



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

Date/Time: **Monday, 11 November 2019 at 2.00 pm**

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

Contact: **Mrs. L. Walton (0116 305 2583)**

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Membership

Mr. T. J. Richardson CC (Chairman)

Dr. P. Bremner CC Mr. W. Liquorish JP CC
Ms. L. Broadley CC Mr. J. Miah CC
Mr. B. Crooks CC Mr T. Parton CC
Mrs. H. J. Fryer CC Mrs. M. Wright CC

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

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 2 September 2019	(Pages 5 - 14)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	
6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule	



16.

7. Presentation of Petitions under Standing Order 36.

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| 8. Adult Social Care Target Operating Model | Director of Adults and Communities | (Pages 15 - 24) |
| 9. Lightbulb Service | Director of Adults and Communities and Director of Health and Care Integration | (Pages 25 - 34) |
| 10. Consultation on the Adults and Communities Department Ambitions and Draft Strategy 2020-24 | Director of Adults and Communities | (Pages 35 - 92) |
| 11. Home Care Service: Post November 2020 | Director of Adults and Communities | (Pages 93 - 100) |
| 12. Transitions - Preparing for Adulthood | Director of Adults and Communities | (Pages 101 - 106) |
| 13. Inspired to Care | Director of Adults and Communities | (Pages 107 - 112) |
| 14. Quality of Care in Leicestershire | Director of Adults and Communities | (Pages 113 - 116) |
| 15. Date of next meeting. | | |

The next meeting of the Committee is scheduled to take place on 20 January 2020 at 2.00pm.

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

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

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

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

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 2 September 2019.

PRESENT

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

Dr. P. Bremner CC
Ms. L. Broadley CC
Mr. B. Crooks CC
Mrs. H. J. Fryer CC

Mr. J. Miah CC
Mr T. Parton CC
Mrs. J. Richards CC
Mrs. M. Wright CC

In attendance

Mr. R. Blunt CC – Cabinet Lead Member
Mrs. C. M. Radford CC – Cabinet Support Member
Mrs. A. Hack CC – Spokesperson of the Health Overview and Scrutiny Committee
Micheal Smith – Healthwatch Leicester and Leicestershire
Webcast.

18. Minutes of the meeting held on 10 June 2019

The minutes of the meeting held on 10 June 2019 were taken as read, confirmed and signed.

19. Question Time.

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

20. 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).

21. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.

There were no urgent items for consideration.

22. 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.

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

There were no declarations of the party whip.

24. Presentation of Petitions under Standing Order 36.

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

25. Change to the Order of Business

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

26. Annual Report of the Leicestershire and Rutland Safeguarding Adults Board 2018/19.

The Committee considered a report of the newly appointed Independent Chair of the Leicestershire and Rutland Safeguarding Adult Board (LRSAB) presenting the draft Annual Report of the Board for 2018/19. A copy of the report marked 'Agenda Item 13', is filed with these minutes.

A Member queried if there was a particular reason why no representatives from the National Probation Service and Care and Voluntary Sectors had attended any of the LRSAB meetings in 2018/19 and how often the representatives were required to attend. The Independent Chair of the LRSAB advised that it was acceptable for them to attend some rather than all meetings, but that the reason for their non-attendance was unclear at this time. It was thought that conflicting priorities could play a part. It was confirmed that this matter was being followed up with the relevant organisations to ascertain the reason for the lack of representation and to establish a way forward to ensure these organisations were appropriately represented at future meetings.

In response to a question around how people trafficking is monitored in Leicestershire, it was confirmed that this was captured by the Police and then reported to national bodies. However, as the issue, which continued to grow in prevalence, affected multiple areas including Safeguarding, it was the intention of the Independent Chair of the LRSAB to work together with organisations, especially Healthwatch, to assist in the strategic join-up of services.

It was noted that Healthwatch Leicester and Leicestershire was keen to ensure that the public voice was heard in relation to adult safeguarding matters and would work with the Independent Chair of LRSAB on this issue.

The Committee was assured that, regardless of funding arrangements for the LRSAB, statutory reviews would always be carried out. The statutory partners on the LRSAB had a pragmatic approach in this regard.

RESOLVED:

That the Annual Report of the Leicestershire and Rutland Safeguarding Adults Board be noted.

27. Domiciliary Care Service Post November 2020.

The Committee considered a report of the Director of Adults and Communities which outlined the proposed way forward on the re-procurement of a new Domiciliary Care Service. The Committee's views were sought on the approach outlined within the report which could then be considered in the service design prior to finalisation in November. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from discussion, the following comments were made:

- i) In response to a query around contingency planning, it was confirmed that each service provider would be expected to follow its own contingency and business continuity plans. However, it was normal practice when procuring a new service, for details of these to be agreed between the Council and the service provider(s) at the contract stage and outlined within the service specification.
- ii) Assurance was given to the Committee that lessons learnt from the implementation of the Help to Live at Home Service were being used to improve and shape the procurement process. Business continuity and service continuity would be emphasised as a top priority particularly at the implementation stage which would be phased to ensure minimal service level disruptions. It was recognised that supporting and retaining care staff through the process was key to a successful implementation and to future service delivery.
- iii) A member suggested that officers consider the options for contract duration. The current contract had been for a three-year period, with an option to extend for up to two years. A longer-term contract may have the potential to provide greater service stability.
- iv) It was agreed that a progress report would be submitted to the Committee in November which would include an early draft of the plans for implementation.

RESOLVED:

That the proposed way forward regarding the re-procurement of domiciliary care services be noted.

28. Carers' Support Update.

The Committee considered a joint report of the Director of Adults and Communities, the Director of Public Health and the Director of Children and Family Services, which provided an update on the progress made in the delivery of the Joint Carers' Strategy 2018-21, Implementation Plan and priorities over the next 12 months. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Chairman welcomed Mrs Hack, Spokesperson of the Health Overview and Scrutiny Committee to the meeting for this item.

Arising from the discussion, the following comments were raised:

- i) With regard to other Leicestershire organisations and District Councils signing up to the Employers for Carers' Scheme, it was confirmed that this was a voluntary process but that the County Council was encouraging as many organisations as possible to take part. The Director undertook outside of the meeting to provide the Committee with details of the organisations that had already signed up to the Scheme and information on how it was promoted.
- ii) It was suggested that it would be helpful for a timescale to be provided for actions which were still to be developed. Assurance was provided that actions were progressing in line with the three-year period that had been set to deliver the Strategy. A Lead Commissioner had recently been appointed to the Department to lead on the Carers' Strategy work and would be instrumental in driving this forward. It was also highlighted that the information on implementation contained within the report was only an outline of the associated actions as opposed to the full-scale plan, which contained a much higher level of detail.
- iii) A proportion of the funding used to support carers' services was provided through the Improved Better Care Fund (IBCF), which was non-recurrent and due to end in March 2020. In response to a question around future funds and the continuation of support for carers, the Director responded that the use of temporary funding was always a concern and that the Council was awaiting direction from the government with regard to longer term funding. However, it would continue to invest in support for carers which was key to keeping pace with demand.
- iv) The Committee was reminded that the NHS was a partner in delivering the Carers' Strategy and Implementation Plan and would focus on work to ensure the health and wellbeing of carers. Actions assigned to the Clinical Commissioning Groups included the role of primary care in providing the right information and advice and social prescribing. Aggregated data was not collected regarding the overall health of carers; however, this would be known at individual care plan level. It was recognised that the majority of carers were older people and likely to have long term conditions of their own. Supporting carers in these circumstances was a matter for GPs who would need to plan any admission or discharge from hospital for the carer to take account of their caring responsibilities. It was noted that discussions were taking place with the University Hospitals of Leicester NHS Trust to develop a support pack for carers whilst in hospital and upon discharge; officers would see if this could be expedited.
- v) The County Council commissioned a service to support young carers from Barnardo's. The majority of activity was delivered through this service. There was also a transition process in place to support young carers to become adult carers. Officers undertook to provide the Committee clarity regarding the coverage of the County Council's service offer and that of Barnardo's.
- vi) Where it was recognised that carers would benefit from financial and benefits advice, they would be signposted to the appropriate organisation. A carers support service was commissioned from the voluntary sector which could assist members in navigating the system and filling forms in. The Leicester, Leicestershire and Rutland Carers Delivery Group would also be undertaking an audit of information, advice and guidance to ensure that there was consistency across the public sector.

- vii) Where carers were themselves vulnerable, or a number of people in the same household required care from a variety of family members, a joint assessment which looked at the needs of multiple parties would be carried out.

RESOLVED:

- (a) That the progress made in the delivery of the Joint Carers' Strategy 2018-21 be noted and that the Committee continue to receive regular updates;
- (b) That Officers be requested to provide members of the Committee with details of the organisations signed up to the Employers Scheme, and how this is encouraged, for information;
- (c) That Officers be requested to provide members of the Committee with details of the coverage of the group work offer for young carers and the scope of the service provided by Barnardo's for information.

29. Record Office Business Case.

The Committee considered a report of the Director of Adults and Communities which provided an update on Phase One of the Collections and Learning Hub Project, the re-siting of the Record Office for Leicestershire, Leicester and Rutland (ROLLR) to the County Hall campus, and, as part of forthcoming stakeholder engagement, presented an opportunity for the Committee to shape the design brief. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Cabinet Lead Member for Adults and Communities, Mr R Blunt CC, confirmed that he supported the two-phase approach to the Collections and Learning Hub project. He recognised the need to relocate the records officer, in order to keep records safe and was comfortable with the proposal to relocate to County Hall, which was a broadly central location.

Arising from the discussion, the following comments were raised:

- i) A Member expressed concern that as the world of digitalisation progresses, hard copy records may no longer be kept. It was felt important, particularly in terms of social history, that future generations were still able to access and refer to local documents.
- ii) In response to a question, it was confirmed that timescales for starting the build of the Record Office were indicative at this stage and would be adapted around the project as it evolved. The visit to the Hereford Record Office, which was an example of a modern archive, had provided useful insight and information that had helped shape the process.
- iii) It was noted that Wigston residents were disappointed that the Records Office was being relocated. They felt that the current records offices were well used, with a town centre location and access to car parking. Concern was also expressed regarding use of the existing site once the relocation had taken place. It was confirmed there were currently no plans for the existing site, but that information would be available at the appropriate time. The Cabinet Lead Member suggested

this could be an opportunity for local members and their constituents to make suggestions on ways to maximise the use of the old site.

- iv) The consideration of a Changing Places facility as part of the design brief for the new records office was welcomed.
- v) It was confirmed that a project to digitalise existing records was underway, particularly focused on popular records. Although the number of people physically searching for documents had reduced, there had been an increase in people accessing records remotely. As a result, those who came to the records office were generally more well informed. It was seen as a positive that routes of access were broadening and changing rather than there being a decline in service users.
- vi) It was noted that the requirement for the new records office to have sufficient storage for the next 25 years was an approximation based on the knowledge of archivists. There was a risk that, after 25 years, more storage space would be required; however, it was expected that the increase in digital records would offset this risk.
- vii) A member queried why the original proposal of a Collections and Learning Hub on the same site was no longer being pursued. It was confirmed that the project had been scaled back to make it affordable. Phase 2 of the project would see the Creative Learning Service Collections and the Museum Collections, which were currently scattered around the county, brought together in the Eastern Annexe. The separate teams had already been brought together under one management service to maximise opportunities for collaborative working. It was not expected that schools would visit the collections hub; rather they bought into the service so that they could receive artefacts in their schools. The timescale for the development of the Collections Hub was not known but the Committee would continue to receive regular programme reports.

RESOLVED:

- (a) That the update on Phase One of the Collections and Learning Hub Project be noted;
- (b) That members of the Committee be requested to put forward suggestions for consideration that they or their constituents may have with regard to maximising the use of the old site once the relocation has taken place.

30. Next Steps in Library Provision.

The Committee considered a report of the Director of Adults and Communities which provided an update on progress with library services and an opportunity for the Committee to comment on options in shaping the future direction of the service as part of its forthcoming strategy refresh. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from the discussion, the following points were noted:

- i) Members praised a number of community managed libraries, which were thriving and embodied a positive community spirit. Some community managed libraries,

such as in Earl Shilton, were also being innovative in finding new funding streams. This approach was welcomed.

- ii) Just over one million books were loaned from Leicestershire's libraries during the previous year, although this did not reflect the number of individual visitors. This data would be difficult to capture, as would details of the other reasons why people chose to visit a library. Officers were developing a qualitative measure around library usage which would be included in future performance reports to this Committee. In the meantime, members were reminded of the need to promote the use of libraries in their local areas.
- iii) In response to a query, the Director advised that he had commissioned a review of the challenges that community managed libraries would face once the tapered funding from the County Council ended. Some libraries had done sufficient work to ensure that they were sustainable; others would face challenges. A report outlining the findings of the review would be submitted to this Committee in due course.
- iv) Members supported the suggestion to review the mobile library service. Officers confirmed that any decision would be subject to the usual consultation process. Currently 843 people used the service, of which approximately 600 people only accessed libraries through the mobile library. However, more than half of mobile library users lived within three miles of a static library.
- v) It was suggested the guidance on how to use smart libraries should be made available within the library buildings. Officers acknowledged this but advised that there had been roadshows to explain how smart libraries worked and information and video clips were available on the County Council's website.
- vi) The County Council was part of a consortium with other local authorities for purchasing library supplies. Content was monitored to ensure that it was effective. It was noted that some community managed libraries had introduced a book swap, although this could affect the quality of the library stock.

RESOLVED:

- (a) That the progress with library services be noted;
- (b) That the Committee's comments on options in shaping the future direction of the service be taken into account as part of the forthcoming strategy refresh.

31. Deprivation of Liberty Protection Safeguards.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on how the Deprivation of Liberty Safeguards (DoLS) service manages the assessment and authorisation process for individuals that require DoLS authorisation. The report also outlined the key changes regarding the implementation of Liberty Protection Safeguards which are due to replace the current DoLS on 1 October 2020. A copy of the report marked 'Agenda Item 12' is filed with these minutes

The Committee welcomed the work that had been undertaken by officers with regard to the DoLS backlog figure, which had decreased significantly from 1,316 to 436.

With regard to appealing an LPS authorisation it was noted that free legal aid would continue to be available. It was confirmed that the County Council had concluded a total of 80 appeals and that 36 appeals were currently live. The numbers were not expected to increase significantly as a result of the new legislation.

RESOLVED:

That the current position with regard to Deprivation of Liberty Safeguards and key changes regarding the implementation of Liberty Protection Safeguards be noted.

32. Annual Complaints and Compliments Report.

The Committee considered a report of the Director of Adults and Communities which provided a summary of the complaints and compliments for Adults Social Care services commissioned or provided by the Adults and Communities Department in 2018-19. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

It was felt that it could be useful to analyse complaints by geographic area. If particular areas were receiving more complaints than others, then this type of analysis could potentially assist with area specific action being taken in order to prevent future complaints. Assurance was provided that the data was analysed to identify themes, which were then reported to departments on a quarterly basis. Officers were not aware of any geographic disparity in services but would seek to include this in future reports.

A question was raised with respect of the County Council being found at fault by the Ombudsman for five out of the thirteen complaint cases it had made decisions on during 2018-19 and whether these cases had been reviewed by Senior Officers as part of the process. It was confirmed that the review by Senior Officers had only been introduced part way through the year; however, all future cases would be reviewed at a senior level prior to Ombudsman involvement. The complaints that had been upheld tended to relate to the strength and clarity of information provided and remedies had included fact sheets and plain English guides.

Members queried why some complaints took between 20 and 65 days to be resolved. It was confirmed that there was a mix of reasons, some could be delayed because officers were trying to arrange a resolution meeting, sometimes information was needed for partners and some delays were caused by annual leave of critical staff members. The Committee was assured that the majority of complaints were resolved in closer to 20 days than 65. Officers undertook to include an additional marker of 35 days in future reports to give the Committee a better sense of response times.

RESOLVED:

- (a) That the summary of the complaints and compliments for adult social care services commissioned or provided by the Adults and Communities Department in 2018-19 be noted;
- (b) That the Director be requested to include further detail regarding the length of time for responding to complaints in future reports.

33. April - June 2019 Performance Report.

The Committee considered a report of the Chief Executive and the Director of Adults and Communities which provided an update of the Adults and Communities Department's performance for the period of April to June 2019. A copy of the report marked 'Agenda Item 15' is filed with these minutes.

A Member asked whether the number of voluntary hours for community managed libraries could be recorded and reported at a future meeting. The Director responded that this suggestion would be considered, however, as these libraries were not owned or managed by the County Council it would depend on whether or not the relevant organisations agreed to share this information.

RESOLVED:

- (a) That the Adults and Communities Department's performance for the period April to June 2019 be noted;
- (b) That Officers be requested to consider whether the number of voluntary hours for Community Managed Libraries could be recorded and reported to a future meeting.

34. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 11 November 2019 at 2.00pm.

2.00-4.20pm
2 September 2019

CHAIRMAN

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
11 NOVEMBER 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 and implementing 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. The new TOM is being articulated to assure alignment to the Department's strategic approach and ensure it is operating effective and efficient operations. 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 Europe has extensive experience supporting

clients to deliver improved services across Adults and Children’s Social Care, and Acute and Community Health.

Background

6. The current Medium Term Financial Strategy (MTFS) 2019/20-2022/23 notes the demands on adult social care services arising from demographic growth and increasing needs.

The TOM Programme

Current status of the programme

7. The TOM programme remains on track with the overall programme plan and is forecast to achieve the anticipated benefits.
8. 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.
9. The report to the Committee on 10 June 2019 gave an overview of the long-term benefits as identified during the Diagnostic - outlined in the table below. The expected total programme benefits remain within this range of benefits.
10. Within the table, the “Description” column articulates the benefit to service users and staff, which are then translated to a financial benefit. Note that whilst the majority of the benefits are cashable, those identified as “Quality” are benefits being re-invested to improve the service quality.

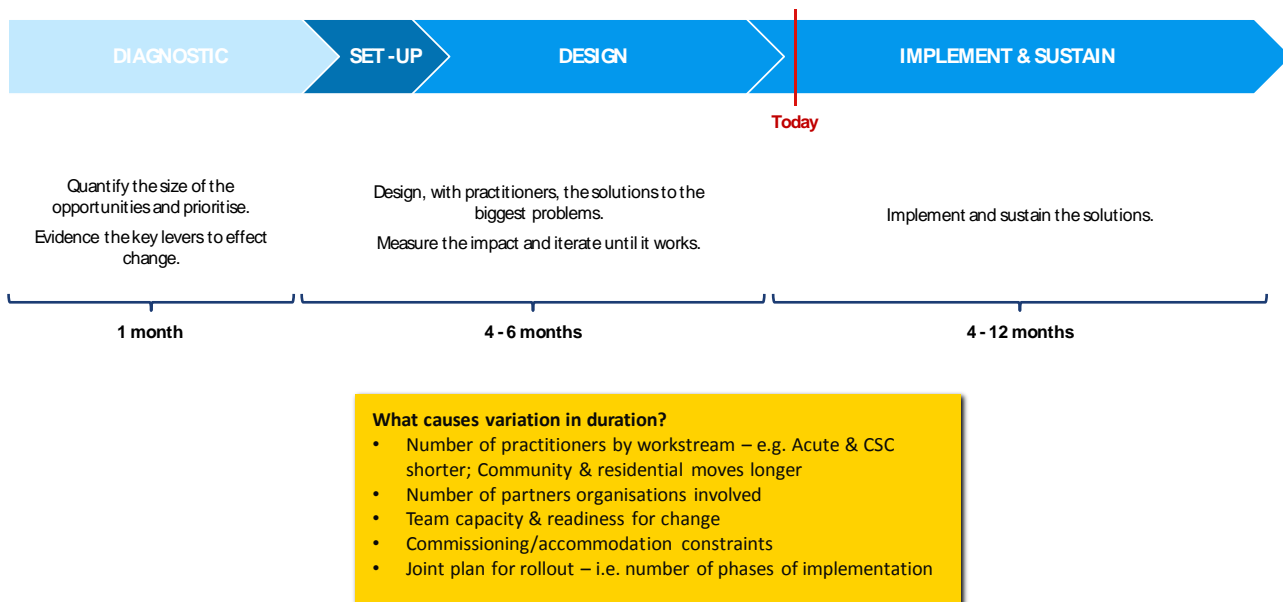
	Workstream	Description	Estimated Annualised financial opportunity (lower bound)	Estimated Annualised financial opportunity (upper bound)
Older Adults	OA1 Reablement	Ensure additional people who could benefit from reablement are systematically identified and referred into the care pathway Make further 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
			£10,450,000	£13,850,000

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
Estimated total annual cashable savings	£6,540,000	£9,180,000
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	£9,200,000	£12,600,000

12. The core stages of the TOM programme are as outlined in the diagram overleaf. The programme has just entered the “Implementation and Sustain” phase and a summary of the activity within each phase is provided.



13. The Diagnostic 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.
14. In recognition of the opportunity and scale of the change which this TOM programme presented, the County Council began the planning activity to ensure successful delivery would be achieved during the Set-Up Phase of work. Key activity involved:
 - Running a competitive tender process to procure a strategic partner to work alongside the Adults and Communities Department. Newton Europe was successful in this exercise and will be working with the department until the programme has achieved the outcomes required in early 2020;
 - Developing and enacting a Communications Strategy across the department's workforce, and supporting business functions, to build and maintain the momentum for change created during the Diagnostic;
 - Internally recruiting and backfilling a number of staff to act as "Design Leads" to work as part of the joint programme team with Newton Europe. These experienced staff have been at the forefront of working with practitioners to design the new "TOM", in a bottom-up approach. These staff were trained in Newton Europe's bespoke improvement methodology;
 - Beginning the process of creating key performance indicators (KPIs) and baseline performance across the service. This is not only critical to be able to measure the success of the programme, but is also part of building upon a foundation of a continuous improvement culture embedded in the use of data and evidence;
 - Four "Business Improvement Managers" were recruited and trained by Newton Europe. These individuals are part of the Implementation Team to not only support results delivery, but to gain experiential learning in Newton Europe's approach. This will help maximise value delivered after the programme closes.

15. The purpose of the Design Phase was to develop and test a new TOM in a safe environment, with real demand and extensive managerial and quality oversight. Practically this has meant working with a subset of eight of the circa 35 County Wide Teams.
16. Key activities which have taken place during the Design Phase have included:
 - a) A joint County Council/Newton Europe team was established from:
 - “Design Leads” – Eight departmental Service Managers and one Head of Service seconded to the programme and backfilled. Their role involved providing Council departmental knowledge and practice expertise at the core of creating the new TOM;
 - “Design teams” – Eight teams working with the Design Leads and Newton Europe to design and test the new ways of working;
 - Newton Europe team of 13 consultants working hand in hand with Council counterparts to bring Newton Europe’s analytical approach, rigour and change management expertise.
 - b) Skills identification and training for the programme team. This 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 delivered. This has included activities such as:
 - Stakeholder mapping and bespoke communication activity;
 - Monthly newsletters;
 - Kick off workshops;
 - A suggestion scheme;
 - Countywide roadshows which are two-way communication events across the authority;
 - Council partner and provider briefings;
 - Feedback surveys with Design teams on the new TOM.
 - d) Governance has been established at a daily, weekly and monthly cadence to provide appropriate oversight, assurance and support to enable programme delivery.
 - e) Further work on baselining and KPI development.
 - 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.
 - g) Testing, iterating and gathering evidence of these “solutions to try” in eight locality offices with actual demand. After extensive improvement and testing these solutions have formed the basis of the new TOM.
 - h) Based on evidence gathered from a range of sources, at the end of the Design phase, the “new TOM” was clearly documented and a comprehensive plan to implement it across the remainder of the Council was developed. This is being put into place as Business as Usual during the “Implementation Phase”.

- i) Within the subset of eight teams from Design, results achieved during this phase of the TOM have included:
- i. Between a 10% and 30% improvement in case progression in the locality teams. This has been achieved by a combination of better working alongside business support staff; creating a framework to support the targeted progression of cases to agreed goals; greater consistency and clarity of case notes; and a performance management dashboard and meeting structure;
 - ii. Alongside this the Customer Service Centre (CSC) has been able to achieve an 18% increase in the number of contacts it can appropriately resolve without passing on to locality teams. This was achieved whilst reducing CSC contact time from eight to four days, and increasing the proportion of calls answered from 73% to 84%;
 - iii. An approximate 25% reduction in residential placements being made on discharges from the Acute Hospital; and an approximate 15% reduction in residential placements within the Older Adults (OA) community team. These packages have instead been replaced by an appropriate package of care at home. This enhances the service user's independence and saves money;
 - iv. A 30% improvement in the independence of service users accessing OA reablement. This improves independence and reduces spend on ongoing commissioned packages. This has been achieved by:
 - increasing the internal capacity of the inhouse Home Care and Reablement Team (HART) service at no extra cost;
 - Using this capacity to absorb demand previously outsourced to the mainstream home care provider;
 - Redesigning the HART offer to further improve the effectiveness with which it helps service users gain independence;
 - v. 23 service users, with a learning disability, have moved from residential care to supported living which is a more appropriate and cost effective;
 - vi. A third of mental health cases being integrated into the new "recovery plan" process which works with these service users to increase their resilience and independence;
 - vii. More consistent decision making, alongside a new skills development offer for adults with Learning Disabilities, which was shown to reduce ongoing commissioned care in the region of £160/week per service user.
17. The Implementation Phase of the work is taking place from August 2019 through to the first quarter of 2020.
18. The end of the Design phase provided clarity on what the new TOM will be. In order to maximise the impact and sustainability of these changes, the principle by which the TOM is being rolled out is by developing and supporting team managers to lead the rollouts across their teams.

19. The majority of the programme benefits (financial and non-financial) are realised during this Implementation phase of work.
20. The following has been put in place to support this Implementation and Sustainability:
 - a) A Leadership development programme for team managers including several topics such as: use of data and dashboards; and understanding of the evidence and TOM from the Design phase; running weekly case progression meetings to support their team;
 - b) A Business Intelligence dashboard owned and developed by the County Council giving a comprehensive oversight of service performance in line with the programme targets;
 - c) A support structure to work on the ground alongside team managers with this ambitious change programme which includes dedicated resource from:
 - Newton Europe;
 - Business Improvement Managers;
 - Lead practitioners;
 - Heads of Service and Assistant Directors.
 - d) Involvement of colleagues in wider business support functions such as finance, commissioning, business intelligence, business support and others to ensure the enablers are in place for this change;
 - e) A detailed programme plan with supporting governance structure to oversee progress, remove blockers and provide additional support where required;
 - f) An easily accessible “TOM Checklist” bespoke to each type of team which summarises the operational changes required to maintain the TOM way of working.

Resource Implications

21. The forecast benefits for the TOM programme are between £10m-£14m recurrent on an annual basis, of which at least £9m is additional to existing MTFs 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.
22. To enable the successful delivery of this programme the County Council is investing in a strategic development partner (Newton Europe) whose one-off fees (including estimated expenses and excluding VAT) are £4.5m. The Newton Europe contract is structured such that should the programme not deliver a recurrent annualised benefit greater than 1.5 times the one-off Newton Europe fee, their fee will be reduced until this ratio is satisfied. In addition, the County Council is providing staffing and other minor expenses to support the delivery of the Programme.
23. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Conclusions

24. 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.
25. The Committee is asked to note the contents of this report.

Background Papers

- Leicestershire County Council's Strategic Plan 2018-22 – <https://bit.ly/2MjREDU>
- Leicestershire County Council Vision and Strategy for Adult Social Care 2016-20 - <https://bit.ly/2paQ5OZ>
- Adult Social Care Target Operating Model – Report to Adults and Communities Overview and Scrutiny Committee: 10 June 2019 – <https://bit.ly/2MpuzhW>

Circulation under the Local Issues Alert Procedure

26. Whilst the initial Design teams are testing in isolated locality areas the implications of the TOM programme when completed will be county wide.

Equality and Human Rights Implications

27. Equality and Human Rights Impact Assessments will be undertaken for all workstreams before the implementation stage.

Other Relevant Impact Assessments (if applicable)

Partnership Working and Associated Issues

28. We are ensuring that our partners are informed and included through working groups and partnership boards as appropriate.

Risk Assessment

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

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
11 NOVEMBER 2019

LIGHTBULB SERVICE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND
BLABY DISTRICT COUNCIL

Purpose of report

- 1 The purpose of this report is to provide the Committee with an update on the Lightbulb Service.

Policy Framework and Previous Decisions

- 2 On 10 October 2017, the Cabinet agreed the delegation of Adult Social Care functions to be undertaken under the Lightbulb Programme pathway to Blaby District Council.
- 3 The Lightbulb Service went live and was rolled out to all Leicestershire districts in October 2017.
- 4 The County Council has a Service Level Agreement with Blaby District Council which expires on 31 March 2022.

Background

- 5 The Lightbulb Service offer includes setting out how local housing services can support and promote the health and wellbeing of Leicestershire citizens; offering to concentrate the collective efforts of all the Leicestershire districts and County Council on developing services to help health and social care partnerships achieve the Better Care Fund (BCF) objectives.
- 6 The Lightbulb Service aims to provide a less complex and fragmented service, with reduced handoffs and waiting times for customers, delivered through a Hub and Spoke model in integrated locality Lightbulb teams based in each district. Customers are provided with a holistic assessment of need through completion of a 'Housing MOT'. This includes:
 - Minor adaptations and equipment;
 - Disabled Facilities Grants (DFGs);
 - Wider housing support needs (warmth, energy, home security);
 - Housing related health and wellbeing (Assistive Technology, falls prevention);
 - Planning for the future (housing options);
 - Housing related advice, information, signposting.

Service performance and improvements

- 7 Since the full roll out of the Lightbulb Service in October 2017, Housing Support Coordinators (HSCs) have completed approximately 5,449 cases for the benefit of customers across Leicestershire.
- 8 The Business Case provided in 2018 calculated that the average overall delivery of a case by HSCs would be 36 days which is significantly less than the 42 days taken prior to roll out of the service. The average length of time taken has further reduced to 28 days.
- 9 The additional productivity has also had an impact on Occupational Therapists (OTs), allowing them to concentrate on delivering more complex caseloads. The OTs that operate to support the Lightbulb model have completed an additional 37% of cases than projected to be delivered prior to full roll out of the service.
- 10 This means that across these roles, the service has been significantly more productive and efficient than initially projected with an improvement on delivery by approximately two weeks in comparison with the previously held contract.
- 11 In terms of DFG service delivery, performance continues to improve. By the end of Quarter 4 2018/19, two of the seven districts had reached the target of DFG delivery within the 20 weeks target (this is the time taken from valid application to completion), and by the end of Quarter 1 2019/20, all seven districts had achieved this target. This is due to the more streamlined processes being embedded.

Customer impact

- 12 The customer insight work conducted prior to the development of the original business case showed that 95% of customers wished to have a single point of contact. This principle has been developed within the service for all cases that do not involve a DFG. Where a DFG is required, there is a single hand off to a Technical Officer. As part of the roll out of the trusted assessor model, HSCs have become the single point of contact for some DFG categories, helping to fulfil the ideology developed in the customer insight work.
- 13 In addition, the Lightbulb Service has been able to undertake targeted prevention work with vulnerable individuals with the aim of reducing or delaying their need to access more costly services and have also signposted them to wider prevention through Leicestershire's First Contact. Appendix A sets out some case studies.
- 14 Further customer insight work is programmed into the future developments phase over the next five years.
- 15 The Lightbulb Service has been recognised for its successful partnership working by receiving three national awards and this is fully embedded in the ethos, culture and ambition of the service. This is exemplified by representatives of different local authorities leading on different work-streams and the drive to continually improve the service, successes include:
 - Implementation of the Regulatory Reform Order (RRO). In 2002, the Government introduced the RRO (Housing Assistance) (England and Wales) Order 2002, which enabled local authorities more freedom to address wider, local housing

issues. In 2008-2009, the range of the RRO increased to include DFG money, which enables the local authorities to use the funding for wider purposes. This has meant that local authorities can be more flexible with DFG's for uses that are not covered using mandatory DFG's. Lightbulb has taken the opportunity to put together an offer for the residents of Leicestershire;

- Obtaining concurrent funding for the Hospital Enablement Team, which is a Housing Team based in the three main hospitals, who work alongside partners to prevent delayed transfers of care and repeat hospital admissions;
- Agreement of a five year Service Level Agreement with all partners;
- Development of Technical HSCs;
- Transfer of County's major adaptations service to Lightbulb Service;
- Inclusion as good practice in the Royal College of Occupational Therapists journal article '*Adaptations Without Delay: a guide to delivering adaptations*'.

16 Work-streams currently being developed include:

- A procurement framework for builders;
- Promotional video of the Lightbulb Service;
- Apprenticeship Scheme;
- Dementia friendly properties in conjunction with Loughborough University;
- Self-referral pathway;
- Digital development of support for adaptations and mental health and hoarding support.

Resource Implications

17 With regard to funding, Central Government increased the DFG allocation from 2016/17 to 2017/18 by 20% and then by 10% from 2017/18 to 2019/20. The current grant for 2019/20 is £3,919,000. Further additional funds were allocated at the end of the calendar year; with conditions for spend which differ from the BCF allocated DFG funds. The allocation for 2020/21 will be released later this year. Nationally, Councils appear to be working on the assumption that the amount allocated will be the same amount as this year.

18 Comparatively from 2017/18 and 2018/19 there has been a significant increase in BCF DFG funding. The actual spend has also increased, but only slightly in comparison with the funding increase.








19 This is due to a combination of issues:

- It was known that there would be an increase in funding, but the actual allocation was not known until the figures were published. It was anticipated that as the funds were allocated via the BCF that this would allow for more flexibility in spend, in reality this requires a change in policy.
- Due to the additional funds being allocated within a limited time frame, there was not enough time to develop the requisite infrastructure to accommodate increased referrals.

20 The introduction of the Trusted Assessor role to carry out more preventative interventions, i.e. by providing equipment and assessment of the property via a 'Housing MOT', has negated some of the need for costly DFGs (a reduction of 43%).

- 21 The 20% increase in the BCF DFG allocation followed by a 10% increase in the following year, was provided without an infrastructure to allow spend.
- 22 The table set out below, summarises the change (increase or decrease) in actual spend from 2017/18 to 2018/19. Although there is a general trend in the spend increasing, this is only based on data for one year only. On average, there is a 27% increase in spend across the districts; with two districts showing a decrease in spend.
- 23 The figures for Oadby and Wigston Borough Council are based on actual spend, however it must be noted that the actual spend for 2019/20 Quarter 1 is already higher than total spend in 2018/19, indicating that the 69% reduction is an anomaly.

The increase/decrease in actual spend on DFG applications per District

District	% Increase or decrease in spending from 2017/18 – 2018/19
Blaby District Council	 4%
Harborough District Council	 18%
Charnwood Borough Council	 32%
Melton Borough Council	 35%
North West Leicestershire District Council	 50%
Hinckley & Bosworth Borough Council	 28%
Oadby & Wigston Borough Council	 69%

- 24 The challenges of spending DFG funding is reflected nationally and referred to in the government's review of DFGs published last year, which highlights the lack of revenue funding, more complex cases and higher cost of work as being major contributory factors.
- 25 The County Council contributed £421,600 for this financial year and all partner contributions are reviewed annually.
- 26 The Director of Corporate Resources has been consulted on the content of this report.

Conclusions

- 27 The Committee are asked to note the contents of this report

Background Papers

- Report to the Cabinet: 10 October 2017 – Delegation of Adult Social Care Functions to Blaby District Council (Lightbulb Programme) <https://bit.ly/2qm5gVE>
- Summary of DFG and other Adaptations External Review: December 2018 <https://bit.ly/2GU9cF3>

Circulation under the Local Issues Alert Procedure

28 None.

Equality and Human Rights Implications

29 An Equality Impact and Needs Assessment was undertaken by Blaby District Council and actions monitored by the Service Programme Board.

Other Relevant Impact Assessments (if applicable)

Partnership Working and Associated Issues

30 Partnership working is pivotal to this service and sustained good partnership is dependent on this service arrangement continuing into the future.

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Appendix A

Case study examples

APPENDIX A**CASE STUDY 1 – LIGHTBULB HOUSING SUPPORT CO-ORDINATOR**

One of the HSC's visited Miss X in September 2019.

Miss X was struggling to manage her personal care and management of her home which was observed to be somewhat chaotic. She is a lone parent of two sons with disabilities.

She had contacted Lightbulb as she found stairs and bathing difficult, due to a result of her debilitating health conditions. She also suffers with anxiety and depression.

It was observed by the HSC that she hadn't got the mental or physical health to be able to organise and prioritise the families and her own needs.

The HSC sat and listened to Miss X about her life and what was making it difficult, she explained she used to go swimming but wasn't able to do this alone due to anxiety. The HSC was mindful that physical activities would be beneficial for Miss X's physical and mental health.

The HSC completed a full MOT and explained what she could provide. Miss X agreed to an additional stair rail to enable her to use the stairs safely and easily, an over bath shower was recommended to enable safe and independent bathing, along with a grab rail. Grab rails were also fitted to the wall beside the front door so that she could transfer more safely out the house. An adjustable toilet frame was requested to aid transfers from the toilet. Miss X was really pleased with this and said it would help.

The HSC explained other support she could offer and a referral was made to First Contact Plus for information on groups and transport as Miss X was somewhat isolated and a request for an assessment was submitted to Adult Social Care with a view to obtaining a Personal Budget.

Adult Social Care has been in contact with Miss X and will visit and complete a care and support assessment which may offer her a personal budget. This would enable her to employ a Personal Assistant to help long term to support her with accessing the community and to assist with organisation within the home.

The actions of the HSC visit have afforded Miss X independence, confidence in her ability to self care and raised her self esteem to afford a better quality of life for her and her family.

CASE STUDY TEMPLATE

NAME OF PROJECT:	LIGHTBULB
DATE SUBMITTED:	26/06/2019
LOCALITY TEAM:	Melton
SOURCE OF REFERRAL AND REASON FOR REFERRAL: Customer Service Centre/ Stairs and bathing	
CSC / Bathing, Toilet Transfers, Access, Perching Stool.	
HOW LONG DID YOU WORK WITH THE INDIVIDUAL?	
Start Date: 12/06/2019 End Date: 13/06/2019	
WHAT WERE THE MAIN ISSUES FOR THE INDIVIDUAL? (E.G. IDENTIFIED BY THE MOT CHECKLIST)	
<ul style="list-style-type: none"> • Only able to stand for so long and then need to rest. Food preparation is managed sitting at the dining table. Now having to purchase frozen veg as becoming too painful to chop food. • Difficulties with front access due to a porch and thresholds at different heights. Step at back door is helpful but Ms C needs to pull on the door handle to get up the step. • Armchair appeared to be appropriate height until sat in and then the cushions sink a long way. Ms C considering an additional cushion to sit on. Currently gets up by leaning forwards and pressing back with her elbows on the chair arms. • Toilet transfers are managed by putting left hand flat on the window ledge (grip in left hand is poor) and pulling on the shower cubicle door handle. • Currently holding onto the door handles of the curved front shower cubicle for support when stepping in/out of the shower. Washing lower body is difficult as Ms C struggles to bend over without holding onto the door handle. Cubicle too small for a shower chair. • Standing at the shower room sink when carrying out personal care in the evening. • Able to lift legs into bed but when getting up from the bed, Ms C needs to press down on the bedside cabinet. 	
WHAT ACTIONS WERE TAKEN?	
<p>Minor Adaptations form completed to request:</p> <ul style="list-style-type: none"> • Installation of a 12" grab rail at the porch door. • Wood half step for outside the porch door (non-slip top and edges painted white). • Wood plinth for between the porch door and front door (non-slip top). • Installation of a 12" grab rail at the back door. • 18" grab rail to be fitted just under the window in the shower room. Discussed turning slightly on the toilet as this will allow both hands to reach the rail before getting up from the toilet. • Discussed floor to ceiling pole next to the shower door to aid transfers – declined at this time but Ms C remains eligible. • 18" grab rail in the shower cubicle to assist when washing self especially lower body. 	

NRS Equipment					
<ul style="list-style-type: none"> • Perching Stool for the kitchen and bathroom. • 3" armchair raise. • Bed lever. 					
Assistive Technology		Adaptations	X	First Contact Plus	
OT		Adult Social Care		Local Area Coordinator	
Voluntary Sector		Other (please state)		NRS/Equipment	X
HOW HAS LIGHTBULB'S INPUT BENEFITED THE RESIDENT? – Outcomes, Risks reduced?					
<p>Adaptations at the front door will make stepping in/out more easily managed and safer. The grab rail at the back door will prevent Ms C putting herself at risk by holding onto the door handle. Toilet and Shower cubicle transfers will be safer and Ms C will be at less risk of slipping over in the shower.</p>					
WHO ELSE WAS INVOLVED?					
None					
ANY ONGOING SUPPORT?					
None.					
ANY OTHER RELEVANT INFORMATION:					
<p>Ms C states her chair raise is extremely helpful, as are the Perching Stools. She isn't sure if the Bed Lever will be of assistance because she thinks she may knock herself on it. Ms C is prepared to try it for a few nights before deciding.</p> <p>Ms C stated: "I didn't expect this level of service and thank you for all you have done". She stated she didn't realise there was so much available to someone in her position.</p>					
NAME:	JS				
DATE:	26/06/2019				

CASE STUDY TEMPLATE

NAME OF PROJECT:	LIGHTBULB				
DATE SUBMITTED:	18/07/2019				
LOCALITY TEAM:	North West Leicestershire				
SOURCE OF REFERRAL AND REASON FOR REFERRAL: Customer Service Centre/ Stairs and bathing					
Customer Service Centre					
HOW LONG DID YOU WORK WITH THE INDIVIDUAL?					
Start Date: 07/05/2019					
End Date: 14/06/2019					
WHAT WERE THE MAIN ISSUES FOR THE INDIVIDUAL? (E.G. IDENTIFIED BY THE MOT CHECKLIST)					
SU found stairs, bathing and coping in general difficult as a result of her debilitating health conditions. She was living in an unclean, cluttered environment and had no motivation.					
WHAT ACTIONS WERE TAKEN?					
A cleaner was called with the SU's consent and she agreed to them decluttering the home and to carry out a deep clean. The SU was motivated by this and went on to purchase new carpets, chair and a bed.					
Because of complex health conditions, it was agreed with the OT that her case would be transferred.					
Referrals made to;					
Assistive Technology		Adaptations		First Contact Plus	
OT	x	Adult Social Care		Local Area Coordinator	
Voluntary Sector		Other (please state)		NRS/Equipment	
Cleaning company					
HOW HAS LIGHTBULB'S INPUT BENEFITED THE RESIDENT? – Outcomes, Risks reduced?					
Actions have afforded the service user independence, motivation and raised her self esteem.					
WHO ELSE WAS INVOLVED?					
Case was passed to Lightbulb OT					
ANY ONGOING SUPPORT?					
OT at present					
ANY OTHER RELEVANT INFORMATION:					

NAME:	JL
DATE:	18/07/2019



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
11 NOVEMBER 2019

CONSULTATION ON THE ADULTS AND COMMUNITIES DEPARTMENT
AMBITIONS AND DRAFT STRATEGY 2020-24

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to invite members of the Committee to comment on the draft '*Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020–2024*', together with the associated consultation questionnaire.

Policy Framework and Previous Decisions

2. The draft Strategy 2020-24 will sit under the County Council's Strategic Plan for 2018-22 '*Working Together for the Benefit of Everyone*' and aims to set out how the Adults and Communities Department will contribute to the delivery and achievement of the Council's five strategic outcomes.
3. It will support the delivery of the County Council's statutory duties for library and heritage under the Public Libraries and Museums Act 1964 and for adult social care under the Care Act 2014. There are also national policy and statutory guidance as defined by the Department of Health and Social Care, policy requirements for the integration of health and social care, the national programme of change for Learning Disabilities, and requirements that come with the receipt of Education and Skills Funding Agency funding for adult education.
4. The draft Strategy provides a framework for policy on, investment in and delivery of services by the Department, working with its partners.
5. The Department currently has an Adult Social Care Vision and Strategy, '*Promoting Independence, Supporting Communities*'; and a Communities and Wellbeing Strategy '*Providing Less, Supporting More*'. These strategies were respectively approved by Cabinet on 5 February 2016 and 18 July 2016 and cover the period 2016 to 2020.

Background

6. The Department has developed a new integrated draft Strategy from 2020 to 2024, setting out the vision, ambition and purpose for its work. As part of its commitment to engagement with the citizens of Leicestershire, the Council therefore wishes to consult on the draft the document, titled *Delivering*

Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020 – 2024, attached as Appendix A.

7. The draft Strategy builds on the current Adult Social Care, Adult Learning and Community and Wellbeing Service strategies. It recognises the value of more closely bringing together all the Department's work since it is fundamental to the County Council's role in promoting wellbeing.
8. The ambition at the heart of the Strategy is to improve wellbeing for the people and communities of Leicestershire including their levels of happiness, prosperity and satisfaction with life, along with their sense of meaning, purpose and connection. It also sets out other ambitions for the Department (pages 5–6 of the Strategy) including:
 - Improved customer experience and satisfaction;
 - Promoting wellbeing through universal services;
 - Investment in social care accommodation;
 - Promoting independence;
 - Working effectively with partners.
 - Providing high quality information and advice;
 - Building a flexible, talented, motivated workforce including apprentices;
 - Seamless transition from children to adult services;
 - Improved use of technology;
9. Within this frame of wellbeing, the Strategy sets out the Department's strategic approach for helping those at risk of or in need of support, so that they can maximise their independence. As with the current Strategy this will be through a layered approach of preventing, reducing, delaying and meeting need (page 8). The Strategy sets out what this approach will mean for people, providing a vision for each layer (from overall wellbeing to meeting need) for 2024, and the actions the Department and its partners will take to achieve this vision (pages 9-17).
10. The design and delivery of services will continue to be based on the "right" model, i.e. the right people (i.e. those who are at risk or need support to maximise their independence) are receiving the right services, at the right time, in the right place and the Council is working with the right partners (page 7).
11. The Strategy goes on to set out the already well-established approach to monitoring and managing our performance (page 18). This includes departmental monitoring of a number of performance metrics against the Adult Social Care Outcomes Framework (ASCOF), and Communities and Wellbeing metrics. Each of the ASCOF domains have been aligned to the 2016-20 Adult Social Care Strategy (Prevent, Reduce, Delay, Meet), an approach that will continue under the 2020-24 Strategy.
12. The Department is developing an Adult Social Care Quality Framework with indicators against the following domains:

- Gaining or re-gaining independence;
 - Efficiency;
 - Service user and carer feedback;
 - Service user and carer aspirations.
13. The approach will be combined with indicators for Adult Learning Services and Communities and Wellbeing, to present a comprehensive overview of delivery against the new Strategy. Other examples of performance metrics for ongoing strategic priority developments and activities within the Department relate to:
- Digital technology;
 - Health and social care integration including sustainability and transformation and transforming care;
 - Workforce sustainability;
 - Sustaining cultural services;
 - Adult learning participation;
 - Delivery of a new county records office.
14. Individual programmes and projects and their quantified indicators of success will be, as they are now, set out within the Department's annual business plan, and associated project documentation.

Consultation

15. Key strategic partners including the Department's Engagement Advisory Panel have contributed to the development of the draft Strategy. Partners welcomed the use of wellbeing as an overarching layer and recognised the success of previous strategies, including the effectiveness of the strategic framework and delivery models. The consensus was that the prevent, reduce, delay and meet model is working and should continue, and the emphasis within this model of utilising personal and community strengths as the starting point is good practice.
16. On 22 November 2019, approval will be sought from Cabinet for a 14-week public consultation from 29 November 2019 to 6 March 2020, allowing additional time for the Christmas period.
17. The public consultation will involve targeted engagement with adult social care service users including those with learning disabilities, mental health issues, in older age for example with dementia and ill-health and transitioning from the County Council's services for young people. It will also actively engage people who use the Council's libraries, adult learning, museums, heritage and public record services.
18. The consultation and engagement will be promoted through a variety of methods, including social media channels. The draft consultation document is attached as Appendix B; it will be adapted into a range of formats to meet differing needs including:

- Easy Read versions of the Strategy and consultation questions;
- Accessible video describing the Strategy and how people can feed back. It will include British Sign Language, dementia friendly captioning, be scripted into plain English and will be inclusive of different learning styles. This approach was suggested by and will be co-produced with the department's Engagement Advisory Panel which is comprised of representative service users and carers;
- Strategy and consultation questions on the authority's website;
- Consultation and engagement events to reach as wide an audience as possible including at provider forums, Community Managed Libraries meetings, the Communities Summit, Parish Clerk meetings, specific service user group sessions such as dementia cafes, mental health social drop-ins and the Equalities Challenge Group.

19. Feedback from the public consultation will be analysed and where appropriate incorporated into the final Strategy.

Resource Implications

20. The Strategy, incorporating the new target operating model for adult social care, will continue to ensure that the County Council makes best possible use of its resources. It will also focus attention on driving improved customer experience through the most appropriate targeting of resources. We will maintain the sustainability of services whilst ensuring the best outcomes for people using the inherent strengths of people and communities.
21. There is a small cost associated with the consultation, and provision of information about the Strategy in a range of accessible formats such as easy-read and a proposed video. This will be met from existing Adults and Communities budgets.
22. The Strategy will set the direction for the development of policy, strategic priorities, demand management and resource allocation during the four-year period. It will provide the context within which budgets are drawn up and presented through the Medium Term Financial Strategy.

Timetable for Decisions

23. The draft Strategy will be presented to Cabinet on the 22 November 2019 seeking approval to the 14 week public consultation from the 29 November 2019 to 6 March 2020. If approved, the Committee will be consulted as part of the consultation process at its meeting on the 20 January 2020.
24. The outcome of the consultation will be reported back to this Committee on 8 June 2020, with a view to the final Strategy being approved by Cabinet on 23 June 2019.

Conclusions

25. The Committee's discussion and comments on the draft Strategy and consultation process will inform the approach to the public consultation and help the Department to shape its final Strategy.

Background papers

Working Together for the Benefit of Everyone: Leicestershire County Council's Strategic Plan 2018-22

<https://bit.ly/32WcrCq>

Promoting Independence, Supporting Communities: Our Vision and Strategy for Adult Social Care 2016 – 2020

<https://bit.ly/2paQ5OZ>

Providing Less, Supporting More: Our Vision and Strategy for Communities and Wellbeing

<https://bit.ly/349UdgU>

Circulation under the Local Issues Alert Procedure

26. None

Equality and Human Rights Implications

27. An Equalities and Human Rights Impact Assessment (EHRIA) screening has been produced, attached as Appendix C. This will be a benchmark for the impact of the Strategy on the people and communities of Leicestershire, including users of adult social care services. The screening concludes that the Strategy is expected to have a positive impact. Despite this, a full EHRIA will be produced following the closure of the public consultation to ensure that the Strategy identifies any areas of differential impact for those with protected characteristics, and where future actions need to be targeted.

Other Relevant Impact Assessments

Environmental Impact

28. The County Council declared a Climate Emergency at its meeting of 15 May 2019. As a major service delivery and commissioning department, Adults and Communities contributes to carbon emissions through its operations, and through the services of its contracted providers.
29. The Department will consider how the impact of its operations can be mitigated through the Strategy and has developed an action plan which will:
- Reduce the amount of waste produced;
 - Increase the level of recycling;
 - Reduce the amount of paper used;

- Reduce business mileage;
- Increasing the number of staff that have completed environmental awareness e-learning;
- Implement mitigation measures identified in the corporate climate change risk register;
- Identify work required with contracted providers to reduce their environmental impact.

Partnership Working

30. Delivery of the Strategy will require the Department to maintain and develop effective working relationships with a range of partners including but not limited to colleagues across all other County Council departments, community libraries, cultural organisations, voluntary and community groups, NHS, District Councils, Leicester City and Rutland Councils, blue light services, and social care service providers. All partners will be consulted on the draft Strategy; the department has arrangements in place for the ongoing strategic management of these relationships.

Risks

31. The main strategic risk to achieving the ambitions and objectives in the new Strategy is the availability of funding for adult social care and universal community and wellbeing services. The Adults and Communities Department and wider County Council's effective management of this risk will depend on the level and management of demand for social care services, support needed and transfer of responsibilities by partner organisations in particular the NHS, improvement in delivery and efficiency of internal and commissioned services, and workforce recruitment and retention.

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Appendices

- Appendix A - Draft of Delivering Wellbeing and Opportunities: Adults and Communities Department Ambitions and Strategy for 2020 – 2024;
- Appendix B - Draft consultation document;
- Appendix C - EHRIA.

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Delivering Wellbeing and Opportunity in Leicestershire

Adults and Communities Department
Ambitions and Strategy for 2020 – 2024



Foreword

Leicestershire County Council's (LCC's) Adults and Communities Department delivers library, heritage, adult learning and adult social care services to people living in Leicestershire. We aim to provide and commission high quality services which enrich the lives of individual people, families and their communities.

To achieve our ambitions, we have developed a strategy which brings together the functions of adult social care with those of community and wellbeing services and adult learning services.

The strategy is set within the context of the Leicestershire County Council Strategic Plan 2018-2022 and will contribute to all of its identified strategic outcomes, recognising the need to work with key stakeholders to make the best of available resources, improve customer experience, and to make the strategy a success. To that end, we will

- Work to enhance the wellbeing of individuals and communities, providing opportunities for people to live fulfilling lives
- Keep people safe whilst supporting people to live independently with as much control of their own lives as possible, as a positive approach to risk allows people to regain, grow and develop their skills
- Contribute to the development of flourishing communities which support people's wellbeing and happiness
- Help to develop accommodation and housing which supports people to remain safe and well in their own homes
- Recognise the impact that a great economy can have on the wellbeing of the population, and support individuals to enhance their own economic prosperity through learning, employment and wellbeing.

Our mission statement for adult social care, communities and wellbeing over the next four years is 'delivering wellbeing and opportunity in Leicestershire'. This is what we ultimately seek to achieve for the people who use and engage in our services, be that through support from their communities, social care, heritage sites, libraries or taking part in our learning services.



Richard Blunt,
Cabinet Lead
Member



Jon Wilson,
Director Adults
and Communities

Introduction

Local authorities have statutory duties which they must meet, and which we will continue to deliver over the next four years. Nevertheless, the most important perspective in defining our strategy is that of the people who use our services.

Across the department we have a strong focus on customer satisfaction and a genuine drive to provide high quality services:

- In our learning services we have consistently delivered high performance and exceeded funding agency outcomes
- In our social care services we are rated as the most efficient county council in the country
- Our library services have demonstrated innovation and transformation in service delivery.

However, we know that we need to do more to meet the needs of our population and to increase people's satisfaction with our services whilst maintaining our focus on efficiency and effectiveness.

Over the last 12 months we have reviewed how we operate our adult social care services, and have developed new ways of working which focus on improving people's outcomes, enhancing the quality of our services and ensuring people have a timely response to meet their needs.

Similar reviews have been carried out in our community and wellbeing services and our adult learning services, which have been challenged to ensure that they are delivering the best outcomes in the most efficient manner. However, our starting point for all these reviews is to improve the way we support people and communities.

Our ambition for these services is, in addition to continuing to meet our legal and statutory obligations, to take advantage of new ways of working so that through the course of this strategy we will:

- Enhance wellbeing, and prevent, reduce, delay and meet individual and community need
- Make it easier for people to access our services through information and digital routes
- Work collaboratively across our services and partners to commission the right support in the right place at the right time
- Use the inherent strengths of local communities to empower them to do more for themselves
- Employ and develop a highly trained and flexible workforce
- Ensure people feel supported, enabled and satisfied when coming into contact with our services
- Conserve and make accessible the cultural and historic heritage of the County

In realising our ambitions, we understand and acknowledge a number of challenges that we will need to address.

The recruitment and training of an appropriately skilled workforce both for the Council and within independent, community and voluntary partner organisations is challenging. We need to continue to inspire people to work in community, wellbeing and social care sectors, providing rewarding careers, increasing opportunities and improving job satisfaction.

We could make better use of Technology Enabled Care (TEC) to meet service user outcomes. It is important over the period of this strategy to ensure that digital capacity is enhanced to improve outcomes for service users. The emphasis placed on the use of digital technology to drive progress will have an impact on future investment and resources and improve digital access to services.

The effective integration of health and social care services remains a highly complex ambition. Partners in the NHS have a new Long Term Plan which comes with significant investment and an emphasis on delivery of new models of care, place-based integrated health and care across the county, and delivery of joined up personal care in neighbourhoods based around primary care. We are committed to working with partners to deliver integrated health and care services at the point of delivery and to ensure that people receive seamless transition between primary care, community care and hospital care.

We need to ensure that we make the best use of universal services such as libraries, museums and learning. These services deliver a range of activities that can play a role in preventing or delaying people's progress to more resource-intensive care arrangements. The appropriate identification and commissioning of services within available resources will ensure that our universal services are used to their full effect.

Whilst unemployment is low, in the county many jobs are low-skilled and low-paid which can increase the number of people requiring support from services.

The department has a responsibility to ensure that people have access to appropriate information, advice and guidance. Customer feedback suggests that this is an area for improvement across all channels.

In developing the strategy for 2020-2024 these challenges have been prominent in our approach, delivery principles, and our mission statement to ensure that these areas of improvement remain our top priority.

OUR MISSION STATEMENT

Our mission statement for the department is 'delivering wellbeing and opportunity in Leicestershire'.

Our ambitions

There are several activities that will help us to embed and achieve our goals. They capture what a person living in Leicestershire can expect from our services.

- Enhancing and **promoting wellbeing** is at the core of our vision to encourage independence and a personalised approach that builds on a person's strengths, and assets within their community, to enable them to take an active role in growing their sense of wellbeing.
- We will continue to **improve customer satisfaction** across all of our services. Leicestershire County Council's social care service users who are 65 or over and living in the community have reported significantly poorer satisfaction than the national average, particularly around personal care, social participation and occupation. During 2019 interviews were conducted with service users to establish the causes of the low satisfaction, and a plan has been put in place to address them. We want to learn from other areas of the department's services that have high satisfaction scores, including museums. Improved customer experience will improve people's sense of wellbeing, help them to realise their aspirations and belief in Leicestershire as a good place to live.
- We will **promote independence** through education, needs assessments, support planning, our approach to social care and our planned use of our libraries, heritage and learning services. This will ensure that people and communities can plan for and take steps to manage their own independence and where possible delay their progression into services. We will seek to provide easy access to community activities, particularly for carers who need time out. Our vision is of individuals maximising their own abilities to care for themselves, with support to achieve this where required. Individual solutions which are aligned to changing needs will be developed to meet a person's desired outcomes.
- Our **libraries, heritage and learning programmes** will continue to promote wellbeing, through the provision of free and accessible community space, exhibitions that connect people to the place in which they live, promoting the benefits of reading, and offering a range of community learning opportunities. We will develop programmes to promote independence and wellbeing. This will include the relocation of the Record Office of Leicester, Leicestershire and Rutland to County Hall campus, growing the online offer of the Communities and Wellbeing service, developing universal library services around reading and health, and introducing a new audience development team to work at grassroots level in growing capacity within targeted communities.

- **partnership working** is integral to this strategy. This includes developing strategic partnerships with providers, the NHS, other public sector agencies, universal services and the voluntary sector. Pivotal to the success of partnership working will be increasing our co-production and engagement with customers, providers and other stakeholders.
- Our first line of preventative action will always be high quality **information and advice** in an accessible format to meet a person's needs.
- Our **digital** offer will improve the experiences of our customers through advancing integration between systems, self-care, access to services, aids and adaptations including the introduction of smarter or technology enabled care.
- We will build a plan for a **workforce** that is flexible, prevention focused, highly talented and motivated, whether that is in the private, voluntary, independent or public sector.
- Our learning programmes will **support apprenticeships** across a range of vocational areas, and support people to live better lives and increase their wellbeing.
- As people **transition into adult services** from children's services we will prepare them effectively for adulthood by creating a seamless experience. We will champion increased independence and employment as everyone should have the opportunity to play an active part in their community.
- We will work with partners to deliver the social care accommodation **investment prospectus** and generate the required levels and types of accommodation for people in receipt of social care. This includes the development of new and redeveloped supported living and extra care properties.

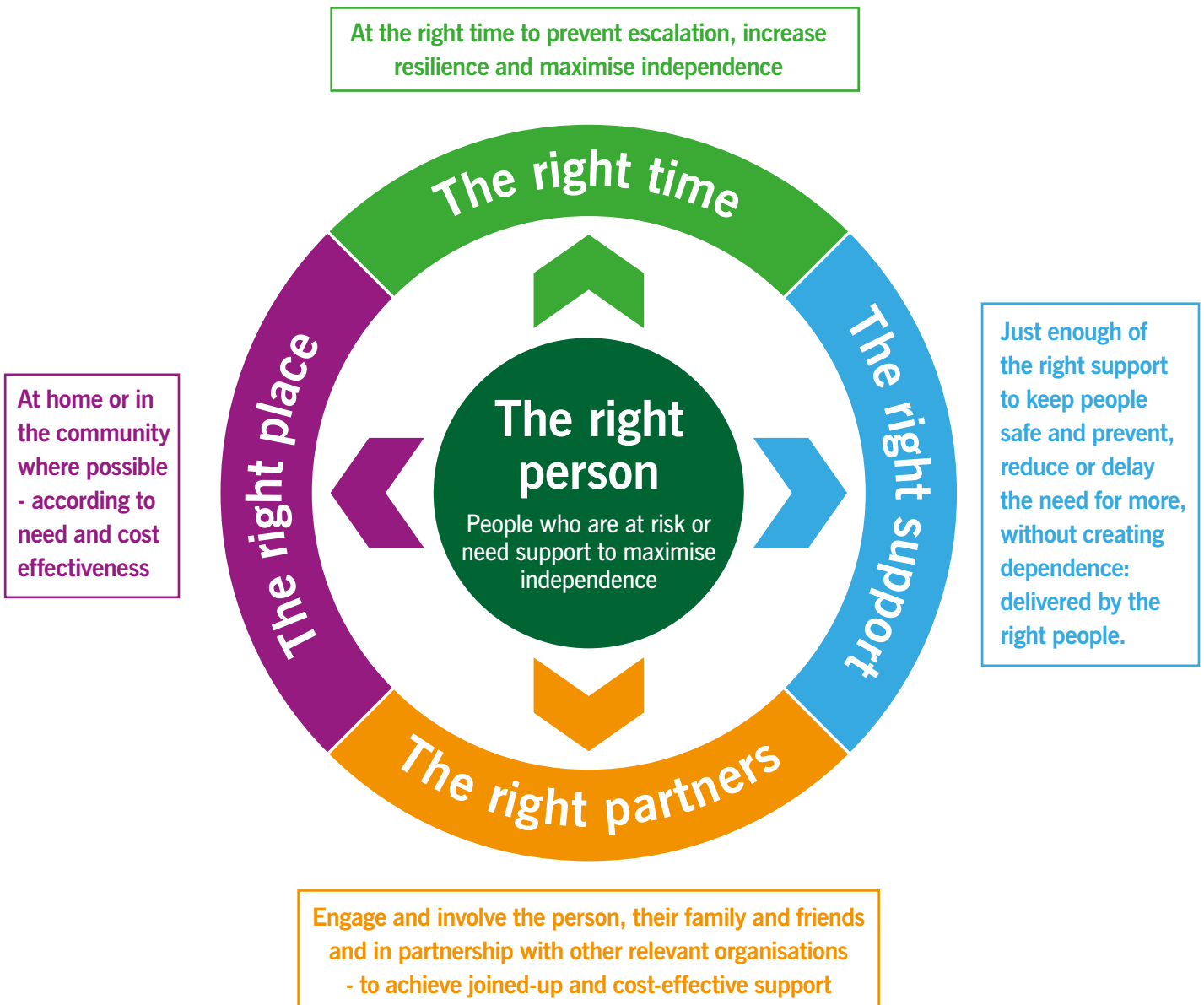
Our design principles

We will enable residents of Leicestershire to achieve the outcomes that matter to them by supporting them in the most cost-effective way, and enabling them to live as independently as possible. This will be achieved by focusing on individual and community strengths along with a focus on individuals achieving their goals.



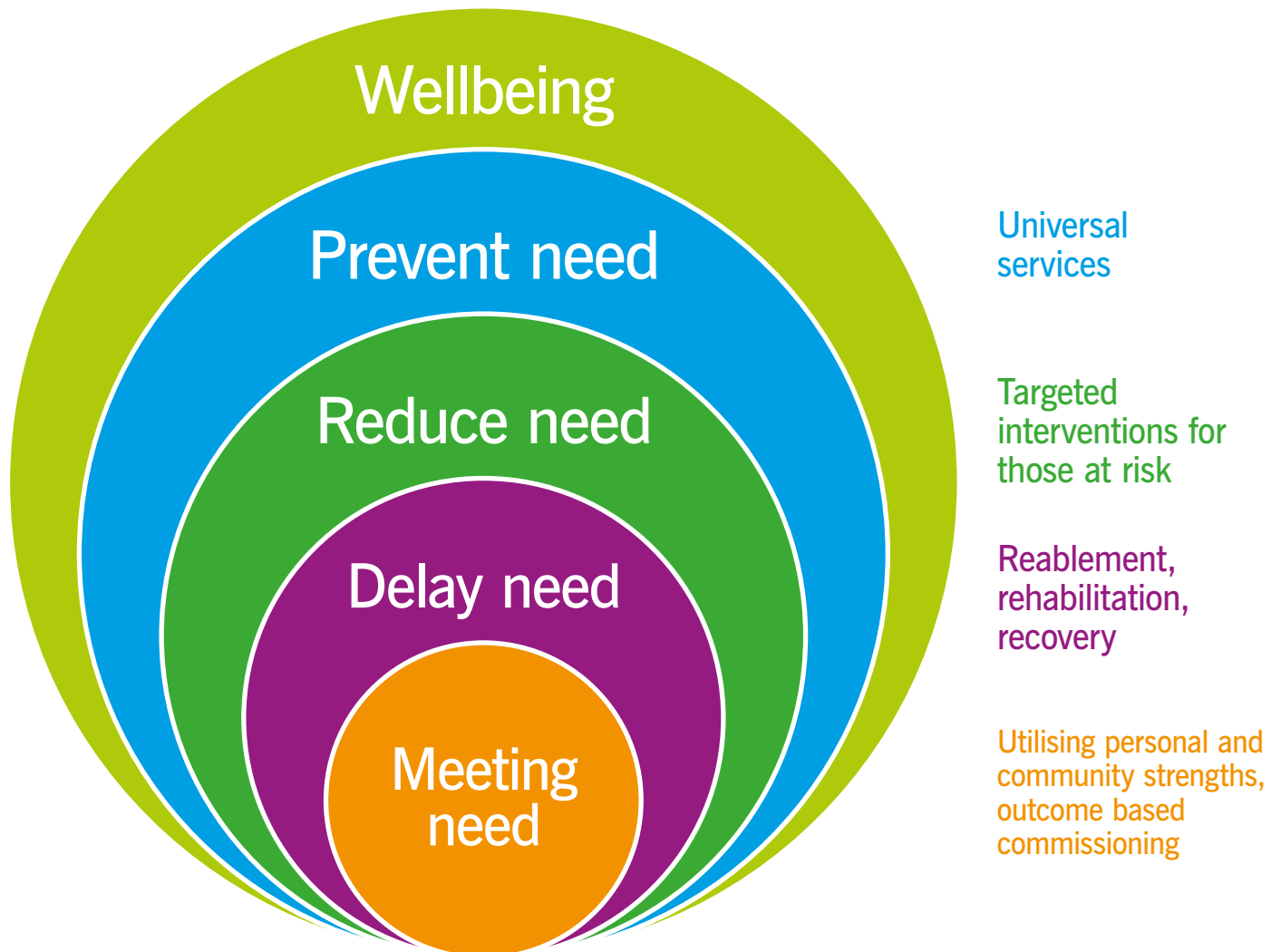
Our model works to a set of principles with the person at the centre, and to ensure that the support they receive can deliver the right outcomes, manage any risks appropriately and deliver good customer satisfaction.

- **The right person:** people who may need help or support are identified and prioritised
- **The right time:** to prevent matters worsening for a person, increase resilience through a focus on strengths, and maximise their independence
- **The right place:** information, care or support provided at home, in the community, or in a specialist setting according to need, and cost effectiveness
- **The right support:** to prevent, reduce or delay longer term need, without creating dependence, delivered by the right people with the right skills
- **The right partner:** working more effectively with individuals, their friends and families and in partnership with other relevant organisations – to achieve more joined up or aligned and efficient support.



Our strategic approach

We have developed a layered model, designed to maximise independence by ensuring that people and communities can receive appropriate support to promote wellbeing, and help prevent, delay or reduce the need for ongoing support.



WELLBEING:

Our fundamental principle is wellbeing.

Wellbeing is about 'how we are doing' as individuals and communities. Wellbeing is the experience of happiness, and prosperity. It includes life satisfaction, and a sense of meaning or purpose. More generally, well-being is just feeling well.

Leicestershire County Council operate a programme of services and opportunities for specific groups and communities who may be at risk and need higher levels of support both now and in the future. This focuses on supporting individuals and communities to improve their wellbeing, achieve their aspirations and become more resilient and in this way prevent and reduce the need to access other key services in the future.

These services may be time limited and the opportunities and services offered may change over time. They will also be linked to specific national or local strategies or agendas and will identify the outcomes they are expected to achieve.

Through promoting and enhancing wellbeing we bring communities together to share in cultural activities, connect through learning, understand local cultures and heritage, and inspire individuals and groups across the county to achieve their potential.

WELLBEING – LIBRARIES VOLUNTEERING

Zoe came to the service as a Summer Reading Challenge Volunteer in 2017 after sitting her GCSEs. Zoe did not class herself as academic and was unsure of her future path. She loved children but lacked confidence and knew she wouldn't get the grades to continue to A levels so was facing big changes moving to a new college in the autumn. After a couple of weeks as a library volunteer Zoe's mum remarked how much happier Zoe was now. Zoe was a natural with the children, fitted in brilliantly with the team and was very hard working. She turned out to be one of the best volunteers we have ever had, and it was a pleasure to watch her grow in ability and confidence. Zoe started a childcare course at College in the autumn and returned to volunteer in 2018, this time taking a mentoring role to new volunteers. She then secured an apprentice role at a local nursery where she now works. This is what Zoe says.

"Being a volunteer for the Summer Reading Challenge was one of the best things I did. I was a shy person a few years ago but volunteering two years in a row for this has made me a chatty and more confident person. It's such an amazing experience and a chance to not only improve your communication skills but also socialisation skills. Thanks to the Summer Reading Challenge I got the confidence to follow my heart with what I wanted to do when I was older and now I'm doing my dream job!"

PREVENT NEED:

We will work with our partners to prevent people developing the need for social care support. We will achieve this through information and advice to enable people to benefit from services, facilities or resources that are not focused on particular support needs, but which contribute towards wellbeing and are available for the whole population. Examples include green spaces, libraries, adult learning services, museums, places of worship, community centres, leisure centres, information and advice services. We will promote better wellbeing and work together through active citizenship with families and communities (including local voluntary and community groups). We will help people develop confidence to enable them to speak up and share concerns about their safety and wellbeing.

REDUCE NEED:

We will identify those people most at risk of needing social care support in the future and intervene early wherever possible to maintain wellbeing and prevent further need for services (for example people with a new diagnosis of dementia; newly-bereaved; people at risk of isolation; low-level mental health problems; and services for carers). Targeted interventions for people most likely to develop a need aim to prevent further needs and ensure that people do not become dependent on social support, and might include information and advice, minor adaptations to housing which improve accessibility or provide greater assistance for those at risk of a fall, or telecare services.

DELAY NEED:

This focuses on support for people who have experienced a crisis or who have a defined illness or disability, for example, after a fall or a stroke, following an accident or onset of illness and on minimising the effect of disability or deterioration for people with ongoing conditions, complex needs or caring responsibilities. It includes 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 personal and community resources and assets have been identified and fully explored. People with social care needs, assessed as being eligible for funding through the local authority, will be supported through provision of a personal budget. The personal budget may be taken as a direct payment or can be managed by the council. Wherever possible the council will work with people to provide a choice of provision which is suitable to meet people's outcomes, however in all cases the council will ensure that the cost of services provides the best value for money. Whilst choice of provision is important in delivering the outcomes that people want, maintaining people's independence and achieving value for money is paramount.

How we plan to achieve our ambitions

WELLBEING

What happens now:

Our libraries, archive, museums, collections, creative industries and learning resources are part of the glue that binds communities together and contributes to making them stronger. They enable people to find out about themselves and where they have come from, explore different worlds through inspirational writing and to build confidence through learning. Above all, they bring people together to share experience, be it through a book group, an exhibition, an event, or through a learning classroom. Our services are vital in terms of enabling people of all ages to be connected, engaged, stay well and therefore live independently for longer.

Libraries, heritage and learning services have always reflected the wider society in which they exist, being shaped by, and in turn helping to shape their communities. As such, they evolve to reflect the economic, social, technological and cultural changes which take place within the wider environment.

In 2024:

- People will be better informed about maintaining their own and their family's wellbeing, and identify what they can do for themselves and each other
- Most people will have a good or excellent experience of their adult social care, communities and wellbeing and adult learning services
- Targeted communities will be supported in using our resources to become independent and to have a good sense of wellbeing

We will:

- Learn from and sustain the excellent customer satisfaction with our cultural, wellbeing and adult learning services
- Implement activities identified through detailed research with our customers which will improve satisfaction with our adult social care services and facilitate better wellbeing for all
- Have embedded the new Target Operating Model for the department which will ensure that our adult social services achieve the best outcomes possible for people, whilst ensuring that we make the best use of resources
- Promote and facilitate access to our libraries, museums and learning centres as community assets to be utilised in strengthening the independence of residents and their communities
- With public health and partner agencies, Implement Making Every Contact Count (MECC) Plus to make the most of opportunities to support people in making positive changes to their wellbeing, and support social prescribing.

Wellbeing – mental health

Seema was referred having problems with her mental health. She was not sleeping well and had lost motivation to be able to do anything. Seema had just started on medication and was waiting for it to take effect. She wanted to start doing more outside the house and was interested in volunteering. She enrolled onto a 'learning for confidence' course, enrolled her to the recovery college and gave her some information on local volunteering opportunities. At the end of her support she was sleeping much better and felt much more motivated and was doing more around the house as well as outside. She signed herself up to volunteer with children with special educational needs through a charity and was really excited about starting her new role.



PREVENT NEED

What happens now:

There is positive evidence that suggests that people who take an active role in their community and make use of universal services have improved health and wellbeing. Highlights during 2018/19 include a 3% increase in volunteering across libraries and heritage sites; a 2% increase in library issues, particularly the use of electronic loans, and a 3% increase in visitors to heritage sites. The adult learning service offers a range of learning and wellbeing opportunities; NHS and Public Health commissioning have enabled the service to contribute to healthy eating programmes and the mental health Recovery College. Overall, there was a very high success rate (97%) for those attending adult learning services.

Poorer performance was evident in the significant reduction in the ease with which people could find information about adult social care, and social care apprenticeships have not been sustainable.

In 2024:

- People will think about the future and plan in case they need support
- Information and advice will be better co-ordinated and more easily accessible
- Service users will experience a more family friendly experience when using our cultural services
- More people will be using online services and making use of technology enabled care
- A remodelled archive and museum collections hub will be established on the County Hall campus
- We will deliver a learning offer that complements the departmental objectives in improving people's wellbeing
- People will be able to access learning services through better marketing and through an improved online offer.

We will:

- Further improve access to information and support people to plan through our digital plans
- Work with providers to improve the quality and sustainability of services
- Review our learning curriculum to ensure that it is best placed to help people improve their wellbeing
- Review the marketing strategy of our learning programmes
- Explore how people can access learning opportunities online
- Develop a complementary communities and wellbeing offer to meet the prevent agenda
- Promote a volunteering offer across the service
- Review the mobile library service to explore a whether this can release investment across the service by working in different ways
- Promote and facilitate access to universal services to for a coordinated strengths-based approach across Leicestershire, linking with local area coordinators
- Further improve access to information and support people to plan through our digital plans including the directory of services and First Contact Plus

Prevent need – co-production and co-design

We have co-produced and co-designed clear and easy to use customer information with service users and carers to support our ways of working. New information that has been produced includes an assessment form, support planning tools for people using services, customer leaflets and new financial forms and letters. Staff working in adult social care had training on how to make best use of the new suite of information.

The inclusive approach taken takes time, but the benefits are clear to see and has resulted in better information, informed people using services and bringing their own perspective and experience.

An Engagement Group has been developed that is represented by people with physical disabilities, mental health conditions, sensory impairment, carers amongst others. The Group has oversight of all engagement activities in the Department and is proving to be an important and influential catalyst for improvement.



REDUCE NEED

How it works now:

People with a learning disability in paid employment remained high at 11% (the national average is 5%) whilst those in settled accommodation was also above the national average at 80%.

However, the level of social contact in the daily lives of carers and users of social services remains lower and an area for improvement.

Evidence shows that engaging with cultural services such as libraries, museums and community learning helps to make people more resilient and independent. We need to explore how the use of these services impacts on reducing the need for more costly care services.

In 2024:

- We will ensure more people are aware of and can access their personal and community strengths to help themselves
- We will ensure that people can stay in their own homes for longer
- People will use technology enabled care solutions where appropriate to meet their outcomes
- Our communities and wellbeing offer will enable people to have more social contact through activities, programmes of learning and volunteering
- We will be able to show how use of universal services plays a role in reducing need.

We will:

- Work with our partners to re-able more people, more effectively
- Increase community capacity by using the resources held by our libraries, heritage and museums collections, and by developing an audience development team to work across targeted communities
- Continue to support our volunteer-led community managed libraries and museums
- Increase uptake of technology enabled care solutions in meeting service user outcomes
- Develop online services across our libraries, heritage and learning
- We will support people to make a positive contribution to their communities, by developing a volunteer offer across our library, museum and heritage services
- Develop an audience development team to build community use of the resources held by our universal services and open up opportunities for people to connect with their communities

Reduce need - reablement

Terry is a 71 year old gentleman who has admitted to hospital with complications resulting from bone cancer. Terry was discharged with palliative care needs but received a reablement package of three calls a day (a total of 12 hours a day). At the initial welcome visit Terry advised he was fiercely independent and able to prepare his own meals. He identified his reablement goals with the worker and stated that he wanted to become independent with his personal care. After just one week Terry was completely independent and finished his reablement episode with no ongoing care.



DELAY NEED

How it works now:

Delaying people's needs has been the area where performance has excelled in recent years. Eight in every ten people who received reablement support have no need for ongoing long-term services, and almost nine in every ten are still living at home three months following discharge.

Avoiding permanent placements in residential or nursing care homes is a good indication of delaying dependency, and in recent years there has been a very low number of working age adult admissions. For people aged 65 or over, the number of permanent placements has tended to be similar to the national average.

Avoiding admission to hospital and ensuring timely discharge helps to delay the need for care services. The number of delayed discharges has reduced across Leicestershire, and those attributable to adult social care is low when compared to other similar authorities.

Our Reading Well books on prescription scheme offers free self-help resources from our libraries on a range of health and wellbeing issues.

Our learning programmes deliver activities that make up part of the Recovery College targeting people with lived mental health experience.

However, services are not yet as integrated as they could be across prevention, health and social care, and too many people are admitted to hospital or long term care when they could be supported to remain at home.

Suitable accommodation can be difficult to find for some people living with a disability, and there is not sufficient choice for people who require additional care.

In 2024:

- Fewer people will be living in long term residential care
- Unpaid carers will be well supported and able to take a break through a variety of opportunities or services
- Health and care practitioners will be more knowledgeable and confident in commissioning library, museum heritage and learning activity that supports their work

We will:

- Have an integrated 'Home First' service with community health services to step up services when people experience a crisis and may be at risk of admission to hospital, and to step down services when people are being discharged from hospital care
- Continue to invest in our workforce's learning and development
- Continue to contribute to the Recovery College in partnership with Public Health
- Continue to rollout our Reading Well books on prescription scheme with new topics
- Better understand how our universal services can complement to delaying the need for health and care services
- Have developed additional accommodation with care to support people to live independently

Delay need – transition from children’s to adults’ services

Toby is a young man who has a diagnosis of a severe learning disability and Autistic Spectrum Disorder, who lives at home with his mum and brothers. Toby started to refuse to go to his specialist school, or to wash and dress; he was staying up late watching football and didn’t want to think about or discuss what he would do when he left school. Learning disability nurses worked with Toby and his mum to set boundaries and address his behaviour. The Transitions team helped Toby and his mum to use an iPad App to identify his interests and dislikes, and a support plan was developed. A local Community Life Choices service offering activities matching Toby’s interests was found for three days a week in school holidays.

Toby enjoys this and knows he must attend school to go to the holiday service; this also gives his mum a break from caring and she no longer needs extra respite. With the increase in wellbeing Toby is now able to shower independently on a more regular basis and changes his clothes multiple times a week. He also makes his own bed and keeps his room clean.



MEETING NEED

How it works now:

It is an ongoing commitment 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 in receipt of a personal budget improved to 96% during 2018/19 and 99% of carers. 49% of service users and 95% of carers were in receipt of a direct payment during 2018/19.

CQC ratings demonstrate that the quality of services provided in Leicestershire is broadly comparable with those delivered in other areas, with a slightly lower number of services rated as either inadequate or outstanding. We work with providers to ensure that standard of care continue to improve and to support them in specialist areas.

Our libraries, museums, heritage and learning services are available to everyone.

Our volunteer led services are creating community hubs through libraries, and museums that meet a variety of local needs.

The greatest challenge to meeting people’s needs within the County is the availability of a settled and skilled workforce. Turnover rates and vacancy levels in the care sector are high which can lead to delays in the timeliness of care delivery and the quality of care services.

In 2024:

- We will engage better with our residents and stakeholders in how best to provide our services
- People will have a timely response from adult social care services and a support plan which will ensure their best possible outcomes
- We will work with partners to support the discharge from hospital of people within the Transforming Care group of people
- People will have accommodation choices which meet their needs
- People will be more satisfied with the services that they use
- Support will be more adaptable, including links to the NHS's approach to personalisation
- We will sustain a skilled and flexible workforce

We will:

- Establish an Engagement Panel to oversee engagement activities
- Embed the new Target Operating Model for adult social care operations
- Continue to develop the capacity and capability of our workforce and those of our provider organisations
- Develop further the Social Care Investment Plan which will secure the development of suitable accommodation choices for social care service users
- Identify and meet the needs of carers, so that they can carry on caring for their loved ones
- Engage stakeholders in the development of the re-sited Records Office
- Engage communities about the future of the mobile library service
- Use our audience development team to engage communities in using universal resources in shaping community led activity
- Explore how learners can better access online learning opportunities

Meet need – supported living

Jane has Down's Syndrome and has been living in a residential unit since she was 21, she is now 28. Through providing appropriate information and advice to Jane and her family she has become excited about the possibility of moving to Supported Living accommodation. A new matching tool identified several suitable vacancies for Jane and her family to consider. Without this tool there would have been less support available to match them. After viewing several properties Jane is now due to move into a shared house with people of a similar age and with similar interests. Jane will have access to many more independent living aids and will be able to grow in confidence. With support Jane will be able to cook simple meals in her own kitchen, conduct her own household tasks, manage her own budget and plan for the future. Jane is very excited about her new house.



Monitoring our performance

High quality performance management creates a working environment that enables people to work to the best of their abilities. Leicestershire County Council will continue to be intelligence driven, making evidence-based decisions about how services should be delivered and funded. Data will be available to support planning, enabled by access to the right tools, techniques, skills and resources.

Consistently high customer satisfaction is of paramount importance to us and will be a true measure of the strategy's success. We take customer satisfaction very seriously and this will be monitored and acted upon throughout the lifecycle of the strategy.

Our progress will be monitored and reviewed regularly with the support of key partners including Healthwatch, and the Engagement Advisory Board. Progress will be reported through our Business Plan on an annual basis.

Modelling future need and models of care is essential to ensuring we have strategies to target growing demand patterns. We will link in to regional and national work, as well as our local Joint Strategic Needs Assessment analysis to predict demand, to make better use of our resources and to contribute to modelling on a larger geographical scale.

We also submit annual performance data against the outcome measures defined within the Adult Social Care Outcomes Framework (ASCOF). Our approach to performance management captures information in the following areas:

Gaining or re-gaining independence	Examples include reablement, permanent admissions to residential care, suitability of accommodation, MECC Plus referrals, people with a learning disability who gain employment
Service User and Carer Feedback	Examples include monitoring quality of life, social contact, being able to find information
Efficiency	Examples include delays in hospital, CQC inspections
Service User and Carer Aspirations	Examples include safeguarding outcomes, feeling safe

Glossary Terms

Active citizenship

People being able to get involved in their local communities and in making decisions about their lives. Active citizenship can be something as small as a campaign to clean up your street or as big as educating young people about democratic values, skills and participation.

Adult Social Care

Adult social care refers to a system of support designed to maintain and promote the independence and well-being of disabled and older people, and informal carers.

While often associated with the provision of personal care and support, it also includes keeping people safe, supporting people to perform parenting roles, participate in their communities and manage other day-to-day activities.

Adults and Communities Department

This is the name of the Department within Leicestershire County Council that is responsible for adult social care, library, museum, heritage and adult learning services.

Adult Learning

Adult Learning means any educational activity undertaken after the age of 18.

ASCOF

The national Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people.

Asset-based approach

An asset-based approach refers to an individual using resources available to them in the community. This includes links to family, friends and other.

Community and Wellbeing Service

This is the name of the service that maintains Leicestershire's libraries, adult learning, museums and heritage sites

Health and social care integration

This is a programme to change how health and social care are delivered. It refers to joining services up to avoid duplication for people receiving care and support.

Healthwatch

Healthwatch is an independent organisation whose purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

Heritage

This refers to special places, historical objects and records that are important and significant to Leicestershire and the people who live in Leicestershire.

Independence

This means being able to have autonomy to make choices and do the things you want in life. In the context of social care this can mean making decisions on where you live and the support you receive.

Leicestershire County Council (LCC)

Leicestershire County Council is the name of the local Council. It also sometimes referred to as 'LCC'.

Making Every Contact Count (MECC)

Making Every Contact Count is an approach to behaviour change. MECC aims to use all the day-to-day interactions that the Council and partners have with people to make sure they get across consistent and comprehensive messages that will keep them safe and help maintain and improve their wellbeing.

NHS Long Term Plan

This is a 10-year plan that explains the NHS's priorities.

Occupation

A job for example a social care worker or volunteer.

Outcomes

The benefits to an organisation or individual that result from a service or activity.

Personal care

Support to people to help get dressed, bathe and use the toilet when they are unable to do it themselves due to age, illness or disability.

Place-based

This refers to the approach taken to meet an individual's needs when planning support and also when working in a particular place. This enables people to work and receive support in the right place for them.

Prevention

Actions to prevent people's wellbeing from deteriorating by enabling them to help themselves through information and advice and community led groups.

Reablement

Reablement is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury to support them to regain their independence and maximum wellbeing.

Recovery College

The Recovery College is a service (not a place) that provides a variety of recovery focussed and educational courses and resources for people with lived mental health experience, for their friends, family and Leicestershire Partnership Trust staff. Courses are co-produced by users, carers and professionals.

Social Care Investment Plan

This is a project that aims to identify the right type of accommodation to support people to remain in their own home for as long as possible.

Social prescribing

Social Prescribing is when a GP, other health or social care professional refers or signposts an individual to local non-clinical activities or support which will help with their health and wellbeing.

Strengths based approach

Strengths-based approaches focus on an individuals' strengths (including personal strengths and capital) and not on their weaknesses. *(Please also see 'Asset Based Approach')*

Target Operating Model (TOM)

This refers to the way in which Adult Social Care aims to operate and deliver its services.

Technology Enabled Care (TEC)

This refers to technology that can assist people to do every day activities and help them to maintain independence such as clocks that can speak the time.

Telecare

The use of technologies such as remote monitoring and emergency alarms to enable the unwell, disabled, or elderly to receive care at home so that they can remain in their own home.

Transforming Care

Transforming care is for people with Learning Disabilities and/or Autism who also have mental health issues or challenging behaviours. It aims to improve the health and care services they receive so that they get the right support and can live in their own community.

Universal Services

Universal services are those services provided to all adults, children, young people and their families from health, education and other community services.

Wellbeing

Well-being is the experience of happiness and prosperity. It includes feeling well, with good levels of satisfaction and control in their life, and a sense of meaning or purpose.

Have your say on our draft adults and communities department ambitions and strategy for 2020-2024

Delivering wellbeing and opportunity in Leicestershire

Leicestershire County Council's (LCC's) adults and communities department delivers library, heritage, adult learning and adult social care services to people living in Leicestershire. We aim to provide and commission high quality services which enrich the lives of individual people, families and their communities.

To achieve our ambitions, we have developed a draft strategy which brings together the functions of adult social care with those of community and wellbeing services and adult learning services.

We recognise that we need to work with key stakeholders to make the best of available resources, improve customer experience, and to make the strategy a success.

We want to hear your views on our draft strategy so you can help us shape its development.

The draft strategy can be found here: [xxx](#). Please read the draft strategy before completing the questionnaire.

Thank you for your assistance. Your views are important to us.

Do not use the back button on your browser/device as you may lose your response. Use the buttons below to navigate the survey.

Please note: Your responses to the main part of the survey (including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Any responses to the questions in the 'About you' section of the questionnaire will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

Your role

Q1 In what role are you responding to this consultation? Please select all applicable.

- Social care user
- Family member/carer of a social care user
- Cultural, learning or heritage service user
- Interested member of the public
- Leicestershire County Council staff
- Social care professional
- Healthcare professional
- Culture/learning/heritage professional
- Representative of a social care provider
- Representative of a voluntary sector organisation or charity
- Representative of a culture/learning/heritage organisation
- Other professional/stakeholder, e.g. elected member, district/parish council representative, business etc.
- Other (please specify below)

Please specify 'other'

Q2 If you indicated that you represent an organisation, business, community group, please provide your details.

Name:

Role:

Organisation:

This information may be subject to disclosure under the Freedom of Information Act 2000

Q3 Are you providing your organisations official response to the consultation?

- Yes
- No

Our draft strategy

Q4 What do you think to the overall ambition and direction of our strategy?

Characters remaining: left

Q5 Have we got the focus of our strategy right? Is there anything missing?

Characters remaining: left

Q6 Do you have any thoughts on our plans to achieve our ambitions?

Characters remaining: left

Q7 For you to regard the strategy as a success, what are the most important outcomes to achieve by 2024? What will success look like to you?

Characters remaining: left

Q8 How can individuals, communities and other organisations (including your own, if applicable) contribute to the delivery of the strategy and the achievement of the outcomes? How, if at all, could the council support this?

Characters remaining: left

Q9 Do you have any other comments?

Characters remaining: left

About you

Leicestershire County Council is committed to ensuring that its services, policies and practices are free from discrimination and prejudice, meet the needs of all sections of the community and promote and advance equality of opportunity.

We would therefore be grateful if you would answer the following questions. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q10 What is your gender identity?

- Male
- Female
- Prefer to self-describe (e.g. pangender, non-binary etc.)

Q11 What was your age on your last birthday? (Please enter your age in numbers not words)

Q12 What is your full postcode?

This will allow us to see where people are responding from. It will not identify your house.

Q13 Are you a parent or carer of a young person aged 17 or under?

- Yes
- No

Q14 Are you a carer of a person aged 18 or over?

- Yes
- No

Q15 Do you have a long-standing illness, disability or infirmity?

- Yes
- No

Q16 What is your ethnic group? Please tick one box only.

- White
- Black or Black British
- Mixed
- Other ethnic group
- Asian or Asian British

Q17 Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it, but we would be grateful if you could tick the box next to the category which describes your sexual orientation.

- | | |
|---|-------------------------------|
| <input type="radio"/> Bisexual | <input type="radio"/> Lesbian |
| <input type="radio"/> Gay | <input type="radio"/> Other |
| <input type="radio"/> Heterosexual / straight | |

Please click the 'Submit' button to send us your response.

Thank you for your assistance. Your views are important to us.

The consultation closes at midnight Sunday 8 March 2020. We will report the results back to cabinet in late spring 2020.

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with current Data Protection Legislation. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. Leicestershire County Council will not share any personal information collected in this survey with its partners. The information will be held in accordance with the council's records management and retention policy. Information which is not in the 'About you' section of the questionnaire may be subject to disclosure under the Freedom of Information Act 2000.

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Equality & Human Rights Impact Assessment (EHRIA)



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

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

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

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

Key Details	
Name of policy being assessed:	Adult Social Care, Communities and Wellbeing Strategy 2020-2024
Department and section:	Adults and Communities
Name of lead officer/ job title and others completing this assessment:	Katie Joondan Strategic Planning Officer
Contact telephone numbers:	0116 3055782
Name of officer/s responsible for implementing this policy:	Jon Wilson Director, Adults & Communities
Date EHRIA assessment started:	September 2019
Date EHRIA assessment completed:	(Screening for consultation) October 2019

Section 1: Defining the policy

Section 1: Defining the policy

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

1

What is new or changed in this policy? *What has changed and why?*

Leicestershire County Council's (LCC's) Adults and Communities Department delivers library, heritage, adult learning and adult social care services to people living in Leicestershire. We aim to provide and commission high quality services which enrich the lives of individual people, families and their communities.

To achieve our ambitions, we have developed a strategy which brings together the functions of adult social care with those of community and wellbeing services and adult learning services.

The strategy is set within the context of the Leicestershire County Council Strategic Plan 2018-2022 and will contribute to all of its identified strategic outcomes, recognising the need to work with key stakeholders to make the best of available resources, improve customer experience, and to make the strategy a success. To that end, we will

- Work to enhance the wellbeing of individuals and communities, providing opportunities for people to live fulfilling lives
- Keep people safe whilst supporting people to live independently with as much control of their own lives as possible, as a positive approach to risk allows people to regain, grow and develop their skills
- Contribute to the development of flourishing communities which support people's wellbeing and happiness
- Help to develop accommodation and housing which supports people to remain safe and well in their own homes
- Recognise the impact that a great economy can have on the wellbeing of the population, and support individuals to enhance their own economic prosperity through learning, employment and wellbeing.

Our mission statement for adult social care, communities and wellbeing over the next four years is 'delivering wellbeing and opportunity in Leicestershire'. This is what we ultimately seek to achieve for the people who use and engage in our services, be that through support from their communities, social care, heritage sites, libraries or taking part in our learning services.

The Strategy focuses on our core values and transformation priorities, these include an asset/strengths based approach to meeting need, a new target

	<p>operating model and providing a heritage service to the people of Leicestershire.</p> <p>The strategy follows on from the previous adult social care; communities and wellbeing and adult learning strategies.</p>
2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The Strategy will relate to a number of other policies and strategies, and is linked to the following strategies/work streams:</p> <ul style="list-style-type: none"> - LLR Carers' Strategy 2018-21 - Medium Term Financial Strategy 2019-2023 - Adult Social Care Workforce Strategy 2016-2020 - Equality Strategy 2016-2020 - Leicestershire County Council's Strategic Plan 2018-2022 - Promoting Independence, Supporting Communities: Our Vision and Strategy for Adult Social Care 2016-2020 - Communities and Wellbeing Strategy 2016-2020 - Leicestershire Adult Learning Services Strategy 2016-2020
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The potential impact is upon everyone living in Leicestershire with either an eligible social care need or someone who may utilise a universal wellbeing service such as a library or museum. Users of universal services may live outside of Leicestershire and be able to utilise them. To obtain social care services you must be ordinarily resident in Leicestershire.</p> <p>The intended outcomes of this strategy include a more cohesive department that is able to work together to meet the needs of residents. Adult Social Care depends on Communities and Wellbeing services contributing to meeting the wellbeing needs of social care service users and those that are not eligible for services.</p> <p>The strategy also highlights priority areas of work for the next four years, along with a commitment and explanation of what we will do by 2024 to meet our aspirations.</p> <p>The strategy outlines the Department's way of working which is a focus on using individual strengths and meeting individual goals in order to deliver wellbeing and opportunity in Leicestershire.</p>

4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)			
		Yes	No	How?
	Eliminate unlawful discrimination, harassment and victimisation	x		The strategy and delivery model focus on individual outcomes for each person and encompass the full range of need.
	Advance equality of opportunity between different groups	x		This is a holistic model which encompasses people who do not meet eligibility criteria. It is personalised and designed to meet individual needs, available to all regardless of any protected characteristics.
	Foster good relations between different groups	x		The model is based on inclusion, focussing on maximising family and community assets and supporting people to be part of a wider community network.

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

Section 2: Equality and Human Rights Impact Assessment Screening

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

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

Section 2

A: Research and Consultation

5.	Have the target groups been consulted about the following? 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	Yes	No*
			X Although they have been consulted on many individual proposals
			X As above
			X As above

6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	x	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?		x As above
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		
<p>The strategy and therefore the approach to consultation is relevant to the whole adult population of Leicestershire.</p> <p>In 2016 substantial research and subsequently a broad public consultation was conducted to gauge feedback on the proposed strategy model which is to prevent, reduce, delay and meet need.</p> <p>The new strategy has retained this mode of thinking and is at the heart of the strategy, developing the ambitions and approach to include wellbeing as an all-encompassing theme and combining the adult social care, adult learning, and communities and wellbeing aspects of the department's work. It is for this reason that a public consultation will be conducted. We want to see what impact the current strategy has had across Leicestershire, if the model is working and what we can do better through the revised approach.</p> <p>The public consultation will include the targeting of hard to reach voices and people with protected characteristics along with the general public. The consultation will specifically ask these groups if the strategy approach and model of working will meet their needs. We will ask them what the barriers are and what we can do to minimise or overcome them.</p> <p>The focus on communities throughout the ambition and approach is likely to make a positive contribution to inclusion and those most at risk of hate crime, whether because of race, sexual orientation or other characteristic.</p>			

Section 2

B: Monitoring Impact

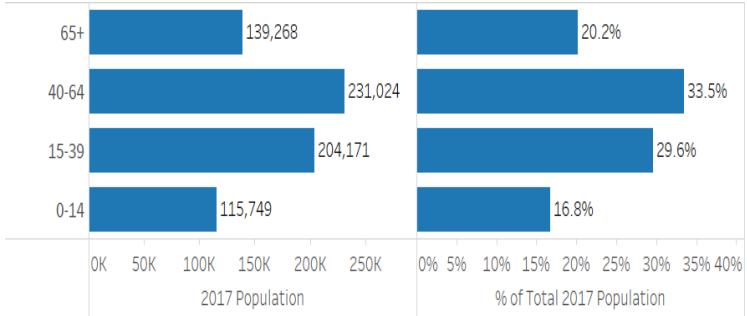
9.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups;	x	
	b) enable open feedback and suggestions from different communities	x	

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

Section 2**C: Potential Impact****10.**

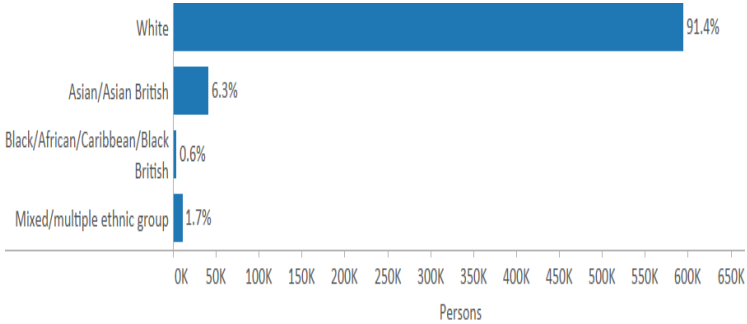
Use the table below to specify if any individuals or community groups who identify with any of the '[protected characteristics](#)' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

	Yes	No	Comments
Age	x		<p>People of all adult ages are planned for within operational and strategic plans. Some services that will be developed or continued within the strategy are dependent upon national eligibility criteria for adult social care. People who require formal care and support will not be offered this if they do not meet the national eligibility criteria. The criteria is irrespective of age.</p> <p>The Strategy aims to ensure that people who might not approach social care or are not eligible can still access support.</p> <p>All universal services are available to people aged 18+ and where appropriate people under 18 too, this includes libraries, museums and heritage sites. Adult Learning is available to people over the age of 18 in order to differentiate these learners from those in compulsory full-time education. Learning over the age of 18 is not mandatory and is an enjoyable leisure pursuit for many.</p> <p>Some conditions are age related e.g. failing eyesight and higher incidence of dementia in older people, onset of psychosis in 16-25 year old men, or depression in 40+ year old women, etc. The Strategy aims to tackle these through personalised care packages for social care along with feedback from the community as to specific groups that may be on offer to all.</p> <p>Older people make up the largest group of users of social care, and numbers are increasing. 2093 (22%) of eligible service users are aged 80-89 and currently receiving services. This is the largest group per age bracket. In contrast only 1% of service users are aged 18-19.</p> <p>The total population of Leicestershire in 2017 was 690,212, an increase of 1.1 percent since 2016. There were approximately 7,000 more females (348,694) than males (341,518), with the male</p>

			<p>population rising at a fractionally slower rate (1 percent) compared to females (1.2 percent) since 2016. The chart below displays the total population by broad age band.</p>  <table border="1" data-bbox="715 315 1465 629"> <thead> <tr> <th>Age Band</th> <th>2017 Population</th> <th>% of Total 2017 Population</th> </tr> </thead> <tbody> <tr> <td>65+</td> <td>139,268</td> <td>20.2%</td> </tr> <tr> <td>40-64</td> <td>231,024</td> <td>33.5%</td> </tr> <tr> <td>15-39</td> <td>204,171</td> <td>29.6%</td> </tr> <tr> <td>0-14</td> <td>115,749</td> <td>16.8%</td> </tr> </tbody> </table> <p>Source: Mid-2017 Subnational Population Estimates, ONS, 2018</p> <p>Some areas of the business target a persons' whole life for example libraries. There is a target to issue 1.5 million library books to adults in 2019/20 and 358700 to children in the same year.</p> <p>Any areas that are identified in the public consultation in respect of age that can be improved by the Strategy will be added to an improvement and implementation plan.</p>	Age Band	2017 Population	% of Total 2017 Population	65+	139,268	20.2%	40-64	231,024	33.5%	15-39	204,171	29.6%	0-14	115,749	16.8%
Age Band	2017 Population	% of Total 2017 Population																
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0-14	115,749	16.8%																
	<p>Disability</p>	<p>x</p>	<p>Currently 17% of eligible service users have a primary need of learning disability support, 20% mental health support, 49% physical support which equates to 4554 people, 11% social support and 4% support with memory and recognition.</p> <p>The 2011 census declared that 16.2% of the population considered their day to day activities to be limited by a long term illness. This means that there are many more people in the County who consider themselves disabled than receive formal social care support. This will be considered in demand modelling and strategic planning.</p> <p>All disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and mental health conditions, when services are planned and commissioned.</p> <p>Attention should be paid to physical access, and the format of information and advice. This is prudent across social care, communities and adult learning. In 2018, 59.7% of service users stated in an annual survey that they thought information was easy to find. There is a target to make this 74% by 2021.</p>															

				<p>The strategy is targeting this group and people with no identified needs though a personalised model of care and support. Additionally, where no formal support is required or identified the strategy speaks of people using their own strengths and those of the community to help themselves. Examples of this include attending local community activities, talking to an isolated neighbour, visiting a local library, utilising social media to connect with people.</p> <p>Any areas that are identified in the public consultation in respect of disability that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Gender Reassignment		x	<p>The Strategy is not specifically intended to address any needs associated with this group.</p> <p>However, there is growing evidence to suggest that the number of gender reassignment surgeries is increasing each year as are reported incidents of bullying and hate crime towards this group. Therefore, the strategy is equally targeted to this group as with any other. Eligible social care needs will be addressed through a personalised plan. Universal services will be sensitive to the needs of this group for example offering appropriate literature in libraries, considering the use of accessible toilets.</p> <p>The number of gender reassignment surgeries carried yearly on the NHS has tripled since 2000, figures show. In 2000, 54 surgeries were carried out, compared with 143 in 2009, the Daily Telegraph reports. Since 2000, a total of 853 trans women and 12 trans men had state-funded surgery to change sex. However, the true number of transgender people is estimated to be far higher, as many do not wish to undergo painful or complex surgery, or are unable to access it. The average age for trans women to undergo surgery is 42. The same report states that the current prevalence may now be 20 in 100,000 people. Therefore, for every 100000 people 0.02 % have had gender reassignment surgery.</p> <p>Most people who have transitioned want to be identified as either a man or woman and do not want to disclose their transition. It is therefore difficult to obtain extensive statistics. There is no data available to determine how many Leicestershire social care service users this may affect as this is not recorded.</p>

			Any areas that are identified in the public consultation in respect of gender reassignment that can be improved by the Strategy will be added to an improvement and implementation plan.
	Marriage and Civil Partnership	x	<p>The Strategy is not specifically intended to address any needs associated with this group.</p> <p>Marital status is not part of the adult social care eligibility criteria and is irrelevant to any service they may receive. Where meeting a need may involve a residential placement, accessibility to a spouse will be considered in the personalised support plan.</p> <p>Any areas that are identified in the public consultation in respect of marriage and civil partnership that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Pregnancy and Maternity	x	<p>The Strategy is not specifically intended to address any needs associated with this group. People will not be excluded from services because they are pregnant or on maternity unless there is a legislative health and safety reason.</p> <p>However, adult learning courses are operated at different times of the day to account for maternity and breaks in learning are available for people who are on maternity leave.</p> <p>Any areas that are identified in the public consultation in respect of pregnancy and maternity that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Race	x	<p>The largest race of adult social care service users in Leicestershire is white consisting of 89% (8332 service users) of eligible service users. 5% are Asian or Asian British, 1% are black, 5% refused to answer or this information was not recorded in their assessment where this data is collected from.</p> <p>The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required to ensure that services are accessible and inclusive.</p> <p>The race of adult social care service users is consistent with the overall demography of Leicestershire. The vast majority of the county</p>

			<p>population (91 percent) belong to White ethnic groups, including White British and White Irish. This equates to almost 600,000 people. This is slightly higher than the figure for the East Midlands (89 percent) and England (85 percent).</p> <p>The next largest ethnic group in Leicestershire is Asian, which constitutes 6.3 percent of the population, followed by the Mixed or Multiple Ethnic Group with 1.7 percent and Black ethnic groups, with 0.6 percent.</p> <p>Source: 2011 Census, Office for National Statistics, 2013.</p>  <table border="1"> <thead> <tr> <th>Ethnic Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>91.4%</td> </tr> <tr> <td>Asian/Asian British</td> <td>6.3%</td> </tr> <tr> <td>Black/African/Caribbean/Black British</td> <td>0.6%</td> </tr> <tr> <td>Mixed/multiple ethnic group</td> <td>1.7%</td> </tr> </tbody> </table> <p>Any areas that are identified in the public consultation in respect of race that can be improved by the Strategy will be added to an improvement and implementation plan.</p>	Ethnic Group	Percentage	White	91.4%	Asian/Asian British	6.3%	Black/African/Caribbean/Black British	0.6%	Mixed/multiple ethnic group	1.7%
Ethnic Group	Percentage												
White	91.4%												
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Mixed/multiple ethnic group	1.7%												
	Religion or Belief	x	<p>In Leicestershire the largest religious group in the County is Christian, which constitutes 60.3 percent of the population according to the 2011 census. This is slightly higher than the figure for the East Midlands (58.8 percent) and England (59.4 percent). The same census reported that 27.1% had no religion, 6.5% not stated, Hindu 2.8%, Muslim 1.4%, Sikh 1.2%, Other religion 0.4%, Buddhist 0.2% and Jewish 0.1%.</p> <p>Religion is not routinely captured by adult social care services or by communities and wellbeing.</p> <p>Any areas that are identified in the public consultation in respect of religion or belief that can be improved by the Strategy will be added to an improvement and implementation plan.</p>										
	Sex	x	<p>The Mid-2017 Subnational Population Estimates, ONS, 2018 reports that between the ages of 0 and 24, males outnumber females in all quinary age bands. This is especially noticeable in the 20-24 age</p>										

			<p>band, where there are over 4,000 additional males; (24,507 males compared with 20,217 females).</p> <p>However, from the 25-29 age band onwards, females outnumber males. This is especially noticeable in older age bands; there are almost 10,000 additional females aged 65 and over (74,889) compared with males (64,379).</p> <p>In adult social care 60% (5605 people) of services are attributed to females and 40% for males.</p> <p>Communities and wellbeing services are targeted universally.</p> <p>The correlation between population size and the number of people who are male or female and in receipt of services is similar. However, it is acknowledged that men are less likely to seek support before they hit a crisis point and therefore it may be appropriate to target prevention campaigns towards males.</p> <p>Any areas that are identified in the public consultation in respect of sex that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Sexual Orientation	x	<p>According to ONS in 2017 the proportion of the UK population aged 16 years and over identifying as heterosexual or straight has decreased from 94.4% in 2012 to 93.2% in 2017.</p> <p>Between 2012 and 2017 the proportion of the UK population identifying as lesbian, gay or bisexual (LGB) increased from 1.5% in 2012 to 2.0% in 2017.</p> <p>In 2017, there were an estimated 1.1 million people aged 16 years and over identifying as LGB out of a UK population aged 16 years and over of 52.8 million. This is around 2%. Using the same figure mapped against Leicestershire this would mean that in total around 13800 people identify as LGB and approximately 187 service users.</p> <p>Research suggests that people who identify as LGB are more likely to have mental ill health. Early intervention with this group may delay the onset of more pronounced problems.</p>

			<p>The Strategy has not been developed to target this group specifically, but the Strategy does take account of personalised care and support.</p> <p>Any areas that are identified in the public consultation in respect of sexual orientation that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	<p>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>	x	<p>We will need to be mindful of people at risk of or with social care needs and/or wishing to access universal services in more rural areas of Leicestershire. There are fewer formal services available where they live and more limited access to community support, services and facilities. Also, transport links are generally more variable and poorer. This means that there is a greater risk that Adults and Communities service users would find it harder to access services and become isolated which impacts on their wellbeing, resilience and independence.</p> <p>Carers are at the heart of the Adults and Communities Strategy, in terms of delivering the “wellbeing and needs” and “right” models. Achieving the ambitions within the Strategy will heavily rely on the carers so we will need to understand how the approach would impact on the sustainability of our carer community and the resilience and motivation of individual carers.</p> <p>Attention should be paid to physical access including the location of service provision, and the format of information and advice.</p> <p>Integration with health services will contribute to addressing health inequalities.</p> <p>Any areas that are identified in the public consultation in respect of other groups that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	<p>Community Cohesion</p>	x	<p>The focus on maximising use of community strengths should promote greater inclusion and community cohesion.</p>

11.	Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)		
	Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]		
	Yes	No	Comments
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	x		Safeguarding is likely to engage this article
Article 3: Right not to be tortured or treated in an inhuman or degrading way	x		The Strategy is underpinned by an adult social care duty to promote wellbeing and personal dignity
Article 4: Right not to be subjected to slavery/ forced labour		x	
Article 5: Right to liberty and security	x		Safeguarding will protect these rights
Article 6: Right to a fair trial		x	
Article 7: No punishment without law		x	
Article 8: Right to respect for private and family life	x		Adult social care aspects of the Strategy are focused on how to support people to remain independent in the setting of their choice
Article 9: Right to freedom of thought, conscience and religion		x	
Article 10: Right to freedom of expression		x	
Article 11: Right to freedom of assembly and association		x	
Article 12: Right to marry		x	
Article 14: Right not to be discriminated against	x		The Strategy's values and principles are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefiting from them.

Part 2: The First Protocol				
	Article 1: Protection of property/ peaceful enjoyment	x		Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy
	Article 2: Right to education		x	
	Article 3: Right to free elections		x	
Section 2				
D: Decision				
12.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) this policy could have a different affect or adverse impact on any section of the community;		x	
	b) any section of the community may face barriers in benefiting from the proposal		x	
13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact <input type="checkbox"/>	Positive Impact <input checked="" type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
<p>Note: If the decision is ‘Negative Impact’ or ‘Impact Not Known’ an EHRIA Report is required.</p> <p>Although this EHRIA has identified a positive outcome it is envisaged that a full report will be produced in order to identify, analyse and implement any feedback from the public consultation. This will help to ensure any areas of disadvantage are identified and can be targetted effectively through the model highlighted in the strategy, and through the specific services, activities and interventions that will deliver its ambitions.</p>				
14.	Is an EHRIA report required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Section 2: Completion of EHRIA Screening

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

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

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

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

Section 3: Equality and Human Rights Impact Assessment Report

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

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

Section 3

A: Research and Consultation

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

15. Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?

- a) current needs and aspirations and what is important to individuals and community groups (including human rights);
- b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
- c) likely barriers that individuals and community groups may face (including human rights)

16. Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

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

Section 3																	
B: Recognised Impact																	
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.																
	<table border="1"> <thead> <tr> <th></th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> </tr> <tr> <td>Disability</td> <td></td> </tr> <tr> <td>Gender Reassignment</td> <td></td> </tr> <tr> <td>Marriage and Civil Partnership</td> <td></td> </tr> <tr> <td>Pregnancy and Maternity</td> <td></td> </tr> <tr> <td>Race</td> <td></td> </tr> <tr> <td>Religion or Belief</td> <td></td> </tr> </tbody> </table>		Comments	Age		Disability		Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity		Race		Religion or Belief	
	Comments																
Age																	
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Pregnancy and Maternity																	
Race																	
Religion or Belief																	

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

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	
	Article 6: Right to a fair trial	
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	Article 12: Right to marry	
	Article 14: Right not to be discriminated against	
	Part 2: The First Protocol	
	Article 1: Protection of property/peaceful enjoyment	
	Article 2: Right to education	
	Article 3: Right to free elections	
Section 3		
C: Mitigating and Assessing the Impact		
Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.		
21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.	
N.B.		
i) If you have identified adverse impact or discrimination that is <u>illegal</u> , you are required to take action to remedy this immediately.		
ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u> , you will need to consider what actions can be taken to mitigate its effect on those groups of people.		

22.	<p>Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.</p> <ul style="list-style-type: none"> a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why
<p>Section 3 D: Making a decision</p>	
23.	<p>Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.</p>

<p>Section 3 E: Monitoring, evaluation & review of your policy</p>	
24.	<p>Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?</p>
25.	<p>How will the recommendations of this assessment be built into wider planning and review processes? <i>e.g. policy reviews, annual plans and use of performance management systems</i></p>

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

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

Equality Objective	Action	Target	Officer Responsible	By when

Section 4: Sign off and scrutiny

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

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

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

Section 4

A: Sign Off and Scrutiny

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

Equality and Human Rights Assessment Screening (for consultation)

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer): **Michael Rose (signed)**

Date: **28th October 2019**

2nd Authorised Signature (DEG Chair):



Date: **28/10/2019**

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
11 NOVEMBER 2019

HOME CARE SERVICE: POST NOVEMBER 2020

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 proposed way forward regarding the re-procurement of home care services.

Policy Framework and Previous Decisions

2. On the 2 September 2019, the Committee received a report which set out the timetable for recommissioning home care in Leicestershire. This included:
 - a) undertaking an independent market analysis exercise (prior to the main procurement) to establish a fair and sustainable pricing model;
 - b) early discovery and identification of operational risks and issues to ensure that the subsequent design and specification work can incorporate appropriate mitigations;
 - c) an options appraisal of the more specialist services, e.g. dementia care and short-term support prior to longer term services being put in place;
 - d) phasing in the start of services across the county to avoid the complications that arose from the previous whole service launch approach.

Background

3. The Adults and Communities Department is in the early stages of looking at how we can deliver the best possible home care to Leicestershire residents in the future. The current Help to Live at Home (HTLAH) service is due to end by November 2020, with a possible extension up to November 2021. The Department will ensure that there is a smooth transition to the new service.
4. The main priority is helping people to live as independently as possible, taking into account the views of service users, carers and professionals to deliver a quality service.
5. This report provides an update on the first stage of the independent market analysis exercise of the current model, undertaken by an independent consultant called Care Analytics. This has raised several key observations that now require further analysis which was not originally anticipated in the September report. This second stage of the market analysis will ensure that the primary aim of producing a robust and sustainable service will be satisfied from the outset.

6. Care Analytics' primary expertise lies in developing cost and pricing models for care and support services. They have built cost and pricing models and have advised local authorities on setting sustainable prices in both care home and home care markets at borough, county and regional level. They have supplied data solutions and market intelligence to many local authorities.
7. Between late August and early September, Care Analytics undertook an analysis of the current HTLAH service. This included analysis of service data, prices and information gathered directly from providers.
8. The resultant key messages and recommendations are listed below:

Key Message	Recommendation(s)
How the Council records and uses home care data could help to manage cost and quality.	<p>Providers who use electronic monitoring are required to supply the full dataset in addition to or instead of the aggregate data used to make payments.</p> <p>The Council should collect key information about subcontracting.</p>
Improving efficiency in home care visits by applying different payment rules.	The Council should consider moving to payment rules rounding to the nearest five minutes to avoid care workers waiting around after tasks are complete to ensure the full scheduled time is chargeable.
Building a sound provider base and sustainable provider model.	The Council may benefit from a healthy number of local owner-managed providers delivering between 250 and 1,000 hours per week (in addition to larger providers) to promote choice in the market and economic hourly rates.
Provider Growth - Providers able and willing to scale up capacity.	Lead providers must be more directly incentivised for the commissioning model to work effectively.
Issues with how several lead providers are using sub-contracting should be addressed.	<p>Sub-contracting should only be at lower hourly rates than paid by the County Council if the lead provider is delivering or sub-contracting the vast majority of hours in the lot.</p> <p>If continuing with the current model, it is essential that lead providers are more directly incentivised in their role, particularly with regard to providing care in less profitable locations. This is likely to require a substantial proportion of their fee being linked to meeting minimum contract requirements.</p>
The Council should reconsider Counter Productive Rules, eg Lead providers are not currently allowed to take-on clients in other lots where they may have capacity if they are not accepting all clients offered in their own lot, which may hinder the	<p>Providers have natural operating zones and discouraging this can be inefficient.</p> <p>Lead providers can be incentivised in more targeted ways.</p>

placement of packages.	
The County Council has a much higher client turnover compared to other local authorities Care Analytics have worked with.	<p>The Council needs to understand if significant numbers of people are receiving homecare services where in other authorities they would not or whether turnover is a reflection of effective reablement and self-funders opting out of or arranging their own services after the free reablement period.</p> <p>The Council should carry out qualitative benchmarking of operational practice with other councils including comparison of services (Council and Voluntary) which can prevent the need for home care.</p>
Many home care providers in Leicestershire appear to only pay wages at or close to the statutory National Living Wage once travel time is taken into account.	Direct measures to aid care worker recruitment and sustainability and ensure higher rates paid to providers are passed on as increased wages, should be considered.
Balancing and optimising the urban-rural mix in geographical zones to improve pick up of care in more isolated areas.	Current issues in rural areas can be significantly improved by a combination of rezoning and introducing differential urban-rural pricing for challenged areas.
The number of clients per provider receiving double-handed care is low and the current operating model leads to inefficiencies due to providers not being able to work outside of their zone boundaries.	Consider creating double-handed care a specialist service that operates over larger geographical areas. This could simplify supply chain management and achieve efficiencies in the market and ultimately for the Council, with appropriate pricing models.
There are a number of issues with the design of many of the current lots e.g. travel co-ordination issues, breaking natural operating zones and too great a level of urban-rural diversity for a single hourly rate.	The Council should seek to reprofile the delivery zones to reduce operational issues and costs.
Current commissioning arrangements are adding avoidable cost to the system.	<p>Address the issues of sub-optimal zone design and the partial implementation of the lead provider model.</p> <p>Resolve pricing issues where there is significant variability across the county and system inefficiencies.</p> <p>Redirect resources and incentive structures to considerably improve the sustainability of the market.</p>

9. Following a comprehensive review of the findings a decision was taken to further engage Care Analytics to co-produce the new service model alongside the project's

commissioning group, rather than review and comment on a proposed model. This approach will provide both added expertise and due diligence into the design of the new service and will further reduce the risk of previous issues re-occurring.

Proposals

10. A series of workshops with health and home care staff are planned over the next month to design the new service and create a sustainable commissioning and pricing model, which should generate sufficient capacity in the local care market.
11. The intention is to design a core home care service supported by a series of 'add-on' specialist services as per the model below:

<p>Homecare for Leicestershire Core Service Principles</p> <p>Staff Training Availability Monitoring</p>	<p>Integrated Health and Social Care</p>	<p>Night Time Care</p>	<p>24x7 Support</p>
		<p>Discharge Response</p>	<p>Specialist Services e.g. LD, Dementia</p>

Pre-workshop Definition

12. This preparatory work will involve:
 - scoping what will be included in the core home care service and what the non-core or specialist services will be;
 - based on the findings of the first phase of the market analysis, sense-checking pricing and commissioning options, with contract and commissioning managers, who have detailed knowledge of the current HTLAH provider market;
13. This will enable Care Analytics to develop recommendations for the new service model for discussion at Design Workshop 1.

Design Workshop 1

14. This is scheduled for the end of October and will include discussion and agreement of the core and specialist service offer.

Design Workshop 2

15. Following a review of outcomes from Workshop 1, Care Analytics will facilitate the second design workshop, which will focus on the proposed zoning, provider and pricing model. This is likely to cover payment and incentivisation options, which will need further exploration to determine potential system and resource impacts.

Consultation

16. Soft market testing with prospective providers will take place on completion of the design workshops. An engagement approach with service users will need to be agreed to ensure it is helpful and meaningful.
17. This revised approach means that submission of the full design and consultation proposals to the Committee, to enable members to comment prior to the Cabinet being asked to approve the procurement of the new service, will now need to take place in January 2020.

Resource Implications

18. A full resource and financial impact model will form a part of the January report to this Committee. It is still anticipated that significant input from both the Department and supporting corporate services such as Transformation, Commercial Services, Finance and Legal Services will be required to support the development of these. Appropriate support, from service design through to implementation, will also be required from the Clinical Commissioning Groups (CCGs) as part of the integrated approach for ensuring that both health and social care needs of service users living in Leicestershire are met.
19. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

20. A detailed plan will be included in the January report following completion of the design workshops and soft market testing. The current aim is to provide a report to the Cabinet in January or February to seek approval for the procurement of the new service. The table below provides the current estimated timetable subject to completion of the service design and the availability of the resources identified. The overall timetable is in-line with the estimate provided in the September report.
21. The following key target milestones are indicative pending completion of the full-service design and procurement preparation. The full design will indicate the level of preparation needed for implementing the new service including financial controls and system changes and determine whether or not the second extension on the current contract needs to be invoked:

• Service Design and Market Analysis Phase 2	November 2019
• Final New Service Design	November 2019
• Partnership Agreement with CCG's (Completed)	December 2019
• Procurement (Completed)	Spring 2020
• Implementation (Starts)	Summer 2020
• Implementation (Finishes)	Autumn 2020
• Stabilisation/Handover to Business as Usual	As needed
22. The length of contract will be determined once the second stage of the Care Analytics has been undertaken and the service design completed.

Conclusions

23. The project continues to work at pace but applying the necessary due diligence to ensure the resultant service is robust and sustainable.
24. The Committee is invited to comment on the updated approach outlined within this report which can then be considered in the service design prior to finalisation in January.

Background Papers

Report to Adults and Communities Overview and Scrutiny Committee: 2 September 2019 – Domiciliary Care Service Post November 2020

http://politics.leics.gov.uk/documents/s147723/4_HTLAH%20New%20Service%20post%20Nov%202020.pdf

Circulation under the Local Issues Alert Procedure

25. None.

Equality and Human Rights Implications

26. A Equality and Human Rights Impact Assessment (EHRIA) is being developed in tandem with the design process to identify any potential issues early along with any gaps in the data. This will allow integration of actions to mitigate any potential equalities issue throughout the process (including during workshops and co-production. An EHRIA is a tool to help individuals and departments to identify whether any new or significantly changed policies, practices, procedures, functions and services may have an adverse impact on a community or group of people and whether the human rights of individuals may be affected.

Other Relevant Impact Assessments

Environmental Implications

27. Following the declaration of a climate emergency at the full County Council meeting in May 2019, targets for carbon reductions have been set, which the department will need to meet during the period of the new homecare service. Potential impacts on the environment and climate, will come from the activities of both the department and its service providers. Whilst this impact is largely unknown at present, it is likely to be significant given the number of journeys made on a day to day basis. The work described above to realign and optimise the delivery lots and zones, across geographical operational areas, will play a key part in reducing this impact.
28. The Department is developing an action plan which includes actions aimed at:
 - reducing the amount of waste produced;
 - increasing the level of recycling across County and departmental sites;
 - reducing the amount of paper used within the Department;
 - reducing the amount of business mileage;
 - working with providers to reduce their environmental impact;

- increasing the number of staff that have completed Environmental Awareness E-Learning; and implementing any mitigation measures identified in the corporate Climate Change Risk Register.

Partnership Working and Associated Issues

29. Health colleagues from East and West CCGs continue to be fully engaged with the project to ensure that both health and social care needs of service users living in Leicestershire are met.

Risk Assessment

30. The delivery project will undertake a dual risk assessment that focuses on both; service quality and the delivery approach, ensuring that service risks are not lost within those associated with the delivery of the project. Further details will now be presented in the January report.

Officers to Contact

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
11 NOVEMBER 2019

TRANSITIONS – PREPARING FOR ADULTHOOD

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 the Transitions - Preparing for Adulthood programme.

Policy Framework and Previous Decisions

- 2 The Whole Life Disability Strategy and associated protocol for young people with special educational needs or a disability, "Preparing for Adulthood", was approved by the Cabinet on 14 September 2018.
- 3 The Strategy supports the Council's ambitions as established in the Strategic Plan, "Working together for the benefit of everyone: Leicestershire County Council's Strategic Plan 2018-22" which was approved by the County Council in December 2017. The delivery of the Whole Life Disability Strategy will contribute to all five Strategic Plan outcomes and was launched at a public event held at County Hall on 17 May 2019.
- 4 The Preparing for Adulthood protocol has been developed jointly between the Children and Family Services (CFS) and Adults and Communities (A&C) Departments and outlines how children and young people should be involved in decision making, careers advice, the Local Offer, Post-16 programmes and funding arrangements. The Local Offer gives children and young people with special educational needs or disabilities (SEND) and their families information about help and services in Leicestershire. Partners have been engaged in the development of the protocol and pathway that sets out clearly what needs to happen at each stage with a young person.

Background

- 5 During 2018, initial facilitation and project scoping identified the priority areas for the Preparing for Adulthood programme, leading to a workstream plan agreed across CFS and A&C in January 2019.
- 6 Key priorities include:
 - Ensuring the availability of appropriate accommodation and support services;
 - Ensuring that staff have the right level of skills to support young people;
 - Projecting future need accurately as young people have increasing levels of need.

- 7 The Preparing for Adulthood Programme Board has been established, is jointly chaired by Assistant Directors from CFS and A&C and has made progress on the Terms of Reference and governance arrangements, including securing representation from the local Clinical Commissioning Groups and the Leicestershire Parent Carer Forum. The Programme Board meets every six weeks.
- 8 The programme has four workstreams that are tasked with delivering the local plan:
- a) **Accommodation and Support** – To commission provision to enable individuals to be as independent as possible;
 - b) **Communications and Information** – To co-produce communications and information offer to inform the planning of support and services;
 - c) **Processes and Practice** – To align processes and practices for a seamless experience of Preparing for Adulthood with a focus on individual outcomes;
 - d) **Data and Intelligence** – To identify cohorts and make projections for strategic and future service planning and measure the success of the programme.
- 9 Achievements to date include:
- a) Young People’s post-16 Voice Group established with ongoing engagement with specialist colleges. This group aims to enable young people to have a strategic voice by gathering their views and involving them in a systematic way.
 - b) Inter-agency workshops, including engaging Leicestershire Partnership NHS Trust (LPT) have mapped accommodation and support provisions detailing what is currently commissioned and current spend. Commissioning officers will continue to analyse and build on this looking at whether better options can be developed in future.
 - c) A process mapping exercise took place with representatives from CFS, A&C and LPT. Real case studies have been used to identify areas and opportunities for improvement.
 - d) A survey was undertaken to ascertain parent and young people’s experience of transitions advice and information, eliciting over 100 responses. As expected, responses showed that sufficient information is not given to help with understanding and planning ahead. The intention is to use the voice of young people and parents as the most effective way to empower people going through transitions in future.
 - e) Discussion on the use of applications to capture the voice of the young person from three technology providers. Proposals focus on the cohort of transition age individuals (14 to 25 years) known to the County Council who are likely to have eligible needs for adult services on reaching 18 years of age. The envisaged outcome would be the use of appropriate technology to embed the young person’s voice in multi-disciplinary care planning, whilst also saving time and resources in terms of staff and administrative support. It is the intention that young people and carers will be invited to a future market event.
 - f) Management of the Transitions Team has been strengthened through the addition of a Service Manager.

- 10 The Transitions Team has been expanded from 6 FTE to 12 FTE. A significant amount of effort has been taken with recruitment and the team is almost complete. This additional capacity has already helped to establish a link worker presence in schools, linking to existing transitions events and planning.
- 11 To build relationships and promote joint working, there are regular meetings between the managers of the Transitions Team and Disabled Children's Service in CFS. These meetings look at the individual cases and promote joint planning. This is in accordance with the published Preparing for Adulthood process for Years 9 and 10. The plan is to develop a wider approach to include education and health.
- 12 The Business Intelligence Team has built a dashboard which forecasts the number of young people likely to require support from A&C. The dashboard will help with prioritising case allocation for the Transitions Team and it will allow us to track the care and support they receive in future years. Once a full year's data has been uploaded to the Adult Social Care System database system, a case management dashboard along with a strategic management dashboard will be developed during 2020.
- 13 Data is drawn from the databases in CFS and SEND to populate a risk matrix to prioritise cases as high, medium and low. This identifies cohorts by each National Curriculum Year from Year 9 to Year 14 (ages 13 to 19 years). Current practice aims to assess those identified as medium and high risk; total numbers of which for this age-range are approximately 1,000 individuals in any given year.
- 14 The data clearly shows the greater levels of need identified for the younger cohorts. Causes for this include medical advances in more disabled children living for longer, as well as the profile and awareness of SEND and increasing diagnoses of Autistic Spectrum Disorder. For example, the current cohort of Year 12 pupils' numbers 146 (combining those identified as medium and high needs), but in three years' time data projects that number to be 208 (current Year 9 pupils).
- 15 The current work of the Transitions Team is predominantly from the Year 12 cohort, the school year when young people turn 17 years old. We are working to move this earlier with detailed assessment and planning commencing at Year 11.
- 16 In line with the Preparing for Adulthood protocol, members of the Transitions Team already attend parent evenings and open days for younger pupils in special schools, to promote understanding of adult life and support options. This offer will be developed, and we will explore the benefits of more focussed input beginning, at Year 9, for those with the most significant levels of need.

Resource Implications

- 17 The Medium Term Financial Strategy (MTFS) identified a growth requirement of £690,000 in 2019/20, rising to £1.6m by 2022/23 to meet the care requirements of those young people who will transition into adult social care services.
- 18 Additional growth of £300,000 was identified to enhance the Transitions Team during 2019/20.
- 20 The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Proposals/Options

- 21 The Preparing for Adulthood programme emphasis on the individual outcome areas for young people can provide a new focus for implementing different ways of working with the 13 to 25 years age group, both internally and with key partners in education, health and housing.
- 22 Further work is required to align the work of the existing Transitions Team and Disabled Children's Teams to the Preparing for Adulthood work programme. This would serve to reinforce the change in culture and approach towards a strengths-based way of working explicitly focussing on the four outcome domains:
- Employment;
 - Independent Living;
 - Friends, Relationships and Community;
 - Good Health.
- 23 Progress made in engaging with colleagues from LPT through the Accommodation and Support and Processes and Practices workstreams needs to be embedded within their internal procedures, drawing upon LPT's operational protocol for the transition from children's to adult services.
- 24 We have acquired valuable experience of developing a new Target Operating Model (TOM) over the last year. It is anticipated that design work to identify key issues with Transitions will commence from November 2019. The expectation in using the TOM model is that shorter interventions will be more focussed on progression and building independence, and that the team will also work more efficiently.
- 25 The intention is to explore the potential for closer working between staff/teams to help embed a shared culture across service departments and there are currently opportunities to support this. Engagement and consultation with staff would be part of this.

Conclusions

- 26 The governance arrangements for the work programme have been strengthened and going forward the Programme Board will report to the Joint Departmental Management Team and will feed into the SEND Board.
- 27 As the four workstreams deliver their outcomes the Programme Board will agree key next steps including:
- Commissioning provision to enable individuals to be as independent as possible, with improved outcomes evidenced by efficient commissioning of markets;
 - Co-producing communications and information offer with the voice of the young person, and their families, to inform the planning of support and services;
 - Aligning processes and practices for a seamless experience of Preparing for Adulthood with a focus on individual outcomes;
 - Identifying cohorts, including early identification of complex, challenging and high-risk young people, and make projections for strategic and future service planning and measure the success of the programme.

Background Papers

Preparing for Adulthood protocol -

<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2019/2/1/Preparing-for-adulthood-strategy.pdf>

Leicestershire County Council Strategic Plan 2018-22 -

<https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>

News story – Whole Life Disability Strategy Launch – 17 May 2019

<https://www.leicestershire.gov.uk/news/new-plan-to-support-people-with-disabilities-launched>

Equality and Human Rights Impact Assessment (EHRIA)

<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2019/4/30/whole-life-disability-strategy-ehria.pdf>

Circulation under the Local Issues Alert Procedure*

None.

Equality and Human Rights Implications

- 28 An Equality and Human Rights Impact Assessment (EHRIA) screening exercise was conducted as part of the Whole Life Disability Strategy and concluded that the Strategy is focused on improving life chances for disabled people by promoting greater access to employment, better health and community relationships and increasing independence and control over what they want to do and how they are supported. It is anticipated that the impact on protected groups will be positive but as any changes are planned the potential impact of these will be considered.
- 29 The Preparing for Adulthood protocol has a range of potential equalities, diversity and inclusion implications, for which it is anticipated that policies, services, decisions and initiatives would need a specific EHRIA (screening initially but in some cases full EHRIA) to be done.

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
11 NOVEMBER 2019

INSPIRED TO CARE

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 the County Council's Inspired to Care team's work in relation to the external adult social care workforce.

Policy Framework and Previous Decisions

2. The adult social care sector in the UK contributes £46.2 billion to the economy and represents 6% of total employment. External providers across adult social care have identified increasing workforce pressures. As a result of this, an external workforce team was agreed and implemented in Spring 2018. This team has developed an independent project branding named 'Inspired to Care'.

Background

3. Inspired to Care is a project designed with the purpose of supporting social care providers to develop best practice techniques in recruitment, retention, development of the workforce, and improving the image of the sector. The project is a response to addressing provider comments about the challenges of attracting a social care workforce. The team work with any providers in Leicestershire and Rutland. The project's aims are aligned to the four themes of the Health and Social Care Sector Growth Plan: improving the image of the sector; supporting the sector with resilience and growth; developing and retaining the current workforce and attracting a high-quality workforce. The Growth Plan was developed in recognition of the scale of the Health and Social Care Sector and its importance to a vibrant Leicester, Leicestershire and Rutland economy and the opportunity for key partners to work together on well-recognised challenges.
4. Research was carried out by the team to explore the challenges faced by providers. These included:
 - The social care sector has a significantly higher than average turnover rate for staff. In Leicestershire, the turnover figure was on average 32.3%. The average UK turnover rate for adult social care was 30.8%. The UK average turnover rate for all sectors is 15% although this varies by sector;
 - Leicestershire has an ageing population with a significant increase expected by 2030 for adults over the age of 65, which is expected to rise by 33% by 2030;
 - The population of 25-64 year olds is expected to decrease by 2% from 339,900 people to 333,900 people by the year 2030. Given rising demand for care staff

this will have significant repercussions on the current workforce as this is the most heavily represented age demographic;

- Using the data collated from Skills for Care and Market Statements regarding Leicestershire population, there is a necessity for an increase of 2,858 staff required in residential services for external providers by 2030, with an additional 1,607 staff required in non-residential services by 2030;
- There is a significant disparity between home care and residential services between recruiting and retaining staff, an average turnover rate of 50.4% in homecare set against 33.2% in residential and 13.3% in supported living services.

5. Providers can sign up to be a member of the Inspired to Care scheme. There are currently 80 members with other applications in progress. The scheme is free and there is no charge for services or resources offered. Members receive benefits including:

- Access to an online recruitment and retention toolkit and recruitment resources – this is also available in hard copy;
- Training sessions and invitations to bespoke topic conferences;
- 1:1 tailored support;
- Free advertisement on a ‘Find our local care employer’ map;
- Access to the Skills for Care | Care Ambassador partnership;
- Wider wallet employee benefit package.

6. In return members are asked to:

- Engage with the project;
- Attend events and topic conferences;
- Complete research questionnaires and feedback;
- Tell the project about good news stories so these can be showcased on the project social media sites.

7. The Inspired to Care website launched on 18 July 2019. This is available to the public and showcases local case studies of people who have transitioned into social care careers and highlights why they enjoy their roles and how they have progressed. There is also an exclusive members’ area for all current members where they have access to a catalogue of resources/tools. There is a planned phase two for the website to include a vacancy page. The aim of this is so providers can advertise directly which will give potential employees an immediate link to the current vacancies when they access the site.

8. The project has links with the Skills for Care Ambassador scheme which is aimed at improving the image of social care and using the current workforce as ambassadors to encourage people to want to work in the sector. This is done through ambassadors visiting schools, colleges and job centres and running careers activities such as interactive tools for a person to experience sensory overload similar to a person who is living with autism. Ambassadors also give presentations about their experiences of working in care and what it means to them. Having people who talk honestly and enthusiastically about their job can motivate people. Over 80% of care workers felt more motivated in their work having become an ambassador. The link below provides more information about ambassadors - <https://www.skillsforcare.org.uk/Recruitment-retention/I-Care...Ambassadors/I-Care...Ambassadors.aspx>.

9. The project is currently working with 80 members on a 1:1 basis supporting them to develop their recruitment and retention. This includes working with providers who are contracted with both Leicestershire and Rutland Councils in hard to recruit areas to support with improved service delivery and capacity. The project offers tailored support based on the providers current recruitment offer. This includes support with developing job adverts, where to place these for better results from adverts and how to make them interesting for potential candidates, inviting providers to consider other ways to incentivise staff to encourage people to apply, ways to interview staff, how to make the most of the offer from the provider to encourage people to apply and ways to retain staff.
10. The project has a partnership with the Leicester Mercury Carer of the Year Awards and sponsored three awards; Ambassador of the Year, Employer of the Year and Lifetime Service Award. This is an event which is highly publicised locally, offers the chance to celebrate the successes of the workforce and gives the public positive stories about staff in the local workforce. In 2018, there were 12 awards categories. Finalists for each category were invited to the event along with sponsors and guests. The awards were publicised in the Leicester Mercury and providers celebrated their success through their own websites.
11. A topic conference was held with 50 attendees on 26 September 2019. This was around recruiting on social media. Feedback from this was very positive and future topic conferences are being arranged. Delegates were asked for ideas on what they wanted the next conference to be on.
12. A Careers event was held on 8 October 2019. This was jointly arranged with Leicestershire, Leicester and Rutland and was led by the Inspired to Care Team. 300 students attended and 45 providers had stalls to advertise their companies and engage with the attendees. The photo boards from the National Recruitment Campaign run by the Department of Health and Social Care were displayed during this event and this was the first showing outside of London.
13. The project has a social media presence on Facebook, LinkedIn and Instagram and regularly post good news stories from members to encourage people to see the positive work happening in the sector. A sponsored Facebook campaign recently reached 32,166 people and 1,000 people visited the Inspired to Care website. A recent good news story about a former Leicester City football player who now works within the care sector was picked up by the Melton Times, Leicester Mercury and local radio.
14. The project has links with partners including Work, Live, Leicestershire, Market Harborough work club, National Association of Care and Support Workers, Leicestershire Workforce Advisory Board and East Midlands Care.
15. Inspired to Care is recognised as being a leading-edge development and is a finalist in the Care Innovator Award category of the East Midlands Great British Care Awards.
16. The project is working with the lead Help to Live at Home domiciliary care providers to promote the winter pressures initiative to support the providers to offer incentives to staff over the winter period to impact on retention. The project will be supporting providers to implement values-based recruitment, and offering culture change and best practice training for recruitment by March 2020.

17. Evaluation of the project through feedback from providers has shown providers value the tailored approach, which is led by those with adult social care recruitment expertise. Providers have identified the key learning for them includes - identifying and advertising to specific audiences; less hard selling; actively using social media to recruit and not just for general posts; ensuring their content is engaging; reflecting and evaluating current practices; working on engagement and creating content plans.
18. Key performance indicators are being developed for the team to show the impact of the team on the workforce of the providers they are working with.

Resource Implications

19. The project has three team members with an annual cost of £140,000. There are additional costs for running conferences and events. The budget for the team is £218,000 for this financial year.
20. The Director of Corporate Resources has been consulted on the content of this report.

Conclusions

21. The Inspired to Care project supports the Health and Social Care Sector Growth Plan and offers providers a tailored support to improve recruitment and retention of staff to develop the services people are receiving. Workforce is a national area of concern for Social Care and the project offers providers a very valuable resource to try and stabilise the social care market in Leicestershire by offering creative ideas and best practise techniques as well as promoting social care as a career of choice.

Background Papers

- Health and Social Care Sector Growth Plan - <https://bit.ly/33XUHXr>
- Inspired to Care Website link - <https://www.inspiredtocare.co.uk/>
- Leicester Mercury Care Awards 2018 link - <https://bit.ly/33PpmpF>
- Melton Times story link - <https://bit.ly/2J7kWCH>

Circulation under the Local Issues Alert Procedure

None.

Equality and Human Rights Implications

22. The Equalities and Human Rights Impact Assessment will be reviewed to ensure the project is fully considering the impact on people's human rights implications.

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
11 NOVEMBER 2019

QUALITY OF CARE IN LEICESTERSHIRE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to inform the Committee of the current Care Quality Commission (CQC) quality ratings within the regulated adult social care services in Leicestershire.

Policy Framework and Previous Decisions

2. All regulated services in Leicestershire have an inspection from CQC. Following inspection, services will be rated as - Outstanding, Good, Requires Improvement or Inadequate.

Background

3. Across Leicestershire there are 289 regulated adult social care organisations. 184 of these are residential/nursing homes; 126 are community-based adult social care services (including domiciliary care and supported living); and there are five extra care services.
4. There are 5,144 residential care and nursing care beds registered for use within Leicestershire. This is over 1,000 fewer beds available than in comparator authorities (6,254) and England (6,322). The County Council has almost 50% fewer nursing beds than comparator authorities and more residential beds available. However, currently there is sufficient capacity within the residential sector enabling the finding of beds for County Council funded residents.
5. The County Council contract with 172 of the residential/nursing homes (93%) and 68 of the community-based adult social care services (54%). 265 of these services have been inspected by CQC, with 72 taking place in 2019. The current ratings are:

Rating	Number of services	Percentage	Type of service	
			Care Homes	Community based adult social care (ASC)
Outstanding	6	2%	3 (2%)	3 (3%)
Good	215	75%	143 (78%)	72 (69%)
Requires Improvement	43	15%	33 (18%)	10 (10%)
Inadequate	1	0%	0 (0%)	1 (1%)
Unrated	22	8%	4 (2%)	18 (17%)

6. When compared against comparator authorities* and England:

Rating	Type of service		Comparator Authorities		England	
	Care home	Community based ASC	Care Home	Community based ASC	Care Home	Community based ASC
Outstanding	2%	3%	6%	5%	4%	3%
Good	78%	69%	74%	71%	74%	65%
Requires Improvement	18%	10%	15%	7%	17%	10%
Inadequate	0%	1%	2%	0%	2%	1%
Unrated	2%	17%	4%	16%	4%	21%

* *Comparator Authorities* – Buckinghamshire; Cumbria; Devon; Derbyshire; Gloucestershire; Hampshire; Northamptonshire; North Yorkshire; Nottinghamshire; Oxfordshire; Somerset; Staffordshire; Suffolk; Warwickshire and Worcestershire.

7. Of the inspections carried out in 2019, 50 were residential/nursing homes and 22 community-based adult social care. These ratings were:

Rating	Number of services	Percentage	Type of service	
			Care Homes	Community based ASC
Outstanding	1	1%	0	1 (5%)
Good	44	61%	28 (56%)	16 (73%)
Requires Improvement	26	36%	22 (44%)	4 (17%)
Inadequate	1	1%	0	8 (5%)

8. There is some concern over the percentage of homes rated recently as 'Requires Improvement' as this is similar to the numbers rated 'Good'. It is, however, an improving picture overall as there are currently no homes rated 'Inadequate' which is an improvement when compared with the same period last year when there were five. Leicestershire has fewer homes rated outstanding than its comparator authorities.
9. As an authority the ratings are performing relatively well across the area. Services had been inspected under a previous methodology. The new methodology came into force in November 2017. Services rated 'Good' are not usually re-inspected until two years after publication date of last report. Key lines of enquiry were changed to focus on equality and diversity and ensuring people had care and support at the times they need it. These are areas some homes can struggle to evidence in documentation. Providers have had time to prepare for the changes and these areas have been included within the County Council's contract monitoring and support. This will encourage services to focus on these areas, apply them in practice and evidence these to the regulator.
10. The County Council offers providers support to drive up their quality through the Adults and Communities Department's Quality Team. The officers support providers with areas of non-compliance as well as areas where they want to improve the quality of the service. Training in falls management and positive behaviour support can also be offered to providers. They can receive support in any area of care delivery including mental capacity act, medication, support planning, health and

safety and auditing. Providers are encouraged to work in line with best practice and this is promoted by all. The Quality Team is currently running a pilot with care homes on improving care for people who are living with dementia.

11. The Quality Team was recently evaluated by the London School of Economics who have identified how valuable the providers see this support. The evaluation has yet to be published, however, the summary identified the support from the Quality Team was seen very positively by providers as a 'gift' from the Council which builds their confidence in the Council and its' intentions. It showed how the providers engaged with the Quality Team and helps the Council to build confidence in the providers. They are also a source of knowledge about delivering care and managing care organisations.

Resource Implications

12. The Adults and Communities Department Quality and Contracts Team works with all contracted providers, and support homes who are rated 'Inadequate' or 'Require Improvement', more intensively to drive improvement, however all services can request support.

Conclusions

13. The ratings across Leicestershire are relatively positive. The Adults and Communities Department has working relationships with most providers and works collaboratively to try and improve the service people are receiving. There will always be concerns regarding services, however, the Department's Quality and Contracts Team are very experienced and can work with providers to support them to resolve these in a timely manner.

Circulation under the Local Issues Alert Procedure

None.

Equality and Human Rights Implications

14. There are no equality and human rights implications. This report is for information only. The information is in the public domain.

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