



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

*Date/Time:* **Monday, 10 June 2019 at 2.30 pm**

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

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

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

### **Membership**

Dr. P. Bremner CC    Mr. J. Miah CC  
Ms. L. Broadley CC    Mr T. Parton CC  
Mr. B. Crooks CC    Mr. T. J. Richardson CC  
Mrs. H. J. Fryer CC    Mrs. M. Wright CC  
Mr. W. Liquorish JP 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. Appointment of Chairman.	
2. Election of Deputy Chairman.	
3. Minutes of the meeting held on 11 March 2019.	(Pages 5 - 12)
4. Question Time.	
5. Questions asked by members under Standing Order 7(3) and 7(5).	
6. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
7. Declarations of interest in respect of items on	



the agenda.

8. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
9. Presentation of Petitions under Standing Order 36.
10. Adult Social Care Target Operating Model. Director of Adults and Communities (Pages 13 - 20)
11. North West Leicestershire Site Development. Director of Adults and Communities (Pages 21 - 30)
12. Developing Sustainable Health and Social Care. Director of Adults and Communities (Pages 31 - 38)
13. Capital Investment into Adult Social Care Accommodation Based Support Services. Director of Adults and Communities (Pages 39 - 110)
14. Review of Long Term Residential and Nursing Care Fees. Director of Adults and Communities (Pages 111 - 118)
15. Provision of Services. Director of Adults and Communities (Pages 119 - 132)
16. Provisional Performance Report 2018/19. Chief Executive and Director of Adults and Communities (Pages 133 - 148)
17. Dates of Future Meetings.

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

2 September 2019  
11 November 2019  
20 January 2020  
9 March 2020  
8 June 2020  
7 September 2020  
2 November 2020.

18. 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](http://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 Monday, 11 March 2019.

PRESENT

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

Ms. L. Broadley CC

Ms. Betty Newton CC

Mr. B. Crooks CC

Mrs. R. Page CC

Mrs. H. J. Fryer CC

Mr T. Parton CC

Mr. W. Liquorish JP CC

Mrs. M. Wright CC

In attendance

Mr. R. Blunt CC – Cabinet Lead Member

Mr. L. Breckon CC – Cabinet Support Member

57. Minutes.

The minutes of the meeting held on 21 January 2019 were taken as read, confirmed and signed.

58. Question Time.

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

59. 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).

60. Urgent Items.

There were no urgent items for consideration.

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

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

No declarations were made.

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

There were no declarations of the party whip.

63. Presentation of Petitions under Standing Order 36.

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

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

The Committee considered a report of the Director of Adults and Communities which detailed the responses received during the first stage of the consultation on the proposed changes to the way in which the County Council agreed prices for the spot purchase of residential care and residential nursing care. The Committee's views were sought on the second stage of the consultation. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from the discussion, the following comments were raised:

- i) The Director informed the Committee of an error in the report – in paragraph 9, it should have stated that 'fourteen providers, representing 35 care homes attended consultation meetings and commented on the proposals using that mechanism'.
- ii) Feedback at stage 1 of the consultation had been received from more providers supporting older adults than working age adults. This had been expected as there was a greater number of providers for older adults and any proposed changes to the banding structure would have a greater impact on this group. For working age adults, most complex placements were now made on a bespoke fee and this arrangement would continue.
- iii) In response to a query, it was reported that the Supplementary Needs Allowance (SNA) payments would not be capped. Where required, these would continue to be paid at a standard hourly rate. For working age adults, it had been the intention to continue using the care funding calculator. Currently, different rates were applied to providers, principally in relation to non-staffing costs. The County Council was of the view that there should be a consistent methodology for payments for providers and it was the intention that a Leicestershire standard band for working age adults would be developed. Developing a standardised methodology would mean that financially, there would be some who would benefit and some who would lose out, but the County Council would pay what it considered to be reasonable costs for the non-staffing elements of care.
- iv) In relation to out of county placements, there was no standardised rate across local authorities and it was therefore difficult to make direct comparisons. Providers generally felt that it was fair for Leicestershire to continue paying the local market rate for out of county placements and there was no appetite to changing to the Leicestershire rates. It was noted that the County Council was a minority purchaser of residential care – the majority in Leicestershire were self-funders. There was a market rate and if the County Council paid too far below this, it would be difficult to find places.
- v) In response to a question around assessing the eligibility of current service users, it was envisaged that the majority of people would automatically transfer onto the new fee bands. Assurance was given that where someone was paying an assessed charge based on their income, for most people any increase in the fees would not have an impact as the person would only be

expected to contribute what they could afford. If a person was paying the full cost of their care, for example through a deferred Payment Agreement, it was possible that they could experience an increase due to the County Council paying more. Those paying a third party top-up could potentially benefit from the fee increase due to the difference between this and the cost of care decreasing.

- vi) The proposal for consultation 2 had been circulated to the Committee – a copy of the document marked 'Appendix D' is filed with these minutes. It was possible that the start of the second consultation would be slightly delayed. Due diligence was currently being completed in order to agree the proposed revised fees and the second consultation could not commence until these were known. A request was made that, once the fees had been agreed, they be circulated to the Committee. It was the intention that the consultation period would begin before the end of March and would be active for six weeks. It was anticipated that there would be a greater response to the second consultation and providers would be actively encouraged to take part.
- vii) It was noted that, subject to the Cabinet's approval, implementation of the new rates would be back dated to 8 April 2019. Confirmation was given that sufficient provision had been made in the Medium Term Financial Strategy to account for this.

RESOLVED:

That the report be noted.

65. 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. An update was given on the learning from the market engagement following publication of a Public Information Notice (PIN), along with the proposed next steps in developing and implementing an investment prospectus. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from the discussion, the following comments were raised:

- i) The nature of future developments would require a partnership approach, and the work being undertaken with the district/borough councils was queried, in particular the inclusion of this work in local plans. Initial discussions had taken place with district/borough councils, highlighting the need to develop accommodation that would meet the needs of an ageing population. Significant developments were due to take place across the county over the next few years and it was therefore an opportune time to hold discussions with district/borough councils. The County Council would consult on the investment plan to seek assurance with this, and this would allow consideration to be given to how the district/borough councils might be able to contribute to the development work that was due to take place. Discussions had also taken place with the Strategic Housing Partnership and this also included representatives from the district/borough councils. The partnership working that was taking place would be included in the investment proposal.

- ii) The development priorities were welcomed, in particular accommodating groups such as people with disabilities and mental health issues. Funding such schemes was very dependent on partnership working, including with district/borough councils, with the intention of delivering a better service by targeting money where it was needed most.
- iii) The report highlighted five proposed development sites. No single model would be developed for how these were operated; this would be dependent on the nature of the partnership and what was the preferred option for the County Council. The County Council did not necessarily want to be a provider of services, but it was possible that owning a building would provide a revenue stream.
- iv) Concerns had been raised nationally around the provision of care for people with complex needs. The Council had an interest in ensuring that providers gave an appropriate level of care, and a model would be created to optimise this.
- v) The outline business case had outlined the total investment based on needs assessment – the figure had been approximately £200 million. It was not yet clear where this money would come from – some would be from developers, providers and the County Council – but the balance of contribution would be determined by the nature of the partnerships.
- vi) Consideration also needed to be given to the level of care provided alongside the investment in buildings. Assurance was given that the provision of care would always be the priority, but there had previously been a significant cost issue in relation to buildings which needed to be resolved in order to ensure that funding was available to be able to continue providing appropriate care. The issue of providing care would be included in the investment proposal to emphasise that this was the principle behind the work being undertaken.

The Committee gave its support for the proposal and for greater collaboration across partners, and asked for a regular update on progress.

**RESOLVED:**

- a) That the report be noted;
- b) That the Committee receives regular progress reports.

**66. Decommissioning of the CareOnLine Service.**

The Committee considered a report of the Director of Adults and Communities providing an update on service provision following the decommissioning of the CareOnLine service in 2018. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

In attendance at the meeting were Ian Retson and Miriam McKee from Enrych, a charity which had been successful in securing funding of £300,000 from the Big Lottery to support the delivery of Enrych Connect, a digital service for people with learning disabilities for the next three years to replace the previous service provided by CareOnLine.



Mr Retson detailed the proposals to ensure that the service continued to develop, including the recruitment of volunteers, the establishment of group training and users being able to take advantage of the additional services provided by Enrych. Alternative sources of funding were already being sought, and this would potentially include self-funders in the community who used the services. Within the first month of operation, Enrych Connect had recruited 40 service users and had received 30 service calls. Mr Retson expressed his gratitude to County Council officers in assisting with the smooth transition to the new service.

Arising from the discussion, the following comments were raised:

- i) Enrych Connect had retained links with the County Council's services, and contact had been made with Locality Managers and Team Managers to promote the available services being provided. Work was also taking place with the County Council's Customer Service Centre and First Connect teams to ensure that they were signposting service users to Enrych Connect.
- ii) All existing service users of CareOnLine had been able to keep the equipment that they had been using – this was largely recycled IT equipment which had no value to the County Council. It was hoped that laptops could continue to be received, but Enrych Connect was currently being charged £20 per laptop. Members asked officers to explore the possibility of this charge being removed.
- iii) Enrych Connect had so far been unsuccessful in achieving contacts with the NHS and CCGs. The Director stated that he would raise this with NHS colleagues. A leaflet on the new Enrych Connect service had been circulated within the County Council and this would be sent electronically to staff within the NHS and CCGs. Work was currently taking place, including the CCGs, to develop neighbourhood teams based around primary care and as part of this process, asset mapping was being undertaken to ascertain what support services were available in each area. The Enrych Connect offer would be built into the asset mapping to ensure a greater awareness of this service.
- iv) Although a number of referrals to the service had been via the County Council, Enrych had not traditionally made contact with local authorities. It was suggested that to reach a wider audience, a presentation be made to the County Council's Health and Wellbeing Board or Safeguarding Adult's Board, and also to approach district/borough councils to attract local community funding.

The Cabinet Lead Member for Adults and Communities praised the work of officers in ensuring that the best possible outcome had been achieved following the decommissioning of the CareOnLine service, and thanks were also given to Enrych.

RESOLVED:

That the report be noted.

67. Leicestershire and Rutland Safeguarding Adults Board Development Plan 2019/20.

The Committee considered a report of the Independent Chair of the Leicestershire and Rutland Safeguarding Adults Board which presented the draft Development Plan for 2019/20 for the Board. A copy of the report marked Agenda Item 11 is filed with these

minutes. The Development Plan was due to be approved by the Leicestershire and Rutland Safeguarding Adults Board at its meeting on 25 April 2019.

It was reported that the Board did not currently have an independent chair. Robert Lake, the most recent Chair, had had to resign from his position at the beginning of 2019 due to health reasons. Interviews were due to be held in the very near future for a new independent chair.

Arising from the discussion, the following comments were raised:

- i) In response to a query, it was stated that the Board would be developing its work around exploitation, including encouraging young people who had been exploited to come forward. Key to this work was promoting a greater awareness in communities and ensuring that the public, practitioners and local groups were aware of what to look out for.
- ii) The Board had multi-agency procedures which outlined how partners should work together and communicate. The Board's quality assurance processes tested and checked the procedures, and as part of this at least two multi-agency audits were undertaken each year to assess partner communication, information sharing and collaborative working in a number of cases. The plans that had been put in place and any outcomes would be detailed in the Board's annual report which was presented to this Committee. The quality assurance work undertaken so far this year indicated that agencies were generally working well together.
- iii) Given the nature of safeguarding, many people's experience with the service had been less than positive. Engagement work had been undertaken to understand their experience of the process, but this often proved difficult as many were reluctant to relive the experience. A survey had been undertaken through practitioners and the findings from this were currently being collated. The Board had also monitored a survey conducted by the local authority around whether the service a person received made them feel safe. It was acknowledged that the general public did not have a great awareness of safeguarding, and there was a fundamental role for partners to play in improving this.
- iv) It was acknowledged that the proposed changes to replace the Deprivation of Liberty Safeguards would be significant. Work would need to be undertaken locally to clearly communicate to the public what the changes would mean.
- v) Concern was raised that the targets in the priority did not measure the effectiveness of multi-agency meetings. There was an expectation that partners with the appropriate level of seniority would attend specific meetings in order for decisions to be taken. It was difficult to measure effectiveness, but quality assurance around the work of the Board was undertaken. The right level of attendees at meetings would be identified and this would continue to be monitored.

RESOLVED:

That the report be noted.

68. Collections and Learning Hub and Museum Service Collections.

The Committee considered a report of the Director of Adults and Communities which provided an update on proposals to develop a Collections and Learning Hub, including an update on the management, maintenance and governance of the Museum Service collections. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Arising from the discussion, the following comments were raised:

- i) Members of the Committee expressed disappointment that the Cabinet had approved a provision within the Capital Programme of £10m to facilitate the relocation of the Record Office to the County Hall campus and to develop a Collections and Learning Hub in the existing Eastern Annex building at County Hall without prior consultation with the Overview and Scrutiny Committee. The Cabinet Lead Member explained that this proposal provided the best value for money and gave assurance that any comments made by the Committee on the business case would be considered.
- ii) A full business case was being developed for Phase 1 of the proposal and this would be presented to this Committee for comment prior to approval being given by the Cabinet. It was anticipated that the business case for the new Record Office would be available for the Committee at its meeting in either June or September. As part of the business case, analysis of the usage of the current Record Office would be taken into account.
- iii) A member also commented that the County Hall campus was not a central, easily accessible location for the Record Office, and the difficulty with parking would discourage members of the public visiting the Hub. The Committee was advised that consideration had been given to a number of other sites throughout the county, but none had proved to be suitable and would incur a further cost as they were not County Council owned land. Assurance was given that issues with the proposed location and particularly with the parking at County Hall would be given full consideration when developing the business case.

RESOLVED:

- a) That the report be noted;
- b) That the business case be presented to a future meeting of the Committee.

69. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 10 June 2019 at 2.00pm.

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**10 JUNE 2019**

**ADULT SOCIAL CARE TARGET OPERATING MODEL**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

1. The purpose of this report is to update the Committee on the progress of developing the Adult Social Care Target Operating Model (TOM). The programme is currently, and is forecast to remain, on track with the programme plan and original objectives.

**Policy Framework and Previous Decisions**

2. Leicestershire County Council's Strategic Plan 2018-22, 'Working together for the benefit of everyone' has been developed by the Council to focus on the issues that will make life better for people in Leicestershire.
3. The Vision and Strategy for Adult Social Care 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.
4. 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.
5. 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 effectively and efficiently. In order to help understand the improvement opportunities available through the design and implementation of a new TOM, the County Council commissioned independent specialist consultancy, Newton Europe, to undertake a diagnostic

analysis in partnership with the service. Newton has extensive experience supporting clients to deliver improved services across Adults and Children's Social Care, and Acute and Community Health.

6. On 23 November 2018, the Cabinet considered an exempt report and resolved that:
  - a) The development of a new target operating model for adult social care services as outlined in the report be approved;
  - b) That funding be allocated as identified in paragraph 17 of the report to support the development and implementation of the target operating model, from a combination of 2018/19 in-year underspends, the future developments fund, and savings arising from the operation of the new model;
  - c) That the Director of Adults and Communities and the Director of Corporate Resources be authorised, following consultation with the Cabinet Lead Members for Adults and Communities and Resources, to appoint a suitably qualified strategic partner and to enter into such contractual arrangements with third parties and deploy such internal resources as are necessary to deliver the revised target operating model.

## **Background**

7. The current Medium Term Financial Strategy (MTFS) 2019/20-2022/23 notes, as considered during the meeting of the County Council on 20 February 2019, the demands on adult social care services arising from demographic growth and increasing needs. The profile of service users and their care needs are changing, which is likely to impact on the type and scale of services to be commissioned and/or the income received.
8. Delivery of the MTFS requires savings of £75m to be made from 2019/20 to 2022/23. This MTFS sets out in detail £35m of savings and proposed reviews that will identify further savings to offset the £20m funding gap in 2022/23. A further £20m of savings will be required to ensure that High Needs funding can be contained within the Government grant.

## **The TOM Programme**

### **Diagnostic Assessment – August to September 2018**

9. The assessment comprised activity modelling, case reviews, frontline staff workshops, meeting with third party providers, financial analysis, and benchmarking against other local authorities, across services for both older adults and working age adults. This assessment identified opportunities to improve outcomes for service users by helping them live more independent and fulfilling lives. Achieving these changes will be facilitated by improved ways of working of staff and will additionally lead to recurrent financial benefit – the cashable elements of this being achieved through reduced commissioning of long-term care packages.
10. This assessment identified a number of workstreams for the TOM programme to implement across adult social care. These workstreams, and their associated benefits are briefly outlined. Note that the opportunities are presented as a range with the most likely expected outcome being in the middle of the range:

	Workstream	Description	Estimated Annualised financial opportunity (lower bound)	Estimated Annualised financial opportunity (upper bound)
Older Adults	OA1 Reablement	Ensure additional people who could benefit from reablement are systematically identified and referred into the care pathway  Make further improvements to the reablement care pathway and outcomes to ensure consistency	£3,780,000	£4,920,000
	OA2 Consistent and enhanced decision making	Prevent inappropriate admissions to residential care  Improve the consistency of allocating domiciliary care and direct payment	£1,700,000	£2,200,000
	OA3 Quality Improvements	Improvements to the quality and consistency of assessments and reviews (across both the Customer Service Centre and locality-based practitioners)	£1,420,000	£1,780,000
Working Age Adults	WAA1 Enablement	Improve the independence of an identified cohort of service users in the community	£430,000	£770,000
	WAA2 Change to setting of care	Move an identified cohort of people from residential care to supported living	£740,000	£1,150,000
	WAA3 Consistent and enhanced decision making	Improve the consistency of allocating support packages to mental health and learning disability service users, and enable more independent living where appropriate	£1,140,000	£1,390,000
	WAA4 Quality Improvements	Improvements to the quality and consistency of assessments and reviews (across both the Customer Service Centre and locality-based practitioners)	£1,240,000	£1,640,000
			<b>£10,450,000</b>	<b>£13,850,000</b>

11. The total opportunities can be summarised as:

	Estimated Annualised financial opportunity (lower bound)	Estimated Annualised financial opportunity (upper bound)
Estimated cashable/demand offset savings (OA1, OA2, WAA1, WAA2, WAA3 above)	£7,790,000	£10,430,000
Less savings already identified within MTFS 2019	£1,250,000	£1,250,000
<b>Estimated total annual cashable savings</b>	<b>£6,540,000</b>	<b>£9,180,000</b>
Plus estimated total annual quality improvements (OA3, WAA4 above)	£2,660,000	£3,420,000
Overall additional (to 2018 MTFS) total annual savings and efficiency and quality improvements	<u>£9,200,000</u>	<u>£12,600,000</u>

12. There is currently no anticipated change to the range of opportunities identified above. During the remainder of the design phase, up until July 2019, further analysis and live testing (see section below) of the new TOM will give an updated set of opportunities at a higher degree of confidence.

#### Design phase – March to July 2019 – Current phase of work

13. The purpose of the design phase is to develop and test a new TOM in a safe environment, with real demand and extensive managerial and quality oversight. At the end of the design phase, the “new TOM” will be clearly documented and a comprehensive plan to implement it across the remainder of the Council will be developed and put into place during the “implementation phase”.
14. It is important that this new TOM is both aspirational and locally owned by Leicestershire’s front line staff. To achieve this the Council’s front line staff and managers are working in partnership with the strategic development partner to design the TOM.
15. **Key activities** which have taken place during the design phase have included:
- a) A joint team has been created involving:
    - “Design Leads” – Eight departmental Service Managers and one Head of Service seconded to the programme and backfilled. Their role is to provide Council and departmental knowledge and practice expertise at the core of creating the new TOM;
    - “Design teams” – Three teams currently working to design and test the new ways of working;
    - Team of 13 consultants who work hand in hand with Council counterparts to bring analytical approach, rigour and change management expertise.
  - b) Skills identification and training for the programme team is part of a long-term plan to deliver the programme successfully and leave a legacy of skills transfer to enable continuous improvement.



- c) A communications and engagement plan has been developed and put into place. This has included activities such as:
- Stakeholder mapping and bespoke communication activity;
  - Monthly newsletters;
  - Kick off workshops;
  - A suggestion scheme is up and running;
  - Countywide roadshows which are two-way communication events across the authority;
  - Council partner and provider briefings.
- d) Governance has been established at a daily, weekly and monthly cadence to provide appropriate oversight, assurance and support to enable programme delivery.
- e) Baselineing and key performance indicator (KPI) dashboard development has been extensively undertaken. Firstly, historical levels of the department's performance have been understood and tracked. Not only does this provide insight as to how to improve the service, but it also creates a basis upon which all future service improvements associated with the TOM can be clearly measured. This results measurement is supported by KPI dashboards that double up as a valuable tool for practitioners and their managers to improve the service. These KPIs are focussed on a holistic view of the TOM ambitions including service user and staff satisfaction alongside service user performance.
- f) Design workshops have taken place which, supported by service observation, case reviews and extensive data analysis, have enabled a number of potential "solutions to try" to be developed. After extensive improvement and testing these solutions will form the basis of the new TOM. The new TOM will be defined by the end of the "design phase".
- g) Testing of initial ideas has begun within the Design teams and some preliminary results since the start of the design phase on 4 March 2019 have included:
- A reduction in residential placements being made – these are instead replaced by an appropriate package of care at home. This enhances the service user's independence and saves money;
  - An increase in capacity in the internal reablement service (HART). This has enabled the demand for the externally commissioned service (Help to Live at Home) for those localities to be undertaken by HART at no extra cost. However, the most significant implication of this shift in volume is that HART provides better outcomes, and lower ongoing costs, for service users;
  - An increase in the throughput of locality team case management by being able to progress, support and close cases more quickly;
  - Service users, with a learning disability, moving from residential care to supported living which is a more appropriate, and lower cost setting;
  - A higher proportion of Customer Service Centre interactions being dealt with immediately by the first call handler, reducing service user waiting times and the ongoing demand of work for locality teams.
16. The approach being adopted is not about cutting services, but about placing the best and most independent outcome for the service user at the heart of any changes to

enable joint improvement of outcomes, staff ways of working and financial performance.

### Current status of the Design phase

17. The design phase is on track with the overall programme plan.

### Implementation Phase – July 2019 until early 2020 – yet to start

18. At the successful conclusion of the design phase the implementation phase will begin. This phase takes the developed TOM through a comprehensive engagement, training and change management programme enabling it to become the new way of working countywide. The majority of the programme benefits (financial and non-financial) are realised during this phase of work.

### Resource Implications

19. The forecast benefits for this programme are between £10.45m and £13.85m, recurrent on an annual basis, of which at least £9.2m is additional to existing Medium Term Financial Strategy plans. It is anticipated that some of the potential cashable savings will contribute to the corporate efficiency and productivity saving of £8m. Other savings may be used to re-invest in key service areas.

20. To enable the successful delivery of this programme the Council is investing in a strategic development partner whose one-off fees (including estimated expenses and excluding VAT) are expected to be in the region of £4.5m. The contract is structured such that should the programme not deliver a recurrent annualised benefit greater than 1.5 times the one-off fee, their fee will be reduced until this ratio is satisfied. In addition, the Council is providing staffing and other minor expenses to support the delivery of the programme.

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

### Conclusions

22. The TOM programme is on track to deliver the anticipated service user, staff and financial benefits forecast at the outset of the programme and will create an exciting foundation for future improvement in the Council as a whole.

### Background Papers

- Leicestershire County Council's 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-%2013/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-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf)
- Adult Social Care Target Operating Model – Report to Adults and Communities Overview and Scrutiny Committee: 6 November 2018 – <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5358&Ver=4>
- Medium Term Financial Strategy 2019/20 – 2022/23 – Report to County Council: 20 February 2019 - <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=5125&Ver=4>

### Circulation under the Local Issues Alert Procedure

23. None.

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

24. 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.

25. The TOM programme aims to assure alignment to the Department's strategic approach, to ensure that it is operating as effectively and efficiently as possible, and in turn to continue to improve service user outcomes. The impacts of the programme and individual proposals on people with protected characteristics are very likely to be positive or neutral; negative impacts are not expected. However, Equality and Human Rights Impact Assessment (EHRIA) screenings will be undertaken on recommended changes at an early stage prior to any final decisions being made on activities within the future transformation programme. If a screening indicates that there may be a negative impact, a full EHRIA assessment will be carried out to identify the detail of such impact and what mitigating action is possible. This will ensure that decision makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.

### **Other Relevant Impact Assessments (if applicable)**

#### **Partnership Working and Associated Issues**

26. Partners are being informed and included through working groups and partnership boards as appropriate.

#### **Risk Assessment**

27. Risk assessment logs are included in the oversight and governance of the programme.

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**10 JUNE 2019**

**UPDATE ON NORTH WEST LEICESTERSHIRE SITE DEVELOPMENT**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

- 1 The purpose of this report is to provide the Committee with a summary of the progress made to prepare for the redevelopment of short breaks services and residential services in North West Leicestershire (NWL), including the relocation of existing residents and tenants and the design principles and re- build programme.

**Policy Framework and Previous Decisions**

- 2 In June 2018, the Cabinet agreed recommendations for:
  - a) Long-stay residential services at Hamilton Court in Coalville to be closed and the residents be supported to find appropriate alternative accommodation;
  - b) A new short breaks service to be developed on the Hamilton Court/Smith Crescent site to replace the existing short breaks building; funded from discretionary capital funds;
  - c) That the use of the Hamilton Court/Smith Crescent site for supported living continue to be explored.
- 3 On 8 February 2019, the Cabinet approved funding for the 2019/20 to 2022/23 capital programme, and this included £3.7 million for the redevelopment of the Hamilton Court/Smith Crescent site in NWL.

**Background**

4. The NWL site is 3,599 square metres/0.8893 acres and comprises of the following properties and services that are owned by the County Council:
  - Hamilton Court residential care home - seven bed residential care home with two remaining residents;
  - Smith Crescent short break unit - six bed service accessed by approximately 30 individuals;
  - Two ex-housing authority, three-bedroom semi-detached houses, owned by the County Council, leased to East Midlands Housing Association and used for supported living housing for three tenants. Support to the individuals is provided by Affinity Trust (the lead contracted supported living provider for the area).
5. The development of supported living in NWL will contribute to adult social care priorities in relation to increasing the opportunities for working age adults. Demand analysis was presented to the Cabinet in October 2018 which projected demand for

supported living (and other forms of accommodation) by district. According to the demand analysis an additional 39 supported living units are required in NWL by 2027.

### **Proposals/Options**

6. A planning application is due to be submitted at the beginning of July. Subject to planning approval, it is proposed that the future use of the site will comprise of the following buildings/services:
  - Up to 16 self-contained supported living properties including wheelchair accessible and bariatric facilities (the actual number to be determined). Support will be provided via the County Council's lead contracted provider;
  - Six bed short breaks building with all rooms en-suite and accessible, with support provided by the County Council;
  - Suitable space and facilities to provide Community Life Choices (which is currently provided at Coalville Community Resource Centre) with support provided by the County Council.
7. The development of a purpose-built short breaks building will ensure facilities can meet the needs of those working age adults accessing the service now, ensuring carers are supported to continue caring by providing them with a break from that role, and the utilisation of the service is maximised. The total site development will also result in significantly improved County Council property assets.
8. Advice is being sought from the Care Quality Commission (CQC) on the development of the site and proposed design. Early engagement with CQC has been cited as key to ensure successful future registration, and dialogue with them will continue.
9. Strategic Property Services have sourced FORTEM through the SCAPE Framework to complete the design, demolition and build. The site will be developed in two phases to enable the continued availability of the existing short breaks service until the replacement is built.
10. A programme of work is due to be agreed imminently and developers have agreed an on-site start date of November 2019, with indicative completion of both phases by the end of March 2021.
11. Subject to the necessary consents, phase one will include the demolition of the existing supported living and residential care home (Hamilton Court), delivery of the short breaks facility and an element of supported living flats. Phase two will include the demolition of the existing short breaks facility (Smith Crescent), the development of the Community Life Choices and the remaining supported living flats, including those which are wheelchair accessible. A draft site phasing plan is appended to this report as Appendix A.
12. The onsite start date is dependent on the successful re-location of the remaining residents and tenants. Progress is being reviewed regularly and a significant amount of work is being undertaken to make sure individuals, their relatives and/or independent advocates are central to the decisions and that future accommodation and support options meet their needs and wishes. This includes, but is not limited to, the type and nature of accommodation and support, maintaining important relationships and geographical location.

13. The two remaining residents of Hamilton Court residential home are expected to move to their new services by the end of July 2019 and housing applications are being pursued for the three supported living tenants. Although the aim is for existing tenants to be supported to find alternative long-term accommodation that meets their needs, they have the option of returning to the site once the new supported living properties are available.
14. A site plan will be available for the meeting of the Cabinet on 25 June 2019 prior to a planning application being submitted. A draft site plan is attached to this report as Appendix B.
15. A pre-planning report has been submitted which, to date, has resulted in minor amendments to the design. A summary of the key dates is set out below:

<b>Date</b>	<b>Action</b>
Early June 2019	Communication with local community regarding site development
24 June 2019	Site plans submitted to Cabinet for comment and approval
Week commencing 1 July 2019	Submission of Planning Application to the County Council
November 2019	Site set up commenced on site
March 2021	Build completion

### **Service Design Principles**

16. The following key principles have informed the site design:
  - The site design should not look or feel institutional or campus like;
  - Building designs and site layout considers current and future needs of the people who use/will use the services/ buildings;
  - External space, including parking to be in line with planning requirements.
17. Short break facilities need to be able to accommodate and function well with a wide range of people who have very different needs at any one given time. The design provides an environment that can accommodate people who may not want to spend time together, through the provision of multiple communal spaces in separate areas of the building.
18. The provision of facilities in short breaks will support progression from a family setting to independent/supported living and the environment needs to maximise opportunities to try things, get involved and learn social and daily living skills. Features such as an accessible and safe kitchen space are key to this.
19. Community Life Choices (formally known as a Day Service) is a self-contained wheelchair accessible, flexible space attached to, but distinguished from the short break building.
20. A range of supported living properties are incorporated in the design, including two storey houses and flats.
21. All supported living properties are self-contained, single person or couple occupancy. The preference is for direct access into each property (not via a communal area) and

this has been achieved for the majority of units. Parking is in accordance with planning policy and will include space for a mini bus drop off and a cycle store.

### **Consultation**

22. Service users, their families and staff have been asked for their views on the redevelopment of short breaks. Engagement on the design of supported living has taken place as part of the strategy development.
23. A planning application will be submitted at the beginning of July 2019 and engagement with the local community regarding the site development is planned prior to and as part of the planning application.

### **Resource Implications**

24. On 8 February 2019, the Cabinet approved funding for the 2019/20 to 2022/23 capital programme including £3.7 million for the redevelopment of the Hamilton Court/Smith Crescent site in NWL.
25. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

### **Timetable for Decisions**

26. The site plans will be submitted to the Cabinet on 25 June 2019 for approval prior to a planning application being submitted at the beginning of July. It is intended that work on-site will commence in November 2019, with an indicative completion date of March 2021.

### **Conclusions**

27. The development of the NWL site will result in an increase and improvement to facilities available to working age adults.
28. The development of the site is dependent on the successful relocation of existing residents and tenants, and approval of a planning application.

### **Background Papers**

- Report to Cabinet: 12 June 2018 – Reconfiguration of In-House Learning Disability Residential Accommodation – <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5181&Ver=4>
- Report to Cabinet: 8 February 2019 – Provisional Medium Term Financial Strategy 2019/20 to 2022/23- <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5600&Ver=4>

### **Circulation under the Local Issues Alert Procedure\***

A copy of this report has been circulated to members representing the electoral divisions in the North West Leicestershire area - Mr J Coxon CC, Dr T Eynon CC, Mr T Gillard CC, Mr D Harrison CC, Mr T Pendleton CC, Mr N Rushton CC, Mr S Sheahan CC, and Mr M Wyatt CC.



## **Equality and Human Rights Implications**

29. An Equality and Human Rights Impact Assessment (EHRIA) was completed in relation to the public consultation and resulting recommendations to develop the site and was submitted, along with the recommendations, to the Cabinet in June 2018. The EHRIA identified a disproportionate impact on people with learning disabilities, but that this does not amount to unlawful discrimination against anyone with a protected characteristic. It concluded that the recommendations should have a positive or neutral impact on the residents who use the services.
30. The equality implications for the development of the site are the same as those highlighted in the June 2018 report.
31. The EHRIA concluded that the recommendations should have a positive or neutral impact on the services. The development of the site will result in increased provision of supported living, and significantly improved short break facilities for working age adults.
32. The EHRIA has reiterated the need for attention to be paid to the management of change processes to ensure people are supported well through any temporary or permanent moves required and an action was specified in the improvement plan. Progress is being made to support individuals to identify, and transition to, suitable alternative accommodation; this work is being co-ordinated by project dedicated social worker. The type and nature of support being provided has been determined by the needs and wishes of the individual.
33. The planned development of the site in two phases will enable the existing short breaks facility to operate until the new service is ready, enabling the business continuity action in the improvement plan to be realised.

## **Officers to Contact**

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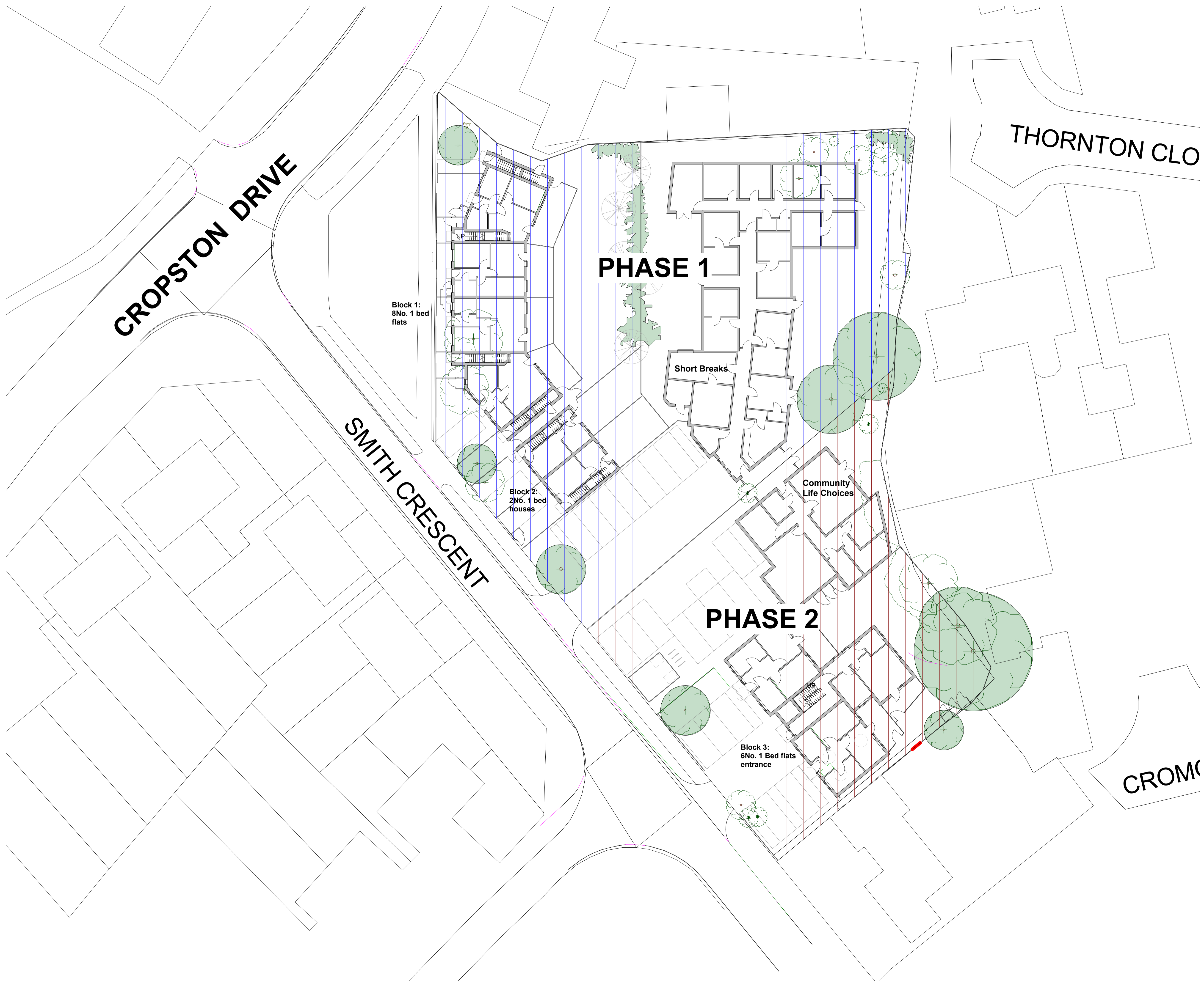
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## **List of Appendices**

Appendix A – Draft Site Phasing Plan  
 Appendix B – Draft Site Plan

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27

Rev	Date	Description	By	Chk



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Project:  
Coalville Supported Living  
Smith Crescent  
Leicester

Drawing title:  
Site Phasing

Scales(s)	Size	First issue:	Drawn:	Checked:
1 : 200	A1		Author	Checker

Job no:	Drawing no:	Rev:
L1830	114	

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### KEY

- Supported Living Units (2 storey)
  - Short Breaks (Single storey)
  - Community Life Choices (Single storey)
- Trees to be removed
- Trees to be retained (shaded green)

Rev	Date	Description	By	CHK
B	29.05.19	Scale changed; Layout updated	JC	JC
A	08.05.19	Brief revised	JC	AH

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Project:  
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 Smith Crescent  
 Leicester

Drawing title:  
 Site Concept

Scales(s)	Size	First issue	Drawn	Checked
1 : 200	A1	02.05.19	JC	JC

Job no:	Drawing no:	Rev:
L1830	101	B

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**10 JUNE 2019**

**DEVELOPING SUSTAINABLE HEALTH AND SOCIAL CARE**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

1. The purpose of this report is to provide an update to the Committee on developments to create sustainable and personalised Health and Social Care services across Leicestershire.

**Policy Framework and Previous Decisions**

2. There are various national legislative drivers and local Leicestershire, Leicester and Rutland (LLR) wide strategic planning initiatives that promote the planning and development of both integrated service delivery and enhance joint Health and Social Care strategic planning.
3. The Care Act 2014 sets out a general requirement that local authorities must carry out their care and support responsibilities with the aim of joining up the services provided, or other actions taken with those provided by the NHS and other health related services, for example housing services. This general duty applies where the local authority considers the integration of services will:
  - Promote the well-being of adults with care and support needs or of carers in their area;
  - Contribute to the prevention or delay of the development of needs of people;
  - Improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people.
4. The NHS Long Term Plan was published in January 2019 and set out the key ambitions for the service over the next ten years. The LLR Better Care Together (BCT) partnership is reviewing its plans to ensure it will be able to respond to the requirements.

**Background**

5. The following national challenges are driving the need to create new models of working such as Integrated Teams, as set out in the Kings Fund Briefing - Key Challenges Facing The Adult Social Care Sector in England (September 2018):
  - a) **Unmet need and Demand** - Age UK estimates that there are 1.4 million people who do not get the help that they need and that 160,000 receive no help at all, either from formal or informal care.

- b) **Preventing Demand** – The ethos of Prevent, Reduce and Delay are key elements of the Care Act 2014, and drive the current Leicestershire Adult Social Care Strategy.
- c) **Future Demand:**
- Between 2017 and 2027 there will be 2 million more people aged over 75, often with many managing long-term/complex conditions. Life expectancy is continuing to increase, and in the next 20 years, there will be double the amount of people over the age of 85 with high care needs;
  - More people with disabilities are also surviving longer and the cost of their support is increasing. The National Audit Office projects that the number of people with disabilities will increase by 67% between 2015 and 2040.
- d) **Funding:**
- **Funding for services is decreasing** – The current revenue support grant is due to end by April 2020. The Comprehensive Spending Review (CSR) is expected in 2019, probably in the autumn, and the period of time this will cover is not known. The local government funding allocation will be announced as part of the CSR at a total level. This overall spending envelope will provide an indication of the pressure that local government will face in totality. However, at an individual level, the County Council will have to wait for the outcome of local government funding reforms to be announced, with the aim of having a new system in place by 2020/21. Analysis undertaken by the County Council shows that Leicestershire is the lowest funded county area in England and one of the lowest funded areas in the whole country. This means that the scope to make savings is severely limited compared to other authorities.
  - **Funding Gap** - The difference between the cost of care and what councils pay is currently estimated at approximately £1.44 billion per year, increasing to £3.56 billion by 2025.
  - The publication of the Government's Social Care Green paper, which will look towards future funding options for social care, is still awaited.
- e) **Market sustainability** - Much of the adult social care provision for residential and domiciliary care is in the independent sector. There is a wide variation in the supply of care and a risk of provider failure.
- f) **Workforce and carers:**
- The sector accounts for 6% of the total employment in the UK. However, with the increasing demand for services comes an increased demand for a workforce. Skills for Care (2018) predicts that approximately 500,000 additional social care workers will be required by 2030.
  - The sector has high levels of turnover and vacancies, and there has been a national campaign to promote jobs in this sector;
  - 2011 census data showed that there were 5.8 million people providing unpaid care.
- g) **Quality and Efficiency:**



- Perception around the quality of social care varies, with most people being satisfied with the care they receive. However, carers are becoming increasingly dissatisfied;
- Four in five social care services are rated “good” by the Care Quality Commission;
- There is agreement that care should be focussed on the needs and wishes of individual service users, helping them to achieve their desired outcomes. This will require new models of care.
- There is low investment in technology and new models of working.

#### h) **Integration with housing, health and the benefits system**

- The Minister of State for Care has the goal of joining up services around the needs of an individual, with a target date of 2020 for Health and Social Care to be integrated across England;

### **Current Integration Activity**

#### **Integrated Locality [Neighbourhood] Teams (ILTs)**

6. In Leicestershire, it is the intention to deliver more care and support in the community rather than in the acute sector, with the aim being to maintain and support people at home for as long as possible.
7. ILTs are about the alignment of frontline health and social care teams, based upon primary care populations, extending the care and support that can be offered in the community. It is a way of providing multi-agency co-ordinated care and support to a person, intervening early to help prevent a crisis.
8. The County Council has prioritised implementing ILTs as part of its prevention offer, and work has begun locally to do this. This involves using existing resources and teams across partner organisations in health and social care in a different way. All partner organisations have committed to this development, as one of the priorities in the BCT plan.
9. Significant benefits can arise from the development of well-functioning integrated services, including:
  - A more patient centred approach to care planning and care delivery;
  - Less duplication, saving time for patients and professionals and cutting waste;
  - More efficient systems, particularly in relation to information sharing and care planning;
  - Reduced need for hospital care because of fewer unnecessary admissions, more efficient discharge and better provision of community-based services.

#### **How the models of ILT operate across Leicester City and Leicestershire**

10. Three ILT early implementer sites have been established across Leicestershire and Leicester:
  - West Leicestershire Clinical Commissioning Group (CCG) – Hinckley and Bosworth Fosseway neighbourhood;
  - East Leicestershire and Rutland CCG – Rutland;

- Leicester City CCG – Leicester City North and East Health Needs neighbourhood.
11. Three groups of patients have been identified and prioritised for the pilot sites:
- Patients over 18 years with five or more long term conditions;
  - Adults whose acute care costs are predicted to be three times the average over the next 12 months;
  - People with a frailty marker regardless of age (impaired function).
12. A locality Multi-Disciplinary Team (MDT) has been established to jointly review the health and care needs of people referred to it so that care is planned, co-ordinated and delivered more effectively for patients, families, carers and the professionals supporting them.
13. Each of the early implementer sites started from different points which makes like for like comparisons very difficult:
- Rutland - (population circa 38,000) is a relatively small geographical area, with respectively small sized professional teams who already knew partner colleagues and were working in an integrated way. No significant changes were made to ways of working for the early implementer sites.
  - Leicester City North and East Health Needs Neighbourhood (population circa 60,000) was also already working in an integrated way (this is the fourth year of running the Planning for Integrated Care in General Practice incentivisation scheme). Care navigators have been operating for several years, receiving referrals from GPs and MDT meetings are regularly held with representatives from health and social care. There is also some existing co-location of workers, which further promotes the success of integrated working.
  - Hinckley and Bosworth Fosseway Neighbourhood (population circa 45,000) - this is probably the only early implementer site where a brand-new way of working was adopted. Two Local Area Co-ordinators have been employed as half-time care-co-ordinators; ILT MDT meetings have been established, and four social care Community Support Workers (CSWs) signed up to be part of the initiative, visiting GP surgeries and attending MDT meetings.
14. Separate to the three ILT early implementer sites, Leicestershire localities have also developed approaches to integrated working, for example:
- Melton – Community Support Workers/GP Link workers are co-located for some of the week;
  - Blaby and Oadby and Wigston - there have been joint health and social care networking/training events;
  - Harborough - Local Area Co-ordinators and Community Support Workers/GP Link workers are working together;
  - Charnwood - there are good trusted relationships built with GPs through talking and listening;
  - North West Leicestershire - Community Hospital discharges are planned by the Community Support Workers/GP Link workers.

15. In 2012, the Adults and Communities Department undertook an 'Integrated Care Teams' initiative in East Leicestershire, which was based on a similar approach to the current ILT early implementer site, the aim being to provide a multi-disciplinary approach to supporting people with low level needs as a preventative model to accessing services. Following the departmental restructure in 2017, a key feature of the revised way of working is having Community Support Worker/Link Workers assigned to work with each GP surgery; these will seek to prevent need but take a proactive approach to supporting those that need services.

### Home First

16. The development of Leicestershire's Home First offer aims to provide an integrated health and social care service, giving a co-ordinated package of support, with reduced handoffs and a better patient experience. The service will be offered to adults when they have a change in need, requiring additional or new interventions that if not met will result in admission to hospital/care home or the person having to remain in hospital when they are medically fit for discharge.
17. It will deliver integrated and co-ordinated interventions to meet the person's health and social care needs. This will utilise health and social care resources efficiently and effectively, reducing duplication, and allowing interventions and support to be provided by the most appropriate service.
18. The Council's HART (Homecare Assessment and Reablement Team) and CRS (Crisis Response Service) are integral to the development of the local Home First offer. HART currently provides a short-term assessment and reablement service to help individuals improve their independence following an admission to hospital. As part of Home First and the developing Target Operating Model, HART will also provide a reablement service for people living in the community – this service is currently provided by contracted Help to Live at Home (HTLAH) providers.
19. Central to the co-ordination of services is an integrated single referral point. This is currently being piloted within the Council's CRS service, supported by clinical staff from Leicester Partnership NHS Trust, to test out the service entry and exit pathways that are being designed. This is in preparation for the future model of adult community health services in LLR, to deliver care closer to home with better patient outcomes and to develop better integrated health and social care services.

### Integrated Discharge Teams (IDTs)

20. Following a review by the NHS Emergency Care Improvement Programme, a number of key priorities were identified:
  - Create a single integrated discharge service within the University Hospitals of Leicester system which acts as a single point of access to social workers, therapists, the complex discharge team, community in reach staff and Primary Care Co-ordinators. This team would actively in reach into the wards by attending board rounds, tracking patients, and support the wards in planning early discharge;
  - Developing trusted assessor arrangements between organisations or localities to enable efficient coverage and reduce delays.

21. The IDT is a multi-disciplinary group of health and care staff with a full set of complementary skills to support and empower the ward staff to discharge patients effectively. The IDT encourages and promotes an integrated way of working across all organisations. This approach ensures closer working between partner organisations to ensure smoother and faster resolution of delays.
22. Within this approach, there are supportive actions that are key to maintaining the alignment. The shared discharge hub will create more day to day conversations about the progress of cases, multi-professional challenge and resolution of issues, and a shared response in times of escalation. Furthermore, the current IDT members have access to University Hospital of Leicester's Nerve Centre IT system and can input updated information on patient progress towards discharge.
23. The benefits of the IDT being a team and an approach is that it supports the wards to remain accountable for effective discharges, knowing there is a support mechanism for when they need it. The IDT are the experts in assessing and challenging discharge decisions. With this approach, using the IDT as an expert function, it is considered more sustainable and achievable within existing resources.
24. Currently only some hospital social care workers and University Hospital of Leicester staff are part of the IDT. To make this a sustainable approach there needs to be a single way of working for all staff dealing with complex discharges to enable the benefits of closer working, better information sharing and moving towards a position of trusted assessments to be pursued for all. Social Care staff having access to the Nerve Centre has been a big benefit, saving time asking for and providing information. This is currently only available to those staff in the IDT because they have honorary University Hospitals of Leicester contracts.

### **Resource Implications**

25. The staffing resources required to assist with developing integrated working across health and social care are part of existing budgets.

### **Timetable for Decisions**

26. The service changes are ongoing and working to various timeframes. There is a programme of change over the next 18 months across the local health structures with West and East CCGs becoming one entity, moving towards a single integrated commissioning system. This will be a significant inter-dependency in terms of ensuring a consistent service offer for patients across the county.

### **Conclusions**

27. An update has been provided on the developments to create a sustainable and personalised health and social care service across Leicestershire.

### **Background Papers**

- NHS Long Term Plan – <https://www.longtermplan.nhs.uk/>
- Leicestershire Adult Social Care Strategy – [http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC\\_Strategy\\_2016-2020\\_P0358\\_12.pdf](http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf)

- Kings Fund Briefing - Key challenges facing the adult social care sector in England, Sept 2018 - <https://www.kingsfund.org.uk/sites/default/files/2018-12/Key-challenges-facing-the-adult-social-care-sector-in-England.pdf>)

### **Circulation under the Local Issues Alert Procedure**

None.

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

31. The initiatives identified above are either in the planning stages or taking place as an early pilot. Within the LLR health and social care system, the lead organisation for each project is responsible for undertaking Equality and Human Rights Impact Assessment (EHRIA) screenings and full assessments on behalf of the partnership using shared methodology. It is expected that the impacts of the initiatives in this report on people with protected characteristics will be positive or neutral; if negative impacts are found then a full EHRIA will be undertaken at the appropriate time, with mitigating actions identified. The data from pilots will be used to inform EHRIA screenings and assessments.

### **Other Relevant Impact Assessments**

#### **Partnership Working and Associated Issues**

32. The Adults and Communities Department is building strong and resilient partnerships with Health and housing districts for the benefit of County residents. These relationships will help to effectively undertake partnership working at a time of increased pace in change to some major service areas and also when partners are experiencing structural change and financial strain. In a number of key services and in ways of working – ILTs, Home First and IDTs – the department is fully participating in this change.

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**10 JUNE 2019**

**CAPITAL INVESTMENT INTO ADULT SOCIAL CARE**  
**ACCOMODATION BASED SUPPORT SERVICES**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

1. The purpose of this report is to provide the Committee with an update on the detailed needs analysis that has been undertaken to inform the Social Care Accommodation Development Plan and Investment Prospectus and to provide information on the ways in which the Council intends to meet the identified gaps in provision.

**Policy Framework and Previous Decisions**

2. The Adult Social Care Capital Investment Plan will contribute to the delivery of the following outcomes in the Council's Strategic Plan for 2018-22:
  - Strong Economy;
  - Keeping People Safe;
  - Affordable and Quality Homes.
3. In October 2018, the Cabinet noted the development of a capital investment plan for adult social care accommodation-based support services, including its aims and objectives, and approved the publication of the Prior Intention Notice to initiate engagement with the adult social care and investment market.
4. In November 2018, the Committee was provided with 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.
5. In March 2019, the Committee received an update on the findings of market engagement.

**Key aims**

6. The aims and objectives of the Social Care Accommodation Development Plan and Investment Prospectus are:
  - a) **Improve service user outcomes** - Support the adult social care commissioning strategy by promoting independence and avoiding long term institutional care by having a range of more suitable options.
  - b) **Shape the market and ensure capacity** – Have greater control in the design of property development for use as social housing and accommodation-based

support services; determine the most suitable locations based on local intelligence.

- c) **Contain demand growth** - Manage demand by delaying and reducing the need for care by the County Council having a greater influence over the development of the care market, ensuring it has the right mix of services to meet local demographic need.
- d) **Contain cost pressures** – Transfer the emphasis from revenue expenditure to improved use of capital expenditure, as well as support cost avoidance of high hotel costs incurred in the purchase of residential/other specialist care/support.
- e) **Generate income** - Get a return on investment and therefore generate income to offset challenges of austerity on available budgets.

### **Characteristics of Social Care Accommodation Schemes**

- 7. Social care accommodation is designed, built or adapted to facilitate the care and support needs that its tenants or owners may have now or in the future. For older adults, this includes extra care schemes that normally include a minimum of 60 homes. For working age adults, supported living schemes typically mean flats incorporating around 12 homes, although this can vary depending on the needs of the individuals the scheme is intended to provide for.
- 8. Supported accommodation and extra care are models where the individual either has a tenancy or owns/part owns the property that they live in with the care or support provided by a registered provider. The individual meets their own accommodation costs, utility costs and accommodation service charges. In supported living or extra care, the individual has greater independence and protections as a tenant or leaseholder.
- 9. Residential care is provided by a registered provider and the fee paid to the provider covers both the accommodation (hotel) costs and the care.

Characteristic	Extra care scheme	Supported Living Scheme
Self-contained one or two bedroom apartments or bungalows as part of a wider scheme	Yes	Yes
Available to people eligible under the Care Act	Yes	Yes
Available to people with no eligible needs under the Care Act	Yes	No
Unplanned care available to meet urgent care needs	Yes	Yes
24/7 onsite response to unplanned or urgent care needs	Yes	Maybe
Communal facilities for activities to promote social inclusion and wellbeing	Yes	Yes
People will be tenants or owner occupiers responsible for their housing and living costs	Yes	Yes
Provision of respite care	Maybe	No



Equipped with assistive technology to promote independence and meet needs	Yes	Yes
A community hub providing a base for activities, facilities and services for the local community	Yes	Maybe
Links to volunteering, employment, training or leisure activities	Yes	Yes
Intermediate care/assessment/reablement facilities	Maybe	Maybe

### **Population increases and demand for social care accommodation**

10. Between 2016 and 2041, the number of households in the county is set to increase by over 60,000 households, an increase of over 21%. The largest actual change is projected to be in Charnwood, which will see a considerably higher rate of household formation than other districts. By 2041 there is projected to be an extra 18,000 households, an increase of 25%. The next highest district is Hinckley and Bosworth, which is projected to experience an increase of over 10,500 households, an increase of 22%. Oadby and Wigston will see the smallest actual change (just under 2,000 additional households), as well as the smallest percentage increase (8.6%).
11. Between 2014 and 2039, households headed by those aged 25-64 are projected to decrease from 65.9% of all households to 56.5%, while households headed by those aged 75-84 are projected to increase from 10.9% of all households to 15.3%. The Housing and Economic Development Needs Assessment (HEDNA) estimates a need for an additional 9,460 specialist dwellings for older persons in Leicestershire over the 2011-36 period.
12. Using these population figures in conjunction with the strategic intention to reduce the use of residential care, it is estimated that by 2037 a further 750 units of supported living and 1,200 units of extra care accommodation will be required. The need for nursing care placements and residential placements will remain relatively stable, but those requiring services will have far more complex needs.
13. In addition to general supported living, Leicestershire requires the provision of specialist units that can accommodate individuals with more complex needs such as those leaving long stay hospital. These types of accommodation are built more robustly, have greater space standards and features such as underfloor heating rather than radiators on the walls. They typically accommodate 2-5 people and require space for staff. Due to these additional features they are more expensive to build than 'standard' supported living and are not readily available on the market. This additional cost often means that the ongoing revenue costs are higher. The Council has already developed one such scheme in the Hinckley area and would generate revenue savings by developing more. A lack of suitable accommodation of this type contributes to delayed transfers of care for people leaving hospital.
14. Another sub-category of need identified within supported living is that of transitional accommodation for young people. 16 of the 85 referrals received by the Council's Pathway to Supported Living Team are for young people (aged 17-18) with a growing need for transitional accommodation that can support young people with emotional and behaviour difficulties and enable their preparation for greater independence. This type of accommodation would be ensuite with communal kitchen and living areas designed to enable young people to gain further independence before moving

on to more settled accommodation. This is a type of accommodation that can also accommodate students and is a familiar model to the private market.

15. In terms of residential care, there have been gaps identified in the provision of short term assessment and reablement units for both older adults and working age adults. Recent requests to the market to deliver short term residential reablement and assessment beds for older adults have proved unsuccessful. There is no current assessment provision for working age adults. This is an area that the Council would benefit from directly investing in as the longer-term placement costs for individuals are likely to be at a reduced rate once a full understanding of their needs has been determined.
16. There has been an identified gap in the provision of specialist dementia provision. This is both in terms of long term accommodation options for people who have been recently diagnosed and would benefit from a more supportive environment and for those with either complex behaviours or intensive support requirements.
17. The Council has recently engaged with Newton Europe to develop the Target Operating Model for Adult Social Care. This work is ongoing but has already identified a cohort of 210 working age adults currently in residential care who could be better supported in a more independent setting. Combining these figures with the population growth figures detailed above, the following number of units have been identified as a priority to develop over the next five years. There is a significant time delay in developing extra care accommodation and although the commitment to schemes can be made within the year, it is unlikely that any additional accommodation will be available until 2021.

Type Scheme	of	2019	2020	2021	2022	2022
Extra Care		80 units	50 units		100 units	100 units
Supported Living		38 units	60 units	70 units	50 units	30 units
Transitions Accommodation		6 units	6 units	6 units	6 units	6 units
Transforming Care/Complex		4 units	4 units	4 units	4 units	
Dementia Unit			20 units		20 units	
Assessment Unit			10 units	10 units		

18. More detail on the current supply and demand for accommodation at a district level can be found in the attached needs and gap analysis document appended as Appendix A.

### **How the increased Social Care Accommodation demand will be met**

19. There is no single model that will meet the demand for increasing the range of social care accommodation needed in the County. It can only be delivered through a range of interventions including direct development, as well as enabling and facilitating developments through the wider accommodation and support market. The Council

will also need to work with the District and Borough Councils who hold the housing duty for local residents to ensure developments take proper account of social care accommodation needs when considering planning applications. Outlined below are the approaches that the Social Care Accommodation Development Plan and Investment Prospectus proposes.

### **Developing Provision**

20. The current model the Council has used in the development of direct provision is to undertake a tender for each aspect of the work (design, build, operate). Should the Council consider the development of a County Council Company to develop accommodation, it could also consider becoming a Registered Social Landlord and therefore issue and administer appropriate residential tenancies. This would provide the Council with the greatest control and return on an investment. However, whilst the Council explores these options, it will be necessary to procure a Registered Social Landlord who can take on the landlord function and provide additional design expertise where required.
21. In order to develop appropriate accommodation, the Council will use an Investment Prospectus to identify annually the priority schemes for development and consider them within the current estates and capital investment programme. The Council will seek opportunities where it can invest capital to either acquire ownership or an interest in suitable property. This will particularly apply where an identified need is not likely to attract interest from the wider market (such as bespoke, higher cost schemes), or where build costs make it prohibitive without contribution. The Council will consider these opportunities where it can offset revenue costs through the capital development. A decision-making matrix is being established that considers factors such as the identified need, the return on capital, suitability of location, utilisation risk, and exit strategy. Where a scheme passes these screening criteria a full business case will be developed including the options for care/support delivery.
22. The key advantages of the County Council funding accommodation provision is that it enables the Council to build the type of accommodation that is required, creates a valuable asset for the Council and the costs may be recovered in part by the Council selling some properties in a mixed tenure development.

### **Enabling developments**

23. The Council will update the Investment Prospectus on an annual basis so that the market has up to date information on the current supply and demand of social care accommodation and the identified gaps. It will seek feedback from stakeholders on what information is included so that it becomes increasingly comprehensive and relevant.
24. The Council will make capital contributions to developments where this will enable an identified need to be met. This could include contributions to fund areas such as communal areas within supported living schemes not met by grant conditions, or in exchange for nomination rights into extra care. The evaluation of capital contributions to schemes will be conducted on set methodology that considers the identified need, the location, the revenue saving, and whether the need could be met in a different way.

25. Where an identified gap can be evidenced the Council will work with partners wishing to progress applications to bodies such as Homes England or NHS England. This will enable accommodation to be developed within affordable rent limits for the individual and not require enhanced support contract fees from the Council. The Council will then update the investment prospectus so that the market is aware that the need has been met.
26. The Council recognises that some providers require the contract to deliver support in order to commit to developing accommodation within an area. The Council will therefore develop a more flexible approach to procurement using flexible/dynamic frameworks that enable providers to bid to develop both the accommodation required and provide the support if this is identified as the most appropriate model.
27. There are currently a number of legacy supported living schemes owned by providers that are increasingly unable to meet future demand. This is resulting in an increased number of voids within the properties making them economically unviable. The Council will therefore work with service users who may be affected should providers or landlords wish to decommission this accommodation and seek the reinvestment of the capital into suitable alternative provision.
28. The Council recognises that voids present a risk in the viability of schemes and will therefore work with providers to find a mutually acceptable position. In the majority of schemes, the void risk will be shared between the landlord and the support provider, however where the Council seeks full nomination rights to ensure the utilisation for a specific client group it will seek to negotiate acceptable terms.

### **Facilitating and encouraging**

29. Private developers will continue to be the major provider of new accommodation across Leicestershire. It is therefore essential that an element of the Council's strategy for the provision of accommodation over the next 20 years is to work with developers and District Councils to engage, inform and influence investment decisions to ensure as far as possible that the housing needs of Leicestershire residents are met. Districts have a large role in providing social care accommodation and they have significant market influence through Local Plan policies and decisions on individual planning applications. The Council will therefore seek to establish stronger working relationships to enable needs data to inform local plans and developments.
30. The Council will seek to develop strong partnership arrangements with suppliers so that best practice and innovation can be shared and encouraged. The Council recognises that many of the challenges it faces are not unique and that providers are working in creative ways to meet these needs in other areas. It will seek to develop ways of engaging with suppliers that seek their expertise and creativity rather than dictating delivery methods.
31. Finally, the Council will seek to ensure that residents of Leicestershire are widely informed of the range of housing options available and the different models of support within them so that they are enabled to make informed choices about meeting future or current care and support needs.

### **Delivering the Care and Support**

32. Over recent years the care market has changed significantly, and with the introduction of the living wage and other legislative changes, the differential between public and private sector pay and reward structures have reduced significantly. This combined with the successful commercial approach taken in some parts of the Council means that a full range of delivery options has to be considered when determining how best to ensure the delivery of care and support.
33. For the majority of provision, the Council proposes to use a range of flexible frameworks to identify the most suitable provider to deliver the care and support. However, the Council wishes to retain the right to consider directly delivering the care within developments if this is the best option.

### **Governance and delivery**

34. In order to ensure the increased demand for Social Care Accommodation is met, and in recognition of the skills and knowledge needed to do this, it is proposed that a Social Care Accommodation Development Team is established for an initial period of two years. It is anticipated that after this time the skills and knowledge will have been developed within the Council and can be undertaken within business as usual.
35. The proposed governance of this work is through the establishment of a Social Care Investment Board comprising of senior officers from Adults and Communities, Children and Family Services, Finance, Legal, Commercial Services and Property Services. This Board will oversee the work of the Social Care Development Team and agree business cases before presenting them to the Asset Investment Fund Board and ultimately the Cabinet for agreement of capital spend.
36. A stakeholder map has been developed to ensure that key partners, such as districts and boroughs, local members and health partners, are kept informed of relevant developments.

### **Priority developments**

37. Work is currently underway to develop business cases seeking capital investment into the following schemes:
  - A dementia centre in Coalville requiring investment of approximately £3.6m to provide 24 units of specialist dementia provision and 7 x 2 bed affordable houses.
  - An extra care scheme in Hinckley that is already contained within a Section 106 agreement. The capital contribution and delivery model are still being developed
  - A small mental health provision in Blaby requiring investment of approximately £1m to provide eight self-contained flats, with staff support on site.
  - A transitions schemes in Hinckley requiring investment of £800,000 to provide six ensuite units with a communal area within a learning/enabling environment.

## **Resource Implications**

38. This change in approach to adult social care accommodation will require an increase in capital expenditure. The extent of the increase will depend on the pipeline of new projects and this will be reflected in the future capital programme. Business cases will be developed for each project to ensure that investment is supported by a sound economic case. In addition, the Cabinet will be asked to approve the establishment of the Social Care Accommodation Development Team.
39. It is worth noting that the 'capital' cost of existing private and public sector social care accommodation is currently being funded through revenue expenditure. The proposed new approach whilst increasing capital expenditure will reduce the revenue costs associated with the new accommodation.
40. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the contents of this report.

## **Timetable for Decisions**

41. A report will be submitted to the Cabinet on 25 June 2019 which will provide the first iteration of the Investment Prospectus, the implementation process, resource requirements and financial implications.

## **Conclusions**

42. The Committee is invited to comment on the identified gaps and proposed methods of delivering social care accommodation.

## **Background Papers**

- Promoting independence, Supporting Communities; Our vision and strategy for adult social care 2016–2020 - [https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC\\_Strategy\\_2016\\_2020\\_0.pdf](https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC_Strategy_2016_2020_0.pdf)
- Report to the Adults and Communities Overview and Scrutiny Committee: 11 March 2019 - Capital Investment into Adult Social Care Accommodation Based Support Services - <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5687&Ver=4>
- Leicestershire County Council Strategic Plan 2018-22 - <https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan16>
- Report to the Cabinet: 16 October 2018 – Capital Investment into Adult Social Care Accommodation Based Support Services - <http://politics.leics.gov.uk/documents/s141198/Capital%20Investment%20into%20ASC%20Accommodation%20based%20Support%20Services.pdf>
- Report to the Adults and Communities Overview and Scrutiny Committee: 6 November 2018 - Capital Investment into Adult Social Care Accommodation Based Support Services - [http://politics.leics.gov.uk/documents/s141941/5\\_Nov\\_Capital%20Inv%20into%20ASC%20Accomm%20based%20support%20services.pdf](http://politics.leics.gov.uk/documents/s141941/5_Nov_Capital%20Inv%20into%20ASC%20Accomm%20based%20support%20services.pdf)

## **Circulation under the Local Issues Alert Procedure**

43. None.

## **Equality and Human Rights Implications**

44. An Equalities and Human Rights Impact Assessment (EHRIA) screening was undertaken and concluded that the overall impact of this work would likely be positive or neutral and is attached as Appendix B. EHRIA screenings, and if required full assessments, will be carried out at the appropriate time for individual investment opportunities falling within the programme. These will be driven by intelligence and involve engagement and consultation with local and strategic stakeholders. They will be informed by outcomes achieved and lessons learned from property refurbishments carried out in 2017-18.

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### **Appendices**

Appendix A – Social Care Accommodation Needs Data and Gap Analysis 2019-2037  
Appendix B - EHRIA

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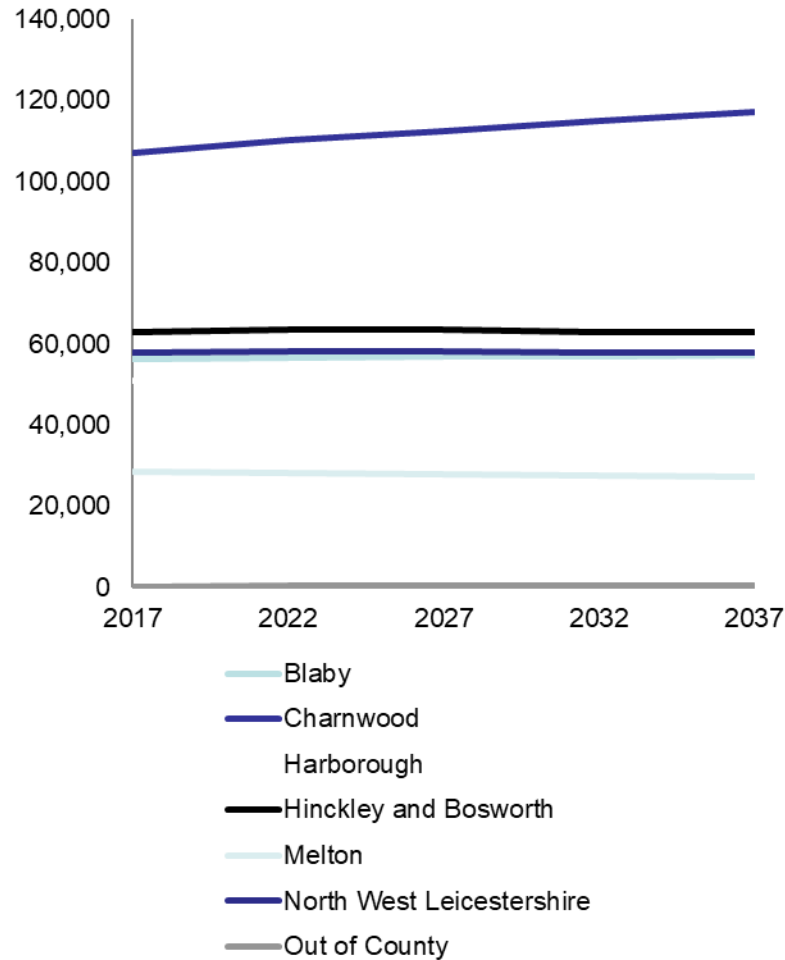


# **Social Care Accommodation Needs Data and Gap Analysis 2019- 2037**

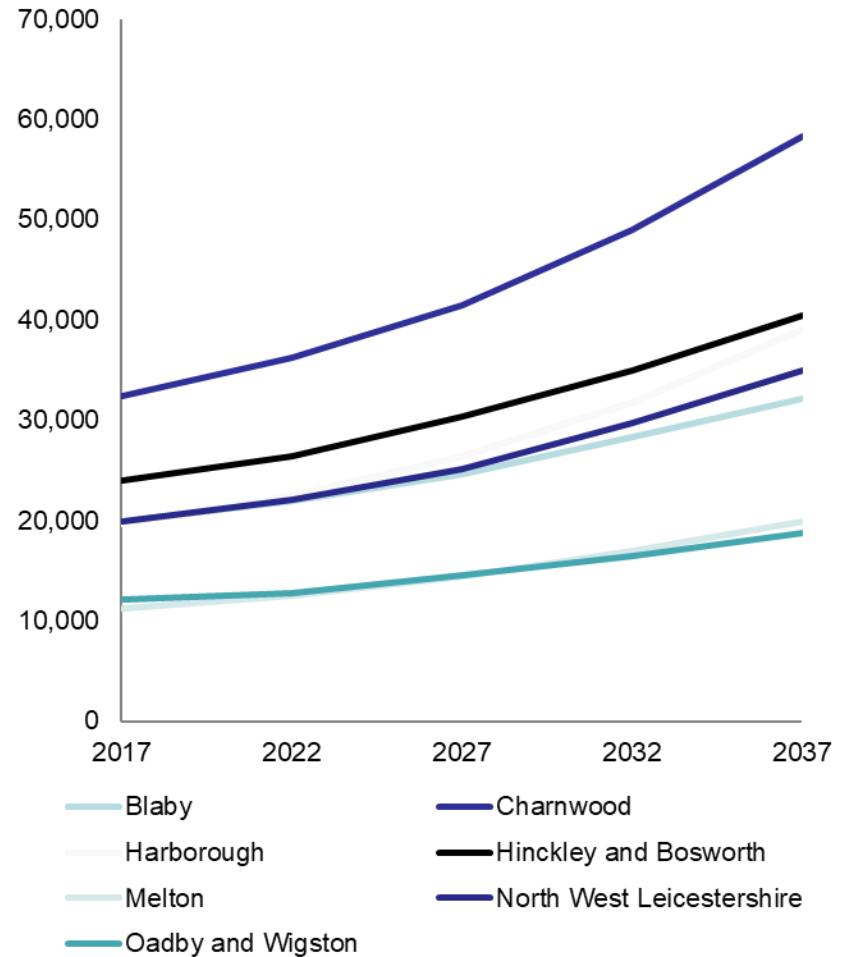


# Population – Projections to 2037

## Age 20-65

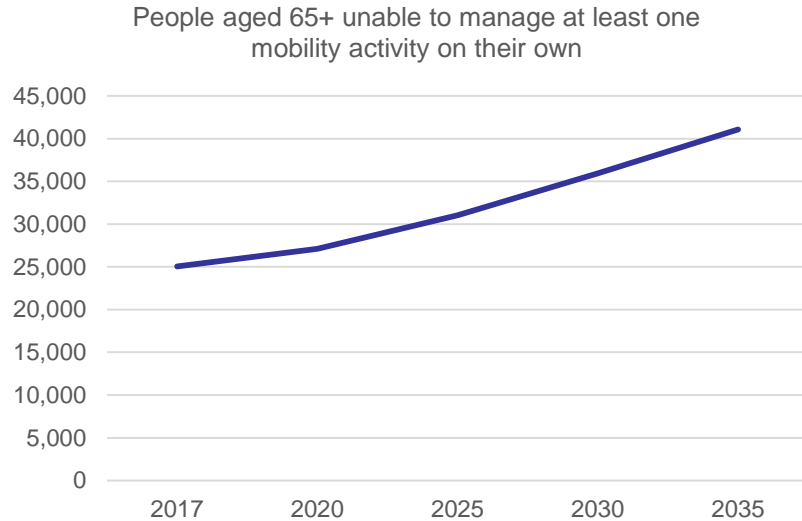


## Age 65+

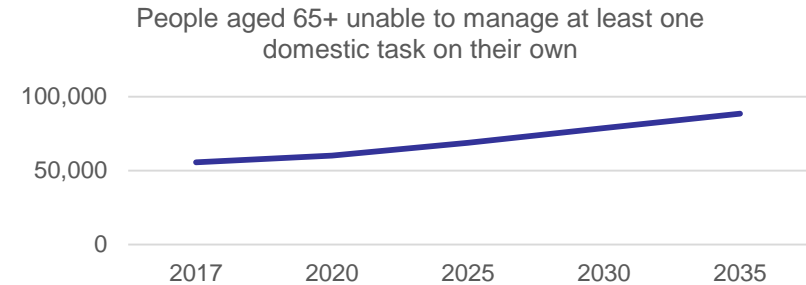




### Mobility

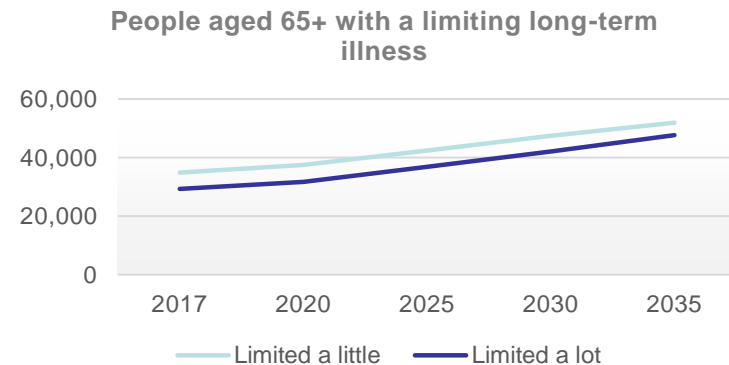


- The number of people aged 65 and over who are unable to manage at least one mobility activity on their own in Leicestershire is predicted to increase 64% from 25,035 in 2017 to 41,082 in 2035.
- This includes activities such as: going outdoors and walking down the road; getting up and down stairs; getting around the house; getting to the toilet; getting in and out of bed.



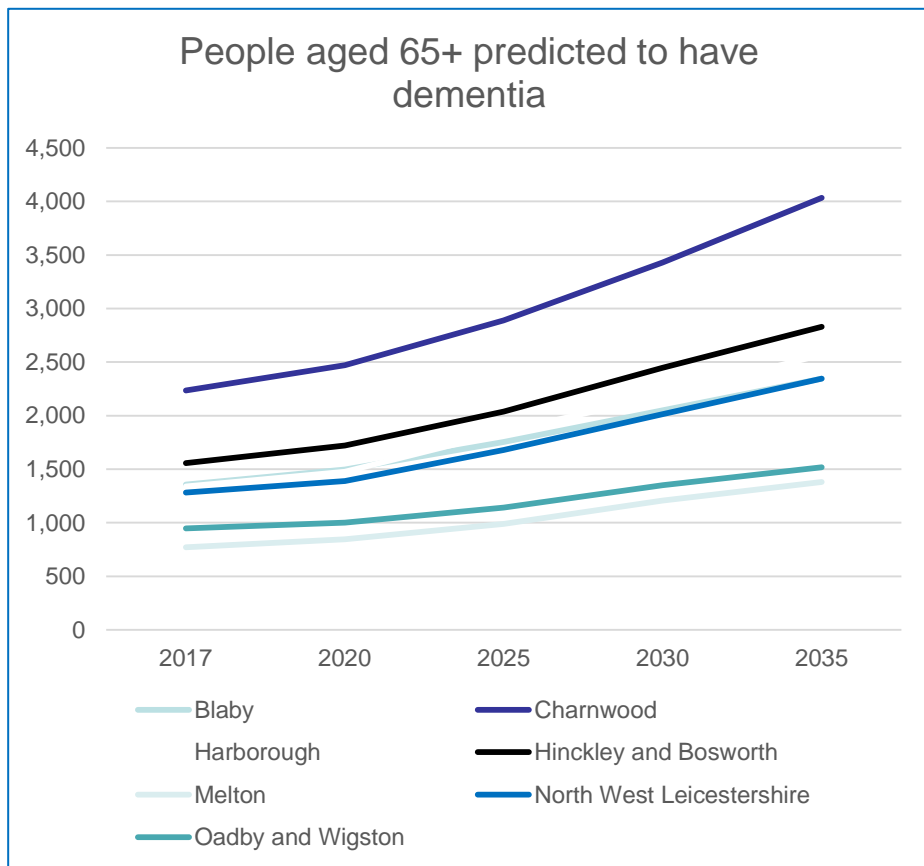
- The number of people aged 65+ who are unable to manage at least one domestic task on their own in Leicestershire is predicted to rise 59% from 55,629 in 2017 to 88,531 people in 2035.

### People aged 65+ with a limiting long-term illness



- The number of people aged 65+ in Leicestershire whose life is limited a little is expected to increase by 49% between 2017 and 2035, and those who are expected to increase a lot is expected to increase by 63% over the same time period.

# Dementia Prevalence



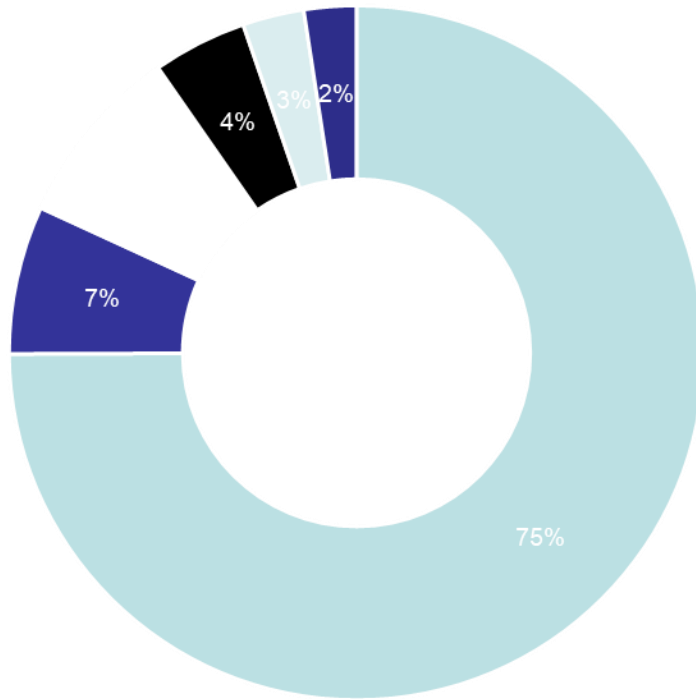
- There are currently 9,458 people in Leicestershire aged 65+ predicted to have dementia.
- This number is expected to rise by 80% to 17,028 by 2035. (POPPI)

- 1 in every 14 of the population over 65 years has dementia. (LLR Dementia Strategy).
- In Leicestershire there is a 4.3% prevalence rate of dementia in 65+ based on % of practice register (JSNA dashboard).
- The national estimate of the percentage of people in care homes with dementia is 80%.
- Local data snapshot - In December 2018 there were 1,020 people with a diagnosis of dementia 65+ funded in care homes (57% of the total 1,781 65+ placements). Note this does not include self funders or Continuing Health Care clients.

## Links

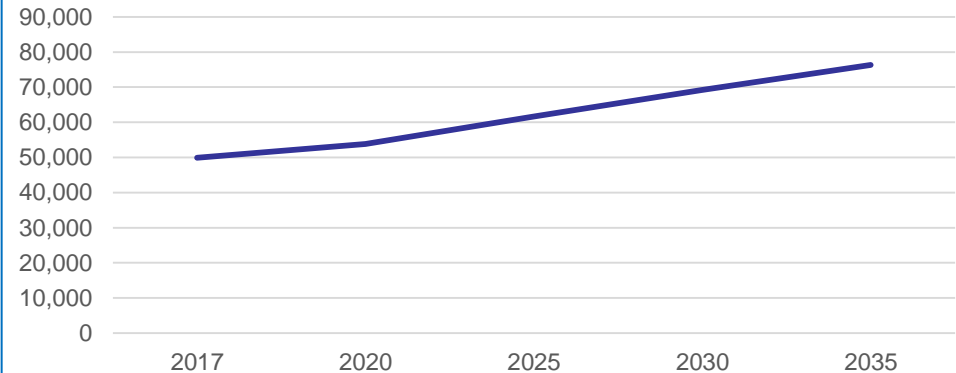
- [POPPI – dementia statistics](#)
- [Kings Fund – dementia friendly homes design checking list](#)
- [Build Guidance](#)

# Countywide – 65+ Tenure & Household Type



- Owned outright
- Owned with mortgage / loan / shared ownership
- Social Rented (LA)

Number of people aged 65+ living alone



The number of people aged 65+ in Leicestershire who live alone is expected to increase by 53% from 49,868 in 2017 to 76,272 in 2035.

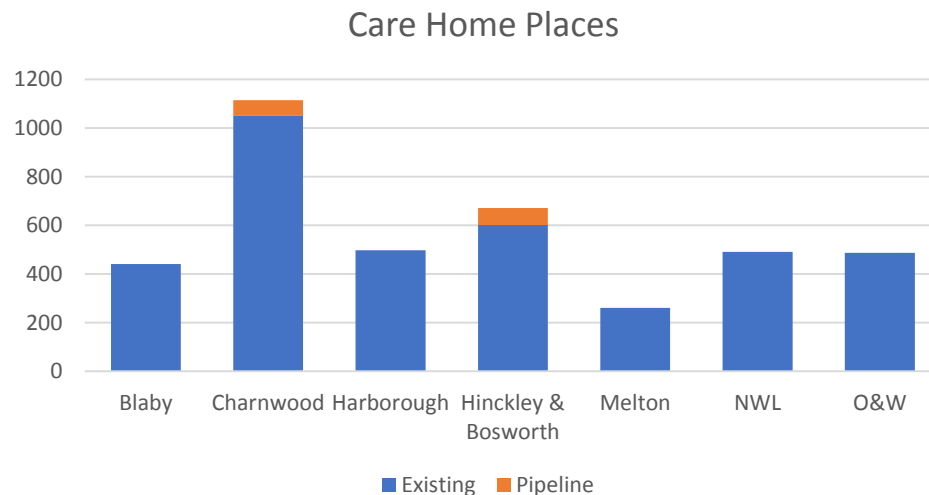
- The majority of older 65+ residents of Leicestershire own their homes outright (75%).
- Rate of home ownership ranges from 70% in Melton and North West Leicestershire to 80% in Oadby & Wigston; this cohort would be expected to fund their own care and would not be eligible to receive LCC financial support for social care.
- The next biggest category countywide is social rented (local authority) 8%; and a further 4% of people rent from another type of social landlord.

# Accommodation Supply – Care Homes

- There are 179 registered Care Homes in Leicestershire with 5,030 beds (Feb 2019, CQC Website).
- LCC contracts with the majority of these homes.

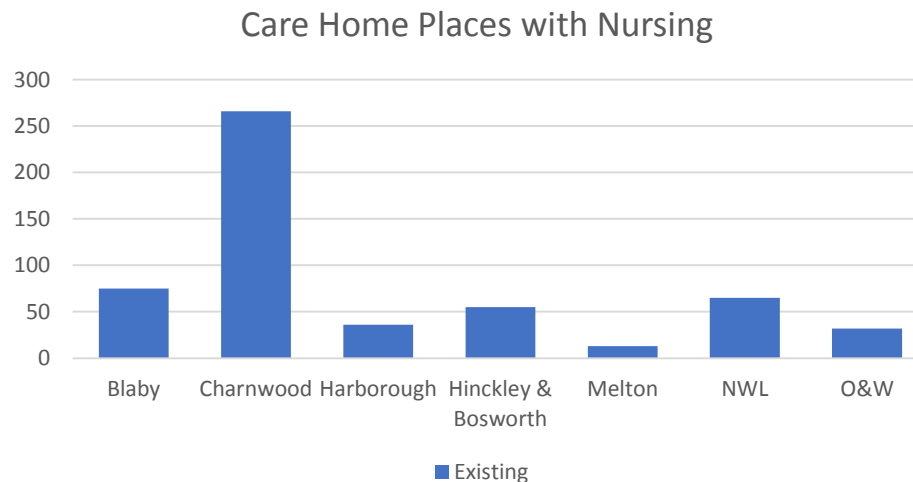
## Care Homes

District	Number of Care Homes	Number of Beds
Blaby	22	516
Charnwood	46	1316
Harborough	13	533
Hinckley and Bosworth	21	656
Melton	8	274
North West Leicestershire	22	556
Oadby and Wigston	17	519
<b>Grand Total</b>	<b>149</b>	<b>4370</b>



## Care Homes with Nursing

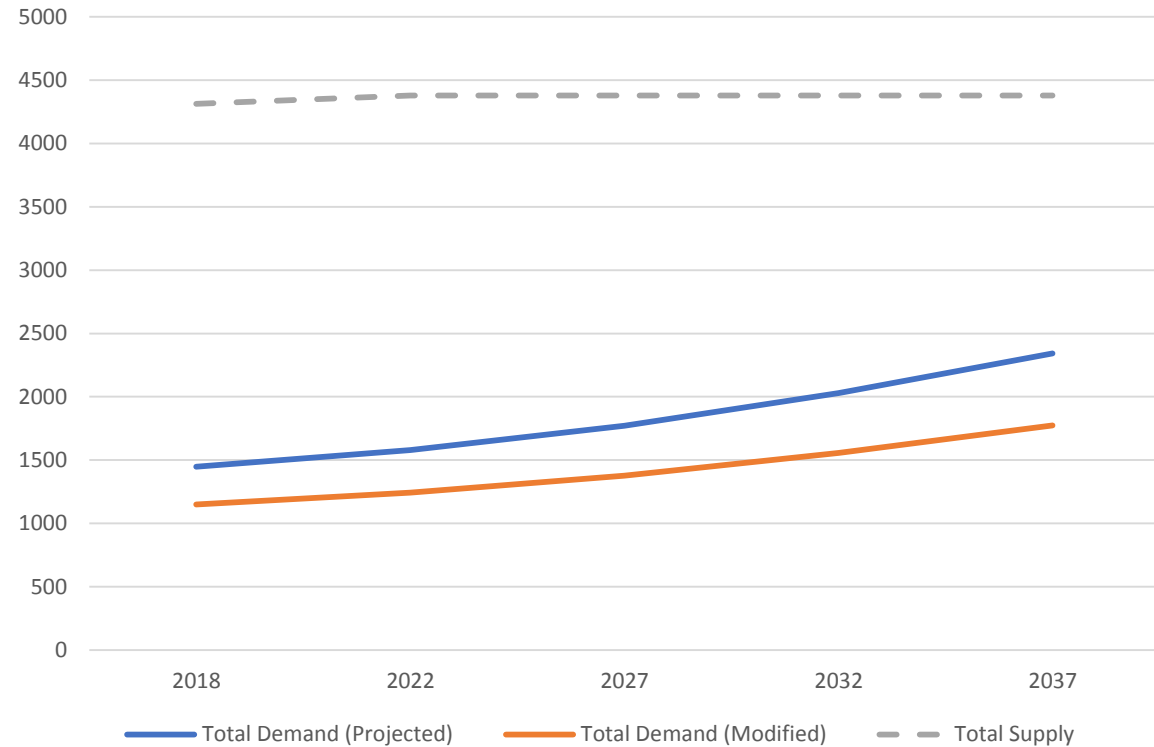
District	Number of Care Homes	Number of Beds
Blaby	2	50
Charnwood	13	145
Harborough	4	140
Hinckley and Bosworth	5	89
Melton	2	120
North West Leicestershire	1	23
Oadby and Wigston	3	93
<b>Grand Total</b>	<b>30</b>	<b>660</b>



# The Gap: Care Homes

Care Homes (Residential) - Overall

- Influence on the market; current demand for LCC residential placements represents 34.5% of the total 5,030 beds in Leicestershire.
- Self funder market is not represented on the graph, however occupation rates suggest 90-95% occupancy.
- With strategic modifiers applied, total LCC demand for care home places will reduce and is not expected to rise above the current level of demand before 2037.
- There is a gap in assessment and reablement units (both for OA and WAA) and a gap around dementia care.



	2018	2022	2027	2032	2037
Demand (Projected)	1447	1500	1565	1644	1751
Demand (Modified)	1151	1194	1245	1308	1393
LCC Supply	4314	4378	4378	4378	4378
Gap (supply vs projected demand)	2867	2878	2813	2734	2627
Gap (supply vs modified demand)	3163	3184	3133	3070	2985

# Accommodation Supply: Extra Care

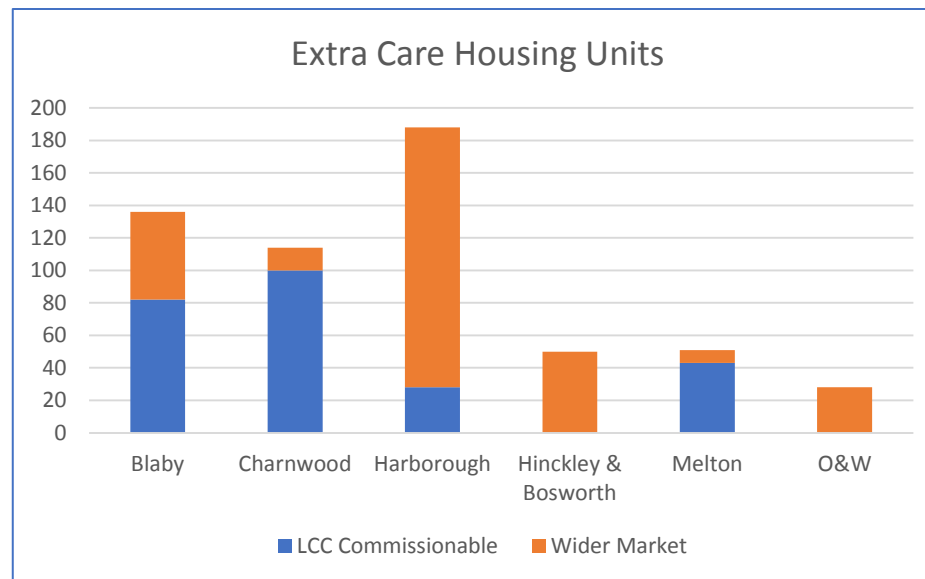
## Current Supply

### LCC

- LCC commissions Extra Care placements in 6 schemes in 4 districts (Blaby, Charnwood, Harborough and Melton) – 253 units. Only 2 of these schemes are purpose built extra care facilities.
- There are currently no schemes that LCC commission from in Hinckley & Bosworth, Oadby & Wigston & North West Leicestershire.
- 80 bed pipeline scheme at Hinckley & Bosworth will increase the number of units to 333.

### Wider Market

- There are 314 units contained in schemes in 6 of the districts – no provision in North West Leicestershire.
- There has been significant growth in this area since 2015 - 3 new schemes and 170 units (30% of the total extra care units in the county). This includes 1 scheme where LCC commissions places.
- Currently 55% of total units in the county are wider market (49% once the pipeline scheme at Hinckley is completed). There is no minimum level of care and support provided in all of these schemes.



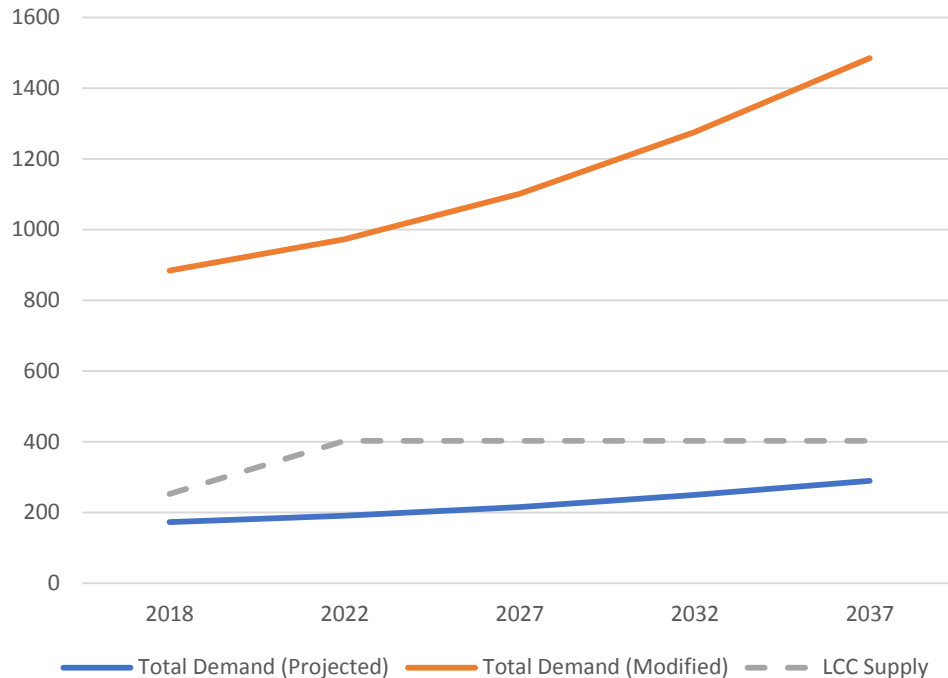
## Future Supply

- A scheme is being developed by East Midlands Housing (at risk) at Ashby (North West Leicestershire), number of units not known.
- An 80 bed scheme is planned at a large development site at Hinckley & Bosworth.
- Discussions are ongoing regarding provision of schemes as part of the Lubbethorpe SDA (Blaby) and the Lutterworth SDA (Harborough).



# The Gap: Extra Care

Extra Care: Supply vs Demand



	2018	2022	2027	2032	2037
Total Demand (Projected)	173	191	215	250	290
Total Demand (Modified)	884	973	1102	1276	1485
LCC Supply	253	403	403	403	403
Gap between Supply and Projected Demand	80	212	188	153	113
Gap between Supply and Modified Demand	-631	-570	-699	-873	-1082

- Applying strategic modifier significantly increases demand for extra care accommodation – indicatively an immediate requirement for 631 units, rising to 1,082 units in 2037.
- Current supply appears to exceed current level of demand; some spaces are unfilled and capacity will rise again with 80 bed Hinckley/ 70 bed Lutterworth pipeline schemes.
- Latest build is Waterside Court - completed in November 2017 and filled gradually as service users were identified. There was a delay to filling and have since been a number of voids (currently 5 with another due to become vacant).
- A different approach to extra care as a form of housing rather than alternative to residential care is required.
- Area that LCC is keen to see development in for home owners - appropriate 'lifetime' housing earlier on to reduce / delay / prevent altogether need for residential care.

# Accommodation Supply: Supported Living

## Current Supply

### LCC

- There are 19 providers of Supported Living in Leicestershire (CQC website).
- There are 78 properties that LCC has nomination rights to. Not all these properties are fit for future use

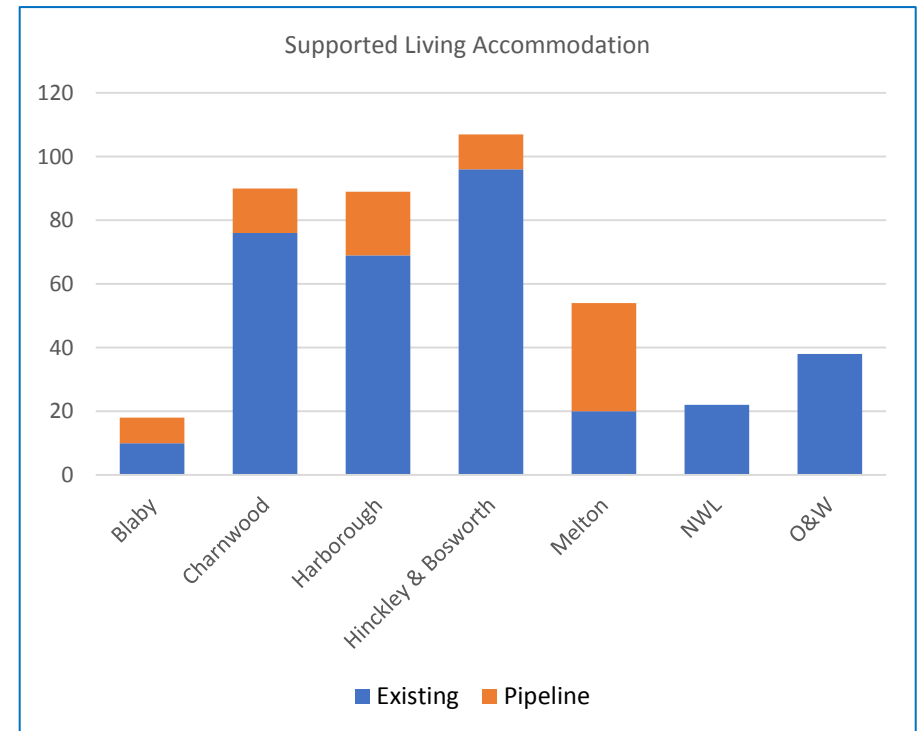
District	LCC Commissioned Places
Blaby	10
Charnwood	76
Harborough	69
Hinckley and Bosworth	96
Melton	20
North West Leicestershire	22
Oadby and Wigston	38
<b>Grand Total</b>	<b>331</b>

## Wider Market

- No wider market information available; in theory any property can be used for supported living.

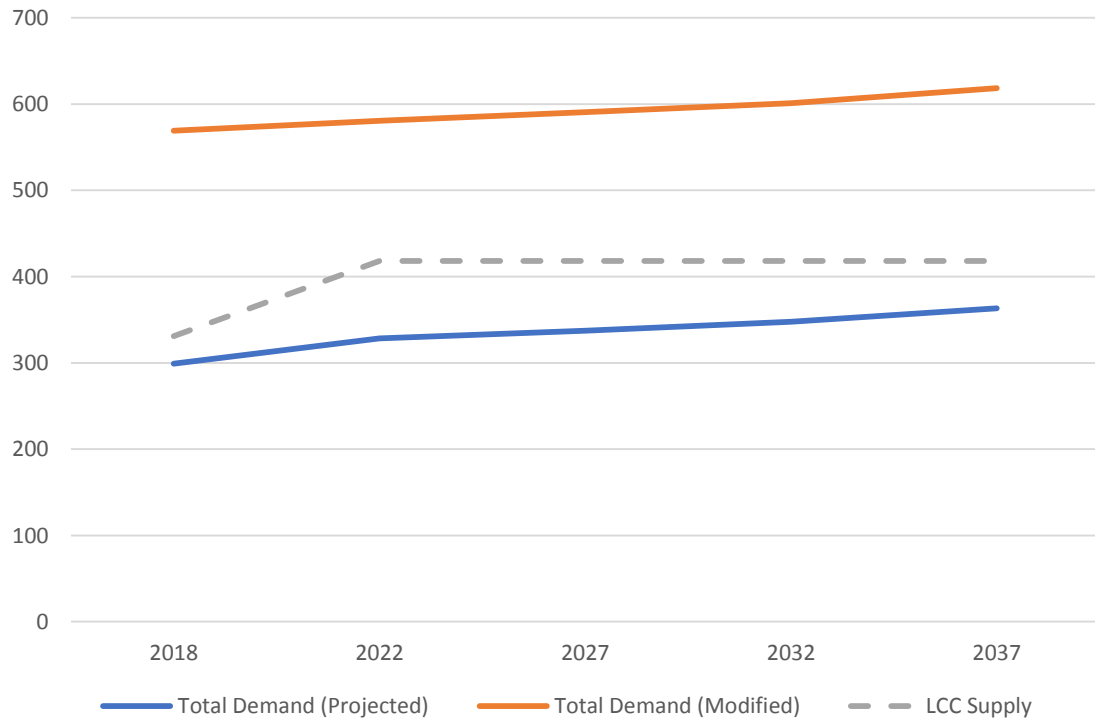
## Future Supply

- 14 schemes in pipeline (93+ beds if all go ahead).
- 3 Care Homes in Market Harborough in consultation to de-register and re-provision as Supported Living properties.



# The Gap: Supported Living

Supported Living: Supply vs Demand



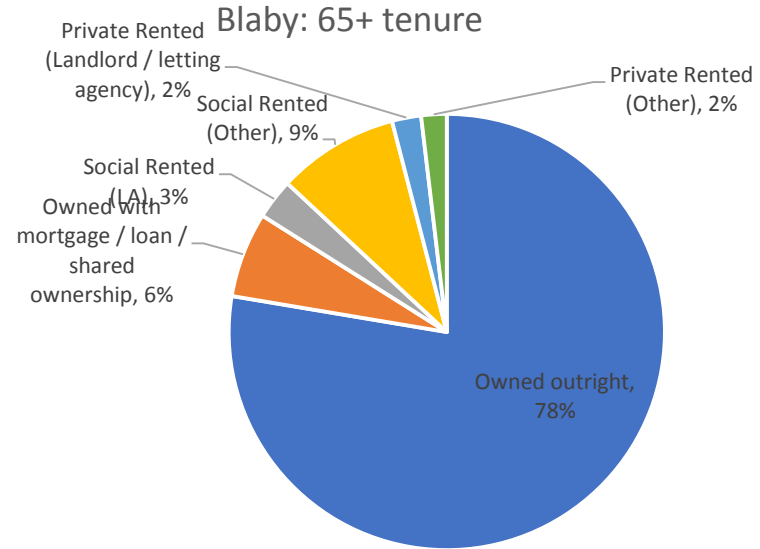
	2018	2022	2027	2032	2037
Total Demand (Projected)	299	328	337	348	363
Total Demand (Modified)	569	580	591	601	619
LCC Supply	331	418	418	418	418
Gap between Supply and Projected Demand	32	90	81	70	55
Gap between Supply and Modified Demand	-238	-162	-173	-183	-201

- The application of strategic modifiers significantly increases requirement for this type of housing; indicatively an initially a gap of 238 (assuming no voids in suitable properties).
- Pipeline schemes (min 93 units) may reduce the gap by approx. a third but there remains a significant, increasing requirement for this type of provision.
- Supply is indicatively 32 units above the current level of demand but this is reflective of voids in legacy homes.
- Supply of shared and solo properties required.
- SPECIFIC GAPS:
  - Transitions Accommodation (16-25yr olds)
  - Complex needs

# District Profile: Blaby

## Character

- The north part of the district is in the Principal Urban Area of Leicester (Braunstone Town, Glenfield, Kirby Muxloe, Leicester Forest East, Glen Parva) - nearly 50% of Blaby district's population live in this area.
- Largest town – Braunstone.
- Blaby has the district's only town centre.
- Large villages; Narborough, Whetstone, Enderby and Countesthorpe. Bus links into Leicester and a railway station at Narborough.
- The south of the District is more rural and has a functional relationship with Hinckley.



## Local Plan

- Core Strategy adopted Feb 2019 (covers period to 2029). A call for sites to support the development of the Local Plan is underway.  
<https://www.blaby.gov.uk/planning-and-building/local-plan/>
- Minimum 8,740 houses to be developed between 2006-2029 - at least 5,750 within/adjoining the PUA (many through the Lubbethorpe development).
- Local plan mentions working with partners to meet identified needs through specialist housing, including provision of extra care accommodation, provision of supported housing and ensuring that an appropriate proportion of new housing is designed to meet wheelchair access standards.
- All housing to be built to 'Lifetime Homes' standards, where feasible.

# District Profile: Blaby

## Care Home Supply

- 24 registered care homes with 566 beds (22 residential homes with 516 beds, 2 nursing homes with 50 beds). LCC commission at all.
- Breakdown: Older People 441 residential beds (15 homes) and 44 nursing beds (1 home), WAA 75 residential beds (7 homes) and 6 nursing beds (1 home).

## Extra Care Supply

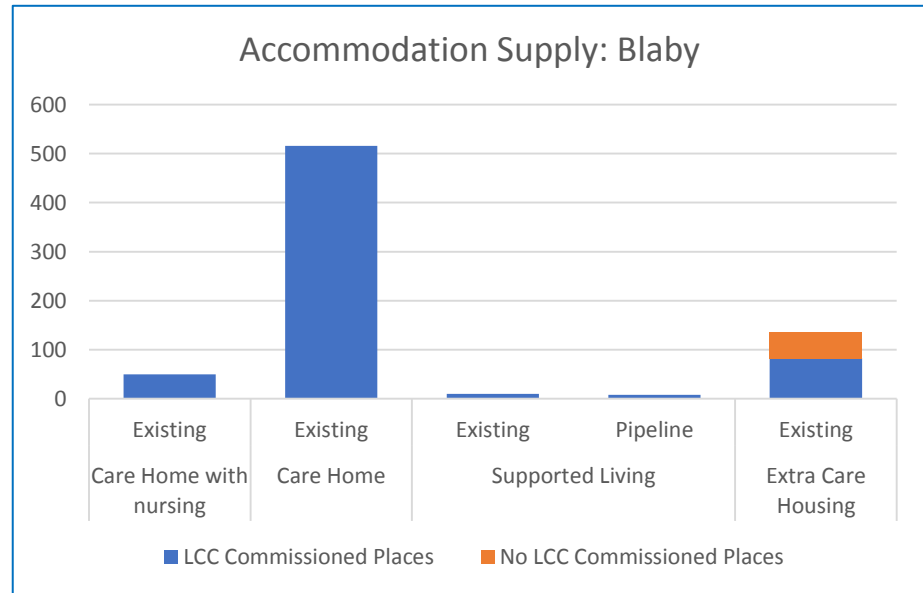
- 3 schemes in the district containing 136 units.
- LCC can commission from 2 schemes Oak Court and Birch Court (combined total of 82 units)
- Glen Hills Court is an independent scheme with 54 units.
- 40% of all units in independent schemes.

## Supported Living

- 3 properties with 10 beds (LCC).
- 8 bed pipeline scheme.

## Retirement Housing

- 46 retirement schemes with a total 1,164 units.

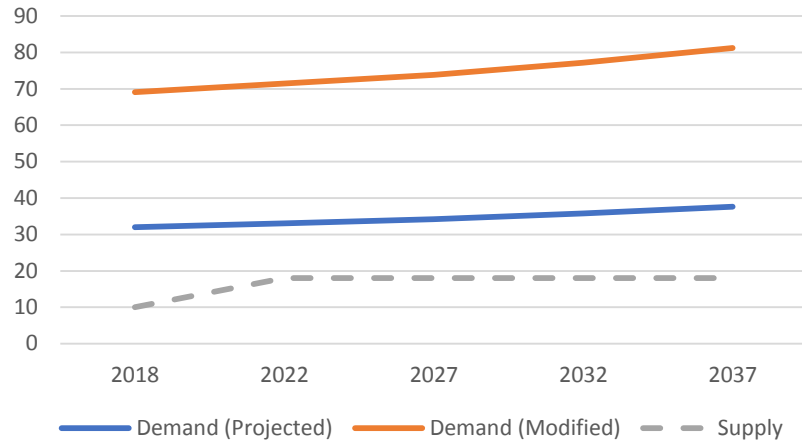


## Developments

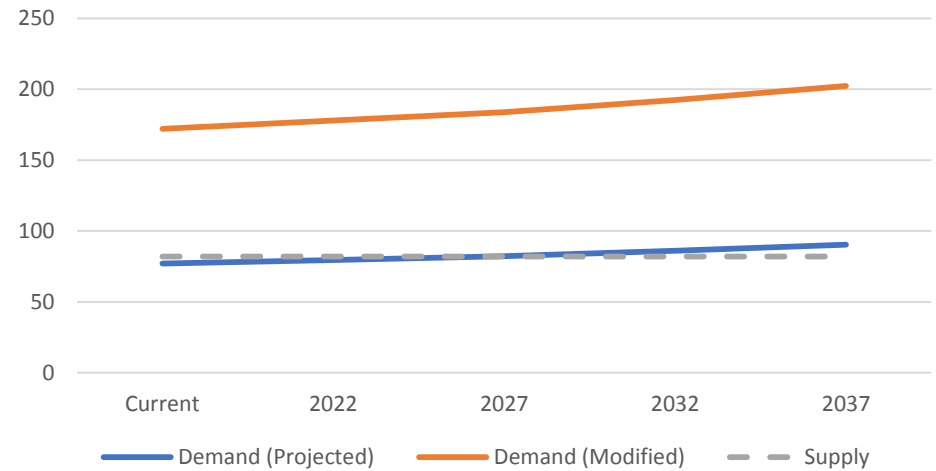
- Pipeline Extra Care Scheme at Lubbethorpe SDA (details tbc).
- Pipeline 8 bed Supported Living scheme (Townsend Road, Enderby).

# Blaby – Supply vs Demand

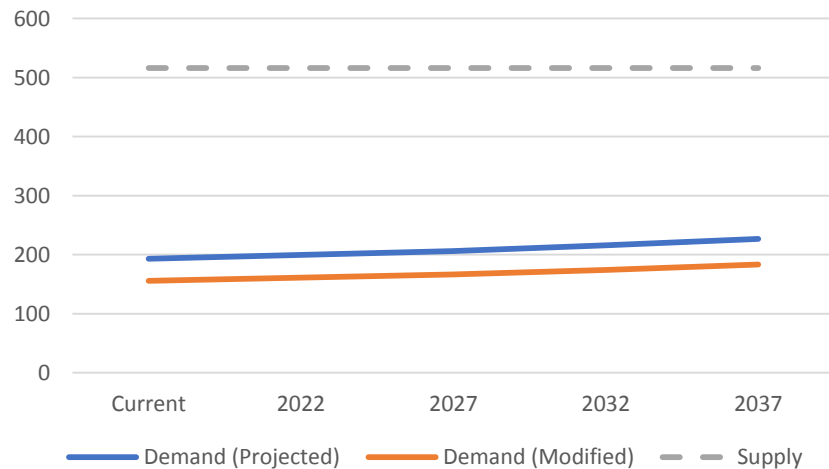
## Supported Living - Blaby



## Extra Care - Blaby



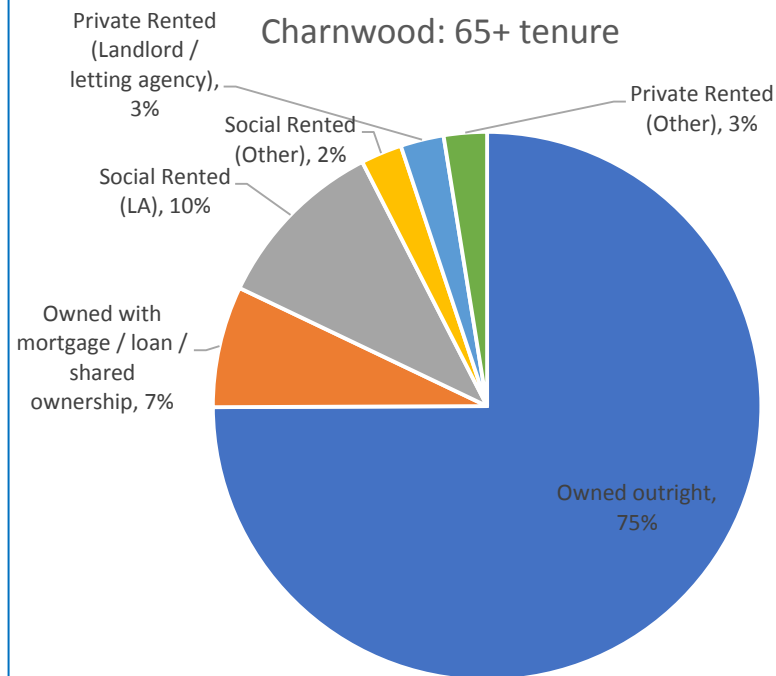
## Care Homes (Residential) - Blaby



# District Profile: Charnwood

## Character

- Mix of rural and urban.
- Largest town and population centre – Loughborough; university and market town.
- Large towns: Shepshed, Syston
- South of the district forms part of the Leicester Principal Urban Area.
- Rural areas; Wreake Valley, Charnwood Forest, the Wolds, some with links to other districts/counties.
- Shares borders with Melton, H&B, NWL, Leicester City & Nottinghamshire.
- Good transport access via M1 and rail (Loughborough railway station).



## Local Plan

- Local Plan Core Strategy covers the period 2011 to 2028 - <https://www.charnwood.gov.uk/pages/corestrategydpd>
- Consultation underway on a new Local Plan to cover the period up to 2036.
- Housing requirement for Charnwood is 13,940 homes between 2011 and 2028.
- Sustainable urban extensions north east of Leicester near Thurmaston to deliver 4,500 homes; near Birstall to deliver 1,500 homes; near Loughborough to deliver 3,000 homes.
- These will deliver a mix of homes, approx. 30% affordable and requirement to respond need for smaller houses and bungalows.
- Mentions working with partners (LCC) to provide extra care housing.

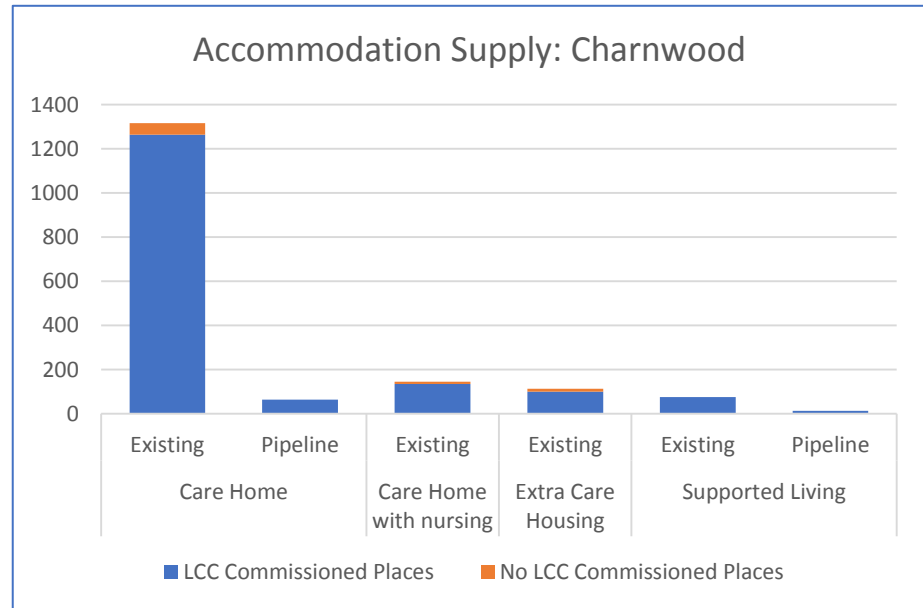
# District Profile: Charnwood

## Care Home Supply

- 59 registered care homes with 1,461 beds (46 residential homes with 1,316 beds, 13 nursing homes with 145 beds).
- Breakdown: Older People 1,010 residential beds (24 homes) and 92 nursing beds (4 homes), WAA 254 residential beds (19 homes) and 43 nursing beds (5 homes).
- There are 5 homes that LCC does not commission at - 1 Older Peoples care home with 40 residential beds, WAA: 4 care homes - 10 nursing beds, 2 care homes – 12 residential beds.
- 64 bed care home in development at Quorn.

## Extra Care Supply

- There are 3 schemes in the district containing 114 units.
- LCC commission at 2 schemes, Connaught House (38 bed) and Waterside Court (62 bed).
- 14 bed independent scheme Holloway House.
- 12% beds in independent schemes.



## Retirement Housing

- 50 retirement schemes with a total 1,267 units.
- A 60 bed scheme is in development at Quorn.

## Supported Living

- 15 properties with 76 beds (LCC).
- 2 pipeline schemes with a total 14 beds.

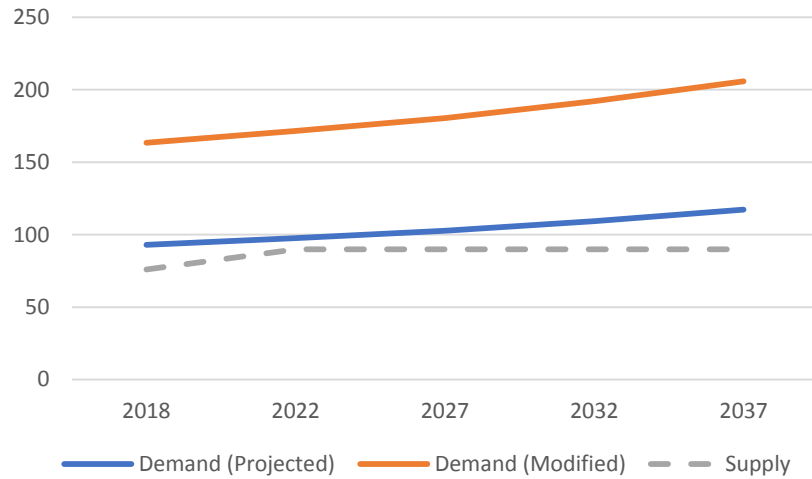
## Developments

- A 64 bed care home for older people is in the pipeline (Quorn).

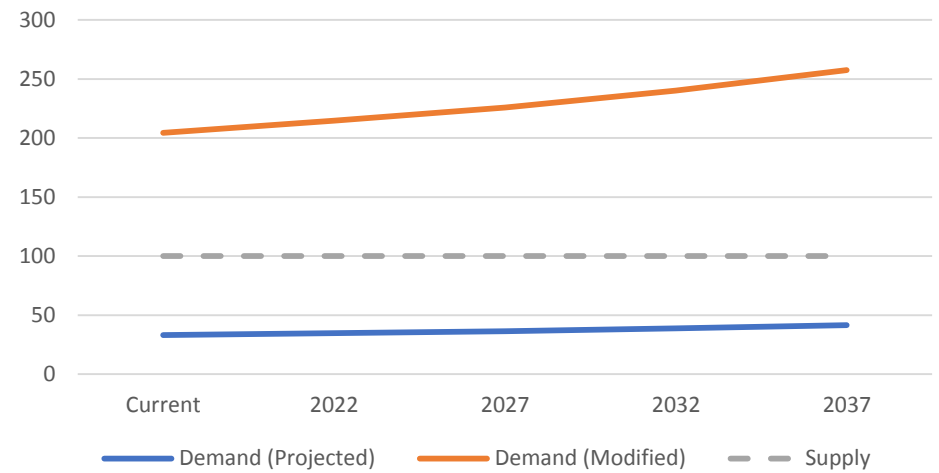


# Charnwood

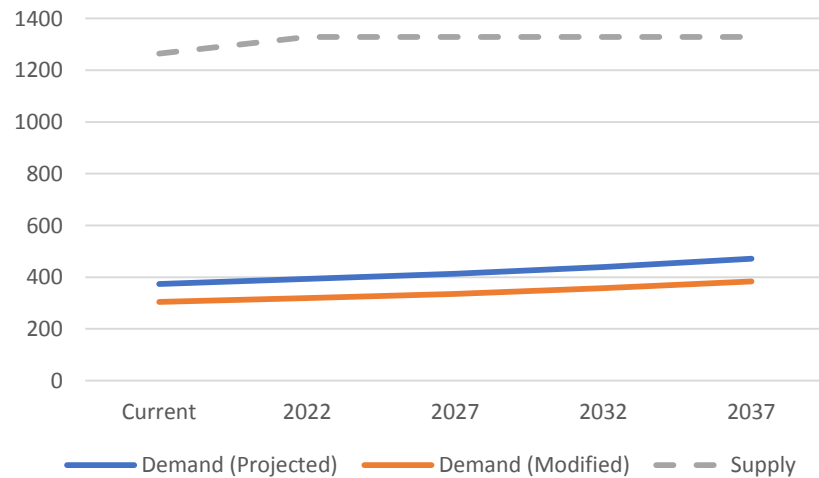
## Supported Living - Charnwood



## Extra Care - Charnwood



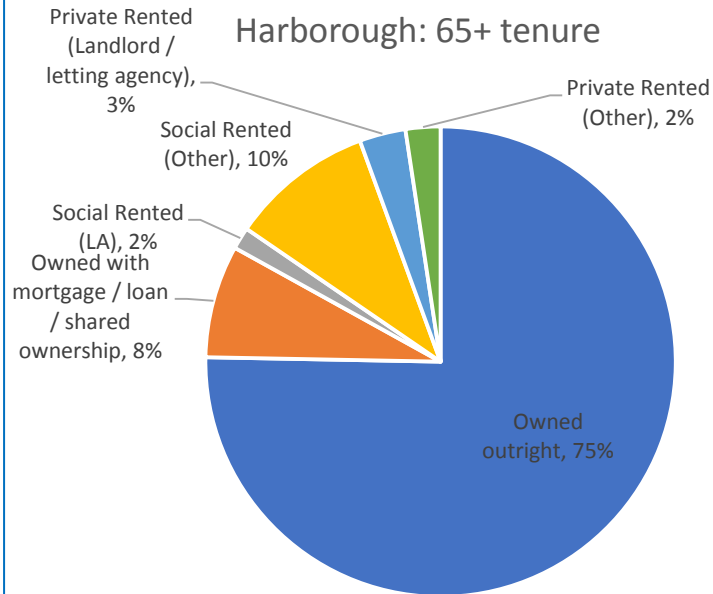
## Care Homes (Residential) - Charnwood



# District Profile: Harborough

## Character

- Rural district with good access to regional and national transport links – M1 / M6/A14, railway access to Market Harborough.
- Large market towns - Market Harborough, Lutterworth
- Large villages of Broughton Astley, Great Glen, Kibworth, Fleckney.
- Borders with Charnwood, Melton, Blaby, Oadby & Wigston, Leicester City, Rutland, Northamptonshire & Warwickshire.



## Local Plan

- A new Local Plan for 2011-31 is currently going through examination. (Jan 19 Modifications made by the Planning Inspectorate – one made in relation to specialist housing).
- [Link to Core Strategy](#)
- 12,800 dwellings between 2011-31; of this 8,140 have been built or committed. Includes 2 SDA's at Lutterworth (1,500 homes) and Scaptoft (1,200 homes).
- Local Plan mentions need for specialist housing for older people to 2031 estimated at 63 dwellings per annum (1,267 dwellings over the plan period).
- Also that *'Specialist housing will be sought by the Council on sites delivering more than 100 dwellings that offer a suitable location. Provision of at least 10% of units on sites of 100 or more dwellings would yield approximately 400 specialist housing units throughout the plan period.'*

# District Profile: Harborough

## Care Home Supply

- 17 registered care homes with 673 beds - LCC commissions at all.
- Older People: 497 residential beds (9 homes), 130 nursing beds (3 homes).
- WAA: 36 residential beds (4 homes), 10 nursing beds (1 home).

## Extra Care Supply

- 3 schemes in the district containing 188 units.
- 28 unit scheme in Lutterworth where LCC commissions
- 2 independent schemes in Market Harborough, Welland Place and Elizabeth Place (160 units).
- 85% of all units in independent schemes.

## Supported Living

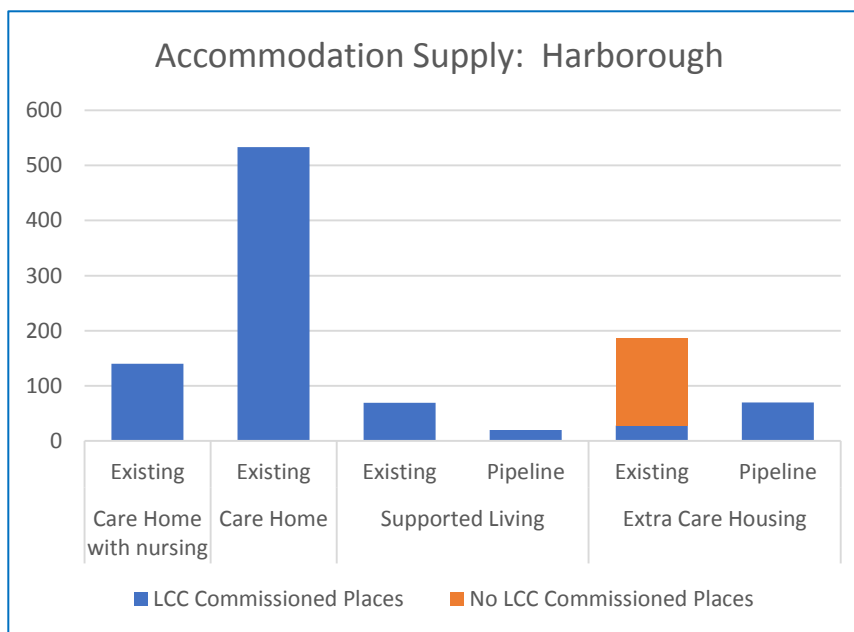
- 18 properties with 69 beds (LCC).
- 20 bed pipeline scheme in development (Brookfields, Great Glen - currently Retirement Housing).
- *3 Care Home properties in consultation to re-provision to Supported Living accommodation.*

## Retirement Housing

- 34 retirement housing schemes with a total 899 units.

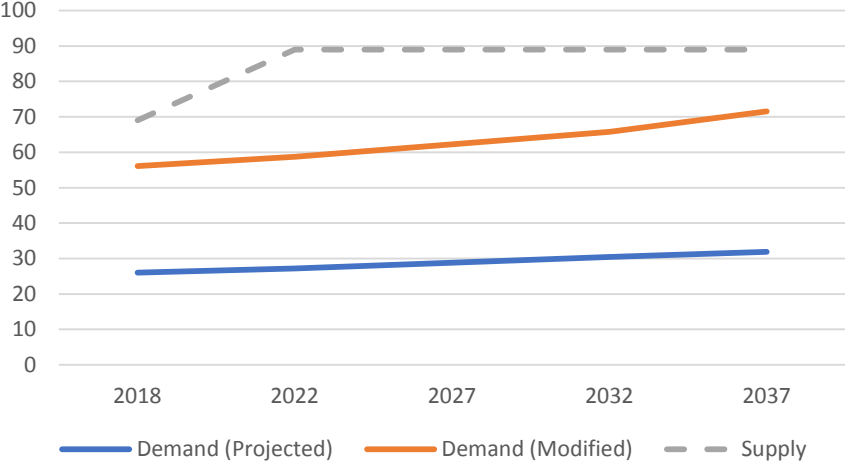
## Developments

- A private Extra Care scheme with 58 flats is in development - Elizabeth Place. (McCarthy & Stone).
- Retirement Housing development of 44 flats in development in 2019 (Churchill Retirement Living).
- 3 Care Home properties are in consultation to de-register – 2 homes (9 beds) in consultation to de-register and re-provision to Supported Living, 1 home (10 bed) to be sold and replaced with a new property. Currently included in the figures as Care Home beds.

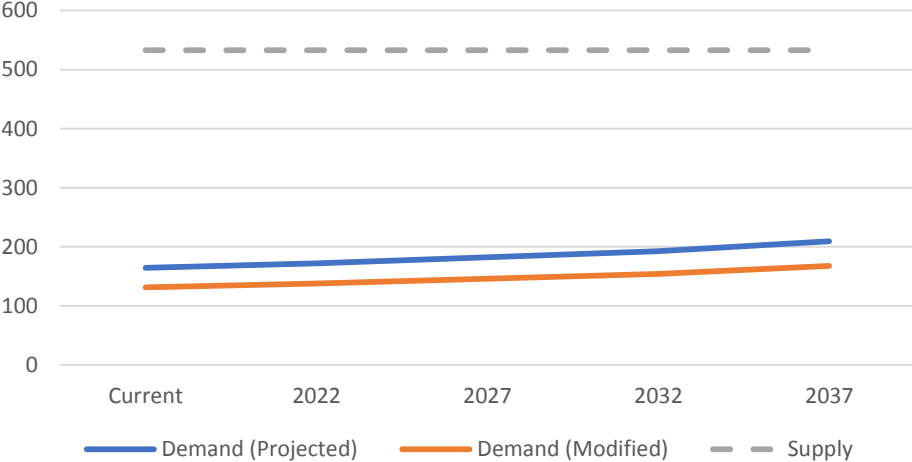


# Harborough – Supply vs Demand

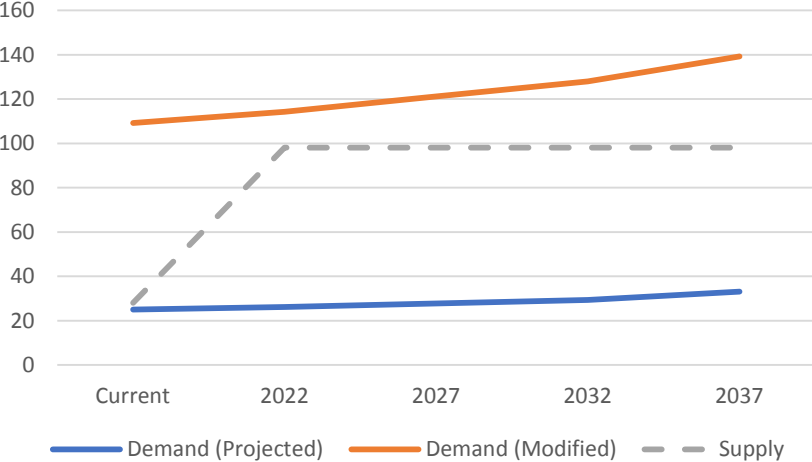
### Supported Living - Harborough



### Care Homes (Residential) - Harborough



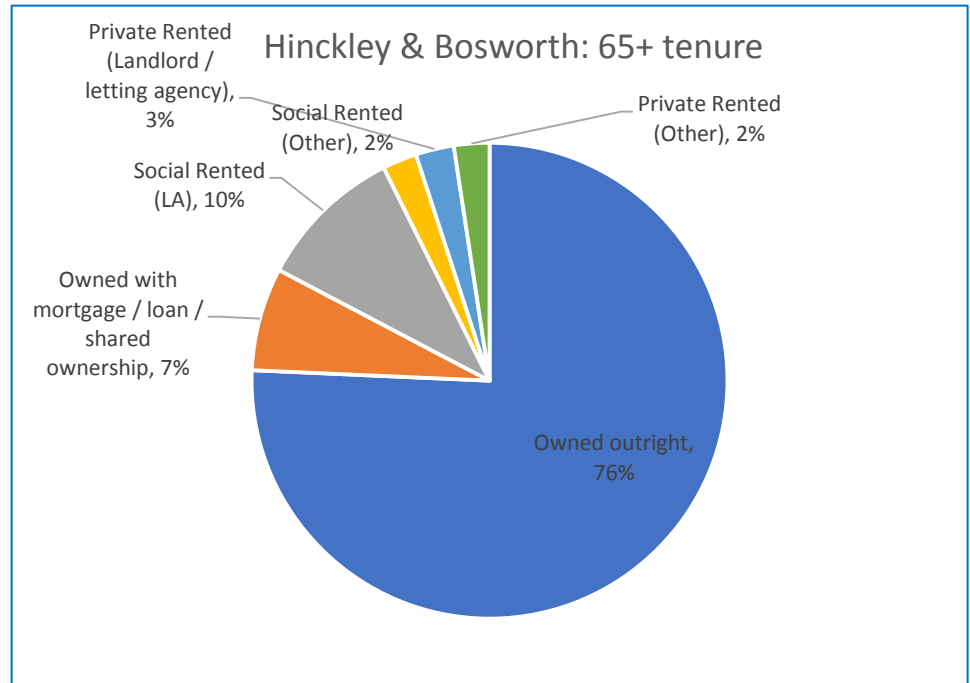
### Extra Care - Harborough



# District Profile: Hinckley & Bosworth

## Character

- Largely rural borough.
- Main urban areas are Hinckley, Burbage, Barwell and Earl Shilton.
- Shares borders with Blaby, Charnwood, NWL, Leicester City & Warwickshire.



## Local Plan

- <https://www.hinckley-bosworth.gov.uk/localplan>
- The Local Plan is currently being reviewed.
- Requirement of 9,000 homes to be built in Hinckley & Bosworth between 2006–2026; still a shortfall of 5046 dwellings
- Majority of new homes to be accommodated in and around the Hinckley through sustainable amendments to the settlement boundary and two Sustainable Urban Extensions.
- A proportion will also be distributed to the rural areas of the borough to accommodate their particular development needs
- The Local Plan identifies a shortage of affordable and special needs housing particularly for an ageing population.

# District Profile: Hinckley & Bosworth

## Care Home Supply

- 26 registered care homes with 745 beds – LCC commissions at all.
- Older People: 601 residential beds (15 homes), 56 nursing beds (2 homes).
- WAA: 55 residential beds (6 homes), 33 nursing beds (3 homes).
- A 70 bed Older Person Care Home (Kingsfield Court – Earl Shilton) is in development.

## Extra Care Supply

- 1 independent scheme in the district containing 50 units Ashby Court.
- 100% of all units currently in independent schemes.
- 80 bed pipeline scheme proposed in the district.

## Supported Living

- 23 properties with 96 beds (LCC).
- 2 pipeline schemes with total 11 beds (Box Tree Farm, Hays Lane).

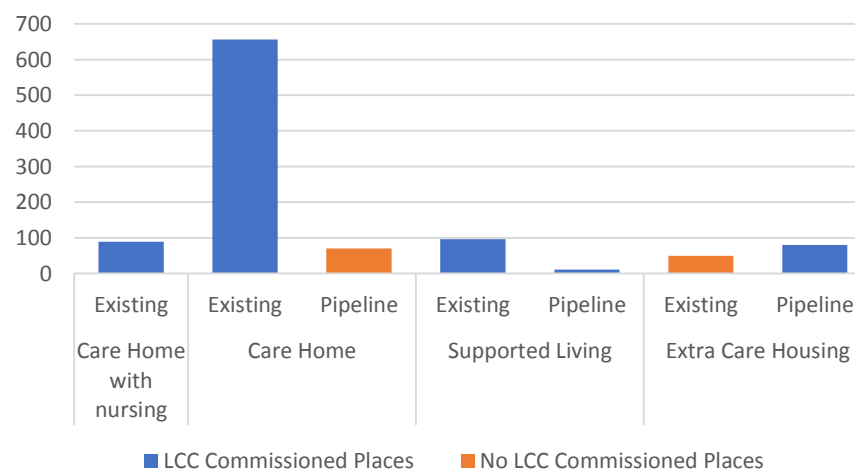
## Retirement Housing

- 21 retirement housing schemes with a total 835 units.

## Developments

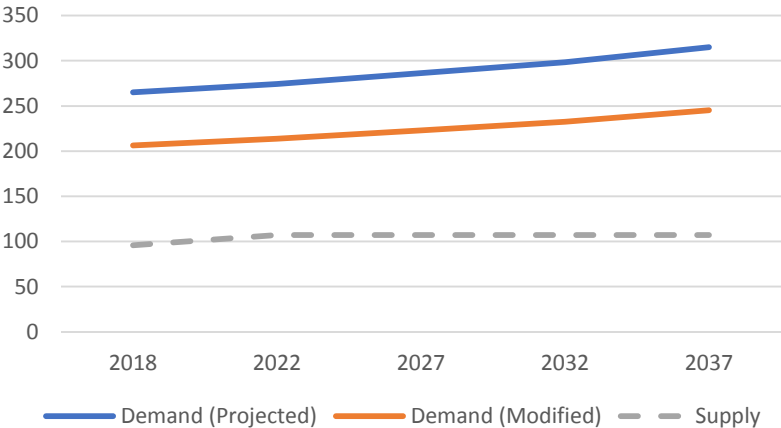
- A 70 bed Older Person Care Home (Kingsfield Court – Earl Shilton) is in development.
- A large development site in Hinckley & Bosworth includes an option for an 80 unit extra care scheme in its later phase (for development/completion in the next 2 years.)
- 2 Supported Living pipeline schemes – 1 x 5 bed LD/Transitions, 1 x 6 bed Mental Health.

Accommodation Supply: Hinckley & Bosworth

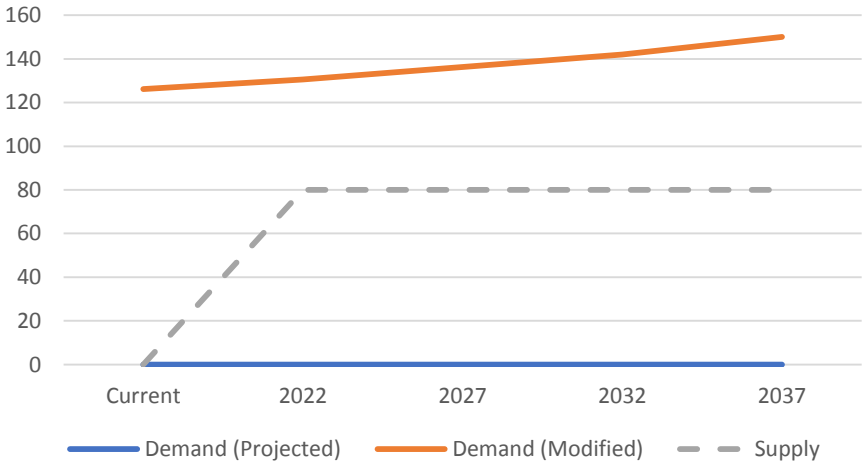


# Hinckley & Bosworth – Supply vs Demand

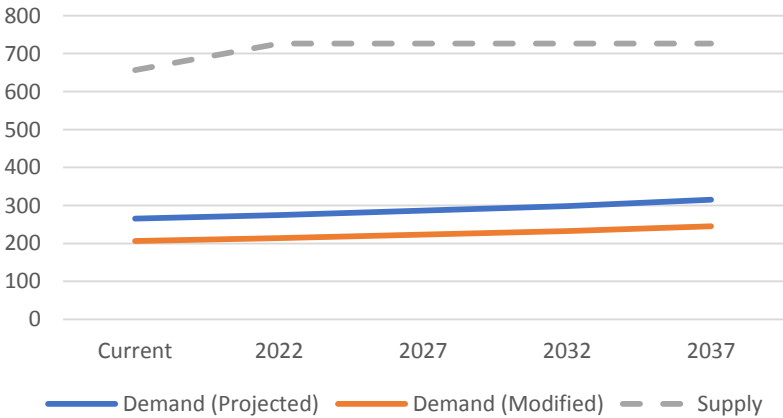
Supported Living: Hinckley & Bosworth



Extra Care: Hinckley & Bosworth



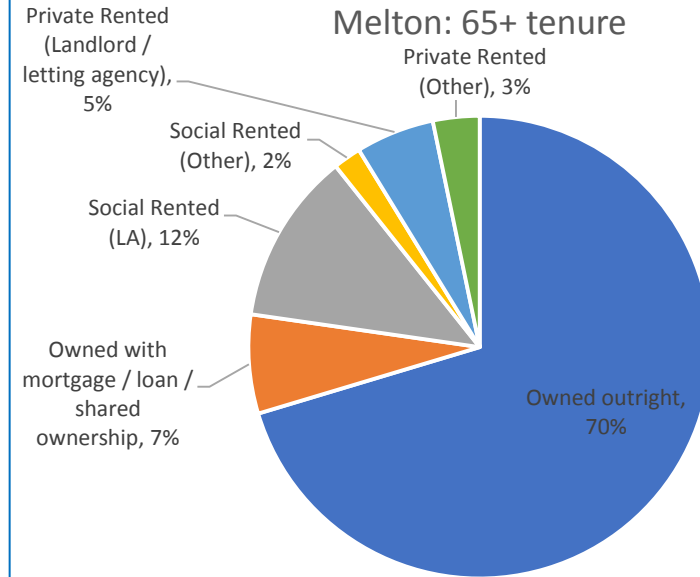
Care Homes (Residential): Hinckley & Bosworth



# District Profile: Melton

## Character

- Shares borders with Harborough, Charnwood, Rutland, Nottinghamshire & Lincolnshire.
- Main market town of Melton Mowbray; around half of existing housing sited here.
- Rural hinterland with 70 villages across the borough.
- Larger villages include Asfordby, Bottesford, Long Clawson and Waltham on the Wolds
- A roads between Nottingham-Oakham, Leicester-Grantham cross the borough. Railway access at Melton Mowbray & Bottesford.



## Local Plan

- 6,125 new homes proposed over the plan period 2011 – 2036.
- 3,981 homes proposed at Melton Mowbray, the remainder in rural areas
- Estimated to be approx. 360 units of specialist accommodation across the Borough, with a significantly higher proportion of the stock in the affordable than the market sector (83% vs. 17%).
- [Local Plan 2011-2036](#)



# District Profile: Melton

## Care Home Supply

- 10 registered care homes with 394 beds – LCC commissions at all.
- Older People: 261 residential beds (6 homes), 120 nursing beds (2 homes).
- WAA: 13 residential beds (2 homes) – no nursing.

## Extra Care Supply

- 2 schemes in the district containing 51 units.
- 1 scheme Gretton Court where LCC can commission (43 units)
- 1 independent scheme Wexford House (8 units).
- 15.7% of all units in independent schemes.

## Supported Living

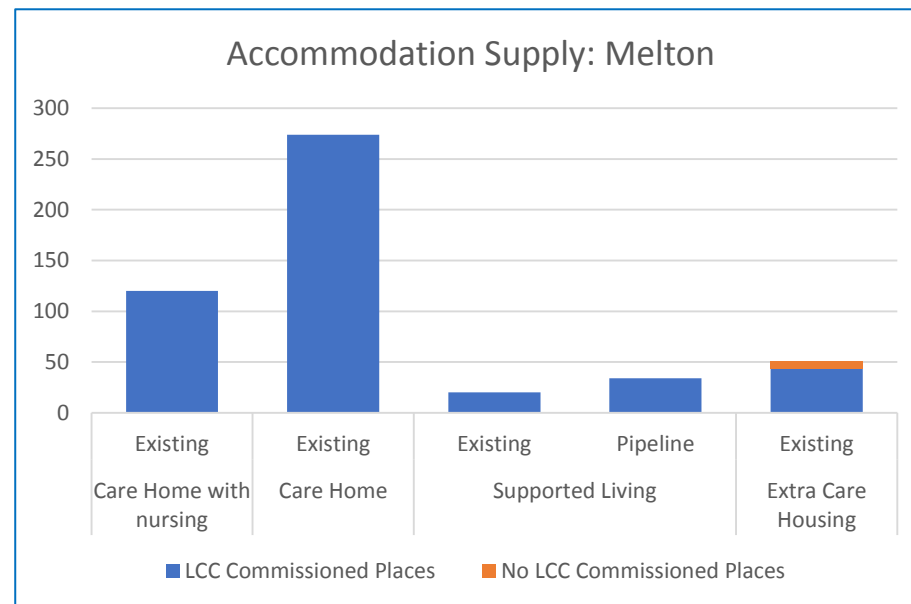
- 5 properties with 20 beds (LCC).
- 2 pipeline schemes with a total of 34 beds.

## Retirement Housing

- 30 retirement housing schemes with a total 645 units.

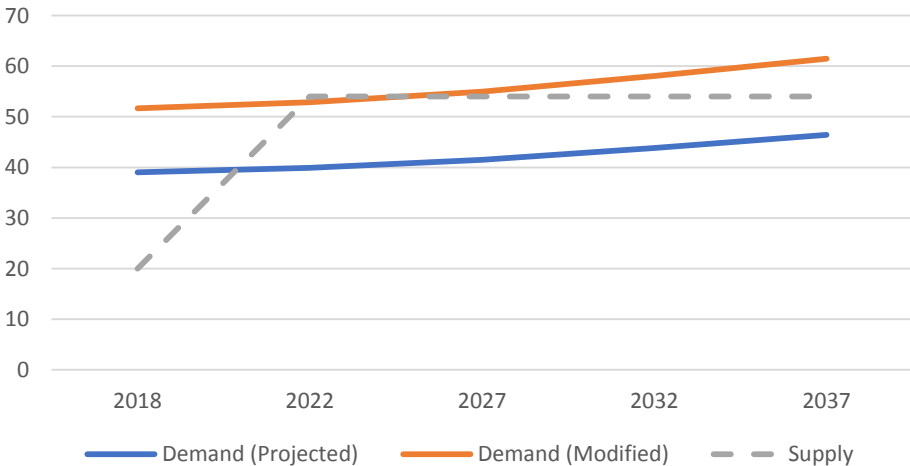
## Developments

- Gretton Court in Melton (owned and managed by MBC) was designated as not fit for purpose as an extra care scheme in the longer term. MBC are currently appraising options for an alternative extra care provision in the area.
- 2 pipeline Supported Living schemes (34 beds) – MBC.

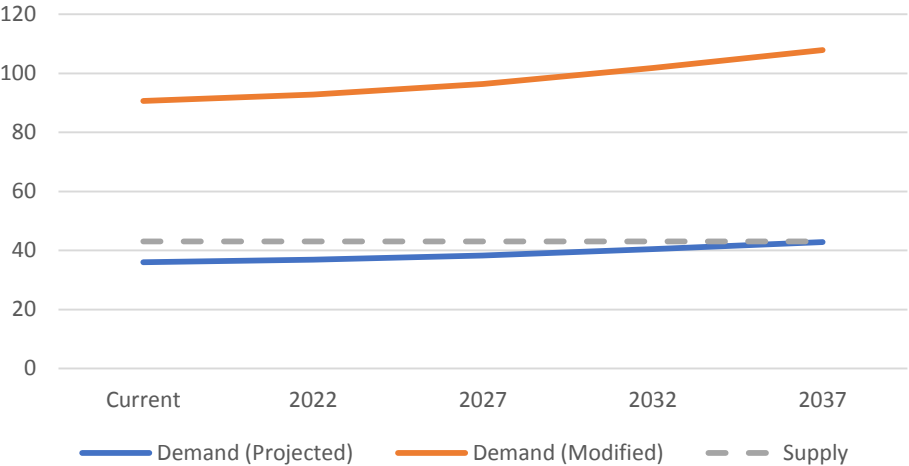


# Melton – Supply vs Demand

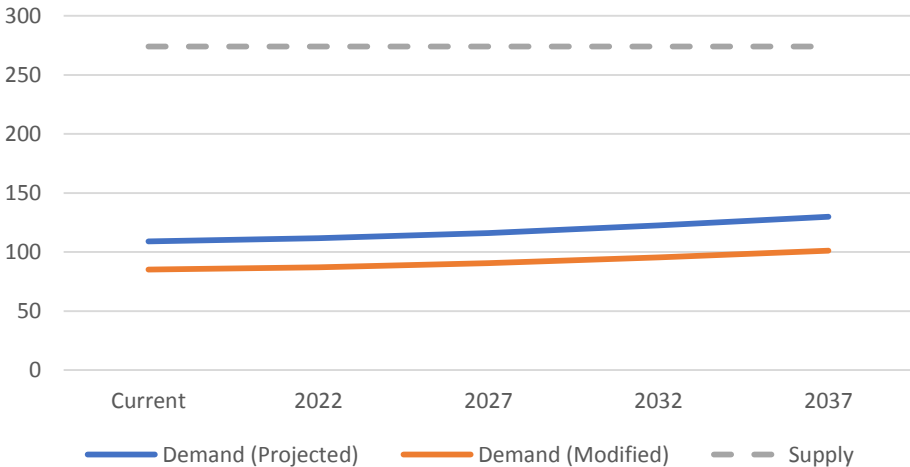
Supported Living: Melton



Extra Care: Melton



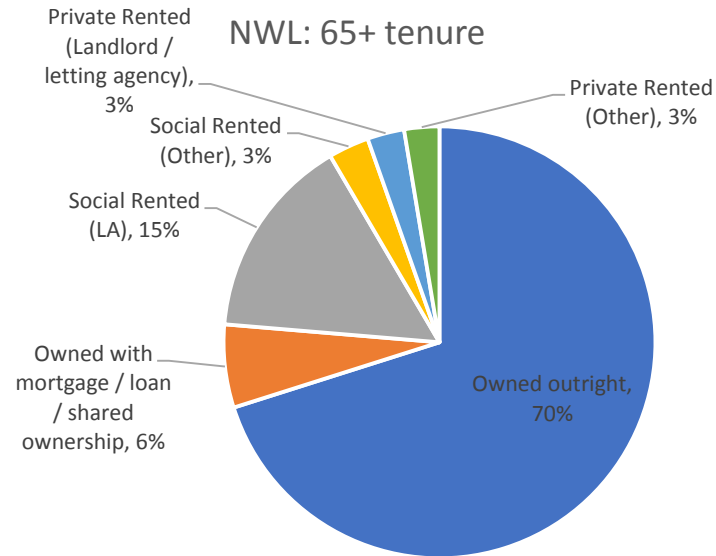
Care Homes (Residential): Melton



# District Profile: North West Leicestershire

## Character

- Mainly rural district.
- Shares borders with Charnwood, Hinckley & Bosworth, Derbyshire, Nottinghamshire, Staffordshire & Warwickshire.
- Easy access to M1 and M42 Birmingham, Derby, Leicester and Nottingham.
- East Midlands Airport (EMA) in north of the district.
- Main town is Coalville; other key settlements are Ashby, Castle Donington, Ibstock, Kegworth & Measham.



## Local Plan

[https://www.nwleics.gov.uk/pages/local\\_plan](https://www.nwleics.gov.uk/pages/local_plan)

- 10,592 dwellings will be developed over the plan period; 7,902 dwellings will be developed by 2031, in addition to the 2,690 which were built from April 2011 to 1 October 2016.
- 3,500 new homes planned for south-east Coalville.
- Land north of Ashby de la Zouch identified as other major site for development (approx. 2,050 dwellings planned in total)
- Developments of 50+ dwellings will provide a proportion suitable for:
  - (a) Occupation by the elderly, including bungalows
  - (b) Occupation or easily adaptable for people with disabilities in accordance with Part M4 (2) of the Building Regulations.

# District Profile: North West Leicestershire

## Care Home Supply

- 23 registered care homes with 579 beds – LCC commissions at all.
- Older People: 491 residential beds (15 homes), 23 nursing beds (1 home).
- WAA: 65 residential beds (7 homes) – no nursing.

## Extra Care Supply

- There are currently no Extra Care schemes in North West Leicestershire.
- EMH group have planning permission for an extra care scheme at Ashby (details not known).

## Supported Living

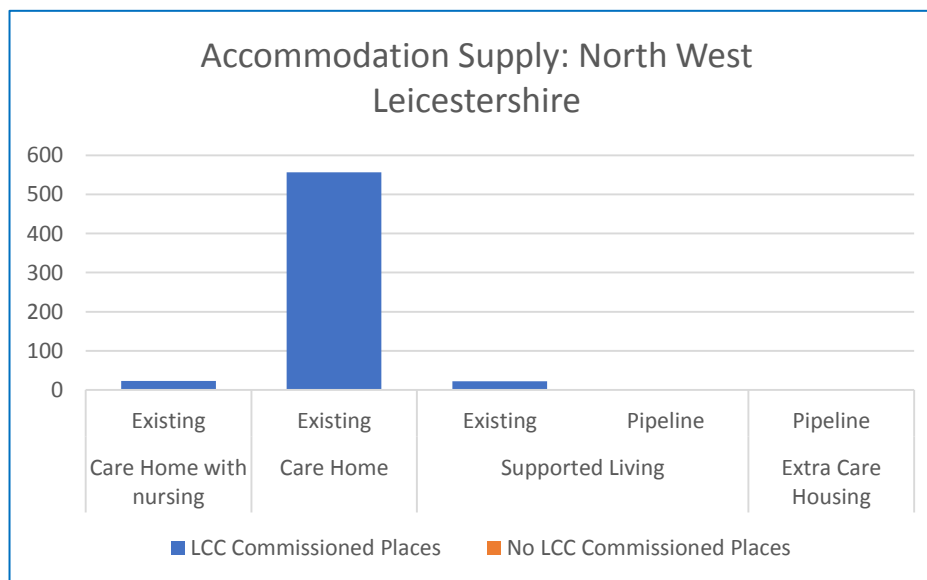
- 4 properties with 22 beds (LCC).

## Retirement Housing

- 1,392 units in 59 schemes.

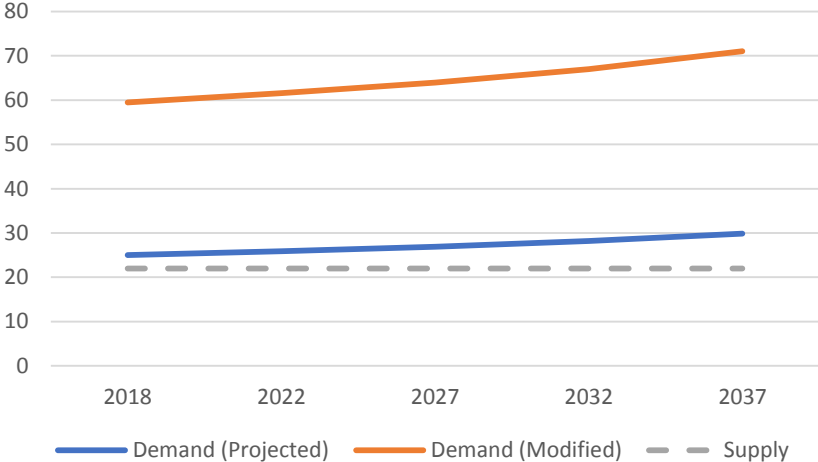
## Developments

- Full planning permission has been granted for an Extra Care scheme (number of units not known) at Money Hill, Ashby-de-la-Zouch by EMH Group.

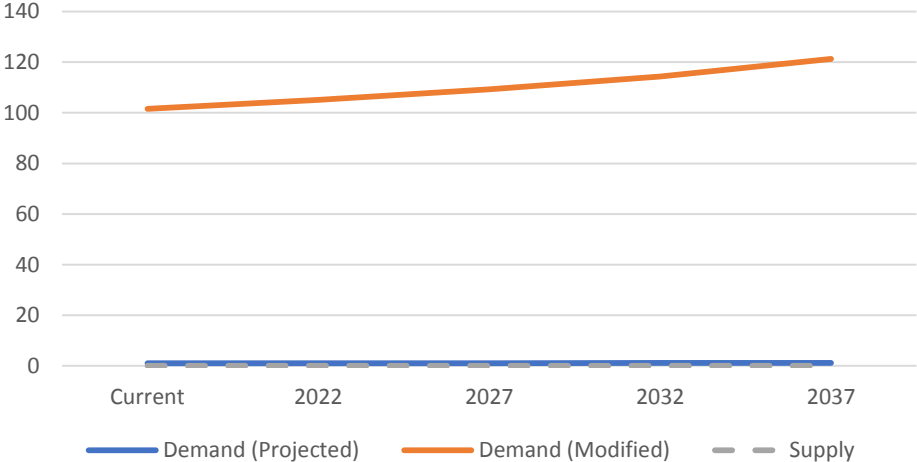


# North West Leicestershire – Supply vs Demand

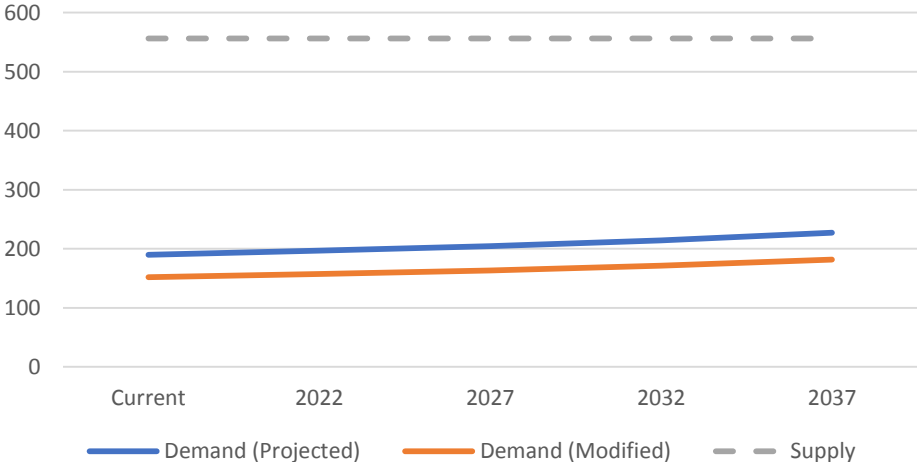
Supported Living: NWL



Extra Care: NWL



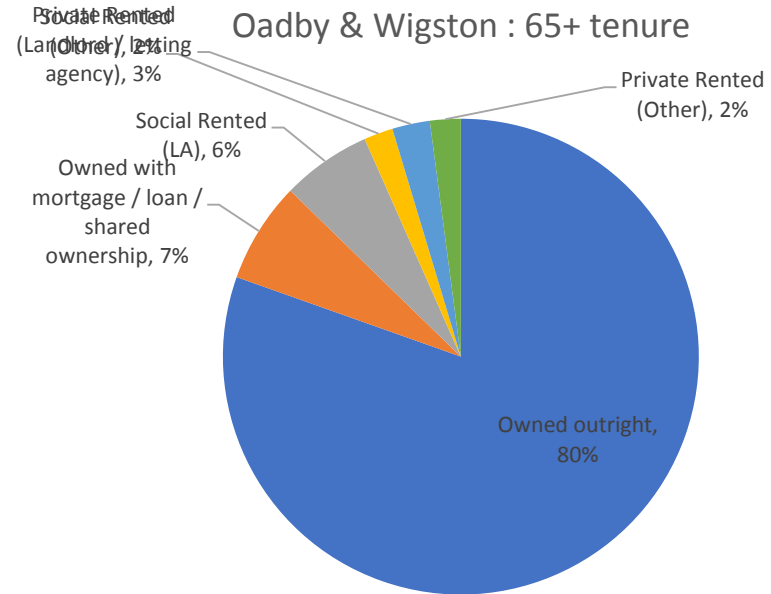
Care Homes (Residential): NWL



# District Profile: Oadby & Wigston

## Character

- Relatively small, compact and mainly urban Borough with three key settlements (Oadby, Wigston and South Wigston).
- Shares boundaries with Leicester City, Blaby District and Harborough District.
- The urban area of the Borough sits within the area known as the Leicester Principal Urban Area (PUA).
- Poor access to main arterial routes; the Borough is crossed by three main transport routes that serve the City of Leicester. Rail access at South Wigston.



## Local Plan

- New Local Plan covers period between 2011-31, [https://www.oadby-wigston.gov.uk/pages/new\\_local\\_plan](https://www.oadby-wigston.gov.uk/pages/new_local_plan)
- Provision for 2,960 new additional homes between 2011 and 2031 (1,614 between 2017 and 2031.)
- Approximately 300 new additional homes will be provided at the Stoughton Grange Direction for Growth Area, 400 new additional homes at the Cottage Farm Direction for Growth Area, and up to 1,350 at the Wigston Direction for Growth Area.
- *The Council will support the development of bungalows...specialist care accommodation, elderly care accommodation and retirement accommodation that meets an identified need and is proposed in appropriate sustainable locations.*

# District Profile: Oadby & Wigston

## Care Home Supply

- 20 registered care homes with 612 beds.
- Older People: 487 residential beds (12 homes), 85 nursing beds (2 homes).
- WAA: 28 residential beds (4 homes), 8 nursing beds (1 home)
- Also 1 WAA care homes (4 residential beds) where LCC do not currently commission.

## Extra Care Supply

- Saffron Court is the only Extra Care scheme in the borough, containing 28 units.
- 100% of all units in independent schemes.

## Supported Living

- 10 properties with 38 beds (LCC).

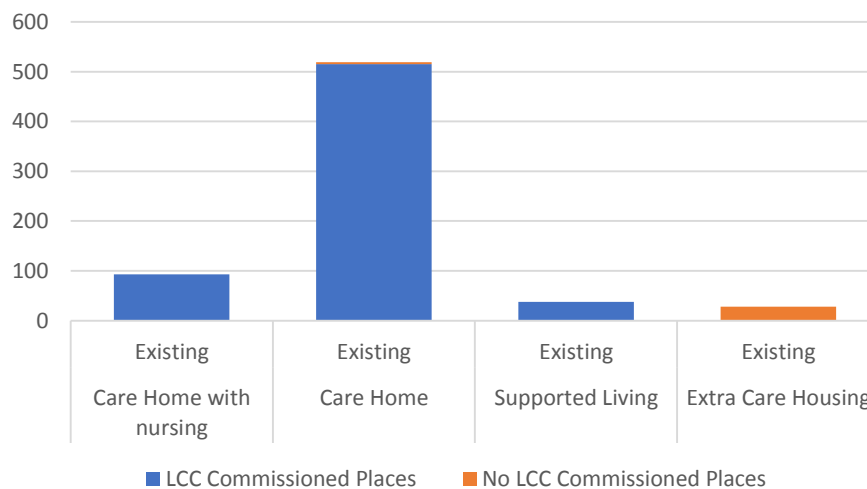
## Retirement Housing

- 15 retirement housing schemes with a total of 480 beds.

## Developments

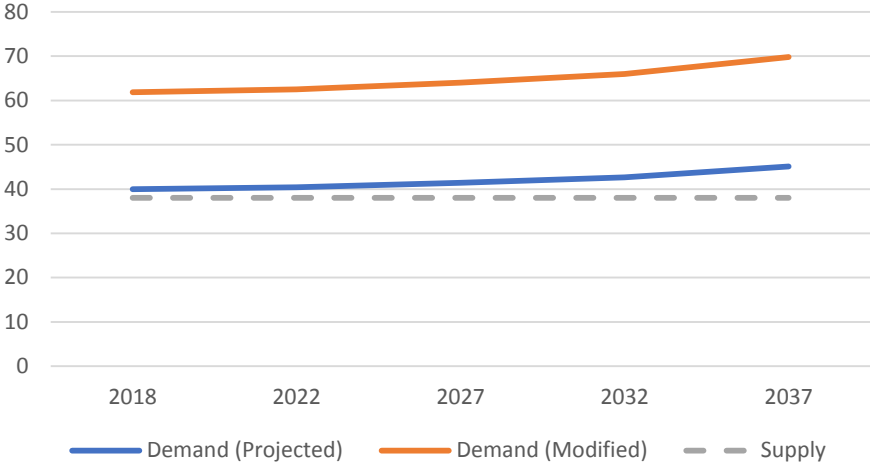
- No pipeline schemes identified.

Accommodation Supply: Oadby & Wigston

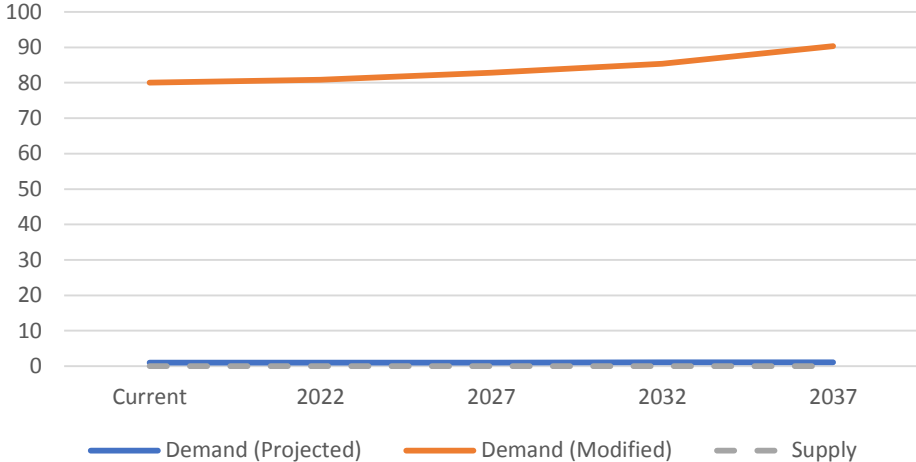


# Oadby & Wigston – Supply vs Demand

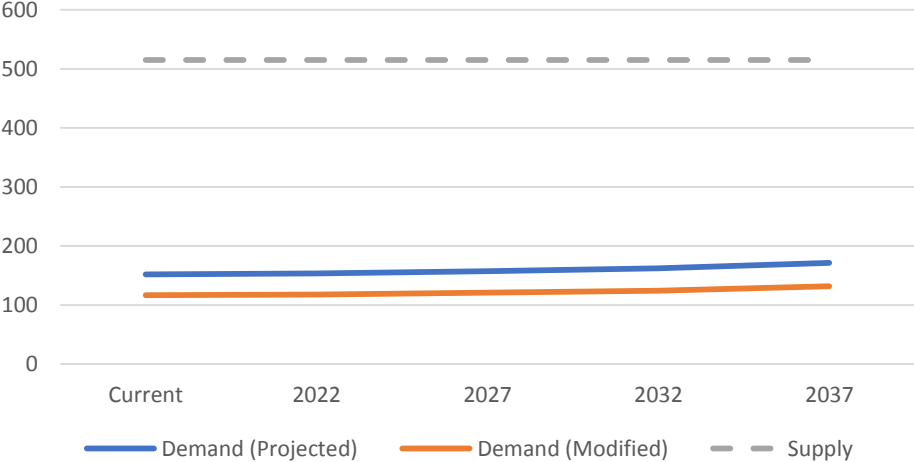
Supported Living: Oadby & Wigston



Extra Care: Oadby & Wigston



Care Homes (Residential): Oadby & Wigston





- Comments and contributions on the approach welcomed
- Cabinet approval in June 2019
- Publication of prospectus in summer 2019 with annual refresh
  
- Proceed with the development of year 1 priorities:
  - Extra Care
  - Supported Living
  - Dementia facility
  - Transitions accommodation

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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.

Please refer to the EHRIA [guidance](#) before completing this form. If you need any further information about undertaking and completing the assessment, contact your [Departmental Equalities Group](#) or [equality@leics.gov.uk](mailto:equality@leics.gov.uk)

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

<b>Key Details</b>	
<b>Name of policy being assessed:</b>	The Social Care Accommodation Capital Investment Strategy 2019-2037 Investment Strategy
<b>Department and section:</b>	Adults and Communities
<b>Name of lead officer/ job title and others completing this assessment:</b>	<p>Amanda Dexter - Commissioning and Market Shaping Officer Supported Accommodation</p> <p>Shirley Jones - Lead Commissioner Supported Accommodation</p> <p>Fiona McMahon - Interim Care Homes Lead, Adult Social Care</p> <p>Amy Lewis – Commissioning and Market Shaping Officer – Working Age Adults</p> <p>Kevin Turner – Senior Information Governance Officer, Corporate Resources</p>
<b>Contact telephone numbers:</b>	Shirley Jones 0116 305 3113
<b>Name of officer/s responsible for implementing this policy:</b>	<p>Sandy McMillan Assistant Director (Strategic Services) Adults and Communities Department</p> <p>Jon Wilson, Director of Adults and Communities Adults and Communities Department</p>

<b>Date EHRIA assessment started:</b>	12 <sup>th</sup> March 2019
<b>Date EHRIA assessment completed:</b>	1 <sup>st</sup> May 2019

## Section 1: Defining the policy

### Section 1: Defining the policy

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

#### 1 *What is new or changed in the policy? What has changed and why?*

The Social Care Accommodation Capital Investment Strategy 2019-2037 proposes major capital investment in Leicestershire over the next twenty years into accommodation-based support options including;

- Extra Care primarily for Older People
- Supported Living, primarily for working age adults with additional support needs for example learning disability, mental health support or physical disability including acquired brain injury.
- Residential Care for Older Adults
- Residential Care – for working age adults with complex needs.

The plan will commission the new build and potential refurbishment of property resulting in a full range of accommodation-based services by 2037 and will affect adults aged 18 + who have or are likely to develop either through age or illness, eligible adult social care needs as defined within the Care Act 2014, that means they may require accommodation-based support.

It is intended that this EHRIA looks at the broad principles of the twenty-year plan. As and when accommodation development projects are proposed, an additional EHIRA will be undertaken for each investment opportunity.

This Strategy and subsequent investment is required for the following reasons:

- Increasing demographic pressures and reducing resources across Social Care
- Adult Social Care's drive to maximise independence and support people at home or as close to home as possible
- Active, healthy engaging communities lead to reduced reliance on health and social care services, yet provision of different models of housing and support options remain underdeveloped in the UK
- The Care Act requires Councils to shape the whole market ensuring adequate provision for all, including for those people who fund their

own care and support needs

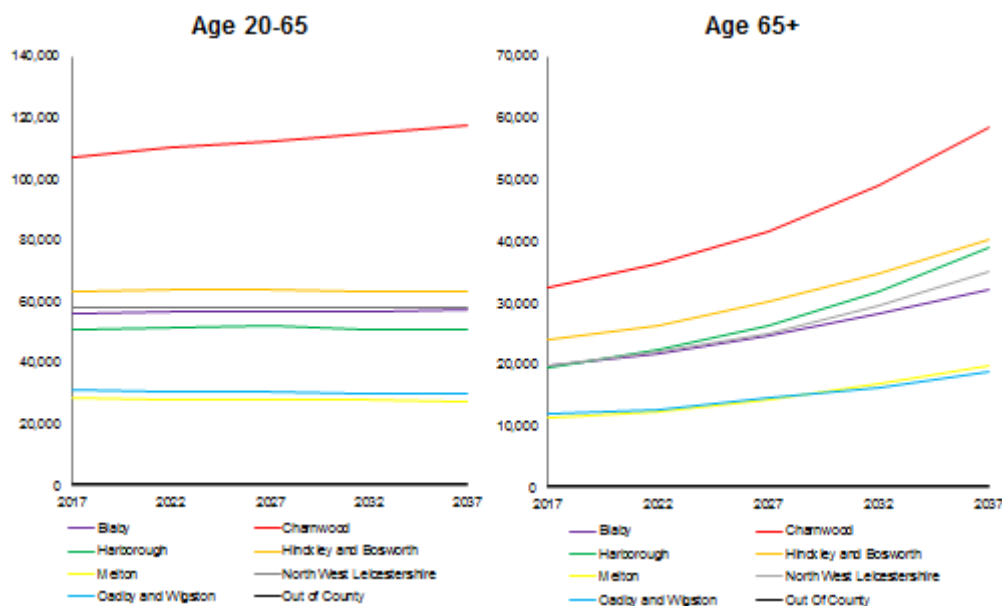
- Limited public knowledge of the housing and support options available
- Limited supply of housing and support options offering a mix of tenure types

The current position in Leicestershire is that there is a shortage of accommodation and increasing concerns over the markets' ability to fully meet needs of Leicestershire residents in the next 25 years and beyond. The market has also changed significantly over the past few years and current financial models are not delivering accommodation at a sustainable level. LCC has an opportunity to use its assets to reduce revenue spend in the future, secure more appropriate accommodation for Leicestershire residents and potentially generate additional income.

Extensive research and modelling done within the Department demonstrates that there are clear gaps in provision across the County for Supported living for working age adults, Extra care and Residential Care. Therefore, there is evidence that supply is not aligned to our commissioning requirements and limits choice.

There is an undersupply of the accommodation required and there is insufficient new investment coming forward to meet future demand based on population change forecasts for 2017-2037. This is likely to lead to a future shortage of care and ultimately rising prices. Furthermore, LCC is typically reliant on the market to decide what accommodation-based services are developed as well as when and where they are built.

See demand graph below.



The Investment Strategy sets out how LCC hoped to address these issues by:

- **Improving service user outcome** - Support the Adult Social Care commissioning strategy by promoting independence and avoiding long

	<p>term institutional care by having a range of more suitable options.</p> <ul style="list-style-type: none"> <li>• <b>Shape the market and ensure capacity</b> – Have greater control in and design of property development for use as social housing (market shaping and development) and determine the most suitable locations based on local intelligence (housing needs analysis).</li> <li>• <b>Contain demand growth</b> - Manage demand by delaying and reducing the need for care by Leicestershire County Council having a greater influence over the development of the care market ensuring it has the right mix of services to meet local demographic need.</li> <li>• <b>Contain cost pressures</b> – Transfer the emphasis from revenue expenditure (due to austerity measures) to improved use of capital expenditure as well as support cost avoidance of exorbitant hotel costs incurred in purchase of residential /other specialist care/support.</li> <li>• <b>Generate income</b> - Get a Return on Investment and therefore generate income to offset challenges of austerity on available budgets.</li> </ul> <p>The LCC adult social care client groups referred to in this strategy include all current and future individuals aged 18+with an eligible social care need who have:</p> <ul style="list-style-type: none"> <li>• Learning Disabilities and/or People with Autism</li> <li>• Mental Health Needs</li> <li>• Physical Disability (+ sensory impairment/acquired brain injury)</li> <li>• A learning disability and/or autism and/or a mental health condition, who display behaviour that challenges (who may fall under the Transforming Care Partnership (TCP)) <ul style="list-style-type: none"> <li>• Young people potentially transitioning into Adult Services</li> <li>• Older adults</li> </ul> </li> </ul>
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>Main policies listed below.</p> <ul style="list-style-type: none"> <li>• Care Act 2014</li> <li>• Leicestershire County Council Working Together for the benefit of everyone. Strategic Plan 2018-2020</li> <li>• Leicestershire County Council’s Adult Social Care Strategy 2016- 2020.</li> <li>• Leicestershire County Council’s Accommodation Strategy for Working Age Adults 2017 – 2022.</li> <li>• Leicestershire, Leicester and Rutland (August 2018) Next Steps to Better Care in Leicester Leicestershire and Rutland</li> <li>• Leicestershire, Leicester Rutland Safeguarding Adults policy</li> <li>• Adult Social Care: Accommodation Strategy for Older People 2016-2026</li> <li>• Leicestershire District Council’s Housing Offer to Health and Wellbeing.</li> </ul>

	<ul style="list-style-type: none"> <li>Transforming Care Partnership (Leicester, Leicestershire and Rutland)</li> <li>The Adult Social Care Equipment, Adaptations and Assistive Technology Strategy 2016 – 2020.</li> </ul>										
<b>3</b>	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The potential impact of capital investment in social care accommodation is relevant to people aged 18 +living in Leicestershire with an eligible need or potential need for social care support, who may be need supported accommodation. This may also include their relatives and ‘carers’. There is also potential impact upon everyone living in Leicestershire.</p> <p>The Investment Strategy intends to improve the number and diversity of accommodation options available for adults eligible for adult social care support across the County. The key aim is to enable individuals to live as independently as possible through supported and/or specialist accommodation.</p> <p>Through an increase in accommodation options, it is intended that the impact on an individual’s relatives and/or carers may be affected. Residents of Leicestershire may be affected by a change to properties in their local neighbourhood and/or local community.</p>										
<b>4</b>	<p>Will the policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? <b>(Please tick and explain how)</b></p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>How?</th> </tr> </thead> <tbody> <tr> <td>Eliminate unlawful discrimination, harassment and victimisation</td> <td style="text-align: center;">✓</td> <td></td> <td> <p>The Strategy recognises the Council serves a diverse population and supports all individual’s rights to make decisions and choices about their accommodation.</p> <p>This will meet the requirements by the consistent application and review of policies and procedures which inform and guide the commissioning of new accommodation for people with adult social care needs.</p> <p>Transparent decision making about where accommodation will be built and how the building will function.</p> <p>The Authority will take immediate action and deploy multi-agency safeguarding and legal interventions to prevent and stop all forms of harm, neglect and abuse including hate crime. This will include safeguarding tenants and their homes from being targeted by the wider community.</p> </td> </tr> </tbody> </table>				Yes	No	How?	Eliminate unlawful discrimination, harassment and victimisation	✓		<p>The Strategy recognises the Council serves a diverse population and supports all individual’s rights to make decisions and choices about their accommodation.</p> <p>This will meet the requirements by the consistent application and review of policies and procedures which inform and guide the commissioning of new accommodation for people with adult social care needs.</p> <p>Transparent decision making about where accommodation will be built and how the building will function.</p> <p>The Authority will take immediate action and deploy multi-agency safeguarding and legal interventions to prevent and stop all forms of harm, neglect and abuse including hate crime. This will include safeguarding tenants and their homes from being targeted by the wider community.</p>
	Yes	No	How?								
Eliminate unlawful discrimination, harassment and victimisation	✓		<p>The Strategy recognises the Council serves a diverse population and supports all individual’s rights to make decisions and choices about their accommodation.</p> <p>This will meet the requirements by the consistent application and review of policies and procedures which inform and guide the commissioning of new accommodation for people with adult social care needs.</p> <p>Transparent decision making about where accommodation will be built and how the building will function.</p> <p>The Authority will take immediate action and deploy multi-agency safeguarding and legal interventions to prevent and stop all forms of harm, neglect and abuse including hate crime. This will include safeguarding tenants and their homes from being targeted by the wider community.</p>								

				Process and decisions are open to external scrutiny and civil and criminal legal challenge.
	Advance equality of opportunity between different groups	✓		<p>The Strategy aims to improve choices and outcomes for adults with a disability.</p> <p>This accommodation model will extend the opportunity for people with adult social care needs to live in their own home with tenancy rights and access to self-directed support. This will enable individuals to live an ordinary life in the local community, as independently as possible, for as long as possible.</p> <p>The overall service delivery model will promote and protect the right of people using social care to be treated with respect for their dignity and personal autonomy.</p>
	Foster good relations between different groups	✓		<p>The Strategy aims to see more adults with a disability living within the community. Inclusive neighbourhood planning with local people linked to property development and good design will promote awareness, understanding, tolerance and respect between different groups of people.</p> <p>This investment may bring added social value including physical and environmental improvements to a local community.</p> <p>For example, small improvements such as a zebra crossing (road safety) reduces physical barriers and improves links to different parts of a neighbourhood. This type of small investment can encourage people in the local community to get outside, get around and talk to each other. This can promote inclusion and contribute to reducing social isolation for people who live locally.</p> <p>Specifications for support services that will take place in the accommodation created via the Strategy, all promote social inclusion and supporting older people living in Extra Care/Residential Care and younger adults in Supported</p>



				Living etc to actively engage in the communities within and outside their immediate residence/scheme/care home.
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## 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 a 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*
<b>5.</b>	Have the target groups been consulted about the following?		
	a) their current needs and aspirations and what is important to them;		✓
	b) any potential impact of this change on them (positive and negative, intended and unintended);		✓
	c) potential barriers they may face	✓	
<b>6.</b>	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	✓	
<b>7.</b>	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	✓	
<b>8.</b>	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		
	Specific consultation with target individuals regards the Capital Investment Strategy has not been undertaken to date. The Strategy has been presented and discussed at the Learning Disability Partnership Board. More engagement is planned as the strategy develops: when specific investment opportunities arise. Local stakeholder engagement will be carried out.		

	<p>The Department does have significant evidence of current and strategic demand for increased accommodation options and results from service user engagement from recent related Strategies.</p> <p>For example, engagement was undertaken with key internal and external stakeholders to gather views on the challenges and opportunities around the future of supported accommodation, as part the development for Leicestershire County Council's Accommodation Strategy for Working Age Adults 2017 – 2022</p> <p>A targeted survey was completed by 37 individuals representing local authority's, districts, health, housing partners, care providers and the voluntary and community sector during January 2017.</p> <p>Key themes from feedback received can be summarised as follows:</p> <ul style="list-style-type: none"> <li>• Lack of suitable, well located and affordable supported housing across the County for all groups</li> <li>• Self-contained properties with on-site support are favoured (core and cluster)</li> <li>• Capital investment, to increase capacity within the market is key</li> <li>• Difficult national picture affecting local provision</li> <li>• More internal resources needed to facilitate supported living</li> </ul> <p>Four individuals and two parent/carers were also interviewed about their journey to supported living and a number of current supported accommodation tenant's views sought.</p> <p>Key themes from individuals can be summarised as follows:</p> <ul style="list-style-type: none"> <li>• Individuals who had moved into supported living found it a positive step</li> <li>• Many had found difficulties in being able to understand/communicate with landlords, especially the format of the information and complaint processes</li> <li>• Some had experienced difficulties from neighbours, and in the community where they lived</li> <li>• Families often felt considerable nervousness around a move to supported living for their loved one</li> </ul> <p>The specific property development EHRIA's, which will fit underneath this overarching assessment, will be driven by intelligence and involve local consultation with relevant stakeholders. Evidence and lessons learned from Property refurbishments carried out in 2017/ 2018 will also be used, to understand the impact of recent capital investment and how the new accommodation is working for people who live and work in the new building.</p>
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<b>Section 2</b>			
<b>B: Monitoring Impact</b>			
<b>9.</b>	Are there systems set up to:	<b>Yes</b>	<b>No</b>
	a) monitor impact (positive and negative, intended and unintended) for different groups;	✓	

	b) enable open feedback and suggestions from different communities	✓	
<b>Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.</b>			
<b>Section 2 C: Potential Impact</b>			
10.	Use the table below to specify if any individuals or community groups who identify with any of the ' <a href="#">protected characteristics</a> ' may <b>potentially</b> be affected by the policy and describe any positive and negative impacts, including any barriers.		
	Yes	No	Comments
Age	✓		<p>The Investment Strategy will deliver a full range of accommodation options for adults with social care needs aged 18 +.</p> <p>Different age groups within the 18+ age range may be positively and/or negatively affected differently by the Strategy, for example, those who are part of the working age group (18-64) and the older age range, for example, 55 years plus.</p> <p>There are currently 218 individuals living within an Extra Care scheme in Leicestershire. These services are generally intended for older people aged 55 or 60 and over, but are exceptions are in place to ensure that younger adults with specific related disabilities are not discriminated against. This includes younger adults with early onset dementia or with a physical care learning disability.</p> <p>The Residential Care population is also generally older, however there are a number of under 65's currently placed in Residential Care. As of April 2019, 22 individuals under 65's have moved into Residential Care this year to date. A</p>

			<p>principle of the Strategy is to increase community based Supported Living accommodation to decrease the number of working age adults being placed in Residential Care. It is intended that this represents a positive impact for this group.</p>
	<b>Disability</b>	✓	<p>All individuals accessing accommodation that results from the Strategy will be eligible for social care services in line with national eligibility criteria. This is likely to be as a result of a disability.</p> <p>This Strategy is focused on maximising the safety, independence and quality of life of adults with disabilities by promoting accessible accommodation and increasing accommodation options and services. This approach would likely impact eligible disabled people positively.</p> <p>As a result of this work, changes to people's support package in terms of the way that they are supported and who they are supported by, may potentially occur. It may be that some individuals are asked if they want to relocate to a community based supported accommodation setting.</p> <p>Any associated changes to individual's support/residence will need to consider the best way to do this for the individuals involved, through both transition planning, decommissioning and relocation processes.</p>
	<b>Gender Reassignment</b>	✓	<p>The focus on achieving individual outcomes will support equality of service delivery. The Strategy promotes that all</p>

			<p>accommodation should endeavour to provide flexible inclusive services. Ongoing monitoring is required to ensure that services are accessible and inclusive.</p> <p>Any impact on people proposing to reassign their gender, undergoing a process to reassign their gender, or having completed it, is not specifically addressed within the Strategy and therefore any impact is likely to be neutral.</p>
	<b>Marriage and Civil Partnership</b>	✓	<p>Extra Care, Residential Care and Supported Living includes some provision of accommodation for sharing/couples. No specific intentions are included in the overarching Strategy to increase accommodation for sharing/couples and therefore any impact is likely to be neutral.</p>
	<b>Pregnancy and Maternity</b>	✓	<p>It is unlikely that anyone moving into/living within an Extra Care or a non-specialist residential setting would be affected by pregnancy or maternity.</p> <p>Anyone living in supported accommodation, depending on the circumstances around their tenancy, or if they are in shared accommodation and/or their individual situation, may be affected if they become pregnant. Their accommodation and/or support may need to be reviewed/alterd. They may not then meet the housing criteria for Supported Living and the Landlord may offer them suitable alternative accommodation.</p>
	<b>Race</b>	✓	<p>The majority of individuals who</p>

			<p>live in Leicestershire are White British. Of the 218 individuals living in Extra Care, 85% are White English/Welsh/Scottish/N Irish/British. This is reflected in Residential Care and Supported Living, where this ethnic group also forms the majority of individuals.</p> <p>The Capital Investment Strategy does not specifically aim to increase the number of non-white individuals living within social care accommodation but is non-discriminatory in assessment of individual's needs.</p> <p>Therefore, any impact is likely to be neutral.</p>
	<b>Religion or Belief</b>	✓	<p>Religion or belief is closely associated with cultural and ethnic differences and all care provided for those eligible for social care support or accommodation should respect religious and other beliefs. Consideration will be given to individual accommodation design to take into account religious and/or cultural practices, for example, inclusion of multi faith prayer facilities, catering requirements.</p> <p>Any impact on people regards their religion or belief is not specifically addressed within the Strategy and therefore any impact is likely to be neutral</p>
	<b>Sex</b>	✓	<p>The majority of individuals currently living within Supported Living settings in Leicestershire are males. This is due to the prevalence of adults aged 18+ within a Supported Living setting in Leicestershire, who have a Learning Disability.</p> <p>Statistically more males have a diagnosed learning disability</p>

			<p>than women. For example, census data from 2011 shows 1,191,000 people as having a learning disability. This includes 905,000 adults aged 18+ (530,000 men and 375,000 women) (Source: People with Learning Disabilities in England 2011).</p> <p>Based on this information, men are more likely to see a beneficial impact on an increase in this type of accommodation as proposed by this Strategy, as oppose to women.</p> <p>Snap shot data from April 2018 shows that most individuals who live in Extra Care and Residential Care in Leicestershire are women. This ranges from 61% - 75% of women living in the Schemes compared to 25% - 41% of men. This is due to general UK life expectancy for men and woman. Based on this information, women are more likely to see a beneficial impact on an increase in this type of accommodation as proposed by this Strategy, as oppose to men.</p> <p>Overall, the impact will be neutral around 'sex'.</p>
	<b>Sexual Orientation</b>	✓	<p>The focus on achieving individual outcomes will support equality of service delivery. The Strategy promotes that all accommodation should endeavour to provide flexible inclusive services. Ongoing monitoring is required to ensure that services are accessible and inclusive.</p> <p>Extra Care, Residential Care and Supported Living includes some provision of accommodation for</p>

			<p>sharing/couples, regardless of sexual orientation.</p> <p>Any particular impact on people based on their sexual orientation is not specifically addressed within the Strategy and therefore any impact is likely to be neutral.</p>
	<p><b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b></p>	✓	<p>Partnership working with District and Borough Council's to deliver the Strategy will help to identify particular local needs and address accommodation issues in relation to rural areas, homelessness, asylum seekers, disadvantaged communities.</p> <p>Family carers and parents will be included in the development of the Strategy and their views considered.</p> <p>Integration and partnerships with health services will contribute to addressing health inequalities.</p>
	<p><b>Community Cohesion</b></p>	✓	<p>Inclusive neighbourhood planning linked to property development will aim to promote awareness, understanding, tolerance and respect between different groups of people. The focus on maximising use of community resources should promote greater inclusion and community cohesion.</p> <p>The 'Wellbeing Service' within Extra Care provision will continue to focus on maximising the use of resources to promote a sense of connection, trust and belonging both within and across communities and groups. With regards to community participation the service model facilitates participation in the community, links with community groups and associations and participation in</p>



				religious and non-religious activities.  It should be noted that there may be increased tensions within communities where individuals have newly been settled.
<b>11.</b>	<p>Are the human rights of individuals <b><i>potentially</i></b> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? <b>(Please tick)</b> ✓</p> <p>Explain why you consider that any particular <a href="#">article in the Human Rights Act</a> may apply to the 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> <p>The following statement is taken from the Equality and Human Rights Commission Summary of Submissions following Phase 1 of the Grenfell Tower Inquiry. This was published by the Commission on the 13th March 2019.</p> <p><i>“By failing to take appropriate protective measures to meet the needs of particularly vulnerable groups, the relevant authorities did not fulfil their duty to protect the right to life. Grenfell Tower posed a threat to life for vulnerable groups, such as children, pregnant women, older people, disabled people (including those with cognitive, mobility or sensory impairments) and those who were not fluent in English. Appropriate evacuation policies must be effectively communicated and understood by all residents, especially those living in high-rise buildings.</i></p> <p><i>The housing provided to many of these residents was not suitable for their needs. Policies and practices were not framed with appropriate thought for meeting the different needs of such residents. Housing policies and practices must be reviewed and reconsidered to ensure compliance with legal responsibilities under equality and human rights law (p9).”</i></p> <p><i>... “These failings are manifest. Evidence to the inquiry and in the public domain make this plain. The inquiry should act now and not delay recommendations for remedial action until its final report is ready in 2022 (p10).”</i></p>			
		<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>Part 1: The Convention- Rights and Freedoms</b>				
	<b>Article 2: Right to life</b> This is an absolute UK citizen right.	<b>X</b>		<p>The delivery of this Strategy is underpinned by the Adult Social Care duty to support individuals rights as a citizen.</p> <p>Any accommodation that is created/sourced because of this Strategy will support people to maintain living in a place of their</p>

			choice within the UK, maintaining/obtaining tenancy/property rights and aims to make achievable the opportunity for people to die at home, if that is their wish.
<p><b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b></p> <p>This is an absolute UK citizen right.</p>	X		<p>The delivery of service is underpinned by the ASC duty to promote wellbeing and personal dignity.</p> <p>All accommodation is expected to be of an acceptable standard to maintain health and dignity. It will be robust, safe and effective environment for adults with social care needs.</p>
<p><b>Article 4: Right not to be subjected to slavery/ forced labour</b></p> <p>This is an absolute UK citizen right.</p>	X		<p>The Council and its partners will take immediate action and deploy multi-agency safeguarding and legal interventions to prevent and stop all forms of harm, neglect and abuse</p> <p>The commissioned accommodation model will work to prevent and stop individuals living in community-based accommodation from being targeted or becoming victims of modern slavery, exploitation and living in dangerous or unfit housing conditions.</p>
<p><b>Article 5: Right to liberty and security</b></p> <p>Lawful restrictions can apply to UK citizens under certain circumstances.</p>	X		<p>In general, individual's liberty will not be reduced, however, in specific circumstances lawful restrictions may be put in place, for example, under the frameworks of Mental Capacity Act, Deprivation of Liberty Safeguards or Court of Protection rulings.</p>
<p><b>Article 6: Right to a fair trial</b></p> <p>Lawful restrictions can apply to UK citizens under certain circumstances.</p>		X	
<p><b>Article 7: No</b></p>		X	

<p><b>punishment without law</b></p> <p>This is an absolute UK citizen right.</p>			
<p><b>Article 8: Right to respect for private and family life</b></p> <p>Lawful restrictions can apply to UK citizens under certain circumstances.</p>	X		<p>Increased accommodation choices will increase the opportunity for individuals to remain living independently in the setting of their choice and respect their personal dignity, autonomy and social relationships.</p> <p>Preserving independent living for longer supports most peoples' preference for pursuing their private and family life at home.</p>
<p><b>Article 9: Right to freedom of thought, conscience and religion</b></p> <p>Lawful restrictions can apply to UK citizens under certain circumstances.</p>	X		<p>The Strategy continues to facilitate and support and integrate individuals into their own local communities and networks and therefore facilitate them in practicing of their faith or beliefs.</p>
<p><b>Article 10: Right to freedom of expression</b></p> <p>Lawful restrictions can apply to UK citizens under certain circumstances.</p>	X		<p>The Strategy continues to facilitate and support and integrate individuals into their own local communities and networks and therefore facilitate them in their right to freedom of expression.</p>
<p><b>Article 11: Right to freedom of assembly and association</b></p> <p>Lawful restrictions can apply to UK citizens under certain circumstances.</p>		X	
<p><b>Article 12: Right to marry</b></p> <p>Lawful restrictions can apply to UK citizens under certain circumstances.</p>	X		<p>In general, an individual's right to marry will not be impacted, however, in specific circumstances lawful restrictions may be put in place, for example, under the frameworks of Mental Capacity Act, Deprivation of Liberty Safeguards or Court of Protection rulings.</p>

	<b>Article 14: Right not to be discriminated against</b>  Not freestanding.	X		This Capital Investment Strategy is based on the values and principles of Adult Social Care and is designed to ensure that no groups are unintentionally or intentionally excluded or disadvantaged from accessing or benefitting from them.	
<b>Part 2: The First Protocol</b>					
	<b>Article 1: Protection of property/ peaceful enjoyment</b>  Lawful restrictions can apply to UK citizens under certain circumstances.	X		Under the plans referenced here, more individuals will have tenancy / property rights.  Facilitation people to live independently at home in the community for as long as possible contributes to 'protection of property/peaceful enjoyment.	
	<b>Article 2: Right to education</b>  Lawful restrictions can apply to UK citizens under certain circumstances.		X		
	<b>Article 3: Right to free elections</b>  This is an absolute UK citizen right.		X		
<b>Section 2</b>					
<b>D: Decision</b>					
13.	Is there evidence or any other reason to suggest that:  a) the policy could have a different affect or adverse impact on any section of the community;  b) any section of the community may face barriers in benefiting from the proposal	<b>Yes</b>		<b>No</b>	<b>Unknown</b>
				✓	
				✓	
13.	Based on the answers to the questions above, what is the likely impact of the policy.  The impact of the Capital Investment Strategy is likely to be positive or neutral.				

	No Impact <input type="checkbox"/>	Positive Impact <input checked="" type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
<b>Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.</b>				
14.	Is an EHRIA report required?	Yes <input 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.

**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.

## 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 the policy and to critically examine whether it is *likely* to have a positive or negative impact on different groups within our diverse communities. It should also identify any barriers that may adversely affect under-represented communities or groups that may be disadvantaged by the way in which we carry out our business.

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

### Section 3

#### A: Research and Consultation

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

15. Based on the gaps identified either in the EHRIA Screening or independently of

	<p>this process, <b>how</b> have you now explored the following and <b>what</b> does this information/ data tell you about each of the diverse groups?</p> <ul style="list-style-type: none"> <li>a) current needs and aspirations and what is important to individuals and community groups (including human rights);</li> <li>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</li> <li>c) likely barriers that individuals and community groups may face (including human rights)</li> </ul>
16.	<p>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>
<p><b>When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.</b></p>	
17.	<p>Based on the gaps identified either in the EHRIA Screening or independently of this process, <b>how</b> have you further consulted with those affected on the likely impact and <b>what</b> does this consultation tell you about each of the diverse groups?</p>

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

<b>Section 3</b>	
<b>B: Recognised Impact</b>	
<b>19.</b>	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 <b>likely</b> to be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.
	<b>Comments</b>
<b>Age</b>	
<b>Disability</b>	
<b>Gender Reassignment</b>	
<b>Marriage and Civil Partnership</b>	
<b>Pregnancy and Maternity</b>	

	<b>Race</b>	
	<b>Religion or Belief</b>	
	<b>Sex</b>	
	<b>Sexual Orientation</b>	
	<b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b>	
	<b>Community Cohesion</b>	

<b>20.</b>	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <b>likely</b> to apply to the 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?	
		<b>Comments</b>
	<b>Part 1: The Convention- Rights and Freedoms</b>	
	<b>Article 2: Right to life</b>	
	<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>	
	<b>Article 4: Right not to be subjected to slavery/ forced labour</b>	
	<b>Article 5: Right to liberty and security</b>	
	<b>Article 6: Right to a fair trial</b>	
	<b>Article 7: No punishment</b>	



	<b>without law</b>	
	<b>Article 8: Right to respect for private and family life</b>	
	<b>Article 9: Right to freedom of thought, conscience and religion</b>	
	<b>Article 10: Right to freedom of expression</b>	
	<b>Article 11: Right to freedom of assembly and association</b>	
	<b>Article 12: Right to marry</b>	
	<b>Article 14: Right not to be discriminated against</b>	
	<b>Part 2: The First Protocol</b>	
	<b>Article 1: Protection of property/ peaceful enjoyment</b>	
	<b>Article 2: Right to education</b>	
	<b>Article 3: Right to free elections</b>	

**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.

NB:

- i) If you have identified adverse impact or discrimination that is **illegal**, you are required to take action to remedy this immediately.
- ii) If you have identified adverse impact or discrimination that is **justifiable or legitimate**, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

- 22.** Where there are potential barriers, negative impacts identified and/ or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.
- a) include any relevant research and consultation 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**

- |            |   |
|------------|---|
| <b>23.</b> | 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 the policy**

- |            |   |
|------------|---|
| <b>24.</b> | 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? |
| <b>25.</b> | How will the recommendations of this assessment be built into wider planning and review processes?<br><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 the Digital Services Team via [web@leics.gov.uk](mailto:web@leics.gov.uk) for publishing.

### Section 4

#### A: Sign Off and Scrutiny

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

**Equality and Human Rights Assessment Screening**

**Equality and Human Rights Assessment Report**

1<sup>st</sup> Authorised Signature (EHRIA Lead Officer): Katie Joondan - Strategic Planner  
.....K. Joondan.....

Date: ...1.5.19.....

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

Date: .....2.5.19.....

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## **ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**

**10 JUNE 2019**

### **REVIEW OF LONG TERM RESIDENTIAL AND NURSING CARE FEES**

#### **REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

##### **Purpose of the Report**

- 1 The purpose of this report is to provide an update to the Committee on the proposed changes to the way in which the Council agrees prices for residential care and residential nursing care and focuses specifically on the second stage of the consultation.

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

- 2 The Care Act 2014 places statutory duties on councils to establish a usual price for the care home placements they fund. This price needs to give due regard to ensuring that there are sufficient care and support services in the local market to meet the needs of all people who require them. It also places a duty on councils to give due regard to ensuring provider sustainability and viability to enable them to meet their employer duties and responsibilities and provide the agreed quality of care.
- 3 The Adults and Communities Department undertakes an annual fee review process with the residential and nursing care market, but it has not fundamentally reviewed its pricing structure since 2011. It is recognised that there have been significant changes to the way care and support is delivered since this time and that the demographic of people moving into residential care arranged by the Council is now different. A fundamental review of the Council's fee structure and fee levels was therefore necessary to ensure this remains fit for purpose and supports a sustainable care market across the County.
- 4 On 16 October 2018, the Cabinet authorised the Director of Adults and Communities to commence a two-stage consultation exercise on the proposed changes to the way in which the Council agrees prices for residential care and residential nursing care.
- 5 The first stage of consultation took place between 14 November 2018 and 9 January 2019. Outcomes from this stage and proposals for the second stage of consultation were reported to and considered by the Committee at its meeting on 11 March 2019. This report forms the update following consultation Stage 2 that the Committee requested.

## **Background**

- 6 The vision for adult social care is to reduce the number of long term admissions into residential care through increasing the supply and quality of community services as well as the range of alternative accommodation-based provision available. However, there will always be a need for residential care provision for some individuals.
- 7 During the financial year 2017/18, there were 852 permanent admissions into residential care in Leicestershire, the majority of which (816) were for people aged over 65. Placements were made into 161 private care homes and 24 voluntary and not for profit homes. In total, there are approximately 2,100 people currently living in residential and nursing care - 1,700 older adults and 400 working age adults. The total gross Council expenditure for providing such care was projected at £86 million for 2018/19.
- 8 Residential and nursing care placements made by the authority for those aged 65+ are currently based on five banded rates as set out in the table below. However, only two of these bands are routinely used - Band 3 and Band 5 - and are often increased by supplementary needs allowances, third party top ups, or a local authority assisted funding payment meaning the current banded rate payments often do not reflect the total fee paid.

<b>Current Banding</b>	<b>Banding Description</b>	<b>Weekly Rate</b>
<b>Band 1</b>	Older People	£394
<b>Band 2</b>	Mental Illness/Drug or Alcohol Dependency	£417
<b>Band 3</b>	Dependent Older People	£466
<b>Band 4</b>	Learning Disability	£483
<b>Band 5</b>	Highly Dependent People/Physical Disability	£555
<b>NRS</b>	(Nursing)	£482

- 9 Placements for working age adults are made using the Care Funding Calculator (national benchmarking tool) that gives an indicative cost band for the individual. The consistent application of this tool is challenging in practice and can lead to significant variations in pricing. The relatively limited number of providers in the working age adult residential/nursing care market also contributes to additional pressure on costs.
- 10 The fee review seeks to establish a methodology that:
- Reflects the actual cost of providing care efficiently in the local market;
  - Assures value for money and affordability of placements whilst ensuring compliance with the Council's statutory duties under the Care Act 2014;
  - Can be used to calculate the cost of placements for people with complex care needs;
  - Can be altered to reflect changes in local and national requirements;
  - Includes a process for annual fee review.



## **Consultation Stage 2 Proposals**

- 11 Building on the first stage of the consultation that considered the methodology and approach to be taken in the fee review, the second consultation contained the following proposals:
- Proposal 1: Based on the recommended options from C.co, the independent financial consultants appointed to support the development of a fair cost of care, the Council proposed that for Older Adult Placements, the Residential band should be set at £561 per week (£576 for 2019/20); that the Residential Plus band should be set at £619 per week (£635 for 2019/20); and that the Supplementary Needs Allowance (SNA) rate should be set at £11.36 (£11.66 for 2019/20) per hour;
  - Proposal 2: Following the options developed by C.co, the Council proposed that for Working Age Adult (WAA) Placements, the proposed WAA Residential band should be £705 per week (£724 for 2019/20). The Care Funding Calculator will be used, as it currently is, to calculate the individual cost of care for WAAs with needs greater than those that can be met at the WAA Residential band.
  - Proposal 3: In line with the C.co options developed, the Council proposed that band rates should be increased annually for the next three years to March 2022 using a blended rate based on Average Week Earning (AWE) services rate and the Consumer Price Index (CPI). The Council proposed applying AWE to staffing costs only, with CPI being applied to the remaining elements, a 57/43 split. Using the latest rates published in December 2018, this would produce an increase of 2.68% for 2019/20.
  - Proposal 4: Contractual changes will ensure the contract is reflective of the current legislation, best practice and guidance. The Council is also seeking to align its quality requirements with those of the Care Quality Commission (CQC). Wording has been updated to be more respectful to people who use the services and to consider changes in terminology. New clauses have been added to reflect developments in existing legislation affecting areas such as Human Rights, Health and Safety, General Data Protection Regulations and Equalities. As part of the contractual changes, the Council proposed to remove the voluntary Quality Assessment Framework (QAF) payments but work with providers, via Inspired to Care, (the Council's Strategy for supporting the social care workforce), to recognise and reward best practice and excellence in care.
  - Proposal 5: The Council wishes to make the implementation of the new fee rates as seamless as possible for all involved. To this end the intention is to automatically transfer as many cases as possible to the new appropriate band. To enable this the Council will begin assessing the eligibility of individuals against the proposed new banding definitions from April 2019 onwards. Although new placements will be made on the existing banding definition the information will be used by the authority to support an automatic transfer to new rates. The same approach will also be carried out for reviews undertaken between April and the start of formal implementation. It is the intention of the Council to automatically transfer current service users with a Band only placement, and where possible those with SNAs and Third Party Top Ups onto the proposed Residential band.
- 12 More complex placements will be reviewed to determine the eligibility of the individual within the new Band definitions. To expedite the implementation, the

Council intends to establish a proportionate review process to support this implementation.

### **Stage 2 Approach and Responses**

- 13 The second stage of consultation began on 26 March and closed on 7 May 2019. The Council publicised the proposed Fee Review consultation by Press Release on the first day of the consultation. In this way the Council gave members of the public the opportunity take part in the consultation from the beginning. The Council also publicised and held a public meeting on the evening of 29 April 2019 that was attended by six people.
- 14 The Council sought the views of residential and nursing care providers, including the representative organisation EMCARE, advocacy organisations and service users with a Deferred Payment Agreement (DPA). These key groups were contacted directly, to encourage participation, they were given the option to respond by completing an online questionnaire, by email or by telephone.

### **Consultation with Residential and Nursing Care providers**

- 15 Prior to the consultation, providers were invited to join a Provider Reference Group, to help the Council to shape its approach to the fee review. That group met five times prior to the consultation between April and October 2018. Discussions at that group relating to, amongst other things, the proposed banding definitions and cost template, were considered when developing the consultation proposals. A full report of the work of the Provider Reference Group was included in the consultation materials.
- 16 On 4 March 2019, ahead of the second stage of consultation formally commencing, an email was sent to providers advising them of the forthcoming consultation with advance notification of a series of eight consultation meetings that would be held at localities around the county during the consultation period to facilitate diary planning. Nine providers, representing 30 care homes attended consultation meetings and commented on the proposals using that mechanism. At those meetings, providers were encouraged to visit the website to complete the questionnaire.
- 17 The consultation was launched on 26 March by email to all residential care providers in Leicestershire and out of county providers with which we hold a contract. In total 285 emails were sent to providers asking them to visit the website and give their views using the online questionnaire. A follow up email was sent on 17 April to encourage providers to participate and a final reminder was sent on 2 May, five days ahead of the consultation closure date.
- 18 In total 118 different providers opened one or more of the emails sent during the consultation and the consultation website was visited 617 times, in 478 unique visits. Seven providers completed the questionnaire online, representing 11 care homes. However, two of the providers that attended the consultation meetings also completed the online questionnaire, so overall, 14 providers (5% of the providers with which the Council commissions placements) representing 35 care homes contributed to the consultation.
- 19 Although the response rate has been low, with relatively few providers responding, the quality of the responses has been high. The information supplied, from providers

with knowledge and expertise in the field, will shape the remaining work on the Fee Review and the final proposals submitted to the Cabinet.

### **Principal points from provider feedback received**

- 20 Four providers indicated in their responses that the proposed rates for Older Adult placements are still lower than that required by the market, but unfortunately did not submit sufficient financial information to enable the model proposed by C.co to be reconsidered. The proposed rates are significantly above the current fees and are consistent with benchmarked fees paid against neighbouring authorities. No concerns have been raised in relation to the proposed Working Age Adult fee. The Council will, in line with its Market Shaping responsibilities, ensure that the market is sustainable when setting its fees.
- 21 A recurrent theme in the provider engagement events and contained within four of the questionnaires submitted was concern about the proposed annual uplift mechanism, and the use of AWE rather than National Living Wage. The Council is therefore carefully examining the arguments put forward before making a final proposal to the Cabinet.
- 22 Comments received in relation to the contract, including those made by EMCARE, are currently being considered by Legal Services before the Core Contract, Specification and other Schedules are finalised. The comments received have not been material in nature but instead relate to clarity of definitions, duties and timescales. Concerns were raised about the language used such as the repeated need to 'ensure', 'demonstrate' or 'indemnify'. Some of these clauses were considered to overreach the Council's authority and were potentially burdensome, with limited benefit.
- 23 Providers that are currently receiving QAF payments, along with EMCARE have raised concerns about the proposal to cease the voluntary QAF payments as part of the implementation of the new fee rates. However, the proposed new fee rates are above the current band rate and QAF combined so the Council believes the financial impact of the change will be mitigated. This proposal was also considered during the first stage of the consultation when providers had broad support for a consistent approach to quality that aligned with CQC requirements, rather than the current voluntary approach to additional payments.
- 24 Feedback from providers with regards to the proposed implementation referred mainly to the need for it to be completed in a timely manner. Detailed work on this area began during the Stage 2 consultation and is continuing to ensure a swift implementation subject to Cabinet approval.

### **Consultation with Advocacy Organisations**

- 25 The Council again, as in the first stage of the consultation, contacted advocacy organisations to request comments on the proposals from the perspective of service users, carers and families. Drawn from the Voluntary Action database and those agencies with which the Council contracts, 14 organisations were contacted. None of the organisations responded to the consultation proposal either by completing the questionnaire, by email or by telephone contact.

- 26 Contact has continued with the Carers Group of the Learning Disability Partnership and a presentation was also made to the Learning Disability Partnership Board at its April 2019 meeting. A Task and Finish Group was convened by the Leicestershire Equality Challenge Group at which the Stage 2 consultation and the EHRIA were reviewed.

### **Public Engagement**

- 27 Following the issue of a press release, and a letter sent to all the service users, or their representatives, with a DPA, the Council held a public meeting on 29 April 2019. Six people attended representing four older adults in care homes, three of whom were using a DPA; the other person was a self-funder. At this meeting the fee review was explained, as was the consultation undertaken to support the review, and the desire to obtain the views of members of the public. It was also explained that the proposed increase in the fees for 2019/20 will result in some people who pay top ups having their top up payment reduced or removed completely and that these changes would be backdated to 8 April 2019.
- 28 There was discussion about the cost of care incurred by people living in care homes and their families both through the 'means tested' charges that apply and the top up payments that are made. Questions were also asked in relation to Government Policy in this area, including the proposed cap on care costs that was not implemented.
- 29 When asked about whether a care home must justify an increase in fees, it was explained that regarding Council placements, which only account for approximately 35% of places in Leicestershire, increases are agreed via the annual fee review. Most self-funding people in care homes have negotiated their fee individually with the care home and the Council is not involved in those fees unless asked to support by the person or their family.
- 30 There was a discussion about how a DPA would be affected and it was explained that the Council had written to people with a DPA because the proposed increase in fees would affect them directly.
- 31 People present supported an increase in fees on the basis that costs were increasing and that homes needed the money to provide a good quality service. Good examples of workers, on low pay, providing good care were mentioned and those present asked if the Council could do anything to ensure that fee increases could be translated into better pay for care staff. It was explained that while there are laws and regulations regarding pay, the main driver of pay is market forces. Providers need staff and must pay the rate that will attract them.

### **Consultation with EMCARE**

- 32 EMCARE supported the development of the proposals via the Provider Reference Group ahead of the consultation. It has also encouraged its members to take part in the consultation; but did not complete an online questionnaire or submit a written response. However, two meetings were held with EMCARE at which their views were sought and have been incorporated into the general feedback on the proposals.

## **Resource Implications**

- 33 The gross cost of residential care/nursing care for adults was to be £91 million in 2018/19 and the Council receiving £38 million income from charging service users and local health commissioning partners through joint arrangements. The net estimated cost was therefore approximately £53 million, and the estimated impact of the proposed fees would increase costs to £99 million.
- 34 The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

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

- 35 Following the Cabinet's approval, the first stage of the consultation, focusing on the architecture of the fee structure, took place between 14 November 2018 and 9 January 2019. The second stage of the consultation, including the proposed fee rates, took place between 26 March 2019 and 7 May 2019.
- 36 The Adults and Communities Overview and Scrutiny Committee was consulted on the proposed changes at its meeting on 6 November 2018 ahead of the first stage of consultation and was consulted ahead of the second stage of the consultation process at its meeting on 11 March 2019.
- 37 The outcome of the consultation, proposals for a revised fee structure and the financial implications of this will be presented to the Cabinet at its meeting on 25 June 2019. Subject to the Cabinet's approval, implementation of the new rates will be back dated from 8 April 2019.

## **Background Papers**

Leicestershire County Council Strategic Plan 2018-22  
<https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>

Report to Cabinet: 14 December 2010 - Quality Assessment Framework for Older People's Residential and Nursing Independent Care Providers  
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=2914&Ver=4>

Promoting independence, Supporting Communities; Our vision and strategy for adult social care 2016–2020  
[https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC\\_Strategy\\_2016\\_2020\\_0.pdf](https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC_Strategy_2016_2020_0.pdf)

Report to Cabinet: 16 October 2018 – Review of Long Term Residential and Nursing Care Fees  
<http://politics.leics.gov.uk/documents/s141196/Review%20of%20Long%20Term%20Residential%20and%20Nursing%20Care%20Fees.pdf>

## **Circulation under the Local Issues Alert Procedure**

- 38 None.

## **Equality and Human Rights Implications**

- 39 The consultation has been informed by the findings of the Equalities and Human Rights Impact Assessment (EHRIA) screening, which was undertaken to support

Stage 1 of the consultation, and a full EHRIA assessment which was completed for Stage 2. The results of the consultation will feed into the final EHRIA report, together with advice from the Leicestershire Equality Challenge Group and legal advice, which will be presented to the Cabinet in June 2019.

- 40 Changes in the fee structure will financially impact on those service users who have been assessed as full cost payers, but who have their care arranged by the Council – these number approximately 60 at this time. In addition, given that the Council is the single largest purchaser of residential and nursing care in the County, any changes to the fee rates paid by the authority are likely to have an impact on the wider self-funder market.

### **Officers to Contact**

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**10 JUNE 2019**

**PROVISION OF SERVICES**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

1. The purpose of this report is to provide the Committee with an overview of how social care needs are met within the County, the way people receive services and the estimated levels of need locations.

**Policy Framework and Previous Decisions**

2. The Care Act 2014 introduced a national eligibility framework for social care to be provided by local authorities. The framework includes consideration of difficulties with tasks of daily living and wider outcomes, such as developing and maintaining relationships and their impact on well-being.
3. The Care Act statutory guidance in addition, states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'.
4. The duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area is firmly placed with authorities. In order to fulfil its duty to promote diversity and quality in service provision the local authority must ensure it has effective strategies to shape the marketplace and commission the right services.
5. The Care Act 2014 states that where it appears to a local authority that a carer may have needs requiring support, either currently or in the future, they have a right to receive an assessment to determine what those needs are. The Department acknowledges the unpaid support carers give to people, even if the person does not identify as a carer themselves. When working with people and families, staff across all teams are responsible for considering if someone is a carer. The Department has developed a range of services to meet the needs of carers – including the use of personal budgets, carers respite services and information and advice services.

**Background**

6. The County Council's Adult Social Care Service is a high performer in several areas. Adult social care national data collection focuses on 'met' need, i.e. people for whom local authorities are commissioning services. No data is collected that reports on the level of 'unmet' need.
7. The Department has delivered significant savings in recent years, undertaken service re-design and transformation and is the lowest adult social care spending County

Council in England. Recent analysis by IMPOWER rates Leicestershire as the fourth most efficient Council in the country and the highest ranked County Council when comparing levels of spend with performance.

8. The Adults and Communities Department was restructured in 2017 with locality teams based across six office bases; each locality comprises of the following teams:
  - Working Age Adult – Disability;
  - Working Age Adult – Mental health;
  - Older Adults;
  - Hospital.
  
9. Other services are provided on a countywide basis.
  - Customer Service Centre;
  - Review – community, building based and Section 117;
  - Direct Service provision – Home Care Assessment and Re-ablement Team (HART), Short Breaks, Community Life Choices;
  - Deprivation of Liberty Safeguards Team;
  - Safeguarding.
  
10. The annual report of Adult Social Care performance refers to key performance metrics for the Department and shows areas of strong performance. However, access to information, service user quality of life and carer satisfaction are areas of concern. The Department seeks to address these issues by developing a more responsive carers service and also implementing the LLR Carers' Strategy agreed in late 2018. It has also developed an action plan to address the feedback from service users relating to their satisfaction and quality of life.

### **How requests for support are managed**

11. Requests for assessments are received into the Customer Service Centre (CSC). During the baseline period 4 December 2017–2 December 2018, the CSC created and completed 32,947 contacts and 15,310 (46%) of these were transferred out of CSC to locality and specialist teams. Once it has been established that further assessment is required to consider whether a person may be eligible for services and how best to meet identified need, the case is transferred to a locality team to undertake the assessment. The case is then in most instances allocated to a worker within the team. The breakdown is as follows:
  - Older Adults Service – 5,869 (38%);
  - HART – 2,624 (17%);
  - Working Age Adults (Disability and Mental Health) – 1,913 (13%);
  - Specialist teams, for example 2-week review, review, Adult Mental Health Professional Service (AMHP) - 3518 (33%).
  
12. A further 1,386 (9%) cases are transferred to the hospital teams for assessment. Currently the average duration for processing in the CSC is 7.9 days but the aim is to reduce this as part of the new Adult Social Care Target Operating Model.
  
13. Of the cases not allocated for assessment, the CSC will transfer work to other teams to meet need; on average 12 cases per week are transferred to the Safeguarding



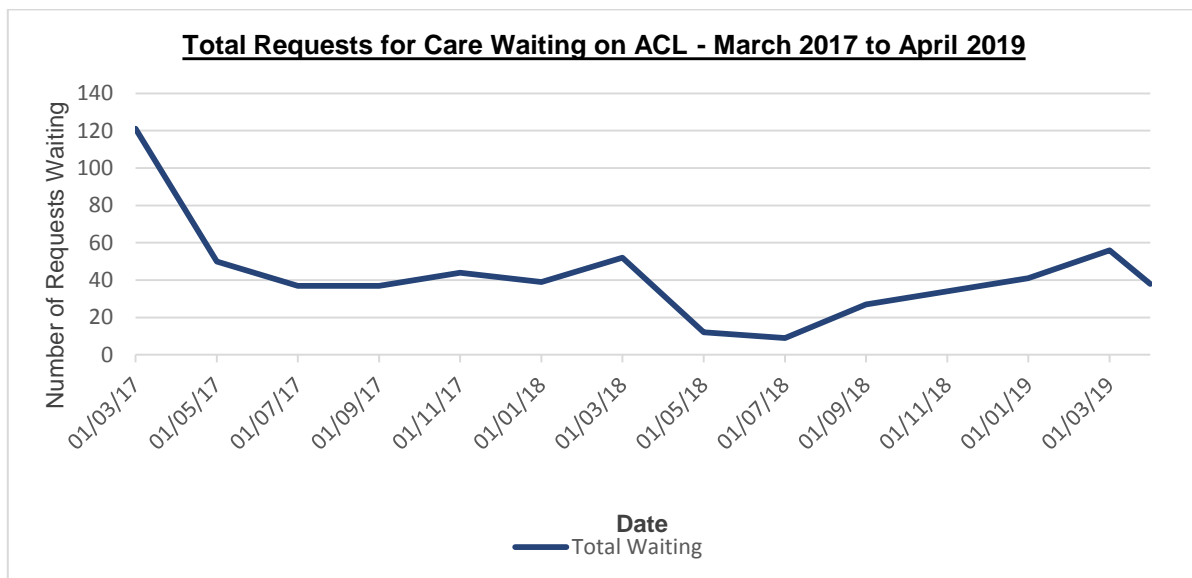
Team to make enquiries under Section 42 of the Care Act to manage immediate risk of harm. Further referrals are made to First Contact+, an online tool which helps adults in Leicestershire find information about a range of services in one place, and Assistive Technology, using aids and equipment to meet needs to support low level need. For housing related issues referrals can be made to the Lightbulb Service, which offers integrated housing support, targeted to maintain well-being and independence at home through specialist advice, occupational therapy input assessment and assistive technology for the home.

### **Care and Support - Assessing and Meeting Need**

14. The Care and Support Assessment is intended to be a simple process that is proportionate, considers people's individual assets and strengths, and promotes independence and ownership of the process by the person and their carers. This is in line with the Department's current strategy, guidance and training for staff which reflects this approach, as does the communication with service users and carers.
15. Work is underway with Newton Europe to look at how work is managed in locality teams, with a view to reducing the time taken from a team receiving a request, an assessment being completed, and services provided, where eligibility is met. There are six teams for older adults and working age adults across the localities. 382 people are currently waiting for assessment in the six Older Adults teams, at an average duration of 35 days, and 225 people are currently awaiting assessment in the six Working Age Adults teams, at an average duration of 52 days.
16. Work is currently allocated according to urgency, presenting need and management of risk, with some cases being allocated on transfer from the CSC on the same day. Where required, care will be commissioned to meet immediate need and then a case allocated to complete further work.
17. Need can be met in a variety of ways. All eligible service users who have identified needs which cannot be met in other ways have an allocated personal budget which can be taken as either a direct payment, in order that they can purchase their own services, or they can ask the Council to arrange services on their behalf through a managed budget. Managed services are procured through contracted providers such as supported living, domiciliary care, residential care, carers' respite centres, shared lives and community life choices.
18. In some instances, people take a range of these options, so they may have a direct payment for a component of their care whilst also receiving a managed service such as set out above.
19. The Department also retains a range of in-house services, for example, HART, Crisis Response Service, and a range of services to meet eligible need, for example Community Life Choices, Shared Lives and learning disability respite care and supported living.
20. The take up of direct payments reached a peak in 2017 following the procurement of a new service to deliver home care, and the majority of care was delivered under managed services for people over 65. Significant numbers of people over 65 chose at that time to take a direct payment to stay with their existing providers. There are currently 2,418 people in receipt of a direct payment in Leicestershire which is a reduction of 249 fewer people over 65 taking direct payment compared to figures for

1 December 2017. The numbers of people under 65 in receipt of a direct payment remains relatively stable over the same period with only 45 fewer taking a direct payment.

21. The table appended at Appendix A shows the trend in service delivery across a range of provisions over the last 18 months.
22. The Department monitors the time taken to allocate packages of care to domiciliary providers. The table below shows the numbers of packages of care waiting to be allocated between March 2017 – April 2019:



23. There has been a downward trend on the numbers of people awaiting care once people have been assessed as having eligible needs and who have chosen to have their needs met through a managed service. In March 2017, a total of 121 requests were waiting; this dropped to nine by July 2018. In August 2018, the Department changed the way that care was requested from providers and all requests for home care have been recorded by the Brokerage Service.
24. The requests for packages of care are recorded into eight different categories relating to the reason for the request: New User, Hospital Discharge, HART Transfer, Agency Withdrawal/Change, End of Life/Other, Transfer from Residential Care, Direct Payments Handback and Adjustment to Existing Package of Care.
25. It should be noted therefore that many of the people on the list will already have care in place but are awaiting an adjustment or change to their care arrangements. The highest number of people awaiting a package of care are, however, new users. It should be stated that new user does not mean that a person is not receiving any support but may be having their needs met through informal arrangements that cannot continue to be met on a long-term basis.
26. Over 70% of people have packages arranged within two weeks and over 90% within four weeks. The highest number of requests waiting have been in Harborough, followed by Melton Mowbray. Evidence suggests that these are the two most difficult areas for sourcing home care due to the concentrations of rural villages in these areas and other market elements such as high levels of employment.

27. The map attached at Appendix B highlights the areas of the county where it is most difficult to source domiciliary care packages:

### Quality of Services

28. The quality of the nursing and residential placement market is generally good, with 77% of residential and nursing units being rated as Good by the Care Quality Commission (CQC). The figures for domiciliary care services also rate favourably when compared to similar County Councils.
29. The tables below show, as of 18 March 2019, the published CQC ratings for residential and nursing homes in Leicestershire. The data is taken from the CQC local authority area data profile - Older People's pathway (report dated 18 March 2019):

#### Nursing care Performance

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	20% (6)	77% (23)	0% (0)	3% (1)
Comparators	2%	19%	69%	5%	4%
England	2%	23%	67%	3%	5%

#### Residential care Performance

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	3% (5)	13% (20)	77% (115)	3% (4)	3% (5)
Comparators	1%	13%	77%	5%	5%
England	1%	14%	78%	3%	5%

30. The table below shows, as of 18 March 2019, the published CQC ratings for Domiciliary Care services in Leicestershire:

#### Domiciliary care agencies performance CQC data

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	9% (9)	69% (68)	3% (3)	18% (18)
Comparators	0%	7%	70%	5%	18%
England	0%	10%	64%	3%	22%

### Challenges and the Legislative Framework

31. There is very limited research on unmet need in adult social care. The National research - IPSO MORI Unmet Need Final Report 2017 - asserts that unmet need for social care is widespread and affects all parts of society. Not all of this unmet need is recognised by older people or picked up by surveys. However, managing to cope, but with impacts on exhaustion and pain, or by limiting expectations, is an indication of unmet need. Furthermore, in this research older people raised unmet need for social contact and mobility as being as important, if not more important, as meeting the basic needs of daily living. The links between unmet need and well-being were

found to be related to the pressures involved in coping day to day, the associated loss of wider interests and mobility, and lack of social contact.

32. A report produced by the Kings Fund – Key Challenges Facing Adult Social Care in England details that, ‘levels of unmet need for adult social care are disputed, at least partly because of definitions. The Department of Health and Social Care classifies unmet need in strict terms:

*For there to be a significant unmet need out there, either one of two things must be happening. Local authorities are not implementing the Care Act in the way that it was intended or expected to be, or the criteria in the Care Act are wrong, such that there would therefore be a lot of people who are not picked up in it. I do not think there is any evidence that either of those two things is in place.’ (Mowat 2017)*

33. Alternative and more widely accepted definitions of unmet need are based on the estimated numbers of people who have difficulty with activities of daily living and do not receive all the help they need. Age UK estimates that there are 1.4 million people in this category, of whom more than 300,000 need help with three or more activities (Age UK 2018). This includes more than 160,000 people who receive no help at all, either from formal or informal care. The Local Government Association (LGA) estimates that it would cost £2.4 billion to meet the needs of these 160,000 people and a further £1.2 billion to meet the unmet needs of working-age adults (if, as it assumes, the level of unmet need in this group is the same as that in the Age UK survey) (LGA 2018a).
34. The challenge for social care is how to balance the need to support people with tasks of daily living, so that they are not left struggling with the basics of life at the cost of wider interests and relationships, while at the same time recognising the value that people place on their independence, managing by themselves and the contributions they can still make. The in-depth interviews, conducted by Age UK, showed that people in similar situations, in terms of the support available to them and their level of need could experience them in very different ways, with one relishing their independence and the other feeling they were merely coping and existing, or that they lacked the confidence to use the adaptations they had.

### **Workforce Pressures**

35. Based on Skills for Care (National Minimum Dataset), the following information gives a County wide overview from March 2018. There are estimated to be 16,500 jobs in adult social care in Leicestershire - local authority 9%, private 82% and direct payments 8%. The estimated turnover rate is 29.9%. Staff generally retained within the sector with 60% of new recruits coming from within the social care sector. It is estimated that 7.5% of roles in the adult social care workforce were vacant. 85% of the workforce in Leicestershire are female.
36. Focusing on the Department, there are vacancies across the Adult Social Care Service, with key staffing pressures in the HART in-house specialist home care service and in the AMHP Service, which is a specialist mental health offer. The Department undertakes regular recruitment exercises to fill these vacancies.
37. The Department has also developed grow your own solutions, being of the firm view that this is the best solution over the long term, along with the following:

- Step into Social Work programme - Ten people have commenced as apprentices to complete the programme over three years. The University of Warwick is the Council's partner and the programme has been very well received with over 30 applications.

### **Resource Implications**

38. The Department will need to continue to balance the requirement to meet all identified eligible needs through the provision of high-quality services with the requirement to deliver a balanced budget within the confines of Leicestershire's funding settlement.
39. The County Council currently has a net spend of £133m per annum (£223m gross) on adult social care, equating to 35.1% of total net spend. The 2019/23 Medium Term Financial Strategy (MTFS) identifies a growth requirement of £12m over the four-year period, however this does not include price and cost inflation, which will be significantly higher than the projected demographic growth requirements over the period. If the future cost predictions in the LGA document, 'The Lives We Want to Lead' were to be implemented, this would add a further £90m to £112m to the Council spend on adult social care in Leicestershire.
40. As Leicestershire's overall funding settlement results in one of the lowest spend per head so funding for social care in Leicestershire is also the lowest per head, and recent evaluations have shown that Leicestershire's adult social care has been deemed one of the most efficient in the country. However, this has resulted in reduced numbers of people receiving social care services, and until recently, reductions in average care packages with and increased proportion of funding spent on personal care with reductions to meet wider social needs.
41. In terms of unmet need the focus will be on improving the timeliness of intervention from the time an eligible request for an assessment of need is received to the time this assessment is undertaken and services subsequently commissioned. The focus is also to understand and reduce variability of practice across the county.

### **Conclusions**

42. There does not appear to be relatively high levels of unmet needs for adult social care services across Leicestershire, and departmental performance is generally positive. Evidence and service delivery trends suggest that demand is being met in a timely, sufficient and safe manner.
43. Performance has been monitored in relation to managing demand, aligned to the 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. Work on developing the future Adults and Communities Strategy 2020-24 is underway, and stakeholders and the public will be consulted on the strategic direction and proposals in due course.
44. During 2018/19, 56% 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, i.e. 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.

45. However, feedback from service users and carers self-reported satisfaction needs to improve and there is an action plan in place to drive these improvements.
46. Workforce pressures present a challenge, but through various initiatives the department is starting to address recruitment, retention and succession planning. A new, joint LLR Carers Strategy is in place and the authority is seeing an upward trend in take up of referrals and assessment of carers needs.
47. There are strong operational working relationships with Health in place. However, the department is experiencing pressures of demand around Continuing Healthcare, traditional health treatment and tasks being determined as adult social care, increased waits for therapy services impacting on service users and a lack of capacity in District Nursing provision. In response there are regular senior management meetings with health to address these pressures, agree shared arrangements and maximise the benefits of the Leicestershire pound across social care and health economy.

### **Background Papers**

- Kings Fund Briefing - Key challenges facing the adult social care sector in England, Sept 2018 - <https://www.kingsfund.org.uk/sites/default/files/2018-12/Key-challenges-facing-the-adult-social-care-sector-in-England.pdf>
- Leicester, Leicestershire and Rutland Carers' Strategy 2018-2021 – <http://politics.leics.gov.uk/mgChooseDocPack.aspx?ID=5184>
- 'The lives we want to lead' - LGA Green Paper for Adult Social Care - <https://futureofadultsocialcare.co.uk/>
- Adult Social Care 2016-2020, 'Promoting Independence, Supporting Communities' - Leicestershire County Council Vision and Strategy for Adult Social Care 2016-20 [http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC\\_Strategy\\_2016-2020\\_P0358\\_12.pdf](http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf)

### **Circulation under the Local Issues Alert Procedure\***

48. None.

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

49. When considering changes in policy or designing new service models to meet need, the Department will ensure that it meets its responsibilities under relevant legislative requirements. A list of all the Equality and Human Rights Impact Assessments completed by the Department can be found by the following link to the Council's website.

<https://www.leicestershire.gov.uk/about-the-council/equality-and-diversity/equality-human-rights-impact-assessments-ehrias/adults-and-communities-department>

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## **Appendices**

Appendix A – Long Term Services

Appendix B - Map highlighting areas of the county where it is most difficult to source domiciliary care packages

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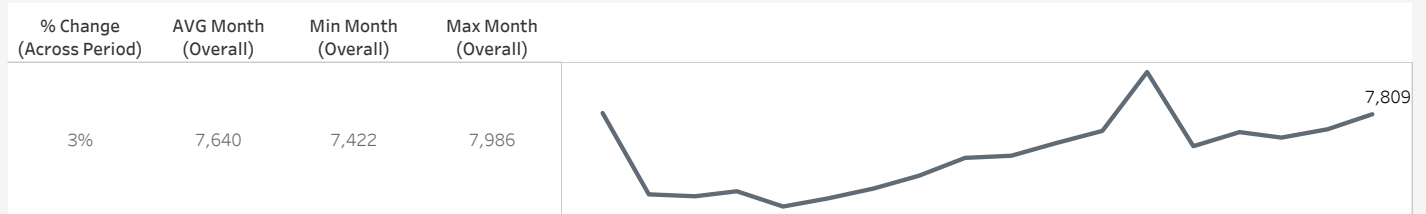
## Long Term Services - 18 Month Trend



Age Band  
All

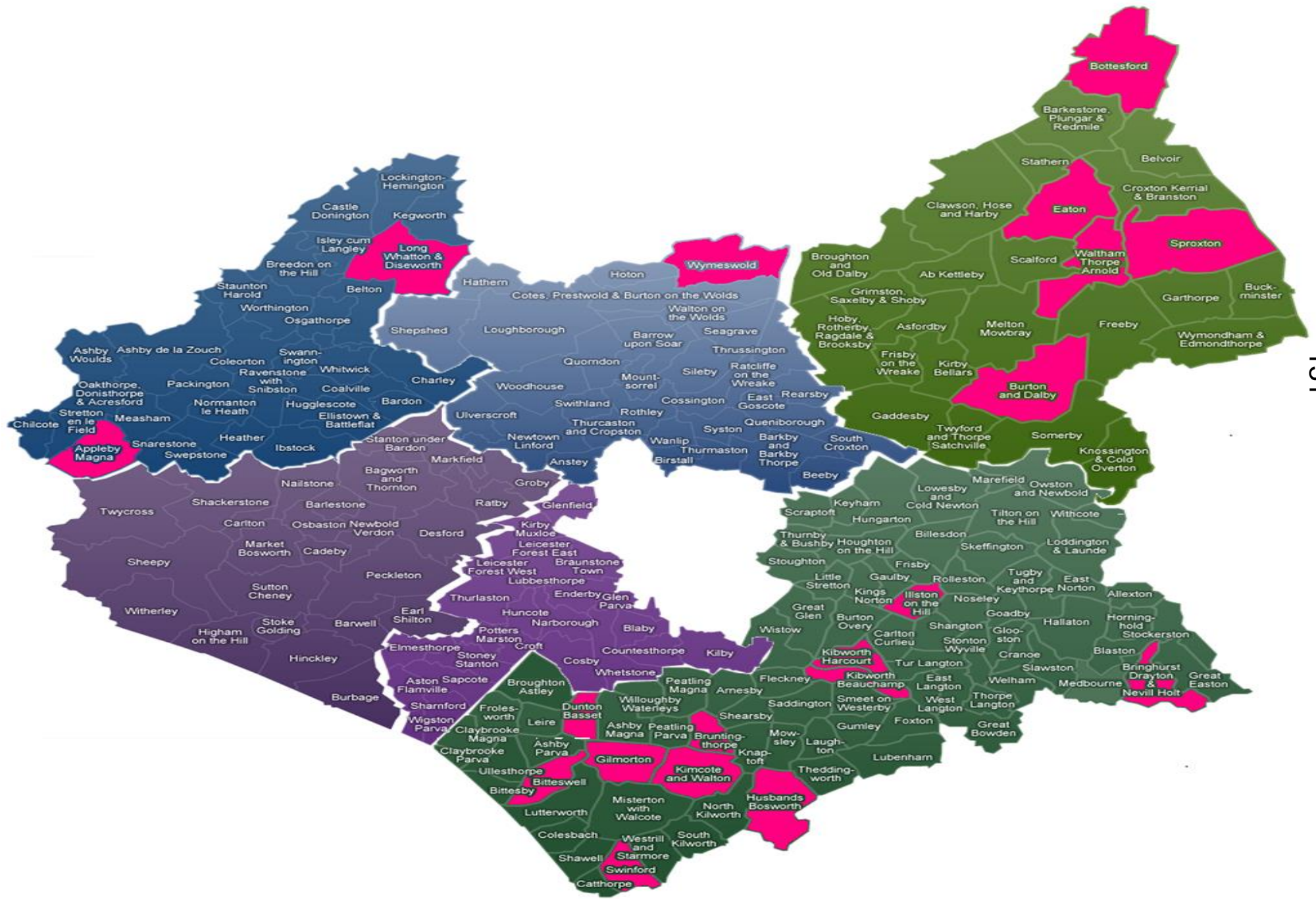
Primary Support Reason  
All

Source of Funding  
All Funding Sources



Service 1	% Change	AVG Month	Min Month	Max Month
Direct Payments	-9%	2,533	2,415	2,710
Permanent Resi/Nurs Care	-3%	2,144	2,107	2,225
HC - Maintenance	12%	1,737	1,592	1,944
CLC Day Services	-8%	758	724	818
Carers Services	59%	548	424	727
Transport	-5%	397	377	421
CLC Supported Living	3%	342	328	353
Extra Care	20%	211	181	230
Shared Lives	-15%	111	104	123

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**10 JUNE 2019**

**PROVISIONAL PERFORMANCE REPORT 2018/19**

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

**Purpose of Report**

1. The purpose of this report is to present the Committee with an update of the Adults and Communities Department's performance for the year 2018/19.

**Policy Framework and Previous Decisions**

2. The Adults and Communities Department's performance is reported to the Committee in accordance with the Council's corporate performance management arrangements.

**Background**

3. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 2018/19. These are reviewed through the annual business planning process to reflect the key priorities of the Department and the Council. The structure of Appendix A is aligned with the Vision and Strategy for Adult Social Care 2016-2020, '*Promoting Independence, Supporting Communities*'. This strategic approach is designed to ensure that people get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and maximise people's independence. This 'layered' model has been developed to ensure the obligations under the Care Act 2014 are met and Appendix B of the report outlines the four central aspects of the Strategy – Prevent, Reduce, Delay and Meet needs.
4. The Adult Social Care indicators are a combination of national and local measures. At a national level performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). The Communities and Wellbeing Service does not have such a formal structure for performance monitoring at a national level. The measures included in this report have therefore been determined as local indicators.
5. Performance figures are classed as provisional at this stage as the source data for the metrics is currently being compiled, with the signed-off version to be published by NHS Digital in the autumn. However, the final performance figures are not expected to vary greatly from those included in this report and will be presented later in the year alongside national benchmarking.
6. 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

approach and policy framework 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.

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

### **Performance Update: April 2018 to March 2019**

8. 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. During 2018/19, there were 25,310 new adult social care contacts, of which 56% 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; 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.
9. There were two statutory surveys conducted during 2018/19 – the first directed towards carers, the second for service users. Findings from both have shown that there has been a reduction in the proportion of both service users and carers who found it easy to find information. Performance has previously been below the national average, and given the fall in performance, the likelihood is they will remain lower in 2018/19.
10. The overall number of visitors to heritage sites during 2018/19 was 3% higher than the equivalent period last year. The 1620s House and Garden, Melton Carnegie, Harborough and Charnwood museums all had increased visitors, whilst Bosworth Battlefield had 4% fewer.
11. 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. During 2018/19 there were 874,000 visits to Leicestershire libraries, which is 9% lower than the previous year, and short of the target by 10%. Work to adapt libraries to smart libraries will have had an impact on the numbers due to closures for the work to take place.
12. Although there was a reduction in visits to libraries, the number of books issued was 2% higher than the previous 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.
13. An additional two libraries metrics are included to reflect the priorities around children's loans and e-loans. During 2018/19 there were 580,000 children's loans which met the year-end target of 575,000. With regards e-loans, these continue to show a marked increase – 238,000 during 2018/19, compared to 139,000 during the previous year.

14. 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. The latest position for the academic year 2018/19 shows an improvement at 97%.
15. Volunteering programmes are a priority for the department in relation to libraries, museums and heritage services. During 2018/19 there were 25,000 hours of volunteering, which is 3% higher than the previous year, despite the temporary library closures noted in paragraph 9.
16. 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). A small improvement has been made during 2018/19 with performance for the year at 81%.
17. 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 been maintained during 2018/19.
18. The level of social contact expressed by service users and carers is sourced from the surveys undertaken on an annual and biennial basis respectively. Both were conducted in 2018/19 and the proportion who said they have as much social contact as wished - 43% of service users and 30% of carers - remained similar to the previous year, and potentially in the bottom quartile when compared nationally.
19. Reducing delayed transfers of care from hospital is a national priority and monitored through the Better Care Fund (BCF). During 2018/19 the average number of delayed days per month, where the delays were attributable to adult social care, was 94. This is half the level experienced during the previous year (188 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.
20. 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%). During 2018/19 performance improved further to 84%; a figure that is closer to the top 25% of authorities (more than 86%).
21. 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%) and performance during 2018/19 showed further improvement at 88%.
22. 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 22 admissions during 2018/19, a marked reduction on the previous year (37).

23. 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 2018/19 there were 877 admissions, 9% fewer than the previous year.
24. The County Council remains committed that everyone in receipt of long-term, community-based support should be provided with a personal budget, preferably as a direct payment. The proportion of service users on a personal budget improved to 96% during 2018/19 whilst carers remained extremely high at 99%. In terms of direct payments, 49% of service users and 95% of carers were in receipt of one in 2018/19; a performance that should remain higher than the national averages.
25. There were over 1,500 safeguarding enquiries completed during 2018/19, a 1% increase on 2017/18. The proportion of these, which were substantiated, increased from 45% in 2017/18 to 50% in 2018/19.
26. 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 2018/19 where an outcome was expressed, 94% were fully or partially achieved; a similar position to the previous year.
27. The proportion of service users who stated that their services help them to feel safe was 90% during 2018/19; a small, but significant improvement on the previous year.

## **Conclusion**

28. In general, performance in 2018/19 was similar to the previous year, and for the most part remained high:
  - The response to new adult social care requests for support was in line with expectations. In particular, the 2018/19 performance in relation to delaying people's needs was strong i.e. reablement services, delayed transfers of care, and admissions to permanent care.
  - Despite the many positive areas of adult social care performance, the recent feedback from service users and carers clearly remains a concern. Highlighted in this report are levels of social contact and the ability to find information. Detailed analysis has recently been undertaken of service users' feedback which also highlighted a low quality of life in respect of how service users spend their time. Individual interviews with service users have also taken place and the findings are currently being collated. For carers, an additional local survey is being planned for the autumn to better understand the feedback. These differing aspects to understanding and ultimately improving feedback is being overseen via a specific performance clinic within the Adult and Communities Department.
  - With regard to Communities and Wellbeing services, the number of visits to heritage sites increased on the previous year, whilst library performance held up



despite the temporary closures for smart library adaptations. Volunteering also showed a small increase.

29. Reporting of performance in 2019/20 is currently being established. This will include the three-year targets set out last year, for which the forthcoming 12 months will be year two of the cycle. Performance will continue to be presented and discussed at the Department's monthly Departmental Management Team meetings.

### **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 2017/19 – 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**

30. None.

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

31. 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**

32. 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 2018/19
- Appendix B – Adult Social Care Strategic Approach
- Appendix C – Red/ Amber/Green (RAG) Rating - Explanation of Thresholds

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## Adults and Communities

### Provisional Performance 2018-19

#### PREVENT NEED

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Wellbeing and Opportunity</b>
<b>Supporting Outcome</b>	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	2020-21 Target	17/18 and Quartile	
<b>Local</b>	% of sequels that 'Prevent Need'	Target Band Width	G	56-61%	56%	TBC	59.5% (16.4k out of 27.9k)	N/A
<b>ASCOF 3D pt 1</b>	% of SUs who find it easy to find information	H	R	72%	59.7%	74%	68.6%	Bottom
<b>ASCOF 3D pt 2</b>	% of carers who find it easy to find information	H	R	65%	60.3%	68%	64% (16/17)	Three

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Great Communities</b>
<b>Supporting Outcome</b>	Cultural, historical and natural heritage is enjoyed and conserved

Measure and Description		Aim	RAG	2018-19 Milestone	2018-19 Performance	2020-21 Target	17/18 and Quartile	
<b>Local</b>	Heritage visits	H	G	142k	146.1k	TBC	142k	N/A
<b>Local</b>	Hours of Volunteering	H	G	24k	25k	TBC	24k	N/A

Measure and Description		Aim	RAG	2018-19 Milestone	2018-19 Performance	2020-21 Target	17/18 and Quartile	
<b>Local</b>	Total council funded library visits	H	R	970k	874k	TBC	956k	N/A
<b>Local</b>	Total council funded library issues	H	G	1.5m	1.5m	TBC	1.5m	N/A
<b>Local</b>	Council funded children's issues	H	G	575k	580k	TBC	593k	N/A
<b>Local</b>	E-loans	H	G	160k	238k	TBC	139k	N/A
<b>Local</b>	Total community library issues	N/A	N/A	351.7k 2017-18	340.9k 2018-19	For information only		
<b>Local</b>	Community library children's issues.	N/A	N/A	188.1k 2017-18	185.7k 2018-19	For information only		

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Strong Economy</b>
<b>Supporting Outcome</b>	Leicestershire has a highly skilled and employable workforce

Measure and Description		Aim	RAG	2018-19 Milestone	2018-19 Performance	2020-21 Target	17/18 and Quartile	
<b>Local</b>	LALS Success Rate	H	G	86%	97% Academic year to date	TBC	93% (Academic year 17/18)	N/A

# 141 REDUCE NEED

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Wellbeing and Opportunity</b>
<b>Supporting Outcome</b>	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	2020-21 Target	17/18 and Quartile	
<b>Local</b>	% of sequels that 'Reduce Need'	Target Band Width	G	17-22%	22%	TBC	17.4% (4.8k out of 27.9k)	N/A
<b>ASCOF 1I pt 1</b>	% of SUs who had as much social contact as they would like	H	R	46%	42.6%	49%	42.1%	Bottom
<b>ASCOF 1I pt 2</b>	% of carers who had as much social contact as they would like	H	R	33%	30.0%	35%	31% (16/17)	Third
<b>ASCOF 1E</b>	% of people with LD in employment	H	G	11.2%	11.2%	TBC	11.2% (0.2k out of 1.5k)	Top

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Affordable and Quality Homes</b>
<b>Supporting Outcome</b>	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	2020-21 Target	17/18 and Quartile	
<b>ASCOF 1G</b>	% of people with LD in settled accommodation	H	G	81%	81.3%	84%	80.2% (1.2k out of 1.5k)	Two

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**DELAY NEED**

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Wellbeing and Opportunity</b>
<b>Supporting Outcome</b>	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	2020-21 Target	17/18 and Quartile	
<b>Local</b>	% of sequels that 'Delay Need'	Target Band Width	<b>G</b>	10-15%	13%	TBC	12% (3.3k out of 27.9k)	N/A
<b>ASCOF 2C pt 2</b>	Delayed transfers of care attributable to ASC-only	L	<b>G</b>	207 Ave days per Mth	94 Ave days per Mth	TBC	188 Ave days/Mth	Top
<b>ASCOF 2D</b>	% of people who had no need for ongoing services following reablement	H	<b>G</b>	81%	84.4%	84%	80.4% (2.4k out of 3.0k)	Two
<b>ASCOF 2B pt 1</b> <i>*BCF*</i>	Living at home 91 days after hospital discharge and reablement	H	<b>G</b>	87%	87.7%	89%	86.1% (490 out of 569)	Two
<b>ASCOF 2A pt 1</b>	Permanent admissions to care (aged 18-64) per 100,000 pop.	L	<b>G</b>	<8.1 (33 Adm's)	5.3 (22 Adm's)	<8.1	9.0 (37 adm's)	Top
<b>ASCOF 2A pt 2</b> <i>*BCF*</i>	Permanent admissions to care (aged 65+) per 100,000 pop.	L	<b>G</b>	<624.1 (890 Adm's)	615.0 (877 Adm's)	<553.0	689.4 (965 adm's)	Two

## MEET NEED

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Wellbeing and Opportunity</b>
<b>Supporting Outcome</b>	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	2020-21 Target	17/18 and Quartile	
<b>Local</b>	% of sequels that 'Meet need'	Target Band Width	<b>G</b>	6-11%	10.3% (2.6k out of 25.3k)	TBC	11% (3.1k out of 27.9k)	N/A
<b>ASCOF 1C pt 1a</b>	Adults aged 18+ receiving self directed support	H	<b>G</b>	95%	95.6%	99%	94.4% (4.5k out of 4.8k)	Three
<b>ASCOF 1C pt 2a</b>	Adult aged 18+ receiving direct payments	H	<b>G</b>	40%	49.2%	40%	53.8% (2.6k out of 4.8k)	Top
<b>ASCOF 1C pt 1b</b>	Carers receiving self directed support	H	<b>G</b>	98%	99.3%	100%	99.7% (1.5k out of 1.5k)	Two
<b>ASCOF 1C pt 2b</b>	Carers receiving direct payments	H	<b>G</b>	95%	95.4%	100%	97.0% (1.4k out of 1.5k)	Two

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Keeping People Safe</b>
<b>Supporting Outcome</b>	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	2020-21 Target	17/18 and Quartile	
<b>Local</b>	Of safeguarding enquiries where an outcome was expressed, the percentage partially or fully achieved	H	A	95%	94%	TBC	94.3% (744 out of 789)	N/A
<b>ASCOF 4B</b>	% of service users who say that services have made them feel safe	H	G	90%	90%	90%	88.4%	Two

## Key to Columns

<b>Measure</b>	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
<b>Aim</b>	H (High)	The aim of performance is to be high
	L (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**

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