioritise those most at risk for urgent assessment and authorisation.

Rutland County Council

Rutland County Council (RCC) continues to utilise its Adult Social Care role – Assistant Care Manager (ACM) – within the Prevention and Safeguarding Team in order to provide time limited and person centre outcomes for those adults who are deemed at risk of being re-referred as a Safeguarding Adult enquiry. This service is non-means-tested to encourage those at risk of self-neglect to engage with support.

Previous year's plans to recruit another ACM and a social worker to extend capacity and provide a Rapid Response role were agreed and there are now two practitioners in these posts fulfilling the remit of the roles to provide a quick response in cases where safeguarding, neglect and self-neglect are indicated.

Case example of the type of support provided;
*Practitioners responded to a case of an adult who was self-neglecting, was in poor health and who had no support from family. The adult was very resistant to support at first and it took regular visits from our ACM over a couple of months to build a relationship and trust. The adult did subsequently agree to support in the form of assistance in accessing health appointments and the provision of regular personal care in a respite bed. RCC also supported to deep clean his property and secured a*

*grant to provide him with new furniture. He also agreed to a package of support in his home which was personalised to include support to access the community once a week and manage his own tasks e.g. shopping. Recent feedback from him would suggest that he is recovering well from his acute episode and is happier in his home environment.*

RCC continues to monitor and develop its Liquid Logic system to provide accurate measures of reporting relating to safeguarding enquiries in order to identify trends and themes to shape service development moving forward. East Midlands Safeguarding Adults Network questions have been included within the RCC Personalisation survey which is completed at the end of any safeguarding enquiry to record the adults experience of the process.

All new Adult Social Care practitioners who are responsible for processing enquiries have completed safeguarding adults training at enquiry level.

All practitioners within the Adult Social Care service in Rutland, including integrated Health colleagues, attend Safeguarding Continuous Professional Development (CPD) sessions bi-monthly. These sessions are consistently well attended by the service and provide updates on Leicester, Leicestershire & Rutland multi-agency audits, relevant case law, and practice updates. Workers are encouraged to present case studies for peer review and peer shared learning.

Adult Safeguarding Basic Awareness Training (in-house) continues to be provided to all new starters within Adult Social Care and refresher training ongoing for current employees.

Further development will be ongoing regarding legal literacy, case law as it develops, and learning from audits and quality assurance.

- Building closer links between Adult Social Care, housing and community safety colleagues – improving community resilience
- Continuing to develop closer working across ASC and Children's social care - domestic violence and mental health
- CPD on domestic abuse and training provided to embed the trilogy of risk suite of resources

Leicestershire Police
Protecting our communities

**Adults At Risk**

We have continued to raise the understanding of adults at risk by our frontline staff through training and communication strategies. This has resulted in an 8% increase in AAR referrals to 14,000 in 2017/2018

HMIC said;

"The force is fully committed to identifying and helping vulnerable people. It now works even more effectively with partner organisations. This helps it to get a co-ordinated view of the number of vulnerable people in the local community and of the needs which these people have. Officers and staff recognise when people are at risk of harm, and the force provides a comprehensive range of services to deal with the effects of mental ill-health, particularly through the work of the proactive vulnerability engagement (PAVE) team."

**Domestic Abuse**

We view the increased reporting of Domestic Abuse as positive rising by 12.5% in 2017/18 to 18,000 incidents. This increased demand does create capacity issues with a reduced workforce. We utilise a range of tactical options to resolve situations including domestic violence prevention orders (increase of 41%), disclosures under Claire's Law, as well as supporting victims to arrange their own preventative orders. We take a lead role in multi-agency working both tactically through MARAC and strategically through the Domestic and Sexual Violence and abuse Executive and Operations group. We have worked with partners to create a, Vision, Strategic Objectives, recommendations and a delivery plan, all derived from the Joint Strategic Needs Assessment.

Improvements in how the force deals with domestic abuse have been recognised; the force has had two "Good" inspections from HMIC;

"Victims of domestic abuse now receive a better service from the force. This is because the force works more closely with partner organisations, has more staff who have been trained to carry out safeguarding, and because there are more frequent multi-agency meetings to consider high-risk cases. Joint work between the force and other organisations has resulted in an exemplary sexual assault referral centre (SARC). The centre offers comprehensive professional support to victims of sexual assault."

**VAWG & Safeguarding Hub Project**

Funding from the Home Office Violence Against Women and Girls Strategy, is enabling us, together with partners, to make improvements to MARAC and the Domestic Abuse Support Team. The Force has embarked upon a project to create a single Safeguarding hub. This will create a holistic process which reviews, researches and assigns an appropriate response which is better able to deal with the complex needs of service users. Although this will start as predominately a Police

capability, we are working with partners to exploit opportunities to work together so that our collective offer is more effective and efficient for the user.

NHS
University Hospitals of Leicester
NHS Trust

We successfully introduced a hospital 'independent domestic violence advisor' (IDVA) into the Emergency Department at the Leicester Royal Infirmary. The IDVA has been instrumental in supporting the team to secure refuge for a woman who had no recourse to public funds due to her circumstances. The IDVA has also ensured that a number of patients have received specialist domestic abuse support before leaving the department.

We transferred all of our safeguarding records for maternity, children and adults onto an electronic database to ensure data is kept in one place. This means that the team have ready access to cases and information, to enable us to cross reference information that the Trust holds on safeguarding concerns

We delivered accredited PREVENT WRAP training to over 7,475 staff as part of a plan to train 87.9% of clinical staff by April 2018, as part of our NHS England contractual requirements

We embedded the principles of Making Safeguarding Personal into the core business of adult safeguarding. This means that the adult safeguarding nurses can ensure the wishes of the adult are central to our investigations.

We have worked with safeguarding partner agencies to complete 5 multi-agency audits.

We have promoted the use of the NHS England Safeguarding App. This means that staff using the App have immediate access to consistent information about safeguarding and the wider agenda such as Mental Capacity Act.

We have worked with local authority partners to review the system for undertaking internal safeguarding adult investigations, and to provide assurance that this is compliant with the Care Act. This means that we have good arrangements in place to appropriately investigate adult safeguarding concerns which occur within the Trust, and that we can demonstrate lessons identified and learned.

LEICESTERSHIRE
FIRE and RESCUE SERVICE

2017/18 has seen significant improvements in the way we work with partners and target our activities at the most vulnerable people.

Referrals for Home Fire Safety Checks are now triaged according to risk information provided by partner agencies, so we can respond quickly to those people most in need. The main role of the Community Safety team is to manage high fire risk cases, and work with the occupant and relevant agencies to reduce the risk of fire. In cases when there is a direct threat of arson we visit the property the same day.

We now have a designated adult safeguarding coordinator who triages and follows up safeguarding concerns. Cases are predominantly related to neglect or self-neglect, often in association with fire risks and concerns about health and well-being. The co-ordinator is based within the police adult referral team, which facilitates information sharing and more efficient partnership working. We conduct joint home visits with partners and regularly contribute to Vulnerable Adult Risk Management (VARM) meetings to support high-risk cases.

Our Community Safety staff attend relevant multi agency training and contribute to the training programme. We offer training to front line staff in partner agencies (e.g. domiciliary carers, adult social care, and police) on identifying and reporting fire safety. All our public-facing staff have received safeguarding awareness training and individual teams receive further training relevant to their role. For example, our Fire Safety Officers (who carry out inspections of businesses) requested training on modern slavery.

Over the last 12 months LFRS has continued to work with hoarders and has contributed to hoarding and self-neglect workshops both locally and nationally.

Following serious fires we always offer a ‘Post Incident Response’ to help reassure the local community and offer fire safety information and home checks to neighbouring properties. Our fire station managers attend district community safety partnership meetings, in order to work together to reduce those risks to the community and to individuals.

National Probation Service

The National Probation Service in Leicester, Leicestershire and Rutland (NPS LLR) places adult safeguarding at the heart of our practice, both in relation to preventing further victims and in our work with offenders. Adult safeguarding also remains a key consideration of the work of Multi-Agency Public Protection Arrangements (MAPPA) and, as such, our work in partnership with both statutory and duty-to-cooperate

partners continues to make a significant contribution to the management of those cases where safeguarding is an issue.

The core adult safeguarding e-learning is completed by all staff at all grades. It is a requirement for new staff to complete within their probationary period, and is refreshed every 3 years across the whole staff group. For front line staff, this is followed by a face to face learning event. Additional learning opportunities across the county are offered to staff as they become available, together with internal reflective practice sessions and line management supervision, in which safeguarding issues are reviewed, and guidance and oversight provided.

NPS LLR gives consideration to the care and support needs of offenders in the community (including pre and post-custody) and work in partnership with offenders and local authorities where such needs exist. Every offender supervised by NPS LLR has a full OASys assessment completed, identifying risks posed by and to the offender. An ongoing dialogue takes place between the Offender Manager and the offender in relation to issues of known vulnerabilities. Action is then taken in response to this and recorded appropriately. Every offender is encouraged and supported to complete a self-assessment questionnaire which provides a further opportunity to identify adult safeguarding issues.

Operational managers complete quality assurance audits on risk management and sentence plans to ensure oversight of practice capability amongst our staff, with identification and action in relation to safeguarding issues forming a key part of these quality assurance audits. These audits are due to increase in frequency over the year ahead, together with a planned inspection by Her Majesty's Inspectorate of Probation.

At a senior management level, NPS LLR continue to engage positively with the Safeguarding Adults Boards, contributing to the Review Sub Group and Domestic Homicide Reviews. Learning is shared with staff across NPS LLR in written format and in team briefings, together with divisional and national learning from Serious Further Offence reviews.

NPS LLR remain committed to delivering a quality service, and learning from our practice and partnerships.

NHS
Leicestershire Partnership
NHS Trust

Safeguarding touches everyone's lives at some time, including the lives of the service users and staff of Leicestershire Partnership NHS Trust (LPT). Many of our service users have experienced abuse of some kind, or may be at risk of experiencing abuse either now or in the future. Few of these service users exist in isolation, which is why in 2017 LPT have continued to build on the work to adopted a 'Whole Family' approach to safeguarding, including moving to a position of a Whole Family safeguarding team instead of separate Adult and Children team.

Training and information for staff has been adapted in relation to Individual and organisational responsibilities and in line with promoting a Whole family approach. Likewise, LPT has continued to work towards improving health outcomes for Looked after Children (LAC) and supporting the Child Death Overview Process (CDOP).

The Trust has launched a Community Mental Capacity Act Champions Group to build on the work of the In-patient Champions group in supporting consistent good practice in assessing Mental Capacity.

The PREVENT Statutory Duty was introduced in 2015, placing specific statutory obligations on health organisations and other partners to support the protection of individuals vulnerable to exploitation by extremist groups. Moving forward LPT will have a Prevent Lead and Prevent co-ordinator as part of the Whole Family Safeguarding Team, who will ensure compliance with statutory responsibilities including training delivery.

Given the vulnerabilities of those we work with in LPT, we must continue to focus on 'Early Help' and Prevention and lesson learning in 2017-18 in order to prevent the risk of Abuse to Vulnerable Adults and Children in contact with LPT services. LPT is closely monitored in relation to safeguarding activity both internally and externally to ensure the organisation is compliant with statutory requirements placed upon health organisations.

Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company (DLNR CRC) is responsible for the supervision of low and medium risk of harm adult offenders, the provision of a range of rehabilitative interventions for CRC and National Probation Service (NPS) cases and the delivery of 'Through the Gate' (TTG) services in Resettlement Prisons. This work involves working with adult offenders who are both perpetrators of abusive behaviour and individuals who present with multiple vulnerabilities

Safeguarding is a core statutory function of DLNR CRC. Risk assessment and risk management is one of its key activities, driving all its activities with service users. Safeguarding considerations are considered within assessment and risk management plans at all stages. DLNR CRC use specialist risk assessment tools such as Offender Assessment System (OASys) and Spousal Assault Risk Assessment (SARA) to support defensive decision making across all areas of risk. All operational staff are trained in safeguarding as part of their core training and DLNR CRC has a competency framework to ensure that all cases are allocated to appropriately trained staff on the basis of identified risk and need.

DLNR CRC work with a significant number of cases that are perpetrators of domestic abuse. All our case managers are specifically trained for this work and we also deliver two programmes dependent upon risk and need. These programmes are

called Building Better Relationships Programme and Safer Choices respectively. In all this work we also employ partner link workers to provide support to victims of abuse through linking them with local specialist agencies. DLNR CRC are a key participating partner in local Multi-Agency Risk Assessment Conference (MARAC) arrangements. We have established protocols for the exchange of information to support decision making and also attend all MARAC's with listed cases.

DLNR CRC recognise that abuse can also occur in other contexts and across other vulnerabilities. DLNR CRC is committed to working with its adult social care, substance misuse, housing and health partners from both the statutory and voluntary sector to support a joined up approach to prevent and reduce the escalation of abuse.

DLNR has quality assurance mechanisms to support the maintenance of effective practice standards. All team managers within DLNR CRC attend 'Quality Days' on a monthly basis during which case records are sampled and quality assured. DLNR CRC also have an Internal Audit team who undertakes themed audits across DLNR. DLNR CRC are also subject to audits through Her Majesty's Prison & Probation Service (HMPPS) contract management team and HM Inspectorate of Probation (HMIP).

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Agenda Item 13

Leicestershire County Council

# ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 11 SEPTEMBER 2018

# ANNUAL ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS REPORT 2017-18

# REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

## Purpose of the Report

1 The purpose of this report is to provide the Committee with a summary of the complaints and compliments for adult social care services commissioned or provided by the Adults and Communities Department in 2017-18. The annual report is attached as Appendix A to the report, and the Committee is asked to make any comments.

## Policy Framework and Previous Decisions

2 The Committee last received a report on complaints and compliments on 12 September 2017. This report covered the year 2016-17 and the Committee requested that reports continue to be presented on an annual basis.

## Background

3 The Adults and Communities Department has a long standing statutory duty to have a complaints process in place for adult social care. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, effective from 1 April 2009, introduced a two stage process with flexible investigation methods and timescales to suit the nature and complexity of the complaint. If the complainant is unhappy with the outcome after stage one, they can ask the Local Government Ombudsman (LGO) to investigate.

4 The regulations provide a framework for those handling a complaint relating to a local authority's social care functions - this includes directly provided services and independent services provided through commissioning.

5 The actions, omissions or decisions of the local authority in respect of a social care function are covered; the regulations do not, however, apply more generally to independent providers.

6 People who are paying for their own social care (self-funders) may complain to the local authority, for example about assessment or failure to assess. Services people have arranged or purchased themselves are not covered, but the local authority could be challenged if it commissions those services, for example, why it has commissioned a sub-standard service, or whether it is performance managing contracted services sufficiently.

7 The Adults and Communities Department is contacted on a daily basis by service users, carers and other interested parties to share concerns, request information or seek clarity on care arrangements. These queries are dealt with at a local level within care teams or through the Director's office without recourse to the formal complaints process. The complaints team do, on occasion, also receive queries and concerns that suggest an adult requires immediate support or raise safeguarding concerns. Such reports are best handled outside of the formal complaints procedure and are referred into the Customer Service Centre or allocated workers for urgent consideration as appropriate.

8 Under these regulations, there is a further requirement to produce an annual report that reviews the effectiveness of the complaints and compliments procedures and provides a summary of statistical information. The attached report fulfils this requirement and presents a summary of the complaints handled in 2017-18.

9 Complaints and compliments about other aspects of the Adult and Communities Department are reported separately as part of the corporate complaints process.

**Key Points**

10 There was a 14% increase in the number of complaints received in 2017-18 compared to the previous year (186 compared to 163).

11 When complaint volumes are set against the context of overall numbers in receipt of long-term support during the year (9,970), it is clear that a very small percentage go on to make a formal complaint (approximately 1.9%).

12 For complaints resolved during 2017-18, there was a decrease in the numbers that were upheld. 42% of complaints were upheld, which was a reduction of 8% from last year.

13 During the year, 24 complaints were received by the Ombudsman. This is a significant increase on the previous year (13). The Ombudsman made decisions on 10 cases during the year.

14 Significantly, findings of maladministration reduced from seven instances in 2016-17 to two in 2017-18 (20%). No financial remedies were sought by the Ombudsman this year.

15 Despite investigating more cases, the low levels of fault found by the Ombudsman provides good re-assurance that the Council is handling complaints appropriately and also that the reduction in complaints upheld should be considered a positive indicator.

16 Timescales for responding to complaints slightly lengthened during the year with a 3% decrease in numbers being resolved within the County Council's best practice indicator of 10 working days (54%). 81% were resolved within 20 working days and just one exceeded the maximum time allowed. This was a complex joint complaint with East Leicestershire and Rutland Clinical Commissioning Group which was resolved in 68 working days slightly outside the 65 day timescale.

17 Although response timescales still compare favourably to regional neighbours[1], there is a slow downward trend. This has been highlighted as an area to improve during 2018-19. A slight improvement has been seen through Quarter 1 2018-19 and work continues with the Department to raise performance further.

18 Unlike 2016-17, there were no single areas disproportionately represented through complaints volumes.

19 The most common complaint theme was around assessments and care-planning. This is a broad area and also where complaints are often around professional decision-making. This may be a factor behind the reduction in complaints upheld this year.

20 There have been good examples this year of how systemic learning has been identified and implemented. In 31% of complaints that were upheld, clear actions were highlighted by Investigating Managers that focus on improving future performance. This is a slight increase from 2016-17 but remains an area where the Department can improve.

21 Targeted training and work continues through 2018-19 focused both on root cause analysis and improving the consistency and quality of responses.

22 There has been a further increase in the number of recorded compliments (147) and efforts continue to be made to work with managers to promote sharing and visibility of all unsolicited compliments.

**Background Papers**

None.

**Circulation under the Local Alert Issues Procedure**

None.

**Officers to contact**

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**Appendix**

Appendix A – Social Care Statutory Complaints and Compliments: Annual Report - April 2017-March 2018

[1] Based on discussions within Eastern Region Complaints Managers Group

**Relevant Impact Assessments**

Equality and Human Rights Implications

23 The Adults and Communities Department supports vulnerable people from all the diverse communities in Leicestershire. Complaints and compliments are an important way of ensuring that service responses are fair and equitable to all sections of society. This report does not highlight any specific equal opportunities implications.

Partnership Working and Associated Issues

24 The National Health Service Complaints (England) Regulations 2009 places a duty to co-operate on local authorities and health organisations. During the year 11 complaints were handled under joint complaints protocols. Collaborative working between organisations has improved this year following the difficulties highlighted in 2016-17.

Leicestershire County Council

# Adult Social Care

# Statutory Complaints and Compliments Annual Report April 2017 – March 2018

Business Services
Corporate Resources Dept

# CONTENTS

# 1. Purpose and Context of Report

## 1.1. Purpose & Scope

The purpose of this report is –

- To report to members and officers detailing Leicestershire County Council's (LCC) adult social care complaints and compliments activity from 1 April 2017 to 31 March 2018.
- To set out future developments and planned improvements.
- To meet the Council's statutory duty requiring the production of an annual report each year.[1]

This report provides analysis and comment for Adult Social Care Services on all complaints managed under the statutory complaints process. Those complainants not qualifying under the statutory process have been considered under the County Council's Corporate Complaints and Compliments Annual Report presented to the Scrutiny Commission.

## 1.2. Background Context

The Adult Social Care Service sits within the Adults and Communities Department and both arranges and supports the provision of a wide variety of services.

This includes helping people to remain living independently in their own homes with increasing levels of choice and control over the support they receive. When this is no longer possible, the department supports residential or home care as well as having lead responsibility for safeguarding adults at risk of harm.

9,970[2] people received long-term support from the Social Care service during 2017-18. This figure is a 1.5% reduction from last year.

The department always aims to provide high quality services that meet the needs and circumstances of individuals and their families. The department actively promotes involving clients and carers in shaping services; using their skills and experiences to help ensure they meet customer needs. However, given the personal and complex nature of some adult social care services, sometimes things do go wrong.

The complaints process is a mechanism to identify problems and resolve

[1] Statutory Instrument 2009 no.309 (18)

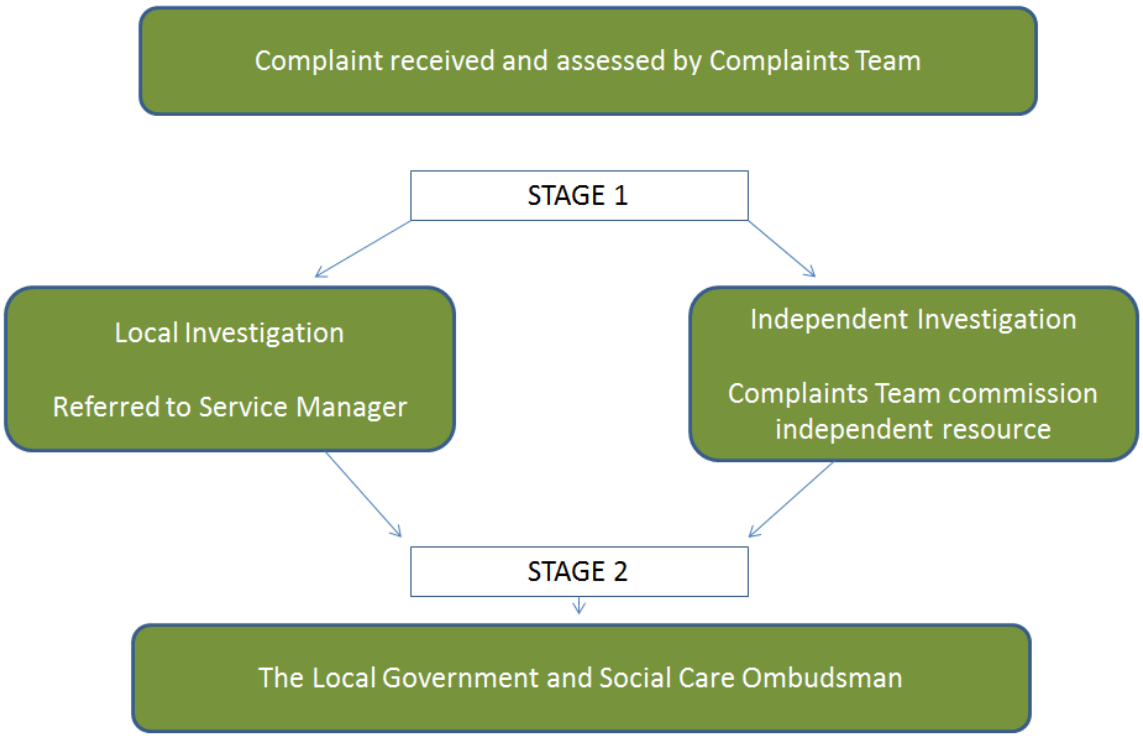
[2] Figures supplied by Performance and Business Intelligence Team

issues. If things go wrong or fall below expectation, the County Council will try to sort things out quickly and fairly. Learning from our mistakes and concerns that are raised is used to make changes and improve services.

Analysis of information about complaints received during 2017 -18 gives Adult Social Care an opportunity to reflect on both the quality of the services it provides and also consider how well it listens and responds to service users.

## 2. Adult Social Care Complaints Procedure

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 outlines the statutory responsibilities of the County Council. This is broadly set out below:




The above procedure was designed to offer Local Authorities flexibility to resolve complaints in the most appropriate manner. Stage 1 resolution can therefore consist of a number of processes (for example meetings) but the Local Authority must not unduly delay finalising this process which should always be concluded within 65 working days.

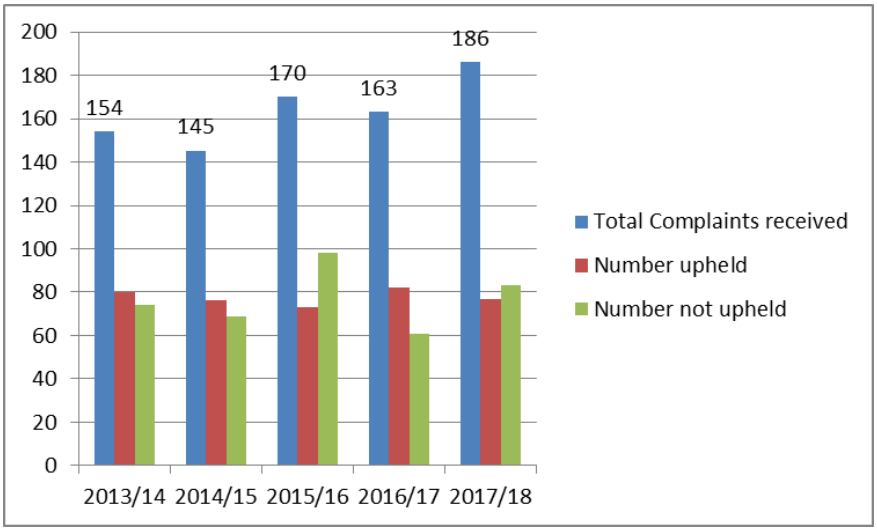
The Local Authority must advise all complainants of their right to approach the Local Government and Social Care Ombudsman should an agreed resolution not be found.

During 2017-18, no independent investigations were commissioned.

# 3. Complaints and compliments received 2017-18

## 3.1. Complaint Volumes

*Table 1: Adult Social Care Complaints recorded over last 5 years*

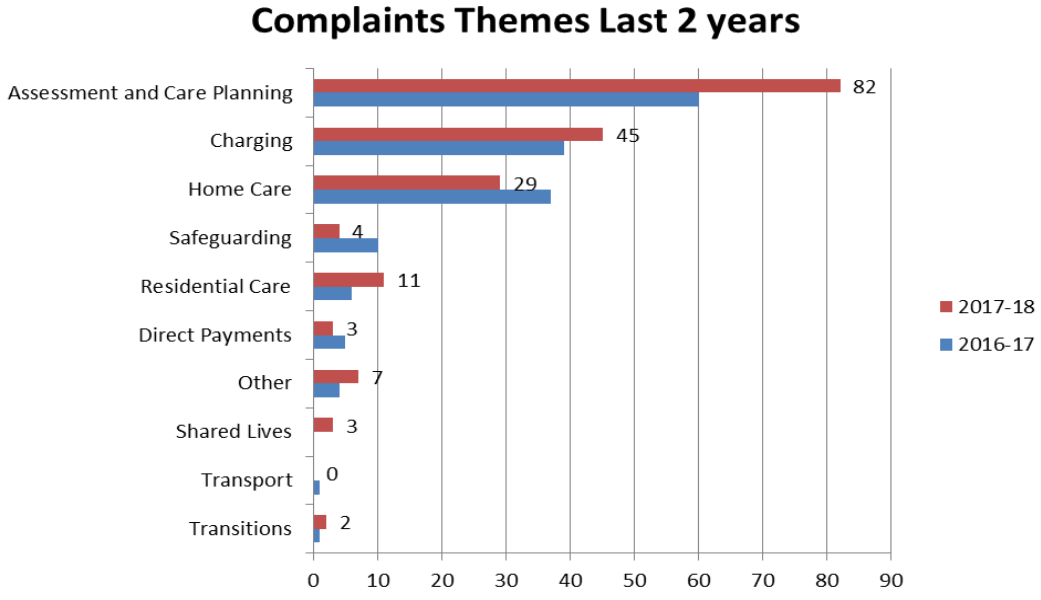



As illustrated above the total number of complaints received this year has increased from 2016-17 (+14%). This broadly reflects the long term average rate of increase.

Complaint outcomes are considered in more detail later in this report but the proportion of complaints upheld each year is included in the above graph to also show any longer term trend.

## 3.2. Complaints by Theme

*Table 2: adult social care complaints by theme*



Complaints themes mirror the Local Government and Social Care Ombudsman classifications and can provide helpful insight as to the underlying topics that are generating complaints.

Unsurprisingly, the largest segment is also the broadest category around Assessment and Care Planning. This equates to 44% of the overall volume and represents an increase of 8% from last year. This mirrors the most common theme within the most recent Ombudsman report[3]

The most notable changes from 2016-17 are the decrease in Home Care complaints following stabilisation of the lot providers and the increase in complaints where charging was the primary factor.

### 3.3. Joint Complaints

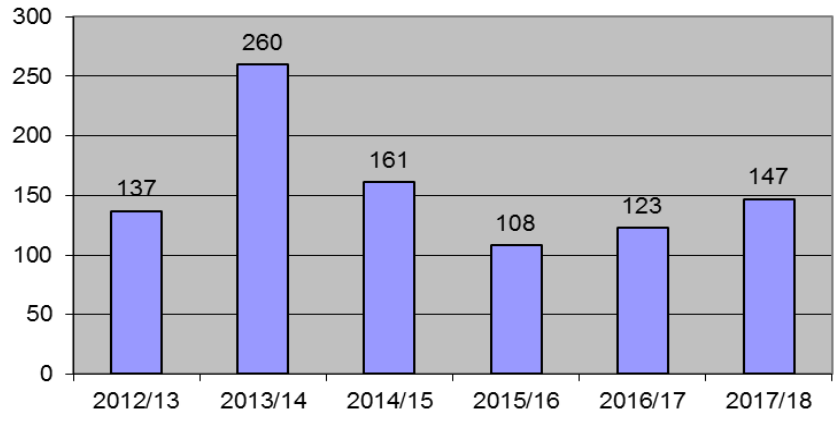
The Health and Social Care complaints regulations place a duty on Local Authorities to work together with health partners in responding jointly to complaints[4]. Leicestershire County Council accordingly has a joint complaints handling protocol, supported by a multi-agency group, which sets out common guidelines and approaches to this. Members include Leicester City Council, the Clinical Commissioning Groups, University Hospitals Leicester (UHL) and the Leicestershire Partnership Trust (LPT).

During the year 2017/18, eleven complaints were considered using the Joint Complaints protocol. This is a decrease on last year (14)

### 3.4. Compliments received 2017-18

*Table 3 below shows the long-term trend in compliments recorded.*

**Table 3: Adult Social Care Compliments Recorded**




[3] Local Government and Social Care Ombudsman – Review of Adult Social Care Complaints 2016-17

[4] Statutory Instrument 2009 no. 309 (9)

There has been a further increase in compliments recorded during 2017-18.

It is always important to recognise the good work that is being delivered by the department and to provide balance within the complaints annual report. For this reason, the complaints function does encourage the recording of un-solicited compliments which can either be submitted directly online or if received by council officers should be passed on for central recording.

A small selection of the compliments received can be found in Appendix A. They show some of the ‘real-life stories’ where Adult Social Care makes a huge difference to peoples’ lives.

The Complaints team will continue to work closely with the department to try to reflect all the unsolicited feedback received across the teams and ensure visibility in annual reports.

## 4. Complaints resolved 2017-18

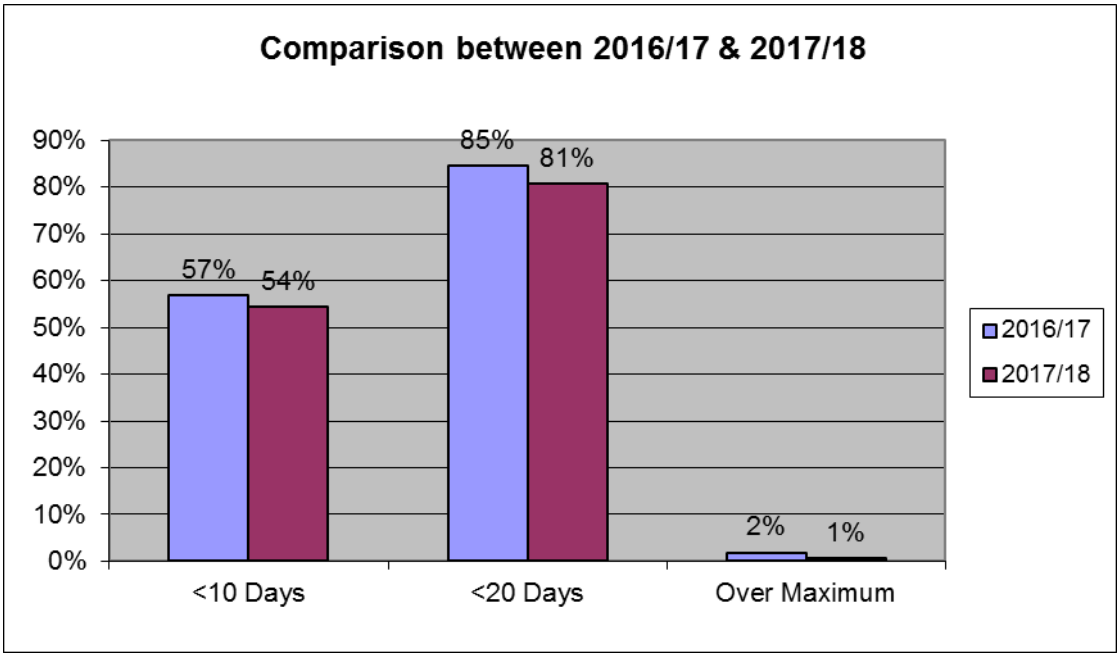
The key performance indicators for speed of response, outcomes, causes and identified learning are linked to complaints that have been *resolved* within any given reporting period rather than received.

This is important as it ensures that full data sets are able to be presented, both to departments on a quarterly basis, and at year end. It also avoids the scenario whereby Ombudsman findings of maladministration might not appear in annual reports (where outcomes are not known at the time of production).

It follows from all of the above that the figures presented below will not match the data presented in section two of this report which focused on complaints *received*.

### 4.1. Responsiveness to complaints

*Table 4: Adult Social Care Performance*




There has been a slight drop in responsiveness to complaints during 2017-18, with a 3% reduction in those responded to within 10 working days. With 81% of all complaints responded to within 20 working days, this remains healthy performance across often complex subject matters.

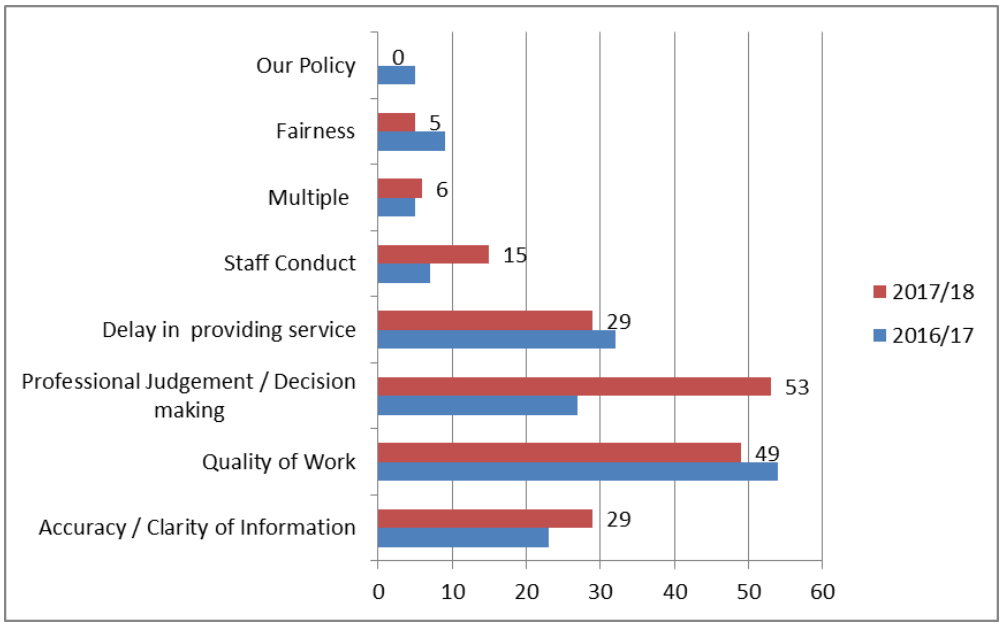
Whilst the statutory regulations give wide flexibility in terms of response times and allow up to 65 working days for complaints to be resolved, a key expectation of the public is that their concerns are dealt with promptly and this report provides good assurance of the department's commitment to this.

Just 1 complaint was not responded to within the statutory maximum timescale of 65 working days. This was a joint agency complaint with East Leicestershire Clinical Commissioning Group and was delayed by clarification of a CHC appeal.

## 4.2. Complaint Causes

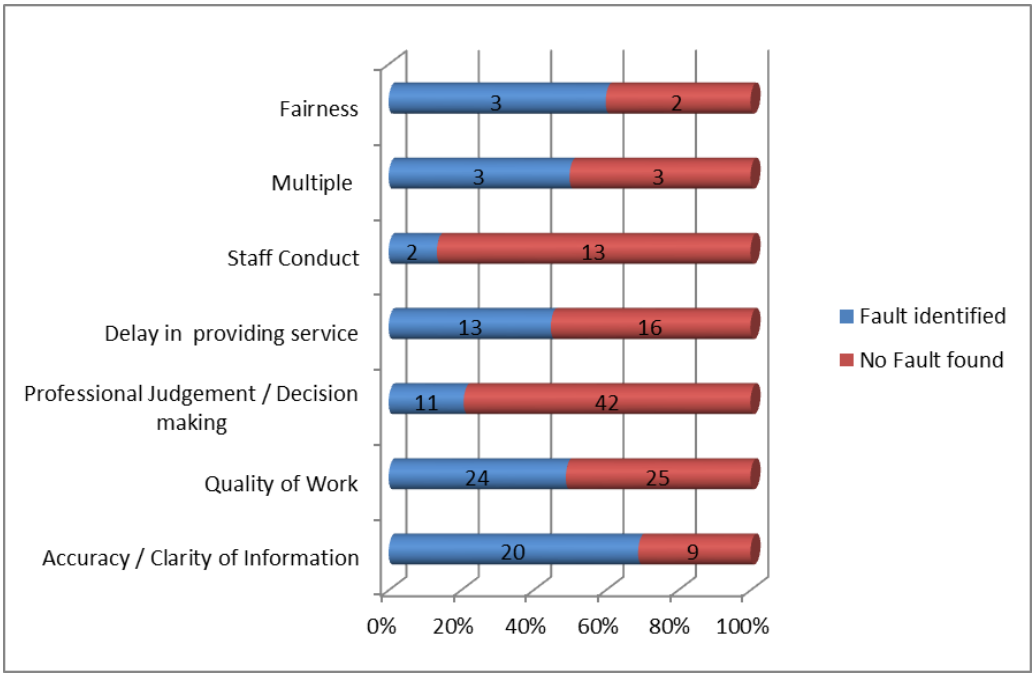
The Complaints team undertake analysis of each complaint to try to understand the significant factor. This can help prioritise areas for the department to focus on improving. The results for 2017-18 are represented below along with comparative data for 2016-17.

*Table 5: Complaint causes last two years*




Complaint causes are useful but must also be considered in conjunction with the number of cases where fault was identified within each category. This is set out in the table below.

*Table 6: Complaint causes last two years*



This year saw the most common cause being Professional Judgement or Decision making. Typically this is manifested through an unwelcome decision and in such cases the complaints procedure offers the ability to request a review of the decision making to ensure that it was soundly made.

Social care often entails judgement decisions to be made and in this context it is pleasing to note that in only 26% of the instances did the reviewing manager find any fault with the thinking.

Also of note is that although the numbers of complaints citing poor staff conduct rose compared to last year, encouragingly in only 2 cases was fault found. In both instances this was around poor choice of language which had inadvertently caused upset. Reflective discussions were held with the relevant officers.

## 4.3. Complaint Outcomes

*Table 7: Adult Social Care complaints recorded by outcome*

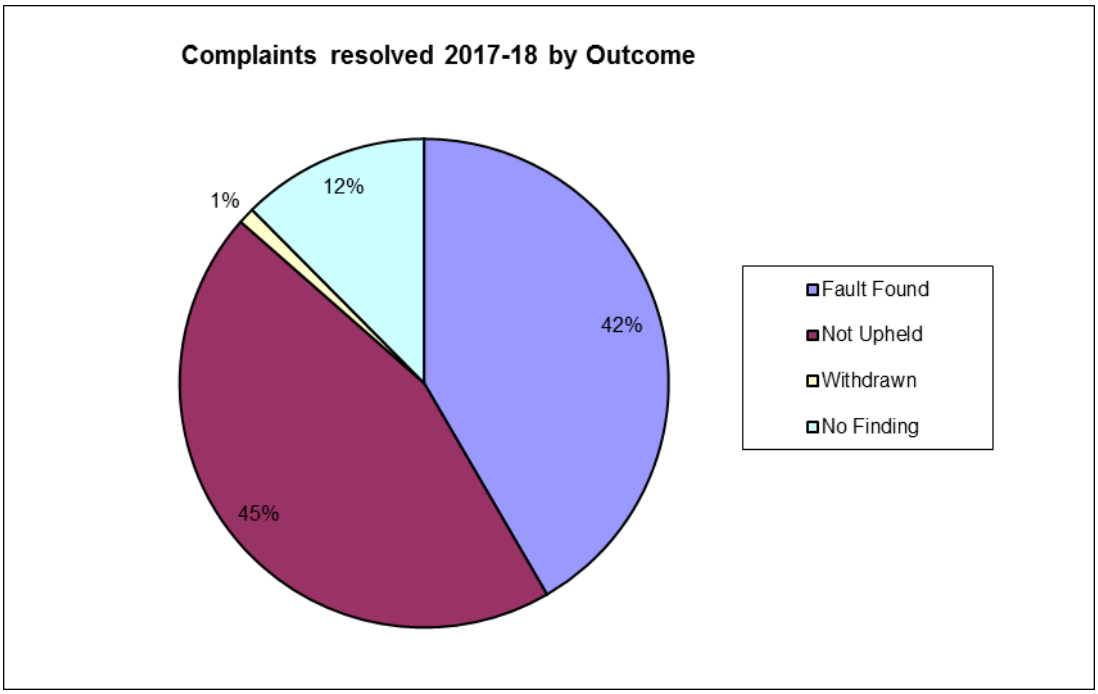



Table 7 above shows that 42% of complaints were upheld. This is a decrease on last year by 8%.

## 5. Learning from Complaints

Complaints are a valuable source of information which can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell everything about the attitude towards complaints and how they are responded to locally. Arguably of more importance is to understand the impact those complaints have on people and to learn the lessons from complaints to improve the experience for others.

Lessons can usually be learned from complaints that were upheld but also in some instances where no fault was found but the Authority recognises that improvements to services can be made.

Occasionally during the course of an investigation issues will be identified that need to be addressed over and above the original complaint. The Complaints Team will always try to look at the “bigger picture” to ensure that residents receive the best possible service from the Council.

### 5.1. Corrective action taken

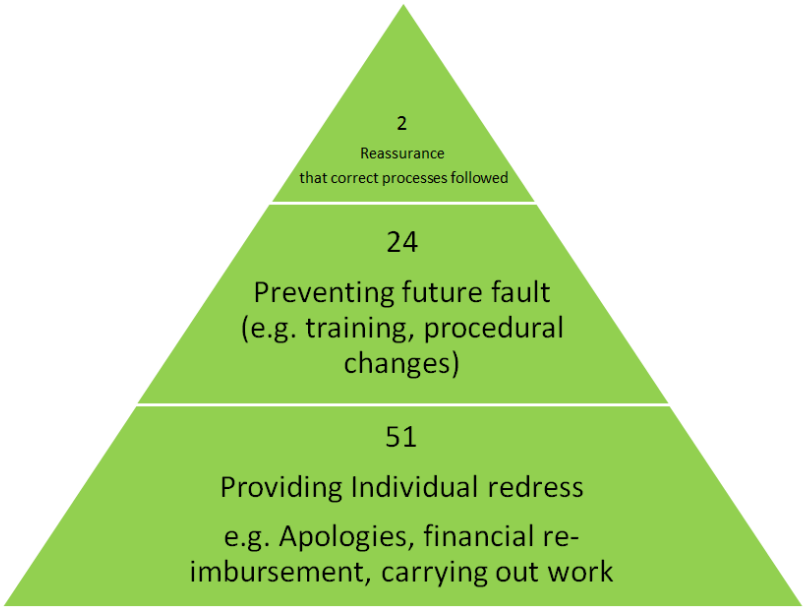
All of the 77 complaints where fault has been found have been reviewed by the Complaints Team to ascertain what action the relevant department has taken, both in remedying the fault, and any wider learning to avoid such issues occurring in the future.

Remedial action typically consists of both individual redress (e.g. apology, carrying out overdue work) and wider actions that may affect many. On some occasions, fault has already been remedied so the complaints process is used to re-assure that appropriate action has been taken.

Table 8 (overleaf) depicts the actions taken during 2017-18. This shows that in 31% of instances, clear actions were identified which should improve service for other members of the public. The most common of these is staff training but this category would include replacing faulty equipment, reviewing local policies and providing additional resources to help deal with demand.

In 14 instances financial redress was arranged to ensure that the complainant was put back in the position they would have been in had the fault not occurred. This is a vital part of the complaints process and this report provides re-assurance that managers are taking the appropriate action. Typically this is re-imbursement of care costs where these had either been calculated wrongly or there was evidence that clear explanations were not given.

*Table 8: Actions taken for upheld complaints 2017-18*




## 5.2. Service Improvements during 2017-18

Research shows that a primary driver for making complaints is so that lessons can be learned and processes improved. It is also a key part of an effective complaints procedure to demonstrate this organisational learning so that in turn the public can feel confident that complaints do make a difference.

Case studies can be a powerful way of promoting this and to illustrate some of the positive action taken this year from complaints, three examples are set out below:

### 5.2.1. A's Story – Requesting a Carers Assessment

A contacted the Council experiencing significant carers strain due to the complex health needs of his daughter. He requested an assessment in his own right.

After making a number of unsuccessful attempts to progress this matter he contacted our Complaints team.

**Actions taken**

The Council's investigations found a number of issues with the way these requests were being handled which did not support timely processing of the applications. This was further exacerbated by a 30% increase in requests for carers' assessments.

In response the following actions were taken:

- Immediate recruitment of a temporary resource within the Customer Service Centre to help load assessments.

- Significant process re-design including simplifying the form and automated uploading (removing the need for re-keying data).
- Recruitment of permanent resource to focus specifically on a range of enquiries from carers and to ensure they are supported in a timely and efficient manner.

### 5.2.2. J's Story – Unreliable home care provision

J contacted the Council on behalf of her mother who was experiencing regular issues with care calls being late or in some instances missed entirely. After several attempts to resolve things directly with the provider she contacted the complaints team for assistance.

**Actions taken**

The Council's investigations agreed that there was a lack of consistency in the timings being provided by the care provider.

The Council held talks with the provider in order to agree how the care package could be managed and were able to agree acceptable changes to timings of calls.The Council also offered the family the option of direct payments which could be used to commission an alternative provider of choice if for any reason there were further concerns.

Periodic contact was made with the family who were satisfied with the changes made.

### 5.2.3. D's story – Lack of clear information regarding charges

D contacted the Council on behalf of his father seeking assistance with understanding how his father would have to contribute to care costs.

D felt bewildered by the lack of clear information as to how this would work and contacted the Complaints section out of frustration with this.

**Actions taken**

D's experience is not uncommon. We recognise that charging for social care is a complex area and we needed to do more to make information easier to understand and more readily available.

In response, the Council has put significant effort into improving the information on our web-site around paying for care. The paying for care pages are now much clearer about most people having to contribute towards their care and support needs.

We have also seen a clear reduction in complaints where the Council could not evidence discussions had been held about care costs.

# 6. Local Government Ombudsman

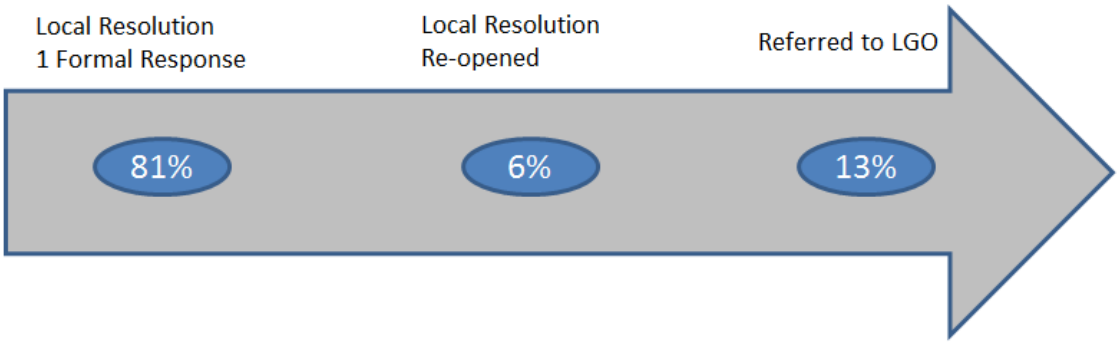
## 6.1. New complaints received by the Ombudsman 2017-18

As has been explained already, the statutory social care procedure is a two stage process with the Ombudsman as the second stage. However, before complaints are escalated to the Ombudsman, it is important that a flexible approach is taken to ensuring that every opportunity has been taken to resolve the matter.

On occasions, complaints are re-opened for further investigation prior to an Ombudsman referral. Predominantly this is where new issues arise or it is felt there is an opportunity to further clarify responses made at Stage 1. With this in mind, it is interesting to look at where complaints are resolved along the pathway.

The Local Government and Social Care Ombudsman made enquiries of the Council on 24 complaints during the year. This represents approximately 13% of the overall complaints.

*Table 9: Complaint escalations*




## 6.2. Complaints resolved by the Ombudsman 2017-18

The Ombudsman made decisions on ten cases during the year with just two cases being upheld (20%). This represents a significant reduction on last year where the Ombudsman found fault in seven instances (63%)

Brief details for the two cases where fault was found appear below:

- Complaint regarding decision making of Emergency Duty Team following a safeguarding referral made. The Council accepted there was fault in how this was recorded and actioned which led to a missed opportunity to take immediate action to safeguard the individual.

  The Council in response carried out a comprehensive action plan which included training of all EDT workers and a more rigorous quality assurance process.

- A complaint regarding charges applied for home care. The complainant disputed the amount due citing issues with missed care calls. Whilst the Council accepted some evidence of short or missed calls, this would not have affected the amount the complainant had to pay as the costs remained significantly over their assessed charge.

  The Council (in recognition of the service failings) offered a 10% reduction on the invoice and the Ombudsman ruled that this was an appropriate remedy offer.

For the remaining cases –

- In two cases the complaint was referred back to the Council as Premature. This is when the Council has not fully exhausted our local complaints procedures

- In three cases the Ombudsman decided not to investigate, either because there was no evidence of any fault, or the complaint concerned matters outside of her jurisdiction.

- In three cases, the Ombudsman, after detailed investigation, was happy with the actions the Council had taken.

Decisions made by the Local Government and Social Care Ombudsman during 2017-18 provide substantial assurance that the Council is appropriately responding to complaints and where applicable offering appropriate remedies.

It is important to note by way of context that Adult Social Care has been the category where the Ombudsman finds most fault during the last two years at an average of 54% nationally. Against this backdrop the Council's performance compares very favourably.

## 7. Monitoring the Process

The Complaints Team continues to support Adult Social Care Services to manage and learn from complaints. The key services offered are -

1. Complaints advice and support
2. Production of Performance Reports
3. Liaison with Local Government Ombudsman
4. Quality Assurance of complaint responses
5. Complaint handling training for Operational Managers
6. Scrutiny and challenge to complaint responses

Assistance continues to be routinely provided to Locality Managers in drafting responses to complaint investigations. This helps ensure a consistency of response and that due process is followed.

Complaints training is also offered to managers and 15 social care managers took part in this training during the year.

The Complaints Manager also meets with the department's Intelligent Client each quarter to talk through complaints matters.

Quarterly performance reports are produced and delivered at Strategic Leadership Team (SLT) and shared with the Lead Member for Adults and Communities.

## 8. Final Comments

In times of change and austerity it is vital that service users are provided with a complaints process that is easy to access and fair. This year's Annual Report shows that Adult Social Care does listen and provides a number of examples of how complaints intelligence directly drives and improves service delivery.

During 2018-19, the key priorities for the Complaints team will be rolling out further support and training for managers as well as specific work on more in depth root cause analysis to ensure that we continue to learn the important lessons that complaints can deliver.

## Appendix A: Sample of compliments received 2017-18

- I just wanted to say huge thank you for your help-it's so much appreciated by my mum &dad & myself. I wish everyone within Social Services was as proactive, kind & helpful as you have been – **ADULTS CSC**
- You were extremely thorough and seemed to understand the situation the family were in during your review visit - **2 WEEK REVIEW**
- Please pass on all the family's thanks and appreciation for your recent help with respite stay – **OA CHARNWOOD**
- Compliments to your staff and especially F. In the family meeting yesterday. the way she handled the meeting and dealt with everything was first class – **OA HINCKLEY**
- Just wanted to let you know that the carers are fantastic...their help has been invaluable to me – **HART**
- Thanks to M for all your assistance with helping T confirm his place...we can all sleep easier now – **TRANSITIONS**
- I would like to draw to your attention the help that H has given me whilst I have been sorting out care for my mother & her husband... within half an hour all my concerns/worries had gone…I now had a clear understanding of how much support the Council would give and how much would be self-funded…H always has time for you and explains everything in a clear " non-complicated" way...At a time when you are looking for support and understanding he has stood out – **COMMUNITY CARE FINANCE**
- I must commend the very high standard of the Best Interest assessment and Mental Capacity assessment undertaken by A – **DOLS**
- Thanks to T for all the support given to father before his death...exceptional care was provided - **OA Melton**
- We wish to thank the OT department for the outstanding care they have given. Thank you so much – **OT**
- Thanks for all your support during discharge from hospital...I would not have managed without you...It's an amazing service – **HOSPITALS**
- Thank you for providing such an excellent service. I am really impressed by your speed of your response and the clarity of the information that you have provided. – **PERSONAL BUDGET TEAM**
- C is quite possibly one of the nicest and most professional officers that I have ever dealt with and a pleasure to work with her - **SAFEGUARDING**

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Agenda Item 14

Leicestershire County Council

# ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 11 SEPTEMBER 2018

# PERFORMANCE REPORT 2018/19 – APRIL-JUNE (QUARTER 1)

## JOINT REPORT OF THE CHIEF EXECUTIVE AND DIRECTOR OF ADULTS AND COMMUNITIES

### Purpose of Report

1. The purpose of this report is to present the Committee with an update of the Adults and Communities Department's performance for the period April to June 2018.

### Policy Framework and Previous Decisions

2. The Adults and Communities Department's performance is reported to the Committee in accordance with the Council's corporate performance management arrangements.

### Background

3. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 2018/19. These are reviewed through the annual business planning process to reflect the key priorities of the Department and the Council. The structure of Appendix A is aligned with the Vision and Strategy for Adult Social Care 2016-2020, '*Promoting Independence, Supporting Communities*'. This strategic approach is designed to ensure that people get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and maximise people's independence. This 'layered' model has been developed to ensure the obligations under the Care Act 2014 are met and Appendix B of the report outlines the four central aspects of the Strategy – Meet, Reduce, Delay and Meet needs.

4. Appendix A is also structured in line with the Council's Strategic Plan 2018-22 – *Working Together for the Benefit of Everyone*. This sets out the Council's overall policy framework and approach, and includes a high level overview of a number of strategies which provides the detail on how the authority plans to deliver positive change for Leicestershire.

5. The Adult Social Care indicators are a combination of national and local measures. At a national level performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). The Communities and Wellbeing service area does not have such a formal structure for performance monitoring at a national level. The measures included in this report have therefore been determined as local indicators.

6. Performance against ASCOF measures during 2017/18 will be published nationally in November, and a report comparing Leicestershire County Council performance with

other local authorities will be reported to the Adults and Communities Overview and Scrutiny Committee in January 2019. Within the commentary below there are a number of occasions where an estimate is made of comparative performance at a national level.

7. A new approach has been taken with targets for 2018/19. The majority have been set for three years, ie by 2020/21, based on achieving a performance that would either be in the current top 25% of councils, or above the average of shire authorities. In addition, milestones have been set for the two intervening years and it is against the 2018/19 milestones that current performance has been compared.

8. Progress against the 2018/19 milestones is highlighted using a Red/Amber/Green (RAG) system and Appendix C sets out the description of each category.

**Performance Update: April to June 2018 (Quarter 1)**

9. Appendix A includes four key measures to reflect each of the four layers of the Vision and Strategy for Adult Social Care 2016-2020. Each of these monitors the proportion of new contacts from people requesting support and what the sequels of these requests were. During the period April to June there were 6,500 new contacts, a 3% reduction from the equivalent period last year.

10. The proportion of new contacts during this period resulting in a preventative response such as universal services or signposting was 53%, whilst a further 24% resulted in a response relative to reducing need, such as providing equipment or adaptations. A further 13% resulted in a response relative to delaying need, for example the provision of a reablement service that supports people to relearn the skills required to keep them safe and independent at home. Finally, 10% resulted in a long-term service such as a personal budget.

11. The overall number of visitors to heritage sites during 2017/18 was similar to the previous year, and the first quarter of 2018/19 shows no difference to this pattern. Compared to Quarter 1 last year both the 1620s House and Garden, and Harborough museum had an increase in visitors whilst Charnwood museum and Bosworth Battlefield had reductions.

12. There has been a national downward trend in the number of visits to libraries, including those in Leicestershire. As in previous years, the 2018/19 milestones were agreed with this in mind. During the first quarter there were 219,000 visits to libraries, 5% lower than the equivalent period last year. Work to adapt libraries to smart libraries will have had an impact on current numbers due to closures for the work to take place. The number of books issued however is 1% higher than the comparable period last year, possibly due to visitors taking more books out in anticipation of the short-term closures.

13. An additional two libraries metrics are included to reflect the priorities around children's loans and e-loans. During Quarter 1, 130,000 children's loans were made, similar to the equivalent period last year. With regard to e-loans, these continue to show a marked increase – 48,000 during the first quarter compared to 30,000 in the similar period last year.

14. The Leicestershire Adult Learning Service (LALS) performance relates to the proportion of learning aims due to be completed in a period which were successfully achieved. For the academic year 2017/18 the current success rate is 98%, higher than the previous year and above the 86% target.

15. Volunteering programmes are a priority for the department in relation to libraries, museums and heritage services. During Quarter 1 there were 5,600 hours of volunteering, 16% lower than the comparable period last year. This reduction relates to volunteering at council run libraries and again will be affected by the adaptations to smart libraries.

16. ASCOF 1E measures the proportion of adults with learning disabilities who are receiving long-term services and are in paid employment. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing. At the end of Quarter 1 performance was at 12% - similar to the previous year which was in the top quartile nationally.

17. The nature of accommodation for people with learning disabilities has a strong impact on their safety, overall quality of life, and reducing social exclusion. At the end of Quarter 1, 81% of service users aged 18-64 with a learning disability were in settled accommodation and not in a care home. This is potentially above the latest national average, due to be published in the autumn.

18. Reducing delayed transfers of care from hospital is a national priority and is monitored through the Better Care Fund (BCF). During the first quarter of 2018/19 the number of days lost to delayed transfers of care attributable to adult social care was, on average, 62 per month. This is considerably lower than the monthly average of 188 days during 2017/18. During the recent period Leicestershire has remained one of the two best performing councils when compared with fifteen similar shire authorities.

19. Between April to June this year, 83% of people who received reablement support had no need for ongoing services following the intervention. This level of performance is higher than last year and currently above the 2018/19 milestone target of 81%.

20. A key measure in the BCF is the ASCOF metric which measures the proportion of people discharged from hospital via reablement services who are still living at home 91 days later. Performance is monitored through the year on a rolling three-month basis and of the 550 people discharged between January and March 2018 to a reablement service 91% were living at home 91 days later.

21. Avoiding permanent placements in residential or nursing care homes is a good indication of delaying dependency. Research suggests that where possible, people prefer to stay in their own home rather than move into permanent care. During 2017/18 there were over 40 admissions of people aged 18-64, which was higher than the previous year although possibly remaining lower than the national average. There were fewer admissions in Quarter 1 of 2018/19 (six) giving a full-year forecast of 16.

22. For people aged 65 or over the number of permanent admissions in 2017/18 (961) was higher than the previous year and potentially in the third quartile nationally. During the first quarter of 2018/19 there were 217 permanent admissions giving a

full-year forecast of 860; this is fewer than last year and within the milestone target (890 admissions).

23. The County Council remains committed that everyone in receipt of long-term, community-based support should be provided with a personal budget, preferably as a direct payment. At the end of the first quarter of 2018/19 the proportions of people with a personal budget (95%) and with a direct payment (53%) were both on track to meet the milestone targets. The equivalent performance for carers - 99% with a personal budget and 91% with a direct payment – are calculated cumulatively and for the latter performance is expected to increase through the year.

24. There were 458 safeguarding enquiries completed during the first quarter of 2018/19; an 11% increase on the equivalent period last year, due primarily to the ending of an organisational safeguarding enquiry involving 30 service users.

25. Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal of the Care Act. Of the 458 safeguarding enquiries completed between April and June 2018 where an outcome was expressed, 94% were fully or partially achieved.

**Conclusion**

26. This report provides a summary of performance at the end of Quarter 1 of 2018/19 covering the period April to June.

27. Of the 23 metrics where performance was 'RAG-rated' against the 2018/19 milestone (part of a three year target) there were 15, or 65%, that were classed as 'Green' and on track to meet the milestone.

28. However, although early in the year there are a few areas where performance is beginning to fall behind the milestone. The conversion of 14 libraries to smart libraries will continue until December 2018, and will affect the number of visitors and volunteering during this period. Alternatively there are many areas of good performance, not least the significant improvement made in recent months to the number of delayed transfers of care. Details of all metrics will continue to be monitored on a monthly basis through the year.

**Background papers**

Adult Social Care Outcomes Framework
https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions

Leicestershire's Better Care Fund Plan 2016/17 – Delivering our vision and for health and integration
http://www.healthandcareleicestershire.co.uk/wp-content/uploads/2016/12/BCF-Plan-Public-summary.pdf

Leicestershire County Council Strategic Plan 2014-18
http://politics.leics.gov.uk/documents/s92330/7%20council%20strategic%20and%20transformation%20appx%201%20strategic.pdf

Leicestershire County Council Vision and Strategy for Adult Social Care 2016-20
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

Department of Health NHS Social Care Interface Dashboard
https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions

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**List of Appendices**

- Appendix A - Adults and Communities Department Performance Dashboard for April to June 2018;
- Appendix B – Adult Social Care Strategic Approach;
- Appendix C – Red/ Amber/Green (RAG) Rating - Explanation of Thresholds.

**Relevant Impact Assessments**

Equality and Human Rights Implications

29. The Adults and Communities Department supports vulnerable people from all diverse communities in Leicestershire. However, there are no specific equal opportunities implications to note as part of this performance report. Data relating to equalities implications of service changes are assessed as part of Equality and Human Rights Impacts Assessments.

Partnership Working and Associated Issues

30. BCF measures and associated actions are overseen and considered by the Integration Executive and Health and Wellbeing Board.

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**Appendix A**

# Adults and Communities Performance 2018-19
# April – June 2018 (Quarter One)

## PREVENT NEED

| **Leicestershire County Council's Strategic Plan 2018-22** | **Wellbeing and Opportunity** |
|---|---|
| **Supporting Outcome** | People are cared for at home, in their own community, whenever possible, and for as long as possible. |

| **Measure and Description** | | **Aim** | **RAG** | **2018-19 Milestone** | **2018-19 Q1 Performance** | **2020-21 Target** | **17/18 and Quartile** | |
|---|---|---|---|---|---|---|---|---|
| **Local** | % of sequels that 'Prevent Need' | Target Band Width | A | 56-61% | 53% | TBC | 58% (15.2k out of 26.4k) | N/A |
| **ASCOF 3D pt 1** | % of SUs who find it easy to find information | H | N/A | 72% | Due June 2019 | 74% | 69% | Available Nov-18 |
| **ASCOF 3D pt 2** | % of carers who find it easy to find information | H | N/A | 65% | Due February 2019 | 68% | 64% (16/17) | Three |

| **Leicestershire County Council's Strategic Plan 2018-22** | **Great Communities** |
|---|---|
| **Supporting Outcome** | Cultural, historical and natural heritage is enjoyed and conserved |

| **Measure and Description** | | **Aim** | **RAG** | **2018-19 Milestone** | **2018-19 Q1 Performance** | **2020-21 Target** | **17/18 and Quartile** | |
|---|---|---|---|---|---|---|---|---|
| **Local** | Heritage visits | H | A | 41.8k Q1 17/18 | 41.4k Q1 18/19 | TBC | 152k | N/A |
| **Local** | Hours of Volunteering | H | A | 6.7k Q1 17/18 | 5.6k Q1 18/19 | TBC | 24.3k | N/A |

| Measure and Description | | Aim | RAG | 2018-19 Milestone | 2018-19 Q1 Performance | 2020-21 Target | 17/18 and Quartile | |
|---|---|---|---|---|---|---|---|---|
| **Local** | Total council funded library visits | H | A | 230k Q1 17/18 | 219k Q1 18/19 | TBC | 981k | N/A |
| **Local** | Total council funded library issues | H | G | 356k Q1 17/18 | 361k Q1 18/19 | TBC | 1.5m | N/A |
| **Local** | Council funded children's issues | H | A | 130.7k Q1 17/18 | 130.2k Q1 18/19 | TBC | 593k | N/A |
| **Local** | E-loans | H | G | 30.3k Q1 17/18 | 47.8k Q1 18/19 | TBC | 139k | N/A |
| **Local** | Total community library issues | N/A | N/A | 80.3k Q1 17/18 | 83.8k Q1 18/19 | For information only | | |
| **Local** | Community library children's issues. | N/A | N/A | 42.3k Q1 17/18 | 41.4k Q1 18/19 | For information only | | |

| | |
|---|---|
| **Leicestershire County Council's Strategic Plan 2018-22** | **Strong Economy** |
| **Supporting Outcome** | Leicestershire has a highly skilled and employable workforce |

| Measure and Description | | Aim | RAG | 2018-19 Milestone | 2018-19 Q1 Performance | 2020-21 Target | 17/18 and Quartile | |
|---|---|---|---|---|---|---|---|---|
| **Local** | LALS Success Rate | H | G | 86% | 98% (Academic year 17/18) | TBC | 96% (Academic year 16/17) | N/A |

# REDUCE NEED

| Leicestershire County Council's Strategic Plan 2018-22 | Wellbeing and Opportunity |
|---|---|
| **Supporting Outcome** | People are cared for at home, in their own community, whenever possible, and for as long as possible. |

| Measure and Description | | Aim | RAG | 2018-19 Milestone | 2018-19 Q1 Performance | 2020-21 Target | 17/18 and Quartile | |
|---|---|---|---|---|---|---|---|---|
| **Local** | % of sequels that 'Reduce Need' | Target Band Width | A | 17-22% | 24% | TBC | 19% (4.9k out of 26.4k) | N/A |
| **ASCOF 1I pt 1** | % of SUs who had as much social contact as they would like | H | N/A | 46% | Due June 2019 | 49% | 42% | Available Nov-18 |
| **ASCOF 1I pt 2** | % of carers who had as much social contact as they would like | H | N/A | 33% | Due February 2019 | 35% | 31% (16/17) | Third |
| **ASCOF 1E** | % of people with LD in employment | H | G | 9% | 11.6% | 9% | 11.2% (0.2k out of 1.5k) | Available Nov-18 |

| Leicestershire County Council's Strategic Plan 2018-22 | Affordable and Quality Homes |
|---|---|
| **Supporting Outcome** | There is enough suitable housing to support independence for those with social care needs. |

| Measure and Description | | Aim | RAG | 2018-19 Milestone | 2018-19 Q1 Performance | 2020-21 Target | 17/18 and Quartile | |
|---|---|---|---|---|---|---|---|---|
| **ASCOF 1G** | % of people with LD in settled accommodation | H | G | 81% | 80.6% | 84% | 80.3% (1.2k out of 1.5k) | Available Nov-18 |

# DELAY NEED

| | |
|---|---|
| **Leicestershire County Council's Strategic Plan 2018-22** | **Wellbeing and Opportunity** |
| **Supporting Outcome** | People are cared for at home, in their own community, whenever possible, and for as long as possible. |

| **Measure and Description** | | **Aim** | **RAG** | **2018-19 Milestone** | **2018-19 Q1 Performance** | **2020-21 Target** | **17/18 and Quartile** | |
|---|---|---|---|---|---|---|---|---|
| **Local** | % of sequels that 'Delay Need' | Target Band Width | G | 10-15% | 13% | TBC | 13% (3.3k out of 26.4k) | N/A |
| **Local** | Delayed transfers of care attributable to ASC-only | L | G | 207 Ave days per Mth | 62 Ave days per Mth | TBC | 188 Ave days/Mth | Available Nov-18 |
| **ASCOF 2D** | % of people who had no need for ongoing services following reablement | H | G | 81% | 82.6% | 84% | 80.4% (2.4k out of 3.0k) | Available Nov-18 |
| **ASCOF 2B pt 1** ***BCF*** | Living at home 91 days after hospital discharge and reablement | H | G | 87% | 91.3% | 89% | 86.1% (490 out of 569) | Available Nov-18 |
| **ASCOF 2A pt 1** | Permanent admissions to care (aged 18-64) per 100,000 pop. | L | G | <8.1 (33 Adm's) | 3.8 (16 Adm's) | <8.1 | 10.1 (41 adm's) | Available Nov-18 |
| **ASCOF 2A pt 2** ***BCF*** | Permanent admissions to care (aged 65+) per 100,000 pop. | L | G | <624.1 (890 Adm's) | 603.3 (860 Adm's) | <553.0 | 689.4 (961 adm's) | Available Nov-18 |

# MEET NEED

| | |
|---|---|
| **Leicestershire County Council's Strategic Plan 2018-22** | **Wellbeing and Opportunity** |
| **Supporting Outcome** | People are cared for at home, in their own community, whenever possible, and for as long as possible. |

| **Measure and Description** | | **Aim** | **RAG** | **2018-19 Milestone** | **2018-19 Q1 Performance** | **2020-21 Target** | **17/18 and Quartile** | |
|---|---|---|---|---|---|---|---|---|
| **Local** | % of sequels that 'Meet need' | Target Band Width | G | 6-11% | 10% | TBC | 11% (3.0k out of 26.4k) | N/A |
| **ASCOF 1C pt 1a** | Adults aged 18+ receiving self directed support | H | G | 95% | 94.9% | 99% | 94.4% (4.5k out of 4.8k) | Available Nov-18 |
| **ASCOF 1C pt 2a** | Adult aged 18+ receiving direct payments | H | G | 40% | 52.7% | 40% | 53.7% (2.6k out of 4.8k) | Available Nov-18 |
| **ASCOF 1C pt 1b** | Carers receiving self directed support | H | G | 98% | 98.7% | 100% | 99.7% (1.5k out of 1.5k) | Available Nov-18 |
| **ASCOF 1C pt 2b** | Carers receiving direct payments | H | A | 95% | 91.2% | 100% | 97.0% (1.4k out of 1.5k) | Available Nov-18 |

| | |
|---|---|
| **Leicestershire County Council's Strategic Plan 2018-22** | **Keeping People Safe** |
| **Supporting Outcome** | People at the most risk or in crisis, are protected and supported to keep them safe |

| **Measure and Description** | | **Aim** | **RAG** | **2018-19 Milestone** | **2018-19 Q1 Performance** | **2020-21 Target** | **17/18 and Quartile** | |
|---|---|---|---|---|---|---|---|---|
| **Local** | Of safeguarding enquiries where an outcome was expressed, the percentage partially or fully achieved | H | A | 95% | 94.1% | TBC | 97.9% (742 out of 782) | N/A |
| **ASCOF 4B** | % of service users who say that services have made them feel safe | H | N/A | 90% | Due June 2019 | 90% | 88% | Available Nov-18 |

## Key to Columns

| | | |
|---|---|---|
| **Measure** | ASCOF | A metric within the national performance framework known as Adult Social Care Outcomes Framework (ASCOF) |
| | Local | A measure defined and calculated for Leicestershire County Council only |
| **Aim** | High | The aim of performance is to be high |
| | Low | The aim of performance is to be low |

**Appendix B**

# Vision and Strategy for Adult Social Care 2016 – 2020

## Prevent need

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

## Reduce need

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

## Delay need

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

## Meeting need

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

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**Appendix C**

**Explanation of RAG Rating**

| | |
|---|---|
| **RED** | Close monitoring or significant action required. This would normally be triggered by any combination of the following:<br>• Performance is currently not meeting the target or set to miss the target by a significant amount.<br>• Actions in place are not believed to be enough to bring performance fully back on track before the end of the target or reporting period.<br>• The issue requires further attention or action |
| **AMBER** | Light touch monitoring required. This would normally be triggered by any combination of the following:<br>• Performance is currently not meeting the target or set to miss the target by a narrow margin.<br>• There are a set of actions in place that is expected to result in performance coming closer to meeting the target by the end of the target or reporting period.<br>• May flag associated issues, risks and actions to be addressed to ensure performance progresses. |
| **GREEN** | No action required. This would normally be triggered when performance is currently meeting the target or on track to meet the target, no significant issues are being flagged up and actions to progress performance are in place. |

The degree to which performance is missing a target is open to debate. A common way of overcoming this is to use a precise percentage threshold between current performance and the target. However, a blanket approach (such as plus or minus 10%) is not appropriate due to the varying ways that metrics are reported. E.g. small numbers, rates per capita, percentages.

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