



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

Date/Time: **Monday, 21 January 2019 at 2.00 pm**

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

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

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Membership

Mr. T. J. Richardson CC (Chairman)

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

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 6 November 2018.	(Pages 5 - 14)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	



6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
7. Presentation of Petitions under Standing Order 36.
8. Medium Term Financial Strategy 2019/20 - 2022/23. Director of Adults and Communities and Director of Corporate Resources (Pages 15 - 38)
9. Adult Social Care Direct Payments Development Plan 2018-2023. Director of Adults and Communities (Pages 39 - 92)

A Powerpoint Presentation will be given at the meeting.
10. National Performance Benchmarking 2017/18 and Performance Report 2018/19 - Position at November 2018. Director of Adults and Communities and Chief Executive (Pages 93 - 110)
11. Date of next meeting.

The next meeting of the Committee is scheduled to take place on 11 March 2019 at 2.00pm.
12. 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?

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 6 November 2018.

PRESENT

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

Mr. B. Crooks CC
Mrs. H. J. Fryer CC
Mr. D. Harrison CC
Mr. J. Kaufman CC

Mr. W. Liquorish JP CC
Ms. Betty Newton CC
Mr T. Parton CC
Mrs. M. Wright CC

In attendance

Mr. L. Breckon CC – Cabinet Support Member

Mr. J. B. Rhodes CC – Lead Member for Resources (for minute number 44)

33. Minutes.

The minutes of the meeting held on 11 September 2018 were taken as read, confirmed and signed.

34. Question Time.

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

35. 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).

36. Urgent Items.

There were no urgent items for consideration.

37. 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.

Mr. T. J. Richardson CC, Mr. W. Liquorish CC, Mrs. H. J. Fryer CC, Mr. J. Kaufman CC, Mrs. M. Wright CC, Mr. B. Crooks CC, Mr. T. Parton CC and Mr. D. Harrison CC declared a Personal Interest in the report on the development of a unitary structure of local government for Leicestershire (minute number 44 refers) as they were members of a District or Borough Council.

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

There were no declarations of the party whip.

39. Presentation of Petitions under Standing Order 36.

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

40. Review of Long Term Residential and Nursing Care Fees.

The Committee considered a report of the Director of Adults and Communities presenting the proposed changes to the way in which the Council set prices for residential care and nursing care. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from the discussion, the following comments were raised:

- i) In response to a question concerning out of county placements, it was stated that this totalled approximately 300, many of which were in Leicester City. The majority of people in Leicestershire self-funded their own care placement, and it was noted that there may be resource implications for these arising from a fee increase, although the fees that the Council set were not necessarily those which a self-funder would pay, as providers could charge a fee which had not been set by the Council. The main implications would be for those whose relatives paid a third party top up.
- ii) Assurance was given that the proposed increase in fees would not have a direct impact on the charge to the service user. A means test was undertaken so the person contributed the maximum that they had been assessed as being able to afford, and this would not increase. Providers would not have a guaranteed level of fee as when the Council reviewed its rates, it would determine what it thought was a fair price for care. If the Council felt that it was paying more than the actual cost for care, it would need to enter into negotiation with the provider to agree a fee which was fair for the individual, and this would form part of the transitional arrangements.
- iii) The third party top up fee was determined by the local authority as well as the provider. Where families or representatives chose to top up the fee paid by the Council, the local authority would pay the gross amount to the provider and would then collect the contribution from the resident – this ensured that the third party contributors were protected from the provider later charging a higher amount.
- iv) The report referred to the proposal to change the five banded rates system to a more simple two band system. The majority of older adults were currently split between the categories of dependent older people and highly dependent people/physical disability. The definition of the two new bands would change and would more clearly define the level of care required by an individual. Residential care was largely now for people who were very frail and were unable to access the support they required in their own home. It was noted that the length of time people spent in a residential care home was reducing. The new bands would reflect these trends.
- v) It was possible that a provider could receive different fees for individual residents, in particular those who funded their own care. The Council based its

fee on what it considered to be fair and what the actual cost of care was. The County Council was also in a position to negotiate a standard rate for what it paid due to the fact that it was a bulk purchaser of care. For an annual fee, it was possible for the Council to undertake an assessment and to commission a placement on behalf of someone who self-funded their own care. The Council had a certain duty of care to ensure that self-funders were not over charged.

- vi) Those who had been assessed as being eligible by the NHS to receive nursing care received a standard payment which paid for part of that care. The fee received from the NHS was a set national sum and it would not increase in proportion with any increase in Council fees. It was noted that Leicestershire had a low number of nursing care placements.

The Committee was presented with the draft consultation document including questions for Stage 1 of the consultation process. A copy of the document is filed with these minutes. This was welcomed by the Committee, in particular the Frequently Asked Questions document. The consultation was due to commence on 14 November and an update on the responses would be provided to the Committee before proceeding to Stage 2 of the consultation.

RESOLVED:

- (a) That the report be noted;
- (b) That an update on the outcome of the stage 1 consultation be provided to a future meeting of the Committee.

41. Capital Investment into Adult Social Care Accommodation Based Support Services.

The Committee considered a report of the Director of Adults and Communities providing an overview of the work being undertaken to develop a capital investment plan for adult social care accommodation based support services and the potential implications for the Council. A copy of the report marked 'Agenda Item 9' is filed with the minutes, along with a copy of the presentation that was given to the Committee.

It was noted that approval had been given at the recent Cabinet meeting for the Prior Intention Notice (PIN) to be published, and this had taken place on 24 October 2018.

The Committee confirmed that it was fully supportive of the proposals within the report, and agreed that an update would be provided on the PIN engagement exercise and progress on the capital investment plan and strategic business case at its meeting on 11 March 2019. Arising from the discussion, the following points were raised:

- i) It was noted that there was still resistance by housing development companies to build lifetime homes, and there was an under development of retirement housing. The market engagement exercise would provide the opportunity to test whether there was an appetite to develop more affordable lifetime homes. It was felt that the situation would only change if developers realised the financial opportunities arising from this.
- ii) The Council was beginning to have more of an understanding around its requirements, and was having detailed discussions with district and borough councils around local planning. Work had also been undertaken in relation to

Section 106 contributions, as these had not traditionally been sought for adult social care provision. Consideration was also being given to areas which did not have enough supported living/extra care accommodation and how this could be addressed and the market stimulated. The work being undertaken was at the early stage of considering the impact of accommodation based care on people's future care needs.

- iii) Developers were now building privately funded sheltered and extra care housing and were not asking the local authority for a contribution or a contract for providing care. In such cases, the developer and landlord would set the eligibility criteria. Where the Council was a contributor, a care and support contract would be agreed and the Council would establish the eligibility. This would be targeted at those who would benefit most and also those who would have traditionally been placed into care. The Council was keen for private developers to build these schemes in order to offer the most choice to service users.
- iv) At this stage, there was no assumption that the Council would directly deliver care services, but instead would invest in the building. A significant proportion of the Council's revenue costs for residential care related to accommodation costs. It was noted that there could be an impact on the Council's revenue position if it was not paying a high cost for accommodation and there was the potential to make an income through a joint venture partnership or lease agreement.
- v) There were possible revenue savings to adult social care through the use of accommodation based support services. Market engagement with partners and stakeholders would take place to develop a range of viable options for consideration prior to any decisions being made. However, any outcome would need to be based on a robust business case.
- vi) It was noted that a number of local authorities had established Local Housing Companies to build new homes for sale or rent. Leicester City Council was pursuing this option and discussions were also taking place with some London Borough Councils to understand the implication of going down this route.
- vii) Reference was made to the fact that the NHS received funding to build homes, but that this was rarely used for this purpose. The County Council was in discussion with the NHS to ensure that it was aware of the proposed direction of travel and inviting the NHS to participate.

RESOLVED:

- (a) That the report be noted;
- (b) That an update be provided to the Committee on the PIN engagement exercise and progress on the capital investment plan and strategic business case at its meeting on 11 March 2019.

42. Adult Social Care Target Operating Model.

The Committee considered a joint report of the Director of Adults and Communities and the Director of Corporate Resources and Transformation concerning the outcome of an

assessment undertaken by external consultants of current working methods and workflows which suggested quality improvements and savings could be made to the current target operating model for adult social care in Leicestershire. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Some case examples were provided to the Committee to demonstrate how changing working methods and culture could lead to savings and improved outcomes. A report was due to be presented to the Cabinet on 23 November seeking approval to procure a strategic development partner and to support the department in its implementation of the target operating model.

Arising from the discussion, the following points were raised:

- i) In response to a query around contracts with the providers of care, it was noted that there had been a number of reviews. Firstly, the Institute of Public Care (IPC) had been invited to undertake an evaluation of the Help to Live at Home Scheme and how this had been implemented. An internal review had also been undertaken and this report detailed the current review. A report had been presented to the last meeting of this Committee on the outcome of the IPC findings and a number of short term and medium term actions had been developed. Work was currently taking place on the future domiciliary care contract.
- ii) When the Help to Live at Home contracts were developed, there was the provision for two rates of pay – one for reablement and one for maintenance work. The view had been that reablement would be more intensive and would therefore generate a higher hourly rate, although in some instances this had not occurred. A key finding of the consultants was that the County Council's HART (reablement) team was achieving positive results, and despite its higher cost was much more effective than reablement services provided by the private sector. Redirecting reablement investment would not only improve outcomes but deliver savings.
- iii) Concern was raised by a member around the continuity across services and providers, and a question was asked on what checks were in place to ensure service users received the right level of care. Quality Improvement Services worked with providers, particularly those who had the most challenges. The service also worked with colleagues in the NHS and Care Quality Commission to ensure that people had the best possible outcomes. It was acknowledged that there would always be some variation due to the number of providers offering a service, but the County Council's main duty was to ensure that service users received the best possible care.

The Committee welcomed the report, and although the savings were appreciated, key was the improved outcomes for residents.

RESOLVED:

- (a) That the report be noted;
- (b) That the Cabinet be advised that this Committee supports the proposed investment to develop a future target operating model for adult social care.

43. Progress with Smart Library Implementation.

The Committee considered a report of the Director of Adults and Communities providing an update of progress on the implementation of smart library technology. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

It was reported that smart library technology had now been installed at ten libraries, and implementation in the remaining four libraries was due to be completed by the end of December 2018. There were two libraries – Market Harborough and Melton Mowbray – where the installation was not currently possible and a report would be presented to the Cabinet meeting in February 2019 providing an update on the current position with these.

Arising from the discussion, the following comments were raised:

- i) A list of expected dates of closure for each library was available on the County Council's website. However, it was suggested that this information should also be provided to elected members and the local press. Assurance was given that the relevant local members would be notified when a particular library was scheduled to close, along with Parish Councils.
- ii) With regard to possible redundancies as a result of the smart library implementation, it was confirmed that, partly due to stringent vacancy management and a regular turnover of staff, the change could be achieved with minimal redundancies.

RESOLVED:

That the report be noted.

At the conclusion of this item, the meeting was adjourned.

-The meeting reconvened at 2.00pm-

44. The Development of a Unitary Structure for Local Government in Leicestershire.

The Committee considered a report of the Chief Executive which had been submitted to the Cabinet on 16 October in response to the Cabinet resolution of 6 July 2018 to enable the Cabinet to consider outline proposals for the development of a unitary structure for local government in Leicestershire. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The Director of Corporate Resources was also present to introduce the report and advised that the majority of savings made by the County Council since 2010 had been efficiency savings, although there had also been a number of cuts to services. District councils to date had been relatively protected from austerity, but the national picture was one of increasing pressure on social services authorities and there was a risk that funding could be withdrawn from district councils to address the pressures in county budgets.

The exact implications of the Chancellor's announcement the previous week, that austerity was coming to end, were uncertain. The funding received by Leicestershire would depend on the outcome of the spending and fair funding reviews. It could mean that local government would receive a 'flat real terms' increase in funding, meaning that it would just match inflation. Although this was an improvement on the real terms

reductions in government funding over recent years, it did not take demographic demand into account. This was expected to cause ongoing funding pressures and require the County Council to continue to save between £10 million and £15 million per year. This was a key driver for the proposals for a unitary structure for local government in Leicestershire.

The Cabinet Lead Member for Resources, Mr J B Rhodes CC, confirmed that there was a clear financial imperative behind the proposals for a unitary structure. However, the report also put forward a strong argument that it would provide better, more integrated services for the people of Leicestershire. A unitary Leicestershire would also be able to engage better with neighbouring authorities and seek to redress the balance between investment in the West Midlands and that in the East Midlands. He suggested that the workload of a unitary councillor was likely to be the same as that of an existing twin hatted councillors and therefore arguments that a unitary structure would create a democratic deficit were not valid.

Arising from discussion the following points were raised:-

Overview

- (i) The intention of the Cabinet was that engagement should be undertaken with all stakeholders, including district councils. Discussions were being led by the Leader and Cabinet. A letter had been sent to the Leader by Leicestershire MPs, asking for the work to cease, but it was confirmed that at this stage the County Council intended to continue the engagement process agreed by the Cabinet. The engagement process was still at a very early stage and the views of the public were yet to be sought.
- (ii) The sunset clause of the Cities and Devolution Act 2016 would expire in March 2019; however, the County Council intended to rely on the provisions of the Local Government and Public Involvement in Health Act 2007, which had recently been used in the case of Northamptonshire. This Act allowed the Secretary of State to invite proposals which demonstrated that a unitary council would be a more effective governance model for the area.
- (iii) It was queried whether the geography of Leicestershire, with the unitary authority of Leicester City in the middle, made it suitable for a unitary structure. However, this was a reality of current local government structures and the proposals were based on providing more effective and efficient governance and services for Leicestershire residents. The Cabinet had not asked nor was there any intention to ask officers to consider any proposals which incorporated the Leicester City Council area.
- (iv) It was technically possible to pursue the development of a Strategic Alliance for the East Midlands without structural reform, but Leicestershire would have a weaker position. The county would not be able to speak with a single voice and the County Council would need to seek district agreement to proposals, increasing the levels of complexity and bureaucracy.
- (v) The Cabinet Lead Member for Resources felt that there was a strong case for a single unitary authority, although he did not rule out the options of a dual unitary or maintaining the status quo. It was important for members to be aware that maintaining the status quo meant that £30 million a year would continue to be

spent on local government structures rather than front line services. The Cabinet had not asked for the status quo to be examined as an option in the report because members were already familiar with it.

Financial Situation

- (vi) The basis for projecting the proposed £30 million savings had regard to the savings achieved by recently created unitary authorities, which were in the region of £25 million to £35 million per year and updating the figures and assumptions in the EY report of 2014. The County Council's assumptions had therefore been tested with a degree of accuracy and officers were confident with the figures used in the report. In addition, £3 million contingency had also been built in to meet any unexpected costs. Officers acknowledged that members would find a more detailed breakdown of how the saving would be achieved useful and undertook to share these with members to allow for these to be scrutinised.
- (vii) In terms of the back office savings calculation, it was known that the back office functions of existing Leicestershire local authorities cost nearly £60 million per year. £17 million savings would be achieved by reducing the back office spend by 30%. This was based on reductions in duplication such as payroll systems, audit fees, preparation of a single budget and statement of accounts as opposed to eight and a reduction in the complexity of the partnership landscape. It had also been tested against evidence from existing unitary authorities.
- (viii) Implementation costs were estimated at £19 million and included costs related to redundancy, IT and back office integration. It was suggested that desktop analysis of contracts held by the district councils be undertaken to identify the likely costs of their termination. This could strengthen the accuracy of the projected implementation costs.

Model Unitary Structure

- (ix) It was suggested in the report that new parish and town councils could be established in areas such as Oadby and Wigston, which were currently unparished. These would be much smaller bodies than district councils. There was also no intention for them to take on functions such as waste collection as this would lose the benefits of economies of scale offered by a unitary structure and would create an inconsistent service across the county. However, there would be some local functions that could be developed to parish and town councils, along with appropriate funding and support. This offer to parish and town councils would be further developed as part of the engagement process.
- (x) It was suggested that the role of a unitary councillor appeared more like that of a business manager. It would be useful for members to understand from the representatives of existing unitary authorities who had agreed to attend the Scrutiny Commission meetings on 14 and 30 November how this role had been developed and worked in their areas.

Options Appraisal

- (xi) There was no national cap placed on the council tax precept which could be raised by parish councils. The parish council precept had also not been included as part of the calculations regarding the harmonisation of council tax. However, it was acknowledged that a degree of local choice was necessary and that parish council

precepts, and indeed their level of activity, were inconsistent across the county. It was also noted that a number of parish councillors were elected unopposed.

- (xii) Council tax would be harmonised at the lowest level, resulting in a saving of £8 million for tax payers in six of the seven districts, to be funded out of the £30 million annual saving. The parish council precept had been excluded as these councils would continue to exist in a unitary structure.

Services in a Unitary Structure

- (xiii) It was agreed that single points of contact needed to be accessible and effective, or people left struggling to contact the service in an emergency. However, the Committee was advised that the opportunities offered by a single point of contact included joined up services, reduced duplication and a better customer experience. Currently, 11,000 out of 200,000 annual calls to the County Council were actually meant for district councils.
- (xiv) It was acknowledged that some services, such as the Lightbulb Programme, were provided in partnership across the County and district councils and had achieved very good outcomes for service users. However, the Committee was advised that collaborative projects were essentially set up to find a way around a problem that would not exist in a unitary structure. The Lightbulb Programme did not provide a consistent approach across district councils and performance remained variable; particularly in terms of spend on Disabled Facilities Grants (DFGs). In a unitary structure, DFG spend could be more flexibly deployed to meet need across the county. Collaborative working on a voluntary basis often faced issues such as the unwillingness of partners to give up control and their maintenance took up a lot of energy and resources which would not be required under a unitary structure.
- (xv) Some concern was expressed that a single arts, leisure and heritage service across the county would lose impact for local residents and different areas of the county would end up competing with each other for external funding and grants. It was pointed out that this was already the case in the current local government structure for Leicestershire. Having a single voice to bid for funding could actually reduce competition and single bids could be put forward covering different parts of the county, thus adding weight to the application. Working at a larger scale would also make it possible for the new council to employ professional bid writers who were experienced in attracting external funding. It would be important to achieve balance when prioritising areas for funding bids and also to bear in mind that other community organisations were involved in bidding for grants.
- (xvi) There would be no reduction in either statutory or discretionary front line services. The challenge would be to ensure that no services would be lost in the transition to a unitary structure and to enhance services where possible. Although decisions would be taken centrally, there would be local delivery and a local focus for services. Unitary councillors would have an important role to play in this regard.
- (xvii) It was confirmed that the adult social care precept on council tax was due to cease after 2019/20.

Issues Not Already Covered

- (xviii) A member welcomed the positive tone of the proposals, which responded to the financial situation of the County Council and provided confidence that services would be maintained, modernised and made fit for purpose.
- (xix) The savings assume a reasonably large reduction in the number of officers earning £50,000 or above and a reduction in the very high earners. For example, the new organisation would only need a single senior management team. Front line services, however, would not be reduced. The new council would be able to decide whether some of the £30 million savings should be re-invested in front line services which had been cut in the recent past.
- (xx) Details regarding the pay scale of the new organisation had not been considered, but it was expected that it would be a member of the Local Government Pension Scheme.
- (xxi) The economic impact of moving council services out of towns and villages had not been assessed, as it was not clear where services would be based in a unitary structure.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments of the Committee be forwarded to the Scrutiny Commission for consideration at its meeting on 14 November 2018.

45. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 21 January 2019 at 2.00pm.

11.00am – 1.05pm

2.00 – 4.04pm
06 November 2018

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
21 JANUARY 2019

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

MEDIUM TERM FINANCIAL STRATEGY 2019/20–2022/23

Purpose of Report

1. The purpose of this report is to:
 - a) Provide information on the proposed 2019/20-2022/23 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department;
 - b) Ask members of the Committee to consider any issues as part of the consultation process, and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

2. The County Council agreed the current MTFS in February 2018. This was the subject of a comprehensive review and revision in light of the current economic circumstances.

Background

3. The draft MTFS for 2019/20–2022/23 was set out in the report considered by the Cabinet on 18 December 2018, a copy of which has been circulated to all Members of the County Council. This report highlights the implications for the Adults and Communities Department.
4. Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 28 January 2019. The Cabinet will consider the results of the scrutiny process on 8 February 2019 before recommending a MTFS, including a budget and capital programme for 2019/20 to the County Council on 20 February 2019.

Service Transformation

5. The Adult Social Care (ASC) Strategy provides a context for the transformation and delivery of adult social care services in Leicestershire for 2016-2020. The aim of the Strategy is to increase people's independence, reduce the reliance on formal social care provision, and develop new ways of working to meet the demands going forward.

6. The ASC Strategy is focussed on:
- Preventing social care need, developing robust and flexible solutions;
 - Reducing and delaying the need for social care by promoting self-care, reablement, enablement and improved independence skills, ensuring that the “reablement and progression” models developed are flexible, accessible and produce effective outcomes;
 - Meeting essential need in order to keep people safe and maintain wellbeing;
 - Streamlined and efficient assessments, support planning and reviews;
 - Processes that work and workers empowered with the right tools to undertake tasks, having the right skills in the right part of the pathway;
 - Targeting staffing resources to meet needs for assessment and care management, social care provision and review.
7. At the same time the Care Act 2014 places a duty on local authorities to integrate services with Health and other partners, both at an operational level and in respect to strategy and commissioning, in order to deliver joined up high quality services. The Better Care Together Programme and the development of the Sustainability and Transformation Plan will provide a framework to develop new models of care across Leicestershire.
8. The Department of Health requires that each area has a plan for integration between social care and the NHS for implementation by 2020. In order to meet these requirements to work in a more planned and integrated way with East and West Leicestershire Clinical Commissioning Groups (CCGs), the Adults and Communities Department will be reorganised at an operational level to a locality organised Care Pathway footprint. This will also build, refine, and develop relationships with other non-health partners, in particular the district councils and local voluntary sector organisations. This will ensure that the County Council is involved and contributes to developing new models of care.
9. Having restructured the adult social care services, the Department intends to review operating systems, processes and practice over the course of the next 12 months. A new target operating model will be articulated to assure alignment to the Department’s strategic approach and ensure it is operating as effective and efficient operations. The operating model will focus on self-service approaches, proportionate assessment and review, productive back office functions, strategic commissioning and alternative delivery models including potential partnerships/joint ventures to deliver high quality, sustainable social care provision.
10. The Better Care Fund (BCF) contributes £17m towards the protection of social care services. At this point, it has been assumed that this will continue into 2019/20 at the same amount and will be directed to services that aim to help service users to maintain their independence in the community and reduce the decline in conditions that lead to more costly social care and NHS services. In addition to the adult social care protection, the BCF contributes an additional £5.4m of funding to social care for the provision of social work services, management of demand and development of integrated services. At the time of writing, the guidance for the BCF Plan 2019-2020 had not been issued but was expected imminently.
11. The Communities and Wellbeing Service will continue to explore how it can sustain services through partnerships with communities and specialist resources in the

County Council. The service will be reconfigured to support the core offer, and new models of delivering evidence based services will either be devolved or commissioned from the Council. The continued development of partnerships to deliver services and new opportunities to extend access to services will be sought.

12. The draft Growth and Savings for the 2019 MTFS (2019/20-2022/23) reflect the changes in demand for services and the transformation in delivery of services to achieve the vision of ASC Strategy.

Proposed Revenue Budget

13. The table below summarises the proposed 2019/20 revenue budget and provisional budgets for the next three years. The proposed 2019/20 revenue budget detail is shown in Appendix A.

	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000
Original prior year budget	132,191	137,713	139,743	141,648
Budget Transfers and Adjustments	4,657			
Sub total	136,848	137,713	139,743	141,648
Add proposed growth (Appendix B)	5,200	2,670	2,230	2,040
Less proposed savings (Appendix C)	(4,335)	(640)	(325)	(600)
Proposed/Provisional net budget	137,713	139,743	141,648	143,088

14. Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
15. The central contingency also includes provision for an annual 1% increase in the employers' contribution to the Local Government Pension Scheme based upon the 2016 triennial actuarial revaluation of the pension fund.
16. The total gross proposed budget for 2019/20 is £234.7m with contributions from grants, health transfers and service user contributions projected of £97.0m. The proposed net budget for 2019/20 totals £137.7m and is distributed as follows:

Net Budget 2019/20		
Demand Led Commissioned Services	£110.7m	80.4%
Direct Services	£16.6m	12.1%
Care Pathway –East Locality	£8.4m	6.1%
Care Pathway – West Locality	£7.2m	5.2%
Strategic Services	£4.9m	3.6%
Early Intervention & Prevention	£1.3m	0.9%
Department Senior Management	£0.7m	0.5%
Better Care Fund Contribution	(£17.2m)	(12.5%)
Communities & Wellbeing	£5.1m	3.7%
Department Total	£137.7m	

Other Changes and Transfers

17. A number of budget transfers (totalling a net increase of £4.7m) were made through the 2018/19 financial year and are now adjusted for in the updated original budget. These transfers are:
- a. £1.5m for pay and pension inflation transferred from the central inflation contingency;
 - b. £3.7m for price inflation
 - c. (£0.5m) smaller transfers to and from other departments.
18. Growth and savings have been categorised in the appendices under the following classification:
- * item unchanged from previous MTFS;
 - ** item included in the previous MTFS, but amendments have been made;
 - No stars new item.
19. This star rating is included in the descriptions set out for growth and savings below.
20. Savings are highlighted as “Eff” or “SR” dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. “Inc” denotes those savings that are funding related or to generate more income.

Growth

21. As in previous years, demographic growth and increasing needs are the main drivers of the need for budgetary growth within adult social care. However, the profile of service users and their care needs are constantly changing, which may impact on the services commissioned or the income received. The impact on the budget can be significant with gross demand led expenditure totalling c£170m.
22. The total growth required is £5.2m for 2019/20 and £12.4m over the next four years in total. The budget increases are outlined below and summarised in Appendix B to the report.

**** G6 Older People demand – £1,970,000 2019/20 rising to £5,135,000 by 2022/23**

23. People aged over 65 account for the majority of the Department’s care expenditure. This financial growth is required to meet the increasing numbers of older people with substantial and critical needs as well as the increasing fragility of existing service users. Future changes in demand are initially estimated using historic trends to produce a baseline forecast of the likely number and average cost of service users. During 2018/19, there has been an increase in Additional Needs Allowances (ANAs), and the average number of home care hours provided. It is anticipated that this trend will be set to continue.

**** G7 Learning Disability demand – £1,660,000 2019/20 rising to £3,760,000 by 2022/23**

24. The level of Learning Disability support required is growing mainly due to costs of care packages for known service users transferring from Children’s services to Adults’ services (around 100 per annum), increasing levels of additional needs, and

high cost placements. There is currently a significant increase in the number of social care placements in Children's services which may impact on Adults' services in the long term but cannot be quantified yet. Increased demand will also impact on the number of packages commissioned through the Learning Disabilities Pooled Budget where it is anticipated Continuing Healthcare will be awarded.

** G8 Mental Health demand – £425,000 2019/20 rising to £1,200,000 by 2022/23

25. During 2018/19, the number of service users has slightly increased and there has also been an increase in ANAs. It is anticipated that this trend will be set to continue.

**G9 Physical Disabilities demand – £555,000 2019/20 rising to £1,095,000 by 2022/23

26. During 2018/19, the number of service users has slightly increased and this trend is expected to continue.

** G10 Transforming Care transfers from health - £390,000 2019/20 rising to £750,000 by 2020/21

27. The national Transforming Care Programme aims to significantly reduce the numbers of people with learning disabilities and/or autism receiving assessment and treatment in inpatient settings. As part of the national programme there is an expectation that the savings made by the NHS Specialist Commissioning from decommissioned inpatient beds will be transferred to local health and care services. The mechanism for these transfers is however not well defined and as yet no transfer of resources has been made for any Leicestershire patients. This concern is currently being addressed at a national level by the Association of Directors of Adult Social Services and the Local Government Association as it represents a significant financial risk to local authorities.
28. Typically these patients have very complex and challenging needs with high costs of care. There are currently 23 such longer term patients from Leicestershire receiving treatment in hospital either in Assessment and Treatment Units or in Specialist Commissioning beds both in and out of the County. Of these 23 patients, six will be ready to be discharged into the community by March 2019; four will be moving into the County Council's bespoke refurbished supported living premises at Deveron Way, Hinckley; and the remaining two patients due to be discharged both require a specific service tailored to meet both their behaviours and sensory impairments and work has begun, in the first instance, with the supported living framework providers to develop this support. That will leave a total of 17 Leicestershire residents who are residing in hospital settings. The number of inpatient assessment and treatment beds provided locally has been reduced to 12 beds and the programme of local bed reductions is due to end by March 2019 with no further reductions anticipated.
29. From 2019, approximately 19 people who would previously have received longer term inpatient care will now receive community services, of which a portion (as yet undetermined) of the cost will fall on the Council; this is estimated to be around £2m over a five year period. A large majority of these people will be funded through Section 117 agreements so the overall costs will be shared with Health.

G11 removal of time limited income Support Fund for Libraries – (£100,000) from 2019/20 ongoing

30. This is removing the support fund for libraries growth which was for 2018/19 only.

G12 - Resources to support Transitions from Children's services - £300,000 2019/20 ongoing

31. Data indicates that there is an increased demand for assessments for young people at transition from Children's services to Adults' services. Advances in medicine and increased longevity means that more children with learning disabilities are surviving into adulthood with complex needs. The Cabinet approved the new Pathway to Adulthood Protocol, as part of the Whole Life Disability Strategy. The Department aims to plan ahead using a person centred, strengths and asset based approach, through earlier involvement to improve the experience of transitions for young people and families and thereby prevent, reduce and delay the need for adult social care. This work will ensure more effective planning and avoid poor and expensive transitions. This requires additional staffing.

Savings

32. Details of proposed savings are set out in Appendix C and total £4.3m in 2019/20 and £5.9 m over the next four years in total.

Adult Social Care

* AC1 (Eff) Review of Equipment and Therapy Services – £100,000 in 2019/20 ongoing

33. A revised Equipment, Adaptations and Assistive Technology (AT) Strategy has been consulted on with partners, including Health. The savings are to come from a review of the Council's Adaptations Team and its service offer, and a refocus of the use of AT for prevention services and increased independence.

* AC2 (Eff) Review of individual long term residential placement costs – £250,000 in 2019/20 rising to £500,000 by 2020/21

34. A team is in place to review the high cost learning disability placements. Savings are expected to be achieved across social care and health budgets (pooled budget). Reviews have been completed and care hour reductions agreed following an evidence based methodology using occupational therapy expertise and monitoring equipment delivering savings in the region of £250,000. The review of placements is also looking at the remaining savings being delivered through reducing hotel costs, setting clear goals as part of a progression model to reduce staffing costs and ensuring that AT equipment are integral to the placement. Where appropriate people will be considered for transfers out of permanent care settings in to supported living accommodation where available.

** AC3 (SR/Eff) Effective management of Direct Payments and review of personal budget allocations – £1,000,000 in 2019/20 ongoing

35. This saving is being delivered by:

- a) Continuation and refinement of the use of Direct Payment Cards (DPCs) to enable easier management of direct payments by service users. The information provided by the card system coupled with timely interventions from both corporate finance and adult social care colleagues will provide the Council with improved information on spend analysis, reducing the opportunity for fraud and ensuring that unused budgets are clawed back effectively.
- b) The clawback of unspent funds is high due to individual purchasing decisions, time required to recruit Personal Assistants, high initial commissioning and step down approach not being embedded in initial reviews. The initial commissioning and step down approach will be improved by:
 - Continuation and refinement of the use of the Assessment and Support Planning tool introduced in April 2018 will ensure that personal budgets are set using a strengths based approach in line with the ASC Strategy;
 - An initial review at approximately three months will ensure that support is set up in line with the support plan and enable a step down approach to be considered within the support planning process.
- c) An annual review of people receiving direct payments will ensure that personal budgets are reset in line with current and changing needs and outcomes. Opportunities to address any previous over commissioning and to clawback excess balances will be addressed as part of these processes.

* AC 4 (Eff) - Staff Absence -£160,000 from 2019/20 rising to £325,000 in 2020/21 ongoing

36. To reflect the support being put in place to reduce staff absence, a financial target has been allocated to all departments. This reflects the intention to meet or exceed the County Council's target of 7.5 days per FTE. The target is phased 50% in 2019/20 and 100% in 2020/21 to allow time for improvement to take effect. The Department has focused on the areas with high levels of absence which has helped to reduce levels leading to a reduction in agency costs. The work that will be undertaken as part of the new target operating model should help improve the way staff work and improve attendance rates.

** AC5 (Eff) Improvements to the finance pathway for service users - £25,000 in 2019/20

37. The review of the service user finance pathway was excluded from the recent departmental organisational change programme. However, a review has now been undertaken that should see improvements to financial processes and system efficiencies which are expected to deliver a level of reduction in staffing and levels of debt. The saving has reduced from £75,000 to £25,000 due to the additional costs relating to managing deputyships and appointees.

38. The improvements include more streamline processes in order to reduce the number of handoffs across teams of staff, reduce manual workarounds, and the introduction of a single financial assessment form that can be used across residential and non-residential financial assessments, improved finalisation and to further explore digital solutions to processes.

** AC6 (Inc) Increased income from Fairer Charging and removal of subsidy/aligning increases – £100,000 in 2019/20 rising to £400,000 by 2022/23

39. Department for Work and Pensions increases in benefits payments should provide additional chargeable income. Monitoring of income levels continue, with levels for 2018/19 being reported above target. It is anticipated that income from older people will rise faster than inflation as a result of the protection of over 65s benefits by the Government. This should help to maintain income levels in line with the target and will mitigate the impact of potential reductions in the income from under 65s.

* AC7 (Eff/SR) Review of Supported Living Costs – £300,000 in 2019/20 ongoing

40. Supported living is a way of providing flexible support to people with learning disabilities (generally under 65 years) in mainstream housing. A four year Supported Living Framework is now in place and a lead provider has been awarded to each of five lots covering the county. Individual reviews continue to take place to confirm current care and support needs to ensure continuation of care at an appropriate level. The savings are on track to be achieved.

* AC8 (Eff/SR) Review of Community Life Choices (CLC) costs – £100,000 in 2019/20 ongoing

41. The new CLC Framework commenced from 1 January 2017. There were a total of 820 individuals who were accessing CLC support at this date. A phased transition to providers on the new framework for all existing CLC users is now complete with 740 individuals currently accessing services via the CLC Framework.
42. Reviews of the 141 individuals in residential care also using CLC services commenced in August 2017 with a view to cessation of access to framework services for this group. These reviews are almost complete, with £400,000 validated savings to date.
43. It is expected that the remaining £100,000 saving will be delivered by reviewing the new arrangements for individual service users to confirm care and support needs.

* AC 9 (Eff/SR) - Promoting independence for high dependency service users - £400,000 in 2019/20 ongoing

44. This is a continuation of a saving commenced in 2018. A review was undertaken to establish the potential to reducing two carers provision through improved use of equipment and moving/manual handling practices which is delivering savings of £800,000.
45. Savings for 2019/20 will be achieved through the identification of new cases since the original profile was compiled and targeting new commissions at early review. The Department has put in place a process so that all new assessments that identify a potential need for two carers are reviewed by the Occupational Therapy Team. This is ensuring that the risk of inappropriate commissioning is being dealt with and additional costs to the authority are being avoided.

**** AC10 – (Eff) Reduced financial growth following demand management improvements demand £1,700,000 in 2019/20 onwards**

46. This a saving relating to changes in demand across all services areas arising from savings in 2018/19 which are likely to be ongoing, for example increased levels of service user income.

AC11 – (Eff) Place to Live- reduce cost of care £25,000 in 2020/21 rising to £50,000 in 2021/22

47. The first 'Place to Live' project is the development of Brookfield in Great Glen into 20 units for working age adults with learning disabilities. This will cost approximately £2.5m which will deliver annual social care savings of £50,000 per annum plus net rental income of £150,000 per annum.

Communities and Wellbeing

**** AC12 Implementation of Revised Service for Communities and Wellbeing -£200,000 in 2019/20 rising to £1,000,000 in 2022/23**

48. The delivery of this saving will be through the following activity:

	2019/20	2020/21	2021/22	2022/23
SMART Libraries	£200,000			
Restructure of Communities and Wellbeing Service		£100,000	£200,000	
Collections Hub - Restructure of Museums and Heritage				£350,000
Unallocated Savings (TBC)				£150,000

Smart Libraries

49. The programme for installation of SMART library technology across the identified County Council Libraries is on schedule and was completed in December 2018. The revised staff structure will be in place by April 2019. This will deliver the £200,000 saving outlined in the business plan.

Restructure of Communities and Wellbeing Service

50. Following the implementation of the SMART libraries structure in April 2019, further work on restructuring Communities and Wellbeing will take place which will focus on the remainder of the libraries structure as well as Heritage and Museums services. This work will take into account the unallocated savings of £150,000 that is still to be identified

Collections Hub

51. The Cabinet approved the development of a Collections Hub on the County Hall campus in June 2018. The option approved offered two potential schemes - a new build with capital costs of £36m and a refurbishment of an existing County Council building with capital costs of £16m. Further work on a funding strategy for both schemes has shown the potential for leveraging in external funding is limited, with up to £4m identified as a realistic target. Work to finalise all options, including exploration of a split site, is underway and will enable a clear recommendation to be given on the way forward.
52. Early work on a restructure of the Archive, Museum and Learning provision, enabled by the creation of a new single site facility, indicates a revised staffing structure could deliver approximately £350,000 saving per annum. This revenue saving is dependent upon the new facility opening, which is unlikely to be before 2020/21.
53. The Hub would resolve the requirement of the Record Office for additional capacity. If not progressed, the requirement will still remain and require resolution to avoid a risk that the Council fails to meet statutory obligations. Capital costs to address this issue in isolation, at the current Record Office site, are estimated at £5m. This option would not enable multiple teams to be brought together or a reduction in buildings and therefore puts the £350,000 saving at risk.

Savings under development

54. Further savings will be required to close the budget shortfall of £5.2m in 2021/22 rising to £19.5m in 2022/23.
55. To help bridge the gap a number of initiatives are under development to generate further savings. Once business cases have been completed savings will be confirmed and included in a future MTFs. The initiatives that will involve Adults and Communities are:

Place to Live

56. The most significant cost in Adult Social Care is for residential placements. A programme of work has commenced to co-ordinate the Council's Accommodation Strategies, the plans for capital investment and savings related to developing alternative accommodation options. The first project is the development of Brookfield in Great Glen into 20 units for working age adults with learning disabilities. This will cost approximately £2.5m and will deliver annual social care savings of £50,000 per annum plus net rental income of £150,000 per annum.
57. Further work has been undertaken to map the future requirements for accommodation based support in each locality for 2019 to 2037.
58. Investment options being investigated include:
 - Direct financial investment by the Council to develop more capacity in the sector, for example develop appropriate accommodation support for service users.

- A partnership with a care and/or accommodation provider could both increase capacity to deliver a more sustainable market whilst at the same time reduce average care costs.

59. As schemes are developed they will be included in future MTFS's, this could be as standalone items or enablers for the Target Operating Model work described below.

Home First

60. The proposed development of Home First services across the county aims to care for people at home, wherever possible, to prevent hospital admissions and ensure timely discharge should people require hospital admissions. If people can be cared for at home rather than being admitted to a hospital bed, and if people can be supported at home through reablement, or provided with a reablement bed on discharge, the number of long term care admissions and long term community packages should be reduced.
61. Further development work is to be undertaken to determine the potential opportunities for delivery of Home First services in the county, in collaboration with NHS partners, based on the specifications and design principles developed during 2018. The first step toward this was the recruitment of a 24/7 Crisis Support Team. Implementation of Home First services is dependent on developing a more integrated health and social care response to people experiencing a crisis in the community, and to patients on discharge from hospital. The Council has an agreed model which was piloted from October 2018, and the mapping of current activity and spend is underway with the aim of developing a business case for an ongoing service.
62. Current delivery will be refocused to provide the new model of service and a key dependency is the review of Community Health Services provision being undertaken by the CCG. Savings are still to be identified but will be through managing demand, hence reducing growth requirements in future MTFS's.

Efficiency and Productivity Programme - Improvements to the Target Operating Model (TOM) for the Department

63. The Department is seeking to develop its TOM to articulate how the flow of activity and demand will be managed going forward. The TOM will seek to reduce variation, improve systems and processes, ensure proportionate responses, explore simplification and thereby deliver a more efficient and effective service both for service users and staff.
64. Following a successful tender, Newton Europe was commissioned and has undertaken a detailed diagnosis of Care Pathway activities during August and September 2018. This identified seven areas of either new or expanded work for the Department to consider savings opportunities. The total estimated annual benefit from these areas of work is in the region of £10.44m, of which £5.5m is expected to be new cashable savings. The work will necessitate a delivery plan of an estimated 16-18 months, with a phased release of the benefits spanning three financial years from 2019/20 and will include a refresh of some of the existing savings. This will contribute to the corporate efficiency and productivity saving CS3.

65. The delivery of the work will require an additional allocation of resource and the support of an external strategic development partner. On 23 November 2018, the Cabinet approved the proposed areas of transformation and resources for mobilising the changes required. This included the procurement of external support which is in progress.

Health and Social Care Integration

66. Health and Social Care Integration continues to be a top priority for both the County Council and its NHS partners. Developing effective ways to co-ordinate care and integrate services around the person is seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.
67. The direction of travel from a policy point of view is that local health and care systems will 'evolve' from Sustainability Transformation Partnerships into Integrated Care Systems, and that the new NHS 10 Year Plan, which is expected to be published towards the end of Q4 2018/19, will reinforce this expectation. Integrated Care Systems currently have no statutory basis and rest on the willingness of NHS organisations to work together to plan how to improve health and care. As they develop, it is expected that NHS partners will have:
- Shared accountability for performance of the health and care system;
 - Shared accountability for funding across a defined population;
 - More effective decision-making and governance structures across organisational boundaries;
 - A more rigorous approach to population health management across the defined population/area.
68. The configuration of NHS organisations in Leicester, Leicestershire and Rutland (LLR) will be affected by these developments and discussions are already in progress to determine how local CCGs can operate as a more effective joint management team across the LLR geography.
69. The Council has received funding from the NHS through the BCF since 2014/15 in line with levels determined by government. This NHS funding comes from CCG budgets, with the amount each CCG contributes to their local BCF pooled budget mandated by NHS England. The BCF's purpose is to help the Council finance the delivery and transformation of integrated health and care services to the residents of Leicestershire, in conjunction with NHS partners.
70. In the spring budget of 2017, the Government made a non-recurrent, national grant allocation of £2bn, covering the three year period 2017/18–2019/20. This along with on-going funding announced in the autumn 2015 spending review, is known as the improved Better Care Fund (IBCF). The IBCF is allocated to local authorities, specifically to meet social care need, assist with alleviating pressures on the NHS, with particular emphasis on improving hospital discharge, and stabilising the social care provider market. In addition, the autumn budget 2018 announced a national Winter Pressures Grant allocation of £240m which will be added to the existing IBCF funding for 2019/20. BCF funding for Leicestershire is set out in the table below:

	2017/18 £m	2018/19 £m	2019/20 £m
CCG Minimum Allocation	36.7	37.4	37.4
IBCF - Autumn 2015 review	Nil	5.6	11.4
IBCF (additional ASC allocation) - Spring 2017 Budget	9.5	6.8	3.4
IBCF (Winter Pressures) - Autumn Budget 2018	Nil	Nil	2.4
Disabled Facilities Grant	3.3	3.6	3.9
Total BCF Plan	49.5	53.4	58.5

71. The protection of adult social care services accounts for £17m of the CCG minimum allocation to the BCF. This funding is expected to continue and has been crucial in ensuring the Council can maintain a balanced budget, while ensuring that some of its most vulnerable users are protected, unnecessary hospital admissions are avoided and delayed transfer of care performance is maintained.
72. In addition to funding set aside to protect social care service provision, a further £5m of BCF funding has been allocated for social care commissioned services. These services are aimed at improving carers' health and wellbeing, safeguarding, mental health discharge, dementia support, crisis response and falls prevention. Any reduction in this funding would place additional pressure on the Council's MTFs, and without this BCF funding there is a real risk that the Council would not be able to manage demand or take forward the wider integration agenda. This is also a key consideration for senior officers when negotiating with CCG colleagues as part of the BCF Refresh.
73. The IBCF will contribute £39m over the three year period 2017-20 - £25m towards the significant demand and cost pressures faced by adult social care, including support for non-BCF change activity and winter pressures funding of £2.4m in 2019/20. In addition, there is an investment of £12m (non-recurrent) in new initiatives such as expanding the crisis response service to become a 24/7 provision, increasing capacity in the domiciliary care market, implementing Home First, providing an enhanced carers offer and developing additional bed capacity (discharge to assess).
74. To support this agenda, delivery of the Leicestershire BCF is constructed using the following themes:
- Unified Prevention Offer;
 - Home First;
 - Integrated Housing Support;
 - Integrated Domiciliary Care;
 - Integrated locality teams;
 - Integrated Urgent Response;
 - Assistive Technology;
 - Data Integration;
 - Integrated Commissioning;
 - Falls Prevention.

Other External Influences

75. There are a number of areas of funding that influence the achievability of the MTFs for the Department. For example:

- a) The Care Act 2014 initiated a number of changes to social care legislation that were due to take effect from April 2016. These changes have now been postponed until 2020. A Green Paper is expected, but at present there is no clarity concerning what this will cover or likely funding arrangements.
- b) The profile of the Adult Social Care precept was 3% in 2018/19 and will be 1% (£2.7m) in 2019/20. It is proposed to invest this funding in accommodation for adult social care.
- c) A review of the existing fee model for residential and nursing care commenced during 2018 focusing on providing quality based model which may increase the cost of placements paid to providers. The scope of the fee review consultation includes changes to the current arrangements for local authority payments to residential and nursing care providers in Leicestershire and some out of area placements. This is for working age adults (18-64) and older adults (65 +). It is estimated that the additional cost will be between £5m-£10m for 2019/20.

Other Funding Sources

76. For 2019/20, the following other funding is expected to be received:

- Former Independent Living Fund grant of £1.2m is to be paid to the County Council in 2019/20 which provides support packages, usually alongside local authority funding, to help disabled people live independently in the community;
- Service users eligible for Continuing Health Care - £13.6m through the Learning Disabilities Pooled Budget and for non-Learning Disability service users (£2.9m);
- Social Care in Prisons Grant - £102,000 which is anticipated to be ongoing;
- Local Reform and Community Voices Grant - £51,000 for Deprivation of Liberty Services in Hospitals;
- War Pension Scheme Disregard Grant - £103,000;
- Funding to support Adult Learning from Skills Funding Agency £3.4m and Education Funding Agency £86,000 in 2018.

Capital Programme

77. The draft Adults and Communities capital programme totals £21m. The main external funding for the programme is the BCF grant programme (£15m), which is pass ported to District Councils to fund major housing adaptations in the County. The balance of the programme (£6m) is discretionary funding. The various schemes are outlined below and summarised in Appendix D.

78. The capital programme for the Department has traditionally been relatively small, however, there are a number of future projects being developed with a focus on delivering long term revenue savings/operational improvements:

- a) *The Trees Refurbishment (£600,000)* – The project involves internal reconfiguration and refurbishment of Cedarwood and Beechwood units at The Trees in Hinckley. These two units are dated in terms of their facilities and equipment, with internal rooms sizes becoming challenging to provide support for people with complex and multiple needs. A Care Quality Commission inspection of The Trees highlighted issues relating to the standard and quality of the accommodation.

- b) *Development of Hamilton Court/ Smith Crescent site in North West Leicestershire (£3.7m)* - The project involves moving existing tenants and residents to alternative properties/services, demolishing the existing buildings and redeveloping purpose built supported living, short breaks and CLC on the site.
- c) *Refurbishment of Brookfields, Great Glen (£2.5m)* – Site acquired in 2018/19 to provide supported living accommodation and project involves refurbishment of facilities.

Future Developments

79. Below is a summary of provisional capital bids expected to be made by the Department. These have yet to be formally approved and are subject to business cases:

- a) *Collections Hub (£17m or £35m dependent on scheme approved)* - To co-locate the Council's collections and archives into a single facility. This would enable a restructure of the heritage and learning service which would achieve a cashable saving of £350,000 to meet Communities and Wellbeing savings target (AC12) . This forms part of the Communities and Wellbeing Strategy to reduce the number of collection locations and ensures provision of adequate storage capacity to meet future need for the Record Office only.
- b) Other potential accommodation opportunities are being investigated which may require capital investment.

Background Papers

None.

Circulation under local issues alert procedure

None

Equality and Human Rights Implications

80 Public authorities are required by law to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share protected characteristics and those who do not;
- Foster good relations between people who share protected characteristics and those who do not.

81. Many aspects of the County Council's MTFs may affect service users who have a protected characteristic under equalities legislation. An assessment of the impact of the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Such assessments will be undertaken in light of the potential impact of proposals and the timing of any proposed changes. Those assessments will be revised as the proposals are developed to ensure decision

makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.

82. Proposals in relation to savings arising out of a reduction in posts will be subject to the County Council Organisational Change policy which requires an Equality Impact Assessment to be undertaken as part of the action plan.

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Appendices

Appendix A – Revenue Budget 2019/20
Appendix B – Growth
Appendix C – Savings
Appendix D – Capital Programme 2019/20 – 2022/23

ADULTS AND COMMUNITIES**REVENUE BUDGET 2019/20**

Net Budget 2018/19 £		Employees £	Running Expenses £	Internal Income £	Gross Budget £	External Income £	Net Budget 2019/20 £
Care Pathway - East Locality							
438,769	Heads of Service & Lead Practitioners (E)	402,703	53,650	0	456,353	0	456,353
2,495,155	Working Age Adults Team (E)	2,092,399	85,320	0	2,177,719	-292,616	1,885,103
1,466,088	Older Adults Team (E)	2,591,695	81,780	0	2,673,475	-568,697	2,104,778
1,333,815	Review Teams	1,755,287	67,890	-13,670	1,809,507	-516,515	1,292,992
2,915,960	Safeguarding, DOLS and Court of Protection	1,658,280	1,400,662	0	3,058,942	-424,171	2,634,771
8,649,787	TOTAL	8,500,362	1,689,302	-13,670	10,175,994	-1,801,999	8,373,995
Care Pathway - West Locality							
303,545	Heads of Service & Lead Practitioners (W)	314,210	128,756	0	442,966	-658,453	-215,487
3,016,856	Working Age Adults Team (W)	3,273,455	165,385	0	3,438,840	-158,600	3,280,240
2,836,124	Older Adults Team (W)	3,038,178	73,419	0	3,111,597	-255,705	2,855,892
1,174,322	Countywide Services	1,392,875	226,428	0	1,619,303	-350,787	1,268,516
7,330,847	TOTAL	8,018,718	593,988	0	8,612,706	-1,423,545	7,189,161
Direct Services							
447,998	Direct Services Managers	457,741	3,800	0	461,541	0	461,541
4,469,807	Supported Living, Residential and Short Breaks	4,552,927	220,875	0	4,773,802	-4,000	4,769,802
3,228,029	CLC / Day Services	2,605,830	186,202	-67,850	2,724,182	-51,450	2,672,732
336,184	Shared Lives Team	259,691	41,920	0	301,611	0	301,611
4,490,620	Reablement (HART) & Crisis Response	5,020,565	696,740	0	5,717,305	-1,227,135	4,490,170
1,362,243	Occupational Therapy	1,355,090	70,240	0	1,425,330	-42,515	1,382,815
2,529,003	Aids, Adaptations and Assistive Technology	745,942	3,288,660	0	4,034,602	-1,605,600	2,429,002
-220,805	Direct Services Review	65,519	21,341	0	86,860	-17,790	69,070
16,643,079	TOTAL	15,063,306	4,529,778	-67,850	19,525,234	-2,948,490	16,576,744
Early Intervention & Prevention							
714,217	Extra Care	0	782,800	0	782,800	0	782,800
83,287	Eligible Services	0	72,187	0	72,187	0	72,187
231,717	Secondary (e.g. Carers & Community Assessments)	0	1,377,684	-344,171	1,033,513	-790,076	243,437
159,015	Tertiary (e.g. Advocacy)	0	159,015	0	159,015	0	159,015
1,188,236	TOTAL	0	2,391,686	-344,171	2,047,515	-790,076	1,257,439
Strategic Services							
171,402	Heads of Strategic Services	258,304	1,700	-88,492	171,512	0	171,512
1,696,035	Business Support	2,027,226	271,700	-590,065	1,708,860	0	1,708,860
1,375,123	Community Care Finance	1,252,332	70,961	-20,863	1,302,430	-220,000	1,082,430
392,175	IT & Information Support	347,938	69,730	0	417,668	-26,180	391,488
1,430,605	Commissioning & Quality	2,192,840	98,090	0	2,290,930	-731,688	1,559,242
5,065,340	TOTAL	6,078,641	512,181	-699,420	5,891,402	-977,868	4,913,534
Demand Led Commissioned Services							
54,570,401	Residential & Nursing Care	0	92,438,035	0	92,438,035	-38,153,492	54,284,543
1,510,175	Shared Lives Residential	0	1,510,175	0	1,510,175	0	1,510,175
15,369,810	Supported Living	0	15,479,810	0	15,479,810	0	15,479,810
16,052,739	Home Care	0	16,576,439	0	16,576,439	0	16,576,439
37,376,867	Direct Cash Payments	0	39,375,165	0	39,375,165	-1,161,998	38,213,167
4,931,640	Community Life Choices (CLC)	0	5,151,640	0	5,151,640	0	5,151,640
487,750	Shared lives - CLC	0	487,750	0	487,750	0	487,750
-21,036,299	Community Income	0	0	0	0	-20,969,628	-20,969,628
109,263,083	TOTAL	0	171,019,014	0	171,019,014	-60,285,118	110,733,896
-17,539,063	Better Care Fund (Balance)	277,048	4,381,926	-9,989	4,648,985	-21,829,043	-17,180,058
976,002	Department Senior Management	1,016,498	105,488	-439,472	682,514	0	682,514
131,577,311	TOTAL ASC	38,954,573	185,223,363	-1,574,572	222,603,364	-90,056,139	132,547,225
Communities and Wellbeing							
2,291,125	Libraries	2,182,544	309,506	-6,700	2,485,350	-520,920	1,964,430
795,859	Collections & Learning Hub	1,179,100	403,915	-93,400	1,489,615	-678,870	810,745
784,283	Museums & Heritage	837,331	298,041	0	1,135,372	-336,350	799,022
986,442	Libraries Support Resources	155,247	748,667	0	903,914	-7,698	896,216
475,948	C&W Senior Management	476,543	8,050	-8,000	476,593	-20,000	456,593
339,086	Participation	285,953	64,050	0	350,003	0	350,003
-3,407	Externally Funded Projects	304,308	192,532	-7,500	489,340	-501,619	-12,279
83,899	Adult Learning	4,109,573	908,960	-173,950	4,844,583	-4,844,583	0
-191,227	C&W Efficiencies	32,640	-95,740	-35,700	-98,800	0	-98,800
5,562,008	TOTAL	9,563,239	2,837,981	-325,250	12,075,970	-6,910,040	5,165,930
137,139,319	TOTAL ADULTS & COMMUNITIES	48,517,812	188,061,344	-1,899,822	234,679,334	-96,966,179	137,713,155

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APPENDIX B

References	<u>GROWTH</u>	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
* items unchanged from previous Medium Term Financial Strategy					
** items included in the previous Medium Term Financial Strategy which have been amended					
<u>ADULTS & COMMUNITIES</u>					
<u>Demand & cost increases</u>					
** G6	Older people - new entrants and increasing needs in community based services and residential admissions	1,970	3,045	4,080	5,135
** G7	Learning Disabilities - new entrants including children transitions and people with complex needs	1,660	2,460	3,220	3,760
** G8	Mental Health - new entrants in community based services and residential admissions	425	680	940	1,200
** G9	Physical Disabilities - new entrants in community based services	555	735	910	1,095
<u>Other increases</u>					
** G10	Transforming Care - transfers from Health	390	750	750	750
* G11	Removal of time-limited growth - Support Fund for Community Libraries	-100	-100	-100	-100
G12	Improve support for transitions from Children's Social Care	300	300	300	300
TOTAL		5,200	7,870	10,100	12,140

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APPENDIX C

References

SAVINGS

2019/20	2020/21	2021/22	2022/23
£000	£000	£000	£000

References used in the following tables

* items unchanged from previous Medium Term Financial Strategy

** items included in the previous Medium Term Financial Strategy which have been amended

Eff - Efficiency saving

SR - Service reduction

Inc - Income

ADULTS & COMMUNITIES**Adult Social Care**

* AC1	Eff	Review of Equipment and Therapy Services	-100	-100	-100	-100
* AC2	Eff	Review of individual long term residential placement costs	-250	-500	-500	-500
** AC3	Eff/SR	Effective management of Direct Payments and Personal Budget allocations	-1,000	-1,000	-1,000	-1,000
* AC4	Eff	Review of staff absence	-160	-325	-325	-325
** AC5	Eff	Improvements to finance pathway for service users	-25	-25	-25	-25
** AC6	Inc	Increased income from fairer charging and removal of subsidy / aligning increases	-100	-200	-300	-400
* AC7	Eff/SR	Review of Supported Living costs	-300	-300	-300	-300
* AC8	Eff/SR	Review of Community Life Choices costs	-100	-100	-100	-100
* AC9	Eff/SR	Promoting Independence in the home for high dependency service	-400	-400	-400	-400
** AC10	Eff	Reduced financial growth following demand management improvements	-1,700	-1,700	-1,700	-1,700
AC11	Eff	Place to Live - reduced cost of care	0	-25	-50	-50
Total Adult Social Care			-4,135	-4,675	-4,800	-4,900

Communities and Wellbeing

** AC12	Eff/SR	Implementation of revised service for communities and wellbeing	-200	-300	-500	-1,000
Total Communities and Wellbeing			-200	-300	-500	-1,000
TOTAL Adults & Communities			-4,335	-4,975	-5,300	-5,900

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ADULTS & COMMUNITIES - CAPITAL PROGRAMME 2019/20 to 2022/23 - Draft

	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Total £000
<u>New Starts</u>					
Brookfields Supported Living Scheme (refurbishment)	1,500				1,500
HART Rostering System	150				150
Hinckley, The Trees (refurbishment)	600				600
Hamilton Court/Smith Crescent - NWL Development	2,800	930			3,730
Smart Libraries - Invest to Save	20				20
Better Care Fund / Disabled Facilities Grant *	3,630	3,630	3,630	3,630	14,520
Total A&C	8,700	4,560	3,630	3,630	20,520

* - awaiting Government announcement due early 2019

Future Developments - subject to further detail and approved business cases

Collections Hub/ Records Office and transition implications

Health and Social Care Service User Accommodation - Supported Living/Extracare/Residential

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY
COMMITTEE: 21 JANUARY 2019**

**ADULT SOCIAL CARE
DIRECT PAYMENTS DEVELOPMENT PLAN 2018-2023**

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1. The purpose of this report is to seek the views of the Committee on the final draft of the adult social care Direct Payments Development Plan 2018-2023.

Policy Framework and Previous Decisions

2. The planned direct payment approach supports the objectives within Leicestershire County Council's Strategic Plan 'Working Together for the Benefit of Everyone' and fits with the Department's strategy and vision, 'Promoting Independence, Supporting Communities: Our Vision and Strategy for Adult Social Care 2016-2020'. This key strategic document outlines how the authority will prevent, reduce, delay and meet needs, as well as underpinning supporting activities. These principles have been interwoven into the Direct Payments Development Plan, which is attached as Appendix A.

Background

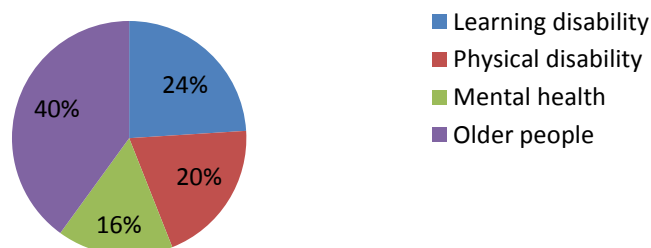
3. Direct payments, previously known as cash payments, are available to adult social care service users and carers who are eligible for a personal budget and want to arrange and pay for their own care and support services directly rather than the authority making arrangements on their behalf. The direct payment arrangement is used to fund the individual's eligible care and support needs as identified in the service user or carer's support plan.
4. Direct payments were first introduced in 1997, and were initially limited to people under the age of 65 years with physical and sensory impairments, learning disabilities and mental health problems. Since then the offer has evolved and is available to anyone with eligible adult social care needs (excepting those people mentioned in Appendix A) receiving community-based support. Over the past five years the number of people accessing direct payments has increased.
5. Direct payments are the Government's preferred way of offering people personalised care and support, as they offer people high levels of flexibility, choice and control over the way in which their support needs are met.

6. In April 2018, the Department agreed the outcomes for and proposed approach to developing a plan to determine its future intentions towards direct payments.
7. The plan addresses the Department's strategic intentions, ambition and aspirations towards care and support delivered through direct payments, and the market within which they operate. The plan will be available to the public in order to influence the market and partner agencies to work in an aligned way.
8. The draft Direct Payments Development Plan has been developed alongside customers (service users, carers and service user representatives), providers (commissioned and personal assistants) and internal care pathway staff. It has a clear focus on ensuring delivery of statutory responsibilities, maximising independence, and improving systems and processes to support individuals, providers and staff.
9. Within the plan, high level actions have been identified to be taken forward by the Council upon implementation, which will result in continued improvements to the direct payment offer to the people of Leicestershire.

The Current Position

10. Leicestershire County Council's total expenditure on direct payments in 2017/18 was £36 million. Spend included the following categories of service or product:
 - social care providers (home care, day services and respite);
 - leisure (gyms, cinema, health centres) – to improve health and wellbeing;
 - tourist sites – to promote independence and address social isolation;
 - high street retailers and supermarkets – for example, for electrical goods to assist with everyday living.
11. In March 2018, 2,700 adult social care service users, carers and service user representatives in Leicestershire were receiving a direct payment, with 2,100 using a direct payment card account. This is equivalent to 54% of people accessing adult social care community services against a national average of 29%. This places the Authority as the third highest of 152 councils nationally for direct payment take-up performance.
12. Older people make up the majority of service users on a direct payment, with other support needs shown in the graph below:

**Direct payment service users
by primary care need**



Engagement

13. Engagement with external stakeholders, most importantly direct payment recipients, enabled the Department to determine and collate evidence around market capacity, needs, and potential gaps. In addition, providers' perceptions of direct payments were gathered, and their views in relation to their own business model.
14. Extensive engagement with internal stakeholders took place in order that adult social care staff could share their experiences of existing direct payment processes and how they might be further developed.
15. Customer feedback was essential to developing the plan, to ascertain any areas of improvement and general opinions about the service which people are receiving. A questionnaire was developed and sent to all current direct payment holders, with just under 900 responses received by telephone, paper or online. Overall 76% of respondents were satisfied and 6% were dissatisfied with their direct payment; the remainder were neither satisfied nor dissatisfied.
16. The majority of people that chose to have a direct payment stated that they did so in order that they could be in charge of their support and have flexibility in when and how support is provided.
17. Overall the feedback suggests that enhancements to Leicestershire's offer are to provide people with more support on setting up their direct payment account, and also information and advice on suitable direct payment expenditure.
18. The following questions have been determined within the plan:
 - Who are direct payments for?
 - What benefits should direct payments achieve for recipients, the County Council and providers?
 - How should the County Council shape the market?

Strategic Context

19. Through extensive engagement and analysis, the plan is future-proofed and evidence based. The direction fits with the Council's Strategic Plan, and is the right approach for Leicestershire businesses, service users, carers and employees of the authority. It is intended that the plan will enable the Council to:
 - establish the authority's vision for direct payments in adult social care for the next five years, until 2023;
 - identify the key drivers for promoting independence, utilising personal assets to their full potential, and embedding a progression model;
 - further embed the use of direct payments to support the Strategic Plan and Adult Social Care Strategy;

- be informed by engagement with service users, representatives, workers and providers.
20. During the period of this plan, it is hoped to continue the local integration of health and social care by developing integrated personal budgets in partnership with the local Clinical Commissioning Groups. An integrated personal budget includes funding from a local authority and the NHS for social care and health needs. They aim to put in place a seamless approach to care, so that people and their families have the same experience of care and support, regardless of whether their care is funded by the local authority or the NHS.

Leicestershire County Council's Intentions

21. The desired outcomes of the development plan for direct payments are as follows:
- ensuring sufficient supply of diverse, person-centred care and support;
 - capable providers;
 - a safe and sustainable market;
 - choice and control, and good service user outcomes;
 - improved market intelligence.

Development Plan Vision

22. In five years' time it is envisaged that the following conditions for direct payments will be sustained or developed in Leicestershire:
- providers will offer a choice of services that service users understand and purchase themselves through their direct payment;
 - providers will be stable and sustainable and working with the local authority to ensure services are available and affordable;
 - service users will be informed, aware and able to challenge practice. This includes quicker set up times for the establishment of the direct payment and to process any anomalies on the balance;
 - service users will be offered integrated personal budgets for social care and health needs.
23. Care pathway staff will continue to promote a direct payment and offer support to individuals so that they can confidently navigate through the system, thus enabling them to self-serve.

Resource Implications

24. The headline actions and commissioning activities to implement the plan, and its strategic objectives, are set out within the plan. To ensure sustainability, they will be carried out as part of 'business-as-usual' (ie through existing structures and the authority's ordinary business), with oversight from groups already set up within the authority. The Adults and Communities Departmental Management Team is the governing body of the plan and will have responsibility for the implementation of the vision and delivery of the aspirational outcomes.

25. In order to proceed at pace with implementation, a staff resource is essential to develop, drive and coordinate the internal activities. It is therefore recommended that a Direct Payments Development Manager post at an estimated grade 13 is established immediately. The cost of the role would be approximately £60,000 per annum, including on costs, and this will be met initially from improved Better Care Fund (iBCF) funding, and will be subject to a satisfactory 'invest-to-save' business case. Savings from efficiencies will be attributed to the work sufficient to cover the salary and on costs in the longer term.

Timetable for Decisions

26. Subject to any comments received from the Committee, the plan will begin during 2019, as indicated in the headline implementation plan set out in Appendix A.

Conclusion

27. The plan is future-proofed and evidence-based. It leads the authority on a strategic direction that fits with the Leicestershire County Council Strategic Plan, the Department's vision, and is right for Leicestershire service users, carers, provider businesses, and employees of the Department.
28. The Adults and Communities Overview and Scrutiny Committee is asked to discuss and comment on the plan.

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>

Circulation under the Local Issues Alert Procedure

29. None.

Equality and Human Rights Implications

30. The new plan will ensure that all individuals are effectively supported to access the support they need. The aim is to ensure that direct payments are accessible for all who are entitled to receive them.
31. An Equality and Human Rights Impact Assessment is attached as Appendix B. This is subject to review by the Departmental Equalities Group, and any amendments suggested by this Group will be reported at the meeting.

Other Relevant Impact Assessments

Partnership working

32. The requirement for partnership working with providers in order to develop the market is set out in the plan.

33. The plan also includes the desire to develop integrated personal budgets in partnership with the local Clinical Commissioning Groups.

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Appendices

Appendix A – Draft Direct Payments Development Plan 2018-2023
Appendix B – Equality and Human Rights Impact Assessment

Adults & Communities

DRAFT Direct Payments Development Plan 2018-2023

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1. Summary and Introduction

This plan aims to establish Leicestershire County Council’s vision for the provision of direct payments for the next five years. This will incorporate the authority’s key drivers which are to promote independence, utilise personal assets to their potential and embed a progression model in order to prevent, reduce, delay and meet need.

Direct payments are the Government’s preferred way of offering people personalised care and support, as they offer people high levels of flexibility, choice and control over the way in which their support needs are met.

The use of direct payments supports objectives within the Council’s Strategic Plan and Adult Social Care Strategy; to promote independence and develop individual and community resources to prevent, delay and reduce the need for care and support. In working with people, the Council will always consider their needs, choice and preferences. Support must however be able to demonstrate that it is achieving the outcomes people need and offers value for money. All situations are assessed and considered on an individual basis.

Extensive engagement with service users, carers and providers has informed the principles and vision of this development plan. The plan incorporates the needs of service users, carers, staff and providers because in order for the development plan to be successfully delivered the local authority needs to work in partnership to collectively address needs. An engagement exercise indicated that a variety of people help to administer a direct payment - this is illustrated in the following table, showing the responses of 705 individuals.

Who administers the direct payment?	Number of people	% of people
I manage it on my own	239	34%
My family help me	356	50%
I have a representative to help me	74	10%
Someone else helps me	36	5%

A headline action plan towards the end of this document demonstrates how the development plan will be implemented.

2. What is a Direct Payment?

A direct payment is a method of receiving a personal budget; it is a monetary payment made to individuals who request to receive one to meet some or all of their eligible care and support needs.

In terms of the way that the Council makes services available to citizens, direct payments differ from those either directly provided or contracted for by the Council. By making payments to individuals, the responsibility for purchasing and contracting for services passes to the individual.

Many people choose to use their direct payments to employ their own staff (personal assistants) and in doing so they take on the full legal responsibilities of being an employer, with all the administrative tasks and duties that are associated with this. The Council retains its duty of care to individuals and ensures that the arrangements remain appropriate at annual reviews.

Some people need support with the tasks associated with managing the direct payment and organising care and support, which can be challenging as well as rewarding. The Council has a duty to help to people to manage their direct payments where this is not otherwise available informally from a friend or family member, and can fund organisations to provide these services (i.e. a direct payment support service).

The money to pay for a direct payment support service is currently included within the direct payment, and as with other services purchased with a direct payment, the service user contracts directly with a provider organisation for these services.

A direct payment agreement is required for every service user and carer who has chosen to receive a direct payment. It is a legal agreement between the person receiving the direct payment and Leicestershire County Council.

There are four separate direct payment agreements which have been developed to clearly show the responsibilities of Service Users / Carers / Nominated Persons /

Authorised Persons, Third Party Money Managers and Leicestershire County Council, and also whether the service user has the mental capacity to manage the direct payment.

The direct payment agreements were updated in October 2018, in order to:

- make the roles and responsibilities clearer for all parties
- make it easier to identify who is responsible for the management of the direct payment.

The new agreements will now be used when a review or re-assessment takes place and for any new direct payment requests. The new agreement makes it easier for service users to be able to make an informed choice about whether to have a direct payment.

3. The Current Position of Direct Payments in Leicestershire

In March 2018 there were 129,975 people in England in receipt of a direct payment. This represents 29% of people accessing long-term adult social care community services. The equivalent figure for Leicestershire County Council was 54%. This places the authority as the third highest of 152 councils nationally for direct payment take-up performance. The department is aiming to remain in the top quartile of all councils nationally for community based service users in receipt of a direct payment.

In March 2018, 2,700 service users, carers and service user representatives in Leicestershire were utilising a direct payment, with 2,100 using a direct payment card. The direct payment card is the authority's preferred way to pay a direct payment, which operates in a similar way to normal debit card except that money is transferred in advance to the direct payment card account by the department.

The total spend on direct payments in Leicestershire in 2017/18 was £36 million. Expenditure included the following categories of service or product:

- social care providers (homecare, day services and respite)
- leisure (gyms, cinema, health centres) – to improve health and wellbeing
- tourist sites – to promote independence and address social isolation
- high street retailers and supermarkets – for example, for electrical goods to assist with everyday living.

The departmental financial forecasts indicate that whilst the market share of people using a direct payment has steadily decreased in 2018 compared to the previous year, the cost per user is actually increasing due to the increasing cost of services. Therefore, expenditure growth has been budgeted for the next five years as shown in the following table:

	Direct Payment Expenditure			
	2019/20	2020/21	2021/22	2022/23
Older People	£13,885,479	£14,240,099	£14,581,917	£14,978,120
Learning Disabilities	£11,911,171	£11,928,911	£11,946,783	£11,964,656
Mental Health	£3,718,407	£3,726,760	£3,726,760	£3,735,156
Physical Disabilities	£9,231,349	£9,318,597	£9,371,007	£9,440,888
Carers	£1,582,815	£1,594,364	£1,605,924	£1,619,776
Total	£40,329,221	£40,808,731	£41,232,393	£41,738,596

4. Vision for the Development Plan

In line with the Adult Social Care Strategy, the Direct Payments Development Plan aims to promote independence, utilise personal assets to their potential and embed a progression model in order to prevent, reduce, delay and meet need.

This development plan sets out to determine:

- Who direct payments are for
- What benefits direct payments should achieve for recipients, Leicestershire County Council and providers
- How Leicestershire County Council should shape the care market

a) *Who are Direct Payments For?*

Direct payments, or a managed service, are appropriate in the following summarised circumstances. Further detail is available in an appendix to this plan.

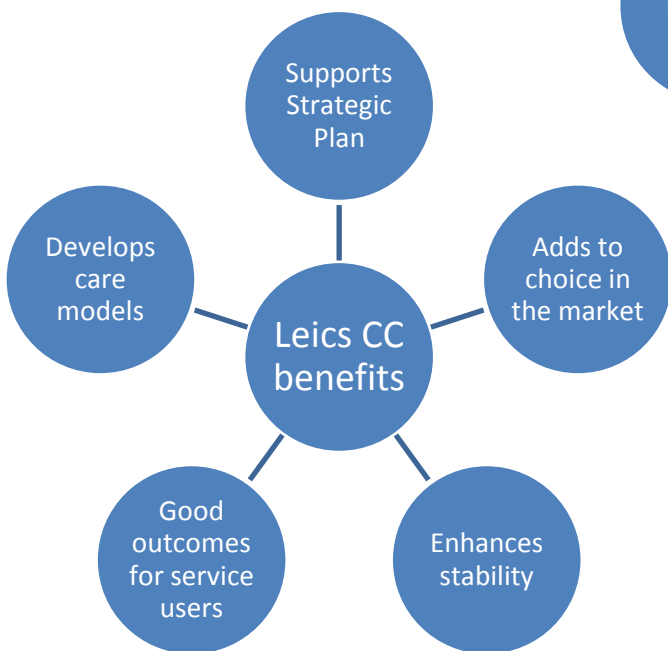
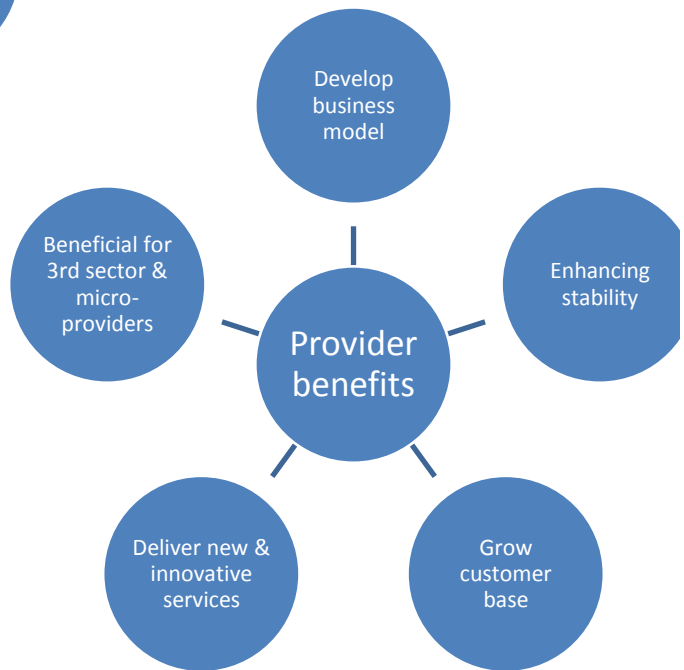
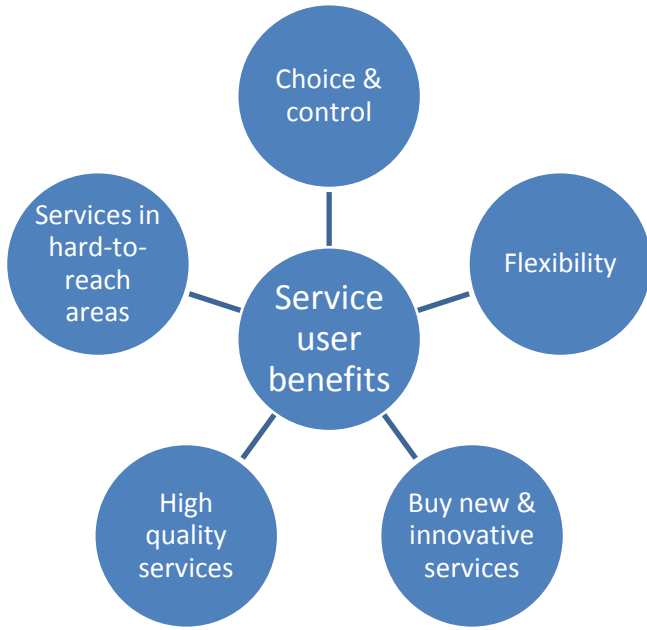
<i>Direct payment</i>	Person wants bespoke, tailored support
	Person must be able to make a decision about having a direct payment and understand what it is
	Person must be able to manage the direct payment arrangements, either on their own or with the help of someone they trust
	Where a representative (such as a family member, but not a professional) is willing to act as the authorised person for the direct payment. This can be the case even if the service user has been assessed as lacking mental capacity
<i>Managed service</i>	Some people with alcohol and drug problems who are under certain conditions from the courts cannot have a direct payment
	Where a person cannot manage money, or has problematic debts and a risk assessment determines that a managed service is the most appropriate option
	Any service directly provided by Leicestershire County Council

During the period of this plan it is hoped to develop Integrated Personal Budgets in partnership with the local Clinical Commissioning Groups. An Integrated Personal Budget includes funding from a local authority and the NHS for social care and health needs. They aim to put in place a seamless approach to care, so that people and their families have the same experience of care and support, regardless of whether their care is funded by the local authority or the NHS.

Introducing Integrated Personal Budgets will build on local experience in implementation of personal health budgets, which are broadly the health equivalent of direct payments. Personal health budgets are less well-developed in Leicestershire than direct payments but are expected to increase in importance as the NHS moves further towards personalised commissioning.

b) What Benefits Should Direct Payments Achieve for Recipients, Leicestershire County Council and Providers?

The implementation of the plan will deliver benefits to the three main stakeholder groups given in the following diagram.

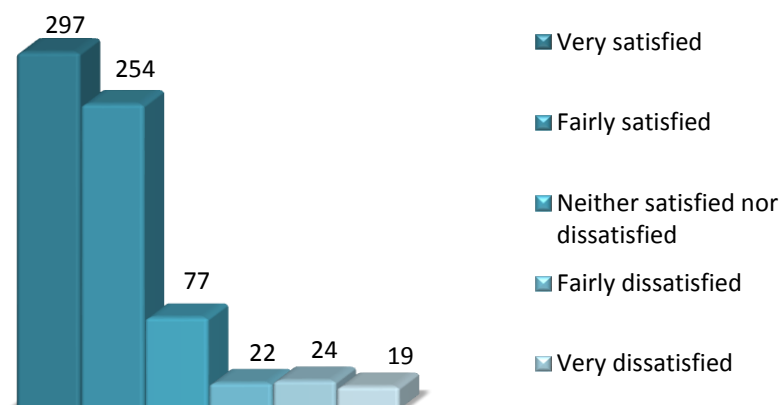


The key, summarised outcomes for the development plan are to invest and build upon the good work that the authority has already done to:

- Get the personal budget solution right for the individual
- Grow and improve the authority's support for direct payments
- Ensure current and new service users understand the direct payment process
- ensure a direct payment is the best option for existing direct payment users
- Provide an opportunity to work with existing direct payment providers to improve the market
- Increase consistency of staff practice across the county
- Assure quality
- Develop the data that the authority has available about direct payments and those providing services

Engagement with service users has indicated that the majority of respondents are satisfied with their direct payment, and despite there being further work to develop the authority's approach, fundamentally it is seen as working for the citizens of Leicestershire.

The following chart highlights the level of satisfaction that those who responded to a survey have with their direct payment.



Leicestershire County Council's vision for direct payments for service users and carers is therefore:

- to enhance choice, ensure that service users and carers have control and support over their care and remain safe.

The vision for direct payments for providers is:

- to ensure through collaboration that the care market is innovative, stable, and sustainable.

c) How Should Leicestershire County Council Shape the Market?

For the next five-year period the strategic intention for direct payments in Leicestershire is to further develop the current position, because:

- The direct payment approach has grown incrementally over time and consistency is required
- There is a need to assure quality
- The authority is already performing well in terms of proportion of direct payment recipients
- The market requires further development

Improving the current arrangements will allow for the department to strengthen its offer in terms of supporting people with their direct payment, and develop provider services arranged via a direct payment.

In five years' time it is envisaged that the following conditions for direct payments will be sustained or developed in Leicestershire:

- providers will offer a choice of services that service users understand and purchase themselves through their direct payment
- providers will be stable and sustainable and working with the Local Authority to ensure services are available and affordable
- service users will be informed, aware and able to challenge practice. This includes quicker set up times for the establishment of the direct payment and to process any anomalies on the balance.

5. Legal and Strategy Context

a) Legal Context

The legislative context for direct payments is set out in the Care Act 2014, as well as Section 117(2C) of the Mental Health Act 1983 (the 1983 Act) and the Care and Support (DPs) Regulations 2014. Care and Support Statutory Guidance 2014 adds detail to this, setting out how the Council should perform its care and support responsibilities.

b) Corporate Strategy Context – Leicestershire County Council's Strategic Plan 2018-2022

'Working together for the benefit of everyone: Leicestershire County Council's Strategic Plan 2018-22' has been developed by the council by focusing on the things that will make life better for people in Leicestershire, including the partnerships needed to make these improvements happen.

Five strategic outcomes describe the council's vision for people in the county:

1. **Strong Economy:** Leicestershire's economy is growing and resilient so that people and businesses can fulfil their potential.
2. **Wellbeing and Opportunity:** The people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing.
3. **Keeping People Safe:** People in Leicestershire are safe and protected from harm.
4. **Great Communities:** Leicestershire communities are thriving and integrated places where people help and support each other and take pride in their local area.
5. **Affordable and Quality Homes:** Leicestershire has a choice of quality homes that people can afford.

Direct payments have relevance to all of these outcomes, as Leicestershire residents choosing a direct payment secure their wellbeing and safety through the services which they buy, whilst supporting businesses which provide those services, and potentially having support provided informally through community networks. There is also a link to housing, as many people are supported to live and remain in their own homes through a direct payment, which may pay for domiciliary (home) care or supported living services.

c) Departmental Strategy Context – Promoting Independence, Supporting Communities: Our Vision and Strategy for Adult Social Care 2016-2020

The department's model for social care continues to focus on delivering the **right support** to the **right person**, at the **right time**, in the **right place**, and by the **right partner**. It aims to put the person at the centre, and to ensure that the support they receive can deliver the right outcomes and manage any risks appropriately.

The strategic approach for service planning and delivery is now well-embedded in the department; it seeks to **prevent** need through universal services and promoting wellbeing; **reduce** need through targeted interventions for those at risk; **delay** need through reablement, rehabilitation and recovery; and **meet** need by using a broad set of social resources to ensure affordability.

These principles combine to form the authority's strategy for promoting adults' independence.

6. Engagement Feedback

Customer feedback has been essential to developing the direct payments development plan, to determine any areas of improvement and general opinions about the service people are receiving. Therefore, a direct payment and payroll service questionnaire was designed and sent to all those in receipt of a direct payment. The questionnaire was open for three weeks, between 21st September and 12th October 2018.

The questionnaire was specifically interested in the:

- views of people who currently receive a direct payment;

- views of people who currently receive payroll services

In total, 3,023 questionnaires were sent to service users and their carers. The consultation questionnaire was available online, paper form and other formats were available on request.

The total number of questionnaires received (online and in paper form) were 723. A further 150 people telephoned the department to clarify the purpose or to discuss the questionnaire in more detail.

Overall when asked how satisfied or dissatisfied they were with direct payments, out of 693 respondents who answered, 76% said they were satisfied and 6% were dissatisfied.

Key themes were that individuals need to be supported more in terms of:

- what they are able to spend their direct payment on
- responsibilities when employing a personal assistant.

The majority of people that chose to have a direct payment opted to have it so that they could be in charge of their support and have flexibility in when and how their support is provided.

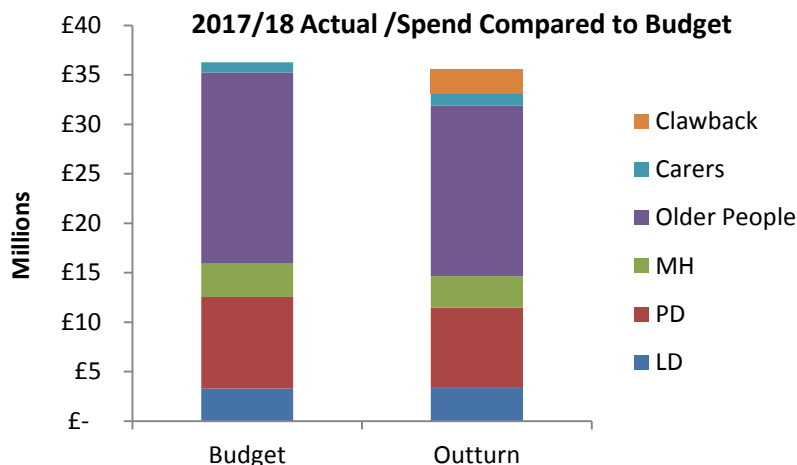
The feedback received suggests that people would benefit from better technical support as well as information and advice; 47% of people said they needed support with knowing who to contact for help, and 26% of people needed information and advice about where to find support providers.

Providers have indicated that they are willing to work with us to improve and sustain the care market which will feed into their future business modelling. Personal assistants advised that they find it challenging to secure adequate working hours and would like support to find work.

7. Direct Payment Activity Analysis for 2017/18

For 2017/18 the direct payment budget amounted to £36.3m. The surplus balances on direct payment cards were £2.53m for 2017/18, which is being addressed in 2018/19 via a project to reclaim excess balances. A breakdown of the budget, together with the outturn and variance is presented in the table and reflected pictorially in the bar charts (below);

	Budget	Outturn	Variance	
LD	£ 3,284,825	£ 3,347,848	£ 63,023	1.9%
PD	£ 9,245,445	£ 8,134,439	-£ 1,111,006	-12.0%
MH	£ 3,447,665	£ 3,153,991	-£ 293,674	-8.5%
Older People	£ 19,237,767	£ 17,263,543	-£ 1,974,224	-10.3%
Carers	£ 1,036,508	£ 1,180,915	£ 144,407	13.9%
Clawback	£ -	£ 2,525,724	£ 2,525,724	0.0%
	£ 36,252,210	£ 35,606,460	-£ 645,750	



8. Direct Payment Balances

A direct payment is paid four weeks in advance. To ensure that service users are accessing the support that they need and for which they receive the direct payment, Leicestershire County Council considers carefully the reasons for any balances held which are greater than four weeks' worth of the gross payment. If the authority is assured that the person is receiving appropriate support, the excess is recouped to ensure effective use of the authority's resources.

There are several reasons why an excess balance may accrue, such as because the individual has become more independent, or because informal support available to them is enabling them to meet their needs. Where, as part of the authority's check, the need for additional support is identified, such as where the person has not yet been able to find a service which suits them, or they need assistance in managing the payment and invoicing, then further help can be offered to ensure that a direct payment remains the right choice for them.

9. Personal Assistants (PAs)

Personal assistants are vital to the sector as they add choice and control to service users and reduce the dependence on domiciliary care agencies and other types of support service. Work is required to increase the number of available personal assistants and also to support them.

Personal assistants work directly with one or more individuals to help them to live their day to day life and assist them to take part in activities to achieve their desired outcomes. PAs usually support individuals in their own home or to go out in the community, to help them live as independently as possible.

Personal assistants can be employed directly by an individual who is managing and paying for their own care via a direct payment.

The personal assistant role might include:

- organising and supporting individuals with their social and physical activities
- booking and going with individuals to appointments
- helping individuals to get to work, college or university
- helping with personal care such as showering and dressing (although not all personal assistant roles involve personal care)
- supporting with tasks around the house such as shopping, cleaning and cooking
- monitoring health for example measuring body temperatures or administering medication
- learning new skills and confidence building so the person can meet their own outcomes

In 2015, *Skills for Care* estimated that there were around 500,000 people in England receiving long term support via a personal budget. Of these 145,000 were receiving direct payments and around 65,000 were thought to be directly employing personal assistants (an increase from an estimated 32,000 in 2008).

In Leicestershire in September 2018, there were 625 people receiving payroll support from the authority's in-house provider. It has been estimated that people receiving payroll support have on average two personal assistants each. Therefore Leicestershire service users employ approximately 1200 personal assistants between them at any snapshot date.

Leicestershire County Council is keen to increase the number of personal assistants working with Leicestershire service users. The authority wants to support personal assistants to be able to access suitable training that will enable them to understand their employment status and the role they are undertaking.

A key aspiration is to ensure that personal assistants can obtain employment satisfaction which may include working across multiple clients, working with a variety of support needs, enough paid hours to meet their individual circumstances and communication with other personal assistants along with their employer and supporting agencies.

10. Respite

Respite care services are designed to give carers a break from their caring role and can be arranged for planned breaks, regular weekly breaks, short holidays or emergencies. Services are available for instance within the person's home, in a day centre or in a residential care facility. Direct payments can be used to purchase respite care.

11. Direct Payment Cards

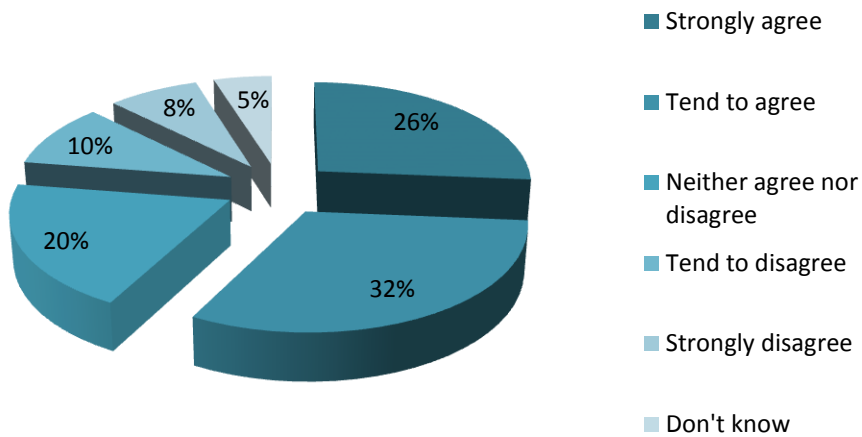
As of November 2018 there were 2,692 individuals with a direct payment card account.

The results of the service user and carer engagement exercise regarding direct payment cards are encouraging. The following is a summary of the related questions and responses.

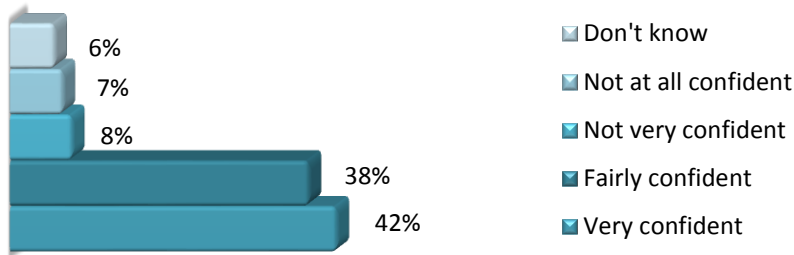
“What sort of things do you buy and pay for with your Direct Payment card?”

Response	Number of people
Personal Assistant(s)	310
Home care	311
Respite care	95
Day care	154
Supported living	69
Aids and adaptations	17
Travel	19
Domestic (cleaning, ironing, shopping)	37
Insurance	9
Social Activities (gym, clubs etc.)	23

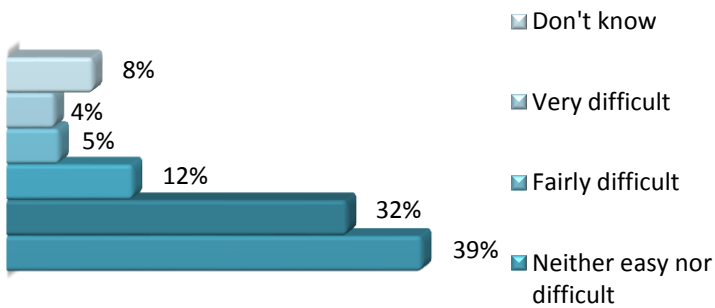
“How much do you agree or disagree that you received enough information to help you understand how to set up your direct payment card?”



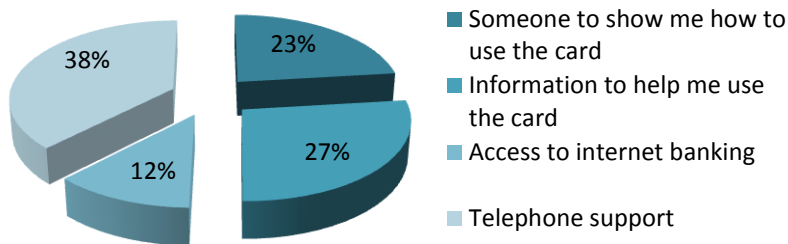
“How confident do you feel about managing your direct payment card?”



“How easy or difficult is the direct payment card to use?”



“What support would make it easier for you to use your direct payment card?”



The Leicestershire default option will be that a pre-paid debit card account will be used for managing a direct payment. The Care and Support Statutory Guidance states that the use of pre-paid cards should not be provided as ‘the only option to take a direct payment’. The offer of a ‘traditional’ direct payment paid into a bank account should always be available if this is what the person requests and this is appropriate to meet needs. Therefore, consideration for alternative methods will be made on an individual basis.

Service users cannot use the pre-paid debit card to withdraw cash unless it is demonstrated that there are no reasonable alternative ways to purchase an appropriate service and this has been recorded in the support plan.

12. Third Party Money Managers

A Third Party Money Manager provider is independent of the Council and will provide individuals with assistance to effectively manage a direct payment. At present there are 80 individuals who are supported to manage their direct payment this way.

13. Equality of Provision

Leicestershire as a whole has a varied demographic profile. It is critical that regardless of any of the equalities characteristics all individuals are effectively supported to access the support they need thus the plan will aim to ensure that direct payments are accessible for all.

Currently, Older People make up the majority of service users on a direct payment accounting for 40% followed by Learning Disabilities service users at 24%; Physical Disability service users (at 20%); and Mental Health service users (at 16%).

The table below details current direct payment holders by ethnicity:

<i>Ethnicity</i>	<i>No of people</i>	<i>% of people</i>
Asian or Asian British	217	9%
Black or Black British	15	0.5%
Mixed	8	0.2%

<i>Ethnicity</i>	<i>No of people</i>	<i>% of people</i>
Other	12	0.3%
White	2,185	87%
Refused/not recorded	64	3%

14. Providers

Leicestershire County Council recognises that a strong direct payment market is only possible through collaboration with providers.

Through co-production, engagement and an open dialogue Leicestershire County Council wants to generate a responsive market that includes personal assistants and micro-providers.

In future commissioning projects the authority will clearly demonstrate the linkages between commissioned frameworks and alternative direct payment options so that both options are clear to service users, carers, professionals and providers as well as helping to ensure they function well.

To assist individuals to choose the right provider to meet support needs and outcomes an accredited supplier framework could be developed. This will enable service users and carers to feel confident that their outcomes are being met, and around standard quality checks such as Health and Safety, recruitment, and safeguarding.

In the future it may be possible to develop an accredited supplier framework which would provide Leicestershire County Council with partial oversight of direct payment market. However, if implemented, a supplier framework would not be the authority's default option and therefore individuals would still be able to have a provider of their choice if they wish to do so.

15. Workforce

The 'direct payments workforce' comprises a range of different worker types, including workers employed by care providers or agencies, and self-employed personal assistants.

Leicestershire County Council is keen to increase the number of personal assistants working with service users because they potentially offer the following:

- choice and control for service users
- more flexibility
- more individualised support
- lower rates of turnover on average
- reduced overhead costs.

Enhancements in the personal assistant market could lead to the workforce shifting from authority-managed services to direct payment services – for example, an individual choosing to employ a personal assistant by using a direct payment, rather than through a Leicestershire County Council managed home care service.

This development plan will lead to enhanced data being available to Leicestershire County Council about the workforce delivering services bought using direct payments. This intelligence will be used for the authority’s adult social care workforce planning and development activities.

16. Training

The success of the plan relies upon the vision being communicated to staff, providers, service users and carers in a consistent manner. This will include having access to high quality training that is suitable and appropriate to the audience. The importance of training was highlighted by staff, providers and service users.

Some of the key items in the training have been requested by staff and service users through the engagement activities. The service user and carer engagement questionnaire asked ‘*What support would help you manage your direct payment better?*’ This is the response:

Response	Number of people	% of people
Information and advice about where to find support providers	197	26%
Help with online banking	38	5%
Knowing who to contact for help	356	47%
Support for carers	145	19%
Advocacy	31	4%

17. Information and Advice

The adult social care information and advice offer ensures that it is relevant and proportionate to customer needs at each stage of their journey. This will support better alignment, greater co-ordination, and greater clarity. Therefore, as part of this remit comprehensive information and advice will be generated to assist staff, service users, carers and providers in understanding direct payments and the associated processes. Following customer feedback it is envisaged that information and advice should be made available to service users and carers in three stages; firstly when an individual needs to decide what type of personal budget to take, secondly how to set up a direct payment and thirdly how to manage and get the best out of a direct payment.

18. Strategic Intentions and Desired Outcomes

The desired outcomes and ambitions of the development plan for direct payments are as detailed in the table below:

Desired development plan Outcome	What is the ambition?
1. Ensuring sufficient supply of diverse, person-centred care and support	<ul style="list-style-type: none"> • Shaping and developing the market including the personal assistant offer • Contract monitoring to drive quality standards • Defined roles and responsibilities for the department, provider and customer • Promoting independence and progression • Exploration of the cultural offer
2. Capable providers	
3. A safe and sustainable market	
4. Choice and control, and good service user outcomes	<ul style="list-style-type: none"> • Improving choice and control • Person-centred planning – services tailored to individual need • Defining the appropriate circumstances for a direct payment
5. Improved market intelligence	<ul style="list-style-type: none"> • Data quality

19. Implementation of the Plan

The headline actions and commissioning activities to implement the plan, and its strategic objectives, are set out below. To ensure sustainability, they will be carried out as part of 'business-as-usual' (i.e. through existing structures and the authority's ordinary business), with oversight from groups already set up within the authority. The Adults and Communities Departmental Management Team (DMT) is the governing body of this development plan and will have responsibility for the implementation of the vision and delivery of the aspirational outcomes.

A suite of performance measures to identify outputs achieved, and improvements in outcomes for service users as a result of the plan will be developed.

Outcome 1: Ensuring sufficient supply of diverse, person-centred care and support		
<i>To achieve this Leicestershire County Council will:</i>	<i>Resource requirement</i>	<i>Target date for completion</i>
Increase the number of personal assistants working within Leicestershire to develop a strong and diverse directory of accredited personal assistants throughout the county	Commissioning and Quality teams	Autumn 2019
Evaluate and potentially improve the support offer to service users employing personal assistants to give them robust information and enable them to be responsible employers	Commissioning and Quality teams	April 2019
Identify gaps in provision (such as rural areas, specialist services) and work with the market to ensure a wide range of quality services are available for everyone in Leicestershire to purchase,	Commissioning and Quality teams	2023
Consider recruiting or diverting officers to undertake monitoring activity with providers known to supply services via direct payments, and to promote competition so that people have varied care and support services to choose and purchase from	Commissioning and Quality teams	April 2019

Consider introducing an accredited supplier list to stabilise the market and develop market oversight	Commissioning Support Unit Commissioning and Quality teams	Oct 2019
Ensure assessment, support planning and risk assessment is conducted appropriately to ensure direct payments are the most appropriate delivery method for the service user	Learning and Development Care Pathway Quality and Commissioning	April 2019
Develop a direct payments policy to ensure rules and principles of utilising a direct payment are adhered to	Commissioning and Quality teams Care Pathway	April 2019
Develop training for staff regarding the setup and application of direct payments	Learning and Development Quality and Commissioning Care Pathway	April 2019
Refresher training as a result of policy development	Learning and Development Quality and Commissioning Care Pathway	2020/21
Develop a revised definition of 'respite' to ensure accurate and consistent commissioning of respite services	Quality and Commissioning Care Pathway	2019/20

Outcome Two: Capable providers		
<i>To achieve this Leicestershire County Council will:</i>	<i>Resource requirement</i>	<i>Target date for completion</i>
Establish assurance processes between the provider and service user	Commissioning and Quality teams	April 2020
Establish vetting processes for personal assistant and micro-providers	Commissioning and Quality teams	April 2020
Introduce an agreed set of outcome measures that are specific, quantifiable and attributable	Commissioning and Quality teams Procurement	April 2020
Develop a suitable communication method for information sharing between the authority and direct payment service providers, such as in-person or electronic forums	Commissioning and Quality teams	April 2019
Enable direct payment recipients to pay a rate to their service provider equivalent to the appropriate managed service rate	Commissioning and Quality teams Care Pathway Communications	2018
Encourage pooling direct payment budgets to buy services collectively	Commissioning and Quality teams	2019
Significantly reduce the setup time of a direct payment so that people can receive their service and providers can get paid in a timely manner	Commissioning and Quality teams Care Pathway Community Care Finance	2019

Outcome Three: A safe and sustainable market		
<i>To achieve this Leicestershire County Council will:</i>	<i>Resource requirement</i>	<i>Target date for completion</i>
Improve awareness of service users to safeguarding issues and reporting mechanisms	Learning and development	2018
Ensure personal assistants attend safeguarding training of an appropriate level	Learning and development	2018
Invest in information and advice relating to direct payments	Commissioning and Quality teams Community Care Finance	2018 – 2023
Establish review dates for the direct payment support which the authority delivers or commissions	Commissioning and Quality teams Care Pathway	2019
Increase the robustness of auditing processes	Commissioning and Quality teams	2020
Introduce account management with direct payment providers to ensure they understand the authority's development plan	Commissioning and Quality teams	2019
Promote the plan and involve direct payment providers in its implementation through engagement and co-production	Commissioning and Quality teams Communications Team	2019

Outcome Four: Choice and control, and good service user outcomes		
<i>To achieve this Leicestershire County Council will:</i>	<i>Resource requirement</i>	<i>Target date for completion</i>
Offer a direct payment to customers that can maximise their support	Commissioning and Quality teams Care Pathway Learning and Development	2019
Continuously develop and improve guidance and training for staff based on ongoing feedback from service users, representatives, carers, providers and the authority's social care staff	Commissioning and Quality teams Care Pathway Learning and Development	2019
Ensure direct payment customers are aware of the advocacy provision	Commissioning and Quality teams	2019
Monitor and evaluate the new agreement form	Commissioning and Quality teams Care Pathway	2019
Establish an approach to involving people using direct payments, their carers and families in reviewing the support they receive	Commissioning and Quality teams	2020
In partnership with the Clinical Commissioning Groups (CCGs), explore the introduction of integrated personal budgets for social care and health needs	Commissioning and Quality teams	For discussion with CCGs

Outcome Five: Improved market intelligence		
<i>To achieve this Leicestershire County Council will:</i>	<i>Resource requirement</i>	<i>Target date for completion</i>
Improve the data that the authority has on providers who are supplying services to people through a direct payment	Commissioning and Quality teams	Ongoing
Improve links with neighbouring authorities and their strategic plans for direct payments	Commissioning and Quality teams	2018
Further improve auditing systems so that expenditure from direct payments can be tracked more effectively	Commissioning and Quality teams	2019
Improve data quality to provide accurate data	Commissioning and Quality teams Care Pathway	2019
Introduce feedback mechanisms for providers, staff and other stakeholders in addition to current complaint and safeguarding processes	Commissioning and Quality teams	2019

Appendix A: Who Is Able to Have a Direct Payment?

a) Who Can Have a Direct Payment?

A person with eligible needs who can consent to receive direct payments, including disabled children aged 16 and 17, can have a direct payment. These people may choose to receive the direct payments themselves and can, if they have capacity, nominate a third party to assist them with the management of funds.

Previously, people in the community under some sections of the Mental Health Act were not able to access direct payments. However, councils can now give direct payments to people who have been conditionally discharged from hospital under a hospital order with restrictions (section 37/41 of the Mental Health Act), although they don't have to.

People under community treatment orders (CTO) can be given direct payments for services that relate to a condition of their CTO, although councils do not have to do this. People under a CTO have the same rights to direct payments as other eligible people for services who are not covered by a condition of their CTO. People who are under court orders that require them to have treatment or services due to alcohol or drug problems are not allowed direct payments.

The Care Act specifies that one of the conditions to be met is that the direct payment is an appropriate way to meet the needs in question (or, in respect of after-care services, an appropriate way to discharge its duty under section 117 of the 1983 Act).

b) Direct Payments for People who Lack Capacity

In cases where the person in need of care and support is assessed as lacking capacity to request the direct payment, an Authorised Person can request the direct payment on the person's behalf. In these cases, before authorising a direct payment, the Council must satisfy itself that:

- where the person is not authorised under the Mental Capacity Act 2005 but there is at least one person who is so authorised, the person who is authorised supports the person's request;
- it is not prohibited from meeting the adult's needs by making direct payments to the Authorised Person;
- the Authorised Person will act in the adult's best interests in arranging for the provision of the care and support for which the direct payments would be used;
- the Authorised Person is capable of managing the direct payment by themselves, or with whatever help the authority thinks the Authorised Person will be able to access;

- making direct payments to the Authorised Person is an appropriate way to meet the needs in question.

c) *Who Cannot Have a Direct Payment?*

Whilst most people are eligible to receive direct payments, some exceptions do exist:

- Offenders on a community order or suspended sentence
- Offender on a community rehabilitation order
- Offenders released from prison on licence
- People with drug or alcohol dependency who are subject to compulsory treatment orders
- Those who, following financial assessment, are identified as being above the threshold set.

Appendix B: Types of Direct Payment

a) One-Off Direct Payments

A single payment made to the service user to purchase services. These payments can only be used for services which are non-chargeable such as equipment.

b) Carer Direct Payment

A single payment made to the carer to support them in their caring role and also to maintain their own health and wellbeing, which can be paid direct to the carer either into their own bank account or a joint bank account that they hold with the person they care for.

c) Ongoing Direct Payments

Ongoing direct payments are made each month and are paid in advance usually from the date that needs are identified to the service users or carer. These monthly payments are designed to enable a recipient to purchase the care services required on a monthly basis. Ongoing direct payments can be used, in lieu of managed services, for:

- Services to meet eligible identified social care needs, including personal care, community life choices, and transport
- Support for daily living activities, including maintaining household
- Community based respite

Direct payments can be used in conjunction with commissioned services and can therefore form part of a person's care package; for example, a person may receive ongoing direct payments to purchase both respite care and receive a commissioned care package for personal care. Direct payments can enable people to access a wider and more diverse range of services which can be more responsive to and appropriate for the delivery of their eligible care and support needs.

Appendix C: Glossary

<i>Term / acronym</i>	<i>Definition</i>
Accredited supplier list	A list of providers that the local authority has vetted
Care pathway	Maps out the care journey an individual can expect
Development Plan	Sets out the priorities and outlines the activities to achieve a long-term or overall aim
Direct Payment (DP)	Are local social care payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local authority
Direct Payment Card	Pre-paid debit card for a direct payment
Integrated Personal Budget	A personal budget which includes funding from a local authority and the NHS
Micro provider	Small providers offering personal care and/or support services to people in their local communities
Outcome	Steps a person needs to take in order to improve aspects of their lives relating to their own safety and security
Personal Assistant (PA)	Support individuals in their own home or to go out in the community, to help individuals to live as independently as possible
Personal budget	The amount of money that the authority has agreed it will make available to be spent on agreed support needs
Progression model	Model to aid individuals to achieve their highest possible levels of independence

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Equality & Human Rights Impact Assessment (EHRIA)

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

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

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

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

Key Details	
Name of policy being assessed:	Direct Payments Strategy
Department and section:	Adults and Communities Commissioning and Quality
Name of lead officer/ job title and others completing this assessment:	Katie Joondan Strategic Planning Officer
Contact telephone numbers:	0116 305 7832
Name of officer/s responsible for implementing this policy:	Kate Revell Commissioning Business Manager
Date EHRIA assessment started:	
Date EHRIA assessment completed:	

Section 1: Defining the policy

Section 1: Defining the policy

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

1	<p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p>The Adults and Communities Department are developing a new strategy and vision for how we manage direct payments and how we work with service users, carers and providers who utilise direct payments.</p> <p>The department has not previously had a specific strategic direction for direct payments. The development plan will set the vision for the next 5 years with specific objectives to meet to improve the direct payments offer for staff, service users, carers and providers.</p>
2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p><i>The development plan relates to two key documents</i></p> <p><i>1. Corporate Strategy Context – Leicestershire County Council's Strategic Plan 2018-2022</i></p> <p>'Working together for the benefit of everyone: Leicestershire County Council's Strategic Plan 2018-22' has been developed by the council by focusing on the things that will make life better for people in Leicestershire, including the partnerships needed to make these improvements happen.</p> <p>Five strategic outcomes describe the council's vision for people in the county:</p> <ul style="list-style-type: none"> a) Strong Economy: Leicestershire's economy is growing and resilient so that people and businesses can fulfil their potential. b) Wellbeing and Opportunity: The people of Leicestershire have the opportunities and support they need to take control of their health and wellbeing. c) Keeping People Safe: People in Leicestershire are safe and protected from harm. d) Great Communities: Leicestershire communities are thriving and integrated places where people help and support each other and take pride in their local area. e) Affordable and Quality Homes: Leicestershire has a choice of quality homes that people can afford. <p>Direct payments have relevance to all of these outcomes, as Leicestershire</p>

	<p>residents choosing a direct payment secure their wellbeing and safety through the services which they buy, whilst supporting businesses which provide those services, and potentially having support provided informally through community networks. There is also a link to housing, as many people are supported to live and remain in their own homes through a direct payment, which may pay for domiciliary (home) care or supported living services.</p> <p>2 Departmental Strategy Context – Promoting Independence, Supporting Communities: Our Vision and Strategy for Adult Social Care 2016-2020</p> <p>The department’s model for social care continues to focus on delivering the right support to the right person, at the right time, in the right place, and by the right partner. It aims to put the person at the centre, and to ensure that the support they receive can deliver the right outcomes and manage any risks appropriately.</p> <p>The strategic approach for service planning and delivery is now well-embedded in the department; it seeks to prevent need through universal services and promoting wellbeing; reduce need through targeted interventions for those at risk; delay need through reablement, rehabilitation and recovery; and meet need by using a broad set of social resources to ensure affordability.</p> <p>These principles combine to form the authority’s strategy for promoting adults’ independence.</p>
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>In March 2018 there were 129,975 people in England in receipt of a direct payment. This represents 28% of people accessing long-term adult social care community services. The equivalent figure for Leicestershire County Council was 55%. The department is working to a milestone of 40% for the percentage of service users in receipt of a direct payment. By continuing to achieve this target will ensure that the authority remains to be in the top quartile of all councils nationally.</p> <p>In March 2018, 2,700 service users, carers and service user representatives in Leicestershire were utilising a direct payment, with 2,100 using a direct payment card. The direct payment card is the authorities preferred way to pay a Direct Payment, which operates in a similar way to normal debit cards except that money is transferred in advance to the DP card account by the department.</p> <p>The people using direct payments are those service users and carers eligible for social care services. This is in addition to providers who provide care to service users and carers.</p> <p>It is envisioned that the development plan will after extensive engagement with those affected will result in the following outcomes –</p>

	Beneficial outcome	Service users and carers	The authority	Providers
	Choice, control and flexibility	✓		
	Ability to pool resources with other service users	✓		
	Understanding of direct payments and responsibilities	✓		
	Offer innovative options	✓	✓	✓
	Consistent practices to be trained out and embedded		✓	
	Develop business model and grow customer base			✓
	Transparency	✓	✓	✓
	Quality	✓	✓	
	Develop third sector businesses and micro-providers	✓	✓	✓
	Convenience of direct payment card	✓	✓	
	Improved data		✓	✓
	Build on existing practice		✓	
	Tackle hard to reach areas to serve	✓	✓	✓
	Risk management	✓	✓	✓
	<p>The key, summarised outcomes for the strategy are to invest and build upon the good work that the authority has already done to:</p> <ul style="list-style-type: none"> • Get the personal budget solution right for the individual • Grow and improve the authority's support for direct payments • Ensure current and new service users understand the direct payment process • Through review ensure a direct payment is the best option for existing direct payment users • Provide an opportunity to work with existing direct payment providers to improve the market • Increase consistency of staff practice across parts of the county • Assure quality • Develop the data that the authority has available about direct payments and those providing services 			
4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)			
		Yes	No	How?
	Eliminate unlawful discrimination, harassment and victimisation	X		One of the aims of the development plan is to ensure a consistent approach which will be delivered fairly. This will ensure that people are not discriminated against.
Advance equality of opportunity between different groups	X		Direct payments mean that service users and carers have choice and control over their care. This will enable more innovative care solutions which may	

				enhance equality of opportunity.
	Foster good relations between different groups	X		Part of the vision of the strategy is to improve current practice by introducing consistent documentation and procedures. This will help to ensure good relations by advocating a consistent and compliant approach to all direct payment users, carers and providers.

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

Section 2: Equality and Human Rights Impact Assessment Screening

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

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

Section 2

A: Research and Consultation

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

Section 2

B: Monitoring Impact

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

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

Section 2

C: Potential Impact

10.	Use the table below to specify if any individuals or community groups who identify with any of the ' protected characteristics ' may <u>potentially</u> be affected by this policy and describe any positive and negative impacts, including any barriers.			
		Yes	No	Comments
	Age	X		<p>The strategy will enable a positive impact on the age characteristic. Direct payments issued by Adult Social care are available to all persons eligible for care over the age of 18. In some circumstances Adult Social care direct payments are available to people in transition from children's social care at age 17.</p> <p>A direct payment enables people to choose who their care is provided from and as this includes providers not on managed frameworks it may enable more person centred care that if required is suitable to the persons age.</p> <p>As of December 2018 of the 2467 people receiving a direct payment, 935 were over 65 and 1532 were in the 18-64 age category.</p>
	Disability	X		<p>The strategy will enable a positive impact on the disability characteristic. This is because the principles of the strategy will lead to promoting independence, utilising personal assets and assist with embedding a progression model. All of these will enable a support plan that is tailored to their individual needs and by having a direct payment they will be able to choose the way this plan is provided.</p> <p>As of December 2018 of the 2467 people receiving direct payments, 455 of these had a primary need of mental health support, 1212 of these had a primary need relating to</p>

			physical support and 646 had a primary need of learning disability support.
Gender Reassignment	X		The strategy will enable a neutral impact on the gender reassignment characteristic. The strategy doesn't specifically target this group.
Marriage and Civil Partnership	X		The strategy will enable a neutral impact on the marriage and civil partnership characteristic. The strategy doesn't specifically target this group.
Pregnancy and Maternity	X		The strategy will enable a neutral impact on the pregnancy and maternity characteristic. The strategy doesn't specifically target this group.
Race	X		The strategy will enable a neutral impact on the race characteristic. The strategy doesn't specifically target this group. Direct payments may enable people to access carers of a specific race or cultural background including other languages.
Religion or Belief	X		The strategy will enable a neutral impact on the religion or belief characteristic. The strategy doesn't specifically target this group.
Sex	X		The strategy will enable a neutral impact on the sex characteristic. The strategy doesn't specifically target this group. Direct payments may enable people to access carers of a specific gender where managed service providers do not have appropriate staff.
Sexual Orientation	X		The strategy will enable a neutral impact on the sexual orientation characteristic. The strategy doesn't specifically target this group.
Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	X		The strategy will enable a positive impact on other groups. This is because the strategy aims to provide choice and control to everyone and therefore services can be delivered that are not on managed frameworks or have other restrictions. This is particularly helpful in rural areas where there are fewer providers to choose from. Direct payments are also accessible and available to carers without the requirement of the cared for person receiving a direct payment or any service.

	Community Cohesion	X		The strategy will enable a neutral impact on community cohesion. The strategy doesn't specifically target this group.
11.	<p>Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
		Yes	No	Comments
Part 1: The Convention- Rights and Freedoms				
	Article 2: Right to life		X	<p>The direct payments development plan is predominantly a very positive strategy and plan to enhance the direct payments offer to eligible service users and carers and providers.</p> <p>This means that any adverse impact on the human rights of service users and carers is not expected.</p>
	Article 3: Right not to be tortured or treated in an inhuman or degrading way		X	
	Article 4: Right not to be subjected to slavery/ forced labour		X	
	Article 5: Right to liberty and security		X	
	Article 6: Right to a fair trial		X	
	Article 7: No punishment without law		X	
	Article 8: Right to respect for private and family life		X	
	Article 9: Right to freedom of thought, conscience and religion		X	
	Article 10: Right to freedom of expression		X	
	Article 11: Right to freedom of assembly and association		X	
	Article 12: Right to marry		X	
	Article 14: Right not to be discriminated against		X	
Part 2: The First Protocol				
	Article 1: Protection of property/ peaceful enjoyment		X	
	Article 2: Right to education		X	

	Article 3: Right to free elections		X	
Section 2				
D: Decision				
12.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) this policy could have a different affect or adverse impact on any section of the community;		X	
	b) any section of the community may face barriers in benefiting from the proposal		X	
13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact <input type="checkbox"/>	Positive Impact <input checked="" type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.				
14.	Is an EHRIA report required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Section 2: Completion of EHRIA Screening

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

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

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

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

Section 3: Equality and Human Rights Impact Assessment Report

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

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

Section 3

A: Research and Consultation

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

- | | |
|------------|---|
| 15. | <p>Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you now explored the following and <u>what</u> does this information/data tell you about each of the diverse groups?</p> <ul style="list-style-type: none"> a) current needs and aspirations and what is important to individuals and community groups (including human rights); b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights); c) likely barriers that individuals and community groups may face (including human rights) |
|------------|---|

- | | |
|------------|--|
| 16. | Is any further research, data collection or evidence required to fill any gaps in your |
|------------|--|

	understanding of the potential or known affects of the policy on target groups?
<p>When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.</p>	
17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups?
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

Section 3**B: Recognised Impact**

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

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

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
Part 1: The Convention- Rights and Freedoms		
Article 2: Right to life		
Article 3: Right not to be tortured or treated in an inhuman or degrading way		
Article 4: Right not to be subjected to slavery/ forced labour		
Article 5: Right to liberty and security		
Article 6: Right to a fair trial		
Article 7: No punishment without law		
Article 8: Right to respect for private and family life		
Article 9: Right to freedom of thought, conscience and religion		
Article 10: Right to freedom of expression		
Article 11: Right to freedom of assembly and association		
Article 12: Right to marry		
Article 14: Right not to be discriminated against		
Part 2: The First Protocol		
Article 1: Protection of property/ peaceful enjoyment		
Article 2: Right to education		
Article 3: Right to free elections		
Section 3 C: Mitigating and Assessing the Impact		
Taking into account the research, data, consultation and information you have reviewed		

and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.	
21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.
N.B.	
i) If you have identified adverse impact or discrimination that is <u>illegal</u> , you are required to take action to remedy this immediately.	
ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u> , you will need to consider what actions can be taken to mitigate its effect on those groups of people.	
22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination. <ul style="list-style-type: none"> a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why
Section 3	
D: Making a decision	
23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity,

	community cohesion and human rights.

Section 3

E: Monitoring, evaluation & review of your policy

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

**Section 3:
F: Equality and human rights improvement plan**

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

Equality Objective	Action	Target	Officer Responsible	By when

Section 4: Sign off and scrutiny

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

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

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

Section 4

A: Sign Off and Scrutiny

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

Equality and Human Rights Assessment Screening

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer):

Date:

2nd Authorised Signature (DEG Chair):

Date:

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
21 JANUARY 2019

NATIONAL PERFORMANCE BENCHMARKING 2017/18 AND
PERFORMANCE REPORT 2018/19 – POSITION AT NOVEMBER 2018

JOINT REPORT OF THE CHIEF EXECUTIVE AND
DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1. The purpose of this report is twofold: firstly to highlight the comparative performance position in 2017/18 through national benchmarking, and secondly to present the Committee with an update of the Adults and Communities Department's performance at the end of November 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. At a national level adult social care performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). This set of indicators is reported annually and NHS Digital published the 2017/18 position in October 2018. Comparative performance across councils is highlighted from paragraph 7 onwards. For library services the Chartered Institute of Public Finance and Accountancy (CIPFA) releases data over a range of metrics and compares counties that have a similar size and make up.
4. 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 – Prevent, Reduce, Delay and Meet needs.
5. 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.

6. Progress against targets is highlighted using a Red/Amber/Green (RAG) system and Appendix C sets out the description of each category.

Benchmarking of 2017/18 Performance

7. There were 24 metrics in the 2017/18 ASCOF, two fewer than the previous year due to the biennial carer's survey not being undertaken. Performance against half the metrics was above the national average whilst the other half fell below; a position not too dissimilar to the previous year. The number of indicators in the top quartile, ie amongst the top 25% of authorities, remained unchanged although as a proportion of the ASCOF set it was a small improvement. The number of indicators in the bottom quartile, however, increased considerably and accounts for approximately a third of the ASCOF set. These primarily relate to performance measures sourced from the annual adult social care survey.
8. Areas where Leicestershire performed comparatively well at a national level include the use of direct payments for service user and carers, employment and accommodation for people with learning disabilities, permanent care admissions, reablement and in particular the very low number of delayed transfers of care attributable to adult social care. Comparative performance is commented on in more detail for each of the adult social care metrics reported in the current performance section of the report.
9. There was no carers' survey in 2017/18 so the only survey indicators in the ASCOF were those that relate to service users. Of the eight metrics sourced from this survey six were in the bottom quartile, one just below average and one above average (helping people feel safe). Poor performance related to areas such as control over daily life, social contact, finding information, and of particular concern due to being significantly lower than the national average, general quality of life and overall satisfaction. Specific analysis is underway to better understand the relationship between these differing factors. In addition, preparations are being made for one to one interviews with a small number of respondents to identify, from a more qualitative perspective, why the findings are lower than wished.
10. Quality standards for contracted services, such as residential placements and domiciliary care, form part of the core agreement and providers are monitored by the Care Quality Commission (CQC) against these standards. In October 2018, CQC released 2017/18 performance in its publication '*The state of health care and adult social care in England*'. In Leicestershire, 87% of local providers are rated as good or outstanding, which is above the national average of 82%; 12% require improvement (17% nationally) and 1% are assessed as being inadequate (1% nationally also).
11. Each year CIPFA releases library data over a range of metrics and compares counties that have a similar size and make up. The data reflects 2016-17 actuals and estimates for 2017-18, and the profile used is that of nearest neighbours; authorities of a similar size to Leicestershire. The severity of the financial challenges facing the County is reflected in Leicestershire's 2017-18 estimates showing net

expenditure in the bottom quartile, spending £7,314 per 1,000 population against a nearest neighbour average of £8,499. The transfer of over 30 libraries to volunteer management is reflected in Leicestershire having the lowest staff per 100,000 population estimated (14.5 against nearest neighbour average of 21.8).

12. Leicestershire is in the bottom quartile for active borrowers per 1,000 population and physical visits for library purposes per 1,000 population. However, it should be noted that the profiles do not reflect the use of libraries for community purposes, as evidenced by the direction taken by community managed libraries, where more work is being undertaken to make libraries community hubs for their local areas.
13. Leicestershire is in the bottom quartile for book loans against nearest neighbours overall, with loans to children performing slightly better and being in the third quartile. However it is marginally above the nearest neighbour average of expenditure on materials (second quartile: 12% material expenditure as a percentage of total revenue expenditure against an average of 11%).
14. Leicestershire is in the upper quartile for the percentage of libraries that provide public access Wi-Fi (100%) and the second quartile for the number of electronic workstations per 100,000 population, but in the lower quartile for the number of hours that the IT has been used per 1,000 population. This suggests that work is required to review the balance between available IT and its take-up.

Performance Update: April to November 2018

15. Appendix A includes four key measures to reflect each of the four layers of the Vision and Strategy. Each of these monitors the proportion of new contacts from people requesting support and what the sequels of these requests were. Between April and November 2018 there were 17,165 new adult social care contacts, of which 55% resulted in a preventative response, such as universal services or signposting. A further 22% resulted in a response relative to reducing need, such as providing equipment or adaptations and 13% resulted in a response relative to delaying need, ie 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.
16. The overall number of visitors to heritage sites between April and November was 2% higher than the equivalent period last year. The Century Theatre, 1620s House and Garden, Melton Carnegie and Charnwood museums have all seen increased visitors, whilst Bosworth Battlefield has 7% fewer.
17. There has been a national downward trend in the number of visits to libraries, including those in Leicestershire. As such, the 2018/19 targets were agreed with this in mind. Between April and November 2018 there were 627,000 visits to Leicestershire libraries, 5% lower than the comparable 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.
18. 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. Appendix A also contains the number of loans from all community libraries,

including those which are community managed or due to become community managed.

19. An additional two libraries metrics are included to reflect the priorities around children's loans and e-loans. Between April and November 2018 there were 412,000 children's loans which is on track to meet the year-end target of 575,000. With regards e-loans, these continue to show a marked increase – 145,000 between April and November 2018, compared to 87,000 during the comparable period the year before.
20. The Leicestershire Adult Learning Service's (LALS) performance relates to the proportion of learning aims due to be completed in a period successfully achieved. For the academic year 2017/18, the proportion of 93% met the target and was an improvement on the previous year. For the academic year 2018/19 up to November, the figure is lower at 85%, although this is often the case as learners that are not fully committed tend to withdraw early in the academic year and this skews initial performance figures.
21. Volunteering programmes are a priority for the department in relation to libraries, museums and heritage services. Between April and November 2018 there were 17,000 hours of volunteering, 4% fewer than the same period last year. This reduction relates to volunteering at council run libraries and again will be affected by the adaptations to smart libraries.
22. The nature of accommodation for people with learning disabilities has a strong impact on their safety, overall quality of life, and reducing social exclusion. One of the ASCOF indicators monitors the proportion of service users aged 18-64 with a learning disability who are in settled accommodation and not in a care home. Leicestershire performance in 2017/18 was 80%, higher than the national and shire council's average (77% and 75% respectively). Further improvement has been made between April and November with performance now at 81%.
23. 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. Performance last year was 11% and in the top quartile nationally. This high level of performance has since been maintained through the period April to November.
24. Reducing delayed transfers of care from hospital is a national priority and monitored through the Better Care Fund (BCF). Between April and October (data is published nationally two months in arrears) the average number of delayed days per month, where the delays were attributable to adult social care, was 75; the equivalent figure during 2017/18 was considerably higher at 188 days per month. Compared with other similar shire councils, Leicestershire remains one of the better performing authorities with the second lowest number of delays per month attributable to adult social care.
25. During 2017/18, 80% of people who received reablement support had no need for ongoing services following the intervention. This level of performance was slightly better than the national average (78%). Between April and November performance

has improved further to 84%; a figure that is closer to the top quartile of authorities (more than 86%).

26. 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. During 2017/18 performance (86%) was better than the national average (83%) although short of the top quartile (over 89%). Performance between April and November (90%) shows further improvement and is on track to meet the 2018/19 target of 87% and potentially be in the top quartile.
27. 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. For people aged 18-64 performance has been in the top quartile for the past three years. There were 14 admissions between April and November 2018 giving a full-year forecast for 2018/19 of 21 admissions – a marked reduction on the previous year (37).
28. For people aged 65 or over there were 965 admissions in 2017/18, which was lower than the national average and in the second quartile. During the first four months of 2018/19 the number of admissions increased, although since August the numbers have improved and whilst the full year forecast (896) remains slightly higher than the target (less than 890) the trend suggests this may change in the coming months.
29. The County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a personal budget, preferably as a direct payment. During 2017/18, the ASCOF measures relating to service users and carers were all above the national average, with the proportion of service users in receipt of a cash payment (54%) in the top quartile. Between April and November performance has remained similar and on track to meet the 2018/19 targets.
30. Since April 2018 there have been over 1,100 safeguarding enquiries completed, a 6% increase on the equivalent period in the previous year. The proportion of these which were substantiated has increased from 45% in 2017/18 to 51% between April and November 2018.
31. 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 safeguarding enquiries completed in the first quarter where an outcome was expressed, 95% were fully or partially achieved.

Conclusions

32. This report provides a summary of benchmarked performance in 2017/18 and an update for the period April to November 2018.
33. Overall, performance in 2017/18 was not too dissimilar from the previous year with half of the indicators being above the national average. More notable however was the third of metrics in the bottom quartile - primarily down to poor results from the adult social care survey. As noted in paragraph 9 above, further analysis is underway to better understand the survey findings.

34. Aside from Wi-Fi access and electronic workstations, comparison of libraries data could be better. This will partly be due to the transfer of libraries to be community managed which affects the data included in the CIPFA profiles due to restrictions of the guidance and definitions.
35. Performance since April has been very good. There are areas of excellent performance, not least the significant reduction in delayed transfers of care. In contrast there are a few areas where performance isn't quite meeting the target such as permanent care admissions of people aged 65 or over. Details of all metrics will continue to be monitored on a monthly basis through the remainder of 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/download/Leicestershire-BCF-Plan-2017-19.pdf>
- Leicestershire County Council Strategic Plan 2018-22
<https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>
- 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-%202013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC Strategy 2016-2020 P0358 12.pdf](http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%202013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC%20Strategy%202016-2020%20P0358%2012.pdf)
- Department of Health NHS Social Care Interface Dashboard
<https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions>

Circulation under the Local Issues Alert Procedure

None.

Equality and Human Rights Implications

36. 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.

Other Relevant Impact Assessments

Partnership Working and Associated Issues

37. BCF measures and associated actions are overseen and considered by the Integration Executive and Health and Wellbeing Board.

Appendices

- Appendix A - Adults and Communities Department Performance Dashboard for April to November 2018
- Appendix B – Adult Social Care Strategic Approach
- Appendix C – Red/ Amber/Green (RAG) Rating - Explanation of Thresholds

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Adults and Communities Performance 2018-19

April – November 2018

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 Performance (Apr – Nov)	2020-21 Target	17/18 and Quartile	
Local	% of sequels that 'Prevent Need'	Target Band Width	A	56-61%	55%	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%	68.6%	Bottom
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 Performance (Apr – Nov)	2020-21 Target	17/18 and Quartile	
Local	Heritage visits	H	G	151k	110.7k Apr-Nov '18	TBC	151k	N/A
Local	Hours of Volunteering	H	A	24k	17k Apr-Nov '18	TBC	24k	N/A

Measure and Description		Aim	RAG	2018-19 Milestone	2018-19 Performance (Apr – Nov)	2020-21 Target	17/18 and Quartile	
Local	Total council funded library visits	H	R	970k	627k Apr-Nov '18	TBC	981k	N/A
Local	Total council funded library issues	H	G	1.5m	1.05m Apr-Nov '18	TBC	1.5m	N/A
Local	Council funded children's issues	H	G	575k	412k Apr-Nov '18	TBC	593k	N/A
Local	E-loans	H	G	160k	145k Apr-Nov '18	TBC	139k	N/A
Local	Total community library issues	N/A	N/A	250.5k Apr-Nov '17	241.1k Apr-Nov '18	For information only		
Local	Community library children's issues.	N/A	N/A	137.1k Apr-Nov '17	134.8k Apr-Nov '18	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 Performance (Apr – Nov)	2020-21 Target	17/18 and Quartile	
Local	LALS Success Rate	H	A	86%	85%	TBC	93% (Academic year 17/18)	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 Performance (Apr – Nov)	2020-21 Target	17/18 and Quartile	
Local	% of sequels that 'Reduce Need'	Target Band Width	G	17-22%	22%	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%	42.1%	Bottom
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	11.2%	11.4%	TBC	11.2% (0.2k out of 1.5k)	Top

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 Performance (Apr – Nov)	2020-21 Target	17/18 and Quartile	
ASCOF 1G	% of people with LD in settled accommodation	H	G	81%	81%	84%	80.2% (1.2k out of 1.5k)	Two

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 Performance (Apr – Nov)	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
ASCOF 2C pt 2	Delayed transfers of care attributable to ASC-only	L	G	207 Ave days per Mth	75 Ave days per Mth	TBC	188 Ave days/Mth	Top
ASCOF 2D	% of people who had no need for ongoing services following reablement	H	G	81%	84%	84%	80.4% (2.4k out of 3.0k)	Two
ASCOF 2B pt 1 <i>*BCF*</i>	Living at home 91 days after hospital discharge and reablement	H	G	87%	90%	89%	86.1% (490 out of 569)	Two
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	L	G	<8.1 (33 Adm's)	5.2 (21 Adm's)	<8.1	9.0 (37 adm's)	Top
ASCOF 2A pt 2 <i>*BCF*</i>	Permanent admissions to care (aged 65+) per 100,000 pop.	L	A	<624.1 (890 Adm's)	628.5 (896 Adm's)	<553.0	689.4 (965 adm's)	Two

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 Performance (Apr – Nov)	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%	95%	99%	94.4% (4.5k out of 4.8k)	Three
ASCOF 1C pt 2a	Adult aged 18+ receiving direct payments	H	G	40%	50%	40%	53.8% (2.6k out of 4.8k)	Top
ASCOF 1C pt 1b	Carers receiving self directed support	H	G	98%	100%	100%	99.7% (1.5k out of 1.5k)	Two
ASCOF 1C pt 2b	Carers receiving direct payments	H	G	95%	98%	100%	97.0% (1.4k out of 1.5k)	Two

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 Performance (Apr – Nov)	2020-21 Target	17/18 and Quartile	
Local	Of safeguarding enquiries where an outcome was expressed, the percentage partially or fully achieved	H	G	95%	95%	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%	88.4%	Two

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

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 adaptations 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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Explanation of RAG Rating

RED	<p>Close monitoring or significant action required. This would normally be triggered by any combination of the following:</p> <ul style="list-style-type: none"> • Performance is currently not meeting the target or set to miss the target by a significant amount. • 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. • The issue requires further attention or action
AMBER	<p>Light touch monitoring required. This would normally be triggered by any combination of the following:</p> <ul style="list-style-type: none"> • Performance is currently not meeting the target or set to miss the target by a narrow margin. • 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. • May flag associated issues, risks and actions to be addressed to ensure performance progresses.
GREEN	<p>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.</p>

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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