



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

Date/Time: **Monday, 20 January 2020 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 Mrs. M. Wright CC
Mrs. H. J. Fryer CC

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

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 11 November 2019	(Pages 5 - 12)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	
6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule	



16.

7. Presentation of Petitions under Standing Order 36.

8. Medium Term Financial Strategy 2020/21 - 2023/24 Director of Adults and Communities and Director of Corporate Resources (Pages 13 - 36)

9. Commissioning and Procurement of Home Care Services: Post November 2020 Director of Adults and Communities (Pages 37 - 72)

10. National Performance Benchmarking 2018/19 and Performance Report 2019/20 - Position at November 2019 Director of Adults and Communities and Chief Executive (Pages 73 - 90)

11. Date of next meeting.

The next meeting of the Committee is scheduled to take place on 9 March 2020 at 2.00pm.

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Public Scrutiny website www.cfps.org.uk. The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

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

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 11 November 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. W. Liquorish JP CC
Mr. J. Miah CC
Mr T. Parton CC
Mrs. M. Wright CC

In attendance

Mr. R. Blunt CC – Cabinet Lead Member
Mrs. C. M. Radford CC – Cabinet Support Member
Paul Blakey – Healthwatch Leicester and Leicestershire

35. Minutes.

The minutes of the meeting held on 2 September 2019 were taken as read, confirmed and signed.

36. Question Time.

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

37. 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).

38. Urgent Items.

The Chairman advised there was one urgent item for consideration, a report of the Director of Adults and Communities, concerning the Fair Outcomes Policy for Adult Social Care.

The reason for the urgency was that the policy would be considered by Cabinet in January 2020 which was before the Overview and Scrutiny Committee's next meeting.

With the agreement of the Committee, the report was considered under item 16 on the agenda (minute 50 below refers).

39. Declarations of interest.

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

All members of the Committee who were also district councillors declared a personal interest in the report on the Lightbulb Service (minute 43 refers).

Mr J Miah CC also declared a personal interest in the report on the Lightbulb Service as his mother was a service user.

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

There were no declarations of the party whip.

41. Presentation of Petitions under Standing Order 36.

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

42. Adult Social Care Target Operating Model.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on the progress of developing and implementing the Adult Social Care Target Operating Model (TOM). A copy of the report marked 'Agenda Item 8', is filed with these minutes, along with the slides that were presented to the Committee.

The Chairman welcomed Stephen Knight of Newton Europe to the meeting for this item.

In his introduction to the report, the Director explained that there had been a change to the number of service users with a learning disability that had moved from residential care to supported living; this had increased to 29 from the 23 which had been stated in the report.

Arising from discussion, the following comments were raised:

- i. In response to a query it was confirmed that the figures relating to people with learning disabilities in permanent residential care were based on a cohort of around 350 people. A programme to identify those who could move into more suitable accommodation, such as supported living, had already been in place but the work on the TOM had speeded up the process.
- ii. It was suggested that it would be helpful for members to receive a further breakdown of data regarding older adults in residential care to provide for a better understanding of the statistical variance.
- iii. It was noted that a proportion of the increased staffing capacity that had been identified through the TOM was being used to make improvements to the service user review and assessment process. New cases were being assessed more quickly and there was a higher rate of reviews taking place for long-term service users. By increasing the regularity of reviews, the Department would be able to monitor service user needs more effectively and respond to any changes to ensure the most appropriate support was in place. The aim of maintaining service user independence was of fundamental importance.

- iv. Concern was raised around the level of saving that the TOM was predicted to make and whether the quality of service would be compromised. The Director provided reassurance that the approach being undertaken was not about cutting services but about making improvements. It was important to note that not all savings associated with the TOM were cashable. It was initially the intention that non-cashable savings would be re-invested back into the Department to improve service quality and customer satisfaction and to provide additional capacity for areas such as service user reviews.

RESOLVED:

- (a) That officers be requested to provide members of the Committee with a further breakdown of the data regarding older persons' placements into residential care;
- (b) That the update on the progress of developing and implementing the Adult Social Care Target Operating Model be noted.

43. Lightbulb Service.

The Committee considered a joint report between the Director of Adults and Communities and Blaby District Council which provided an update on the Lightbulb Service. A copy of the report marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Quin Quinney of Blaby District Council to the meeting for this item.

Arising from the discussion and questions, the following points were raised:

- i. Whilst service user waiting times were known for installing basic types of equipment; waiting times for installing other more extensive pieces of equipment, such as floor lifts and level access showers, could be more difficult to predict due to their complex and varying nature. To provide greater insight of the process, it was agreed that examples of end to end waiting times for equipment installation and timescales for when equipment was serviced, or repairs were made would be provided to members outside of the meeting.
- ii. Whilst it was acknowledged there had been an underspend in Disabled Facilities Grant (DFG) funding by a couple of Leicestershire District Councils in 2017/18 – 2018/19, assurance was provided that all seven districts had achieved the 20 weeks target by the end of Quarter 1 2019/20 and performance thereafter was continuing to improve. The Director undertook to provide members with figures of actual spend for 2019/20 quarter 1.
- iii. Changes to the Regulatory Reform Order had provided greater flexibility for local authorities to use DFG funding for wider purposes. However, challenges of spending the funding still remained and were recognised as an issue nationally; there were many contributory factors, including restrictions set by Central Government on how the funding was spent. This was a matter that the Senior Responsible Officers for the Lightbulb Service had raised with Central Government.
- iv. Members were pleased to note that the partnership between the County Council and the district councils on the Lightbulb Service was successful and that all

partners were supportive of the service. Different partners were leading on different workstreams within the partnership; this demonstrated its strength.

- v. Occupational Therapy was a key component of the Lightbulb Service. Technical assessments were now being carried out by other officers which had been allowing Occupational Therapists to concentrate on delivering more complex caseloads.
- vi. In terms of ensuring the work of builders was of the required standard, the Lightbulb Service could assist in obtaining quotes and references, however currently the service user was ultimately responsible for procuring a builder. It was hoped that the development of a procurement framework for builders would provide greater stability for service users, particularly in terms of timeframes and work completion deadlines. Builders buy in to the framework would be essential.
- vii. It was queried whether consideration had been given to subcontracting a single company to complete building works for service users as other Councils had done, it was confirmed that this option had been considered but at this time the procurement framework had been deemed the most suitable option. Reviews would be undertaken in future as necessary to ensure the best offer was in place for service delivery.

RESOLVED:

- (a) That the Director of Adults and Communities be requested to provide members of the Committee with examples of service user end to end waiting times for equipment installation and for when equipment is serviced, or repairs are made;
- (b) That the Director of Adults and Communities be requested to provide members of the Committee with the figures of actual spend of Disabled Facilities Grant funding for Leicestershire, by District for Quarter 1;
- (c) That the update on the Lightbulb Service be noted.

44. Consultation on the Adults and Communities Department Ambitions and Draft Strategy 2020-24.

The Committee considered a report of the Director of Adults and Communities inviting comments on the draft 'Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020-2024', together with the associated consultation documentation.

A copy of the report marked 'Agenda Item 10', is filed with these minutes.

Arising from discussion, the following comments were raised:

- i. In response to a query concerning how people choose to identify themselves and whether there were enough options listed within the survey questions for respondents to select from, it was confirmed that these were standard terms that were ordinarily used by the County Council when in consultation with the public. However, Officers would review the options with regard to this consultation in light

of the comments made, to ensure these were appropriately inclusive.

- ii. Members felt that some of the wording within the Strategy, particularly with reference to headings and definitions, could be strengthened and better aligned to the survey questions. It was important that the language used in the Strategy and the associated documentation was as clear and understandable as possible.
- iii. It was suggested that an additional question be included in the survey around service user experience, and what the Council could do to improve experience where this had been unsatisfactory. Officers agreed that a question pertaining to service improvement would be beneficial and that themes emerging from a recent feedback exercise could be used as a point of focus.
- iv. The Committee was pleased to note that the Strategy would be integrated across the department and confirmed that, subject to the amendments suggested above, it supported the questionnaire and consultation.

RESOLVED:

- (a) That the Director of Adults and Communities be requested to consider the language used with respect of the Strategy and the associated survey documentation to ensure this is as clear, understandable and inclusive as possible;
- (b) That the Director of Adults and Communities be requested to include an additional question in the survey with a focus on what the Council could do to improve service user experience where this has been unsatisfactory;
- (c) That the Committee's comments on the draft Strategy and consultation process be submitted to the Cabinet for consideration.

45. Home Care Service: Post November 2020.

The Committee considered a report by the Director of Adults and Communities which provided an update on the proposed way forward regarding the re-procurement of home care services. A copy of the report marked 'Agenda Item 11', is filed with these minutes.

Arising from discussion and questions, the following points arose:

- i. The size and number of lots and providers would be carefully considered in relation to each area to enable service requirements to be met equally. It was recognised that the cost of providing care would be higher in rural areas; ensuring that the price of care reflected this was likely to be cost neutral as the majority of care was provided in urban areas. The quality of care provided would continue to be monitored by the Department's Quality and Contracts Team.
- ii. Improvements to staff terms and conditions would be an area of focus. Particular consideration would be given to carer's remuneration; it was especially important that carers were paid/reimbursed appropriately for non-contact time, including travel, which had previously been highlighted to the Department by way of feedback.

- iii. The Committee sought reassurance that consideration would be given to the length of the contract and the importance of maintaining stability for providers. It was confirmed that a soft market test would be carried out to carefully assess all of the options available. Service sustainability would be a key priority.

RESOLVED:

- (a) That the update on the proposed way forward regarding the re-procurement of home care services be noted;
- (b) That the Director of Adults and Communities be requested to take the Committee's comments on the updated approach into consideration as part of the forthcoming re-procurement.

46. Transitions - Preparing for Adulthood.

The Committee considered a report by the Director of Adults and Communities which provided an overview of the 'Transitions – Preparing for Adulthood' programme. A copy of the report marked 'Agenda Item 12', is filed with these minutes along with a supplementary document containing positive feedback examples in relation to the programme, which had been circulated at the meeting.

The Cabinet Lead Member for Adults and Communities, Mr. R. Blunt CC, confirmed he was pleased with the progress the programme had made. This was a challenging area and one which had previously required a lot of improvement. There was still much work to do but the progress made so far was remarkable.

In response to comments raised, it was confirmed that the focus of the programme was the early identification, at the age of 14, of complex, challenging and high-risk young people who would require services in adulthood.

The Committee was pleased to note the work which the Adults and Communities and Children and Family Services Departments had jointly undertaken. The Committee welcomed the update and commended the officers and members that were involved in the process.

RESOLVED:

That the update provided on the 'Transitions – Preparing for Adulthood' programme be noted.

47. Inspired to Care.

The Committee considered a report by the Director of Adults and Communities which provided an overview of the County Council's Inspired to Care team's work in relation to the external adult social care workforce. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

RESOLVED:

That the update provided on the work undertaken by the County Council's Inspired to Care team in relation to the external adult social care workforce be welcomed.

48. Quality of Care in Leicestershire.

The Committee considered a report of the Director of Adults and Communities which outlined the current Care Quality Commission (CQC) ratings within the regulated adult social care services in Leicestershire. A copy of the report marked 'Agenda Item 14', is filed with these minutes.

The Committee was advised of an error contained in paragraph 6 of the report. It was clarified that the 'inadequate' rating for Community Based Adult Social Care (ASC) in comparator authorities marked as 0% was rated green and not red as had been stated.

Arising from discussion, the following comments were raised:

- i. The Adults and Communities Department's Quality and Contracts Team monitored and worked closely with service providers, particularly with areas of non-compliance. Members expressed interest in participating in a Care Home site visit, it was agreed that Officers would make arrangements for the New Year for those that had expressed an interest.
- ii. In response to comments raised around Care Quality Commission (CQC) service ratings it was confirmed that the Department primarily focussed on improving the most concerning areas i.e. a service that had been rated as 'requires improvement' or 'inadequate'. Members welcomed this focus but also suggested that there should be a focus on supporting those homes rated as 'good' to achieve 'outstanding'. It was clarified that an 'unrated' rating would be given to services that had not yet been inspected by CQC; for example, services that had newly registered. Of the inspections carried out in 2019, thirty-six percent of residential/nursing homes and community-based adult social care required improvement, it was confirmed that this had been based on a relatively low number of inspections. It was also important to note that CQC had changed its assessment criteria, making it more difficult for providers to receive a 'good' rating.
- iii. Leicestershire had over a thousand fewer residential and nursing care beds available than in comparator authorities. In terms of the perceived competition this could create for County funded residents, assurance was provided that the County Council would continue to invest in residential care to ensure there was sufficient capacity available for those in need. In addition, the Council's policy was to enable people to remain independent and in their own home for as long as possible. In the medium to long-term it was expected that, with an ageing population, demand would increase. The Social Care Investment Plan was in part intended to address this gap. It would primarily focus on supported living and extra care but could also enable investment in residential care.
- iv. The County Council had recently increased its fee rates and narrowed the gap between funded and self-funded service users. This had enabled the Council to make placements at its own rates in the vast majority of places.

RESOLVED:

- (a) That officers be requested to arrange a site visit to a Care Home for those members of the Committee that have expressed an interest;
- (b) That the report on the current Care Quality Commission quality ratings within the regulated adult social care services in Leicestershire be noted.

49. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 20 January 2020 at 2.00pm.

50. Urgent Item: Fair Outcomes Policy for Adult Social Care.

The Committee considered an urgent report of the Director of Adults and Communities, concerning the Fair Outcomes Policy for Adult Social Care.

The report was urgent because the policy was required to be updated in line with legislation and would be considered by the Cabinet at its January meeting which was before the Overview and Scrutiny Committee's next meeting. A copy of the report is filed with these minutes.

Members welcomed the proposed way forward regarding the forthcoming Policy refresh.

RESOLVED:

That the proposed way forward as part of the forthcoming Fair Outcomes Policy refresh be noted.

2.00 – 4.35pm
11 November 2019

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JANUARY 2020

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

MEDIUM TERM FINANCIAL STRATEGY 2020/21–2023/24

Purpose of Report

1. The purpose of this report is to:
 - a) Provide information on the proposed 2020/21-2023/24 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department;
 - b) Ask members of the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

2. The County Council agreed the current MTFS in February 2019. This was the subject of a comprehensive review and revision in light of the current economic circumstances.

Background

3. The draft MTFS for 2020/21–2023/24 was set out in the report considered by the Cabinet on 17 December 2019, a copy of which had been circulated to all members of the County Council.
4. This report highlights the implications for the Adults and Communities Department. Similar reports are being presented to respective Overview and Scrutiny Committees.
5. The views of this Committee will be reported to the Scrutiny Commission on 27 January 2020. The Cabinet will consider the results of the scrutiny process on 7 February 2020 before recommending a MTFS, including a budget and capital programme for 2020/21 to the County Council on 19 February 2020.

Service Transformation

6. The Council's Adults and Communities Department currently has an Adult Social Care Vision and Strategy, '*Promoting Independence, Supporting Communities*'; and a Communities and Wellbeing Strategy '*Providing Less, Supporting More*', both covering the period 2016 to 2020. 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 will be consulting during winter on its new Strategy, '*Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020–2024*', which demonstrates how the Department will contribute to all five of the authority's Strategic Plan outcomes.

7. The draft Strategy builds on the current adult social care, adult learning and communities and wellbeing service strategies. It recognises the value of more closely bringing together all the Department's work since it is fundamental to the Council's role in promoting wellbeing. 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 including:
- Improved customer experience and satisfaction;
 - Providing high quality information and advice;
 - Promoting wellbeing through universal services;
 - Building a flexible, talented, motivated workforce, including apprentices;
 - Investment in social care accommodation;
 - Seamless transition from children to adult services;
 - Promoting independence;
 - Improved use of technology;
 - Working effectively with partners.
8. Within this frame of wellbeing, the draft 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.



9. The design and delivery of services will continue to be based on the "right" model, i.e. the right people (those who are at risk or need support to maximise their independence) receiving the right services, at the right time, in the right place and the Council working with the right partners.
10. At the same time, the Care Act 2014 places a duty on local authorities to integrate services with Health and other partners, both at an operational level and in respect to strategy and commissioning, in order to deliver joined up high quality services. The NHS Long Term Plan, Better Care Together (BCT) Programme and the development

of Integrated Care Systems (ICS) will provide a framework to develop new models of care across Leicestershire.

11. In order to support Leicestershire's vision for health and care integration, the Department was reorganised at an operational level during 2017 to a locality-based Care Pathway footprint. This was aligned with the new locality structures for primary care, in conjunction with Leicestershire Partnership NHS Trust's community nursing services and the County's two Clinical Commissioning Groups (CCGs).
12. The draft Growth and Savings for the 2020 MTFS (2020/21-2023/24) reflect the changes in demand for services and the transformation in the delivery of services to achieve the vision of the Adult Social Care Vision and Strategy.

Proposed Revenue Budget

13. The table below summarises the proposed 2020/21 revenue budget and provisional budgets for the next three years. The proposed 2020/21 revenue budget detail is shown in Appendix A.

	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000
Original prior year budget	137,713	143,083	143,623	145,743
Budget transfers and adjustments	9,775			
Sub total	147,488	143,083	143,623	145,743
Add proposed growth (Appendix B)	2,845	1,735	2,290	2,350
Less proposed savings (Appendix C)	(7,250)	(1,195)	(170)	(100)
Proposed/provisional net budget	143,083	143,623	145,743	147,993

14. Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
15. The total gross proposed budget for 2020/21 is £241.647m with contributions from grants, Health transfers and service user contributions projected of £98.564m. The proposed net budget for 2020/21 totals £143.083m and is distributed as follows:

Net Budget 2020/21		
Demand Led Commissioned Services	£116.2m	81.2%
Direct Services	£16.2m	11.3%
Care Pathway – East Locality	£9.0m	6.3%
Care Pathway – West Locality	£7.4m	5.2%
Strategic Services	£5.1m	3.6%
Early Intervention and Prevention	£1.4m	1.1%
Department Senior Management	£0.8m	0.6%
Better Care Fund Contribution	(£18.1m)	(12.3%)
Communities and Wellbeing	£5.1m	3.6%
Department Total	£143.1m	

Other Changes and Transfers

16. A number of budget transfers (totalling a net increase of £9.8m) were made through the 2019/20 financial year and have now been adjusted in the updated original budget. These transfers are:
- £1.6m for pay and pension inflation transferred from the central inflation contingency;
 - £9.3m for price inflation (including residential fee review);
 - (£1.1m) transfers to and from other departments.
17. Growth and savings have been categorised in the appendices under the following classification:
- * item unchanged from previous MTFS;
 ** item included in the previous MTFS, but amendments have been made;
 No stars new item.
18. This star rating is included in the descriptions set out for growth and savings below.
19. Savings are highlighted as “Eff” or “SR” dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. “Inc” denotes those savings that are funding related or to generate more income.

Growth

20. As in previous years, demographic growth and increasing needs are the main drivers of the need for budgetary growth within adult social care. However, the profile of service users and their care needs are constantly changing, which may impact on the services commissioned or the income received. The impact on the budget can be significant with gross demand led expenditure totalling c£176m.
21. The total growth required is £2.8m for 2020/21 and £9.2m over the next four years in total. The budget increases are outlined below and summarised in Appendix B to the report.

**** G10 Older People demand – £975,000 2020/21 rising to £4,390,000 by 2023/24**

22. People aged over 65 account for the majority of the Department’s care expenditure. This financial growth is required to meet the increasing numbers of older people with substantial and critical needs as well as the increasing fragility of existing service users. Future changes in demand are initially estimated using historic trends to produce a baseline forecast of the likely number and average cost of service users. During 2019/20, there has been an increase in the average number of home care hours provided. It is anticipated that this trend will be set to continue.

**** G11 Learning Disability demand – £1,030,000 2020/20 rising to £2,610,000 by 2023/24**

23. The level of Learning Disability support required is growing mainly due to costs of care packages for known service users transferring from Children’s services to Adults’ services (around 100 per annum), increasing levels of additional needs, and high cost placements. Future changes in demand are initially estimated using historic trends to

produce a baseline forecast of the likely number and average cost of service users. There is currently a significant increase in the numbers of social care placements in Children's services which may impact on Adults in the long term but cannot be quantified yet.

** G12 Mental Health demand – £315,000 2020/21 rising to £1,145,000 by 2023/24

24. During 2019/20, the number of service users has slightly increased and there has also been an increase in additional needs. It is anticipated that this trend will be set to continue.

** G13 Physical Disabilities demand – £115,000 2020/21 rising to £665,000 by 2023/24

25. During 2019/20, the number of service users has slightly increased and this trend is expected to continue.

* G14 Transforming Care transfers from Health - £360,000 2020/21 ongoing

26. The national Transforming Care Programme (TCP) aimed to significantly reduce the numbers of people with learning disabilities and/or autism receiving assessment and treatment in inpatient settings.

27. There are currently 37 patients for which Leicestershire is the responsible local authority who will require discharge to community provision. This is an increase from the last reported figure for the MTFs, which was 23. This is due to a number of factors, including more individuals coming into scope of the programme and re-admissions to hospital because of placement breakdown. Twelve of these 37 are anticipated to be ready to leave hospital during the 2020/21 financial year.

28. These individuals often present with complex and challenging support needs, including physical and mental health conditions. As a result, their care package costs, especially at the point of discharge, can be high. Recent local work found that packages of care were on average around £3,000 per week (in residential), whilst external benchmarking had the figure closer to £4,500 (all placements). Should this average support cost per week continue the 12 anticipated discharges could total £1.87m-£2.8m per year.

29. The overall cost of these placements will be split between the local authority and Health. At the moment this funding decision is made on a case by case basis, making it a challenge to forecast the overall cost to the Council. However, local benchmarking suggests that for expensive packages Health can contribute 70% or more of the individual's care costs. An indicative forecast for the 12 anticipated discharges during 2020/21 is between £561,600-£842,400 and £360,000 is estimated for remaining cases but may be higher.

30. There are several factors that have influenced this final financial projection. These include:

- The number of people discharged during the 2019/20 financial year;
- The overall Health contribution to the support cost;
- Whether their placements are sustainable (do they require readmission);
- Changes in the individual's level of support in their community placement.

31. Any change to the above factors, with the first two representing the most variable, will result in a change to the overall support costs for the TCP cohort. At the end of Quarter three 2020/21 this financial forecast will be revisited with actuals from the year to date, with any necessary adjustments being made. In the meantime, work will be undertaken to further analyse Health contributions to historic and ongoing TCP placements.

G15 Smart Library Costs £50,000 2020/21 ongoing

32. This growth is for additional costs to use CCTV in order to monitor all libraries when they are in SMART self-access mode. Based in County Hall officers monitor each site as mitigation against disruptive and emergency situations.

Savings

33. Details of proposed savings are set out in Appendix C and total £7.3m in 2020/21 and £8.7m over the next four years in total.

Adult Social Care

* AC1 (Eff) Review of individual long term residential placement costs – £250,000 in 2020/21 ongoing

34. A team is in place to review high cost learning disability placements. Savings are expected to be achieved across social care and Health budgets (pooled budget). Reviews have been completed and care hour reductions agreed following an evidence-based methodology using occupational therapy expertise and monitoring equipment delivering savings in the region of £250,000 in 2019/20. The review of placements is also looking at the remaining savings being delivered through reducing accommodation costs, setting clear goals as part of a progression model to reduce staffing costs and ensuring that assistive technology equipment is integral to the placement.

* AC2 (Eff) Staff Absence £165,000 from 2020/21 ongoing

35. To reflect the support being put in place to reduce staff absence, a financial target has been allocated to all departments. This reflects the intention to meet or exceed the County Council's target of 7.5 days per FTE. The target is phased by 50% in 2019/20 and by 100% in 2020/21 to allow time for improvement to take effect. The Department is focusing on the areas with high levels of absence which should lead to a reduction in agency costs.

** AC3 (Inc) Increased service user income – £100,000 in 2020/21 rising to £400,000 by 2023/24

36. Department for Work and Pensions increases in benefits payments should provide additional chargeable income. Monitoring of income levels continue, with levels for 2019/20 being reported above target. It is anticipated that income from older people will rise faster than inflation as a result of the protection of over 65s benefits by the Government. This should help to maintain income levels in line with the target and will mitigate the impact of potential reductions in the income from under 65s.

* AC4 (Eff/SR) – Place to Live – reduced cost of care - £25,000 in 2020/21 rising to £50,000 in 2021/22

37. The first 'Place to Live/Social Care Investment Plan' project is the development of Brookfield in Great Glen into 20 units for working age adults with learning disabilities. This will cost approximately £2.5m which is estimated will deliver annual social care savings of £50,000 pa plus net rental income of £150,000 pa (included in Corporate Resources property savings). Refurbishment work is underway at Brookfield and it is anticipated that this will be completed by the end of the financial year. Prospective tenants are currently being allocated to the flats, the majority of those being current care home residents. The saving is on track to being delivered through the project or other accommodation reviews. Further schemes will be brought on line in 2021, however the savings will be attributed to the revised TOM and will therefore not show as an additional MTFs saving line.

** AC5 (Eff) Implementation of revised TOM - £5,000,000 saving 2020/21 rising to £6,000,000 in 2021/22

38. The new TOM is being developed to assure alignment to the Department's strategic approach and to 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, design and implement a programme of improvements in partnership with the service.

39. 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.

40. The total opportunities identified are summarised below:

Programme	TOM Workstream	Target Financial Opportunities
Older Adults	Improvements to Reablement Care Pathway	£3.8m
	Consistent and enhanced decision making	£1.7m
	Quality improvements to process for assessment and reviews	£1.3m
Working Age Adults	Improve independence of identified individuals from residential care to supported living	£0.9m
	Consistent and enhanced decision making	£1.4m
	Quality improvements to process for assessment and reviews	£1.3m
	Total	£10.4m

41. The total programme benefits are forecast to be between at £10.4m/year and £13.6m/year. Whilst the majority of these forecast benefits are cashable (up to £10.8m), those identified as "Quality" are benefits being re-invested to improve the service quality (up to £2.8m).

42. The current potential cashable savings identified are £7.8m and after taking into consideration the savings already achieved within the 2019 MTFS, £6m of additional savings have been built into the 2020 MTFS. Any further savings identified will be built into future financial plans.
43. 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.

**** AC6 (Eff) Reduced financial growth following demand management improvements demand £1,000,000 in 2020/21 onwards**

44. This saving relates to changes in demand across all services areas arising from savings in 2019/20 which are likely to be ongoing, for example increased levels of service user income.

AC7 (Inc) Additional BCF (Better Care Fund) Income £400,000 in 2020/21 ongoing

45. Additional income from the annual uplift on the protected social care element of the BCF.

Communities and Wellbeing

**** AC8 (Eff/SR) Implementation of Revised Service for Communities and Wellbeing - £310,000 in 2020/21 rising to £450,000 in 2022/23**

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

	2020/21	2021/22	2022/23	2023/24
Restructure of Communities and Wellbeing Service	£310,000	£70,000	£30,000	0
Collections Hub - Restructure of Museums and Heritage			£40,000	

Restructure of Communities and Wellbeing Service

47. Approximately £410,000 has been identified by a proposed restructuring of the Communities and Wellbeing Service. This has focused on the county funded libraries and heritage and museums service. The draft Human Resources action plan is scheduled to be launched in mid-January 2020 with the new structure implemented from July 2020.

Collections Hub

48. The Cabinet approved the development of a Collections Hub on the County Hall campus in June 2018. The option approved offered two potential schemes - a new build with capital costs of £36m and a refurbishment of an existing County Council

building with capital costs of £16m. Following further work a proposal was agreed that reduced the capital costs to £13m. This would deliver over two phases a relocation of the Record Office (phase one) and a base for the museum collections through a refurbished Eastern Annexe (phase two).

49. The agreed proposal will continue to resolve the requirement of the Record Office for additional capacity. If not progressed, the requirement will remain and require resolution to avoid a risk that we fail to meet statutory obligations.
50. Given the option chosen, £40,000 has been identified through phase two due to cessation of property costs for the Barrow store and savings from the museums and heritage service have been built into the wider restructuring of Communities and Wellbeing. Work is currently being undertaken to identify if the service can deliver additional efficiency savings or service reductions through a Transformation Unit strategic challenge.

Savings under development

51. Further savings will be required to close the budget shortfall that rises to £19m in 2022/23.
52. To help bridge the gap a number of departmental initiatives are under development to generate further savings. These are outlined below, once business cases have been completed savings will be confirmed and included in a future MTFS.

Social Care Investment Plan (SCIP) [formerly 'Place to Live']

53. The most significant cost in adult social care is for residential placements. The overall strategic goal is to reduce the number of people placed in residential care and increase the number supported in community settings. Part of the solution to increasing the supply of community accommodation is by implementing the SCIP. The overall approach to the SCIP and an Investment Prospectus was agreed by the Cabinet in June 2019.
54. A number of developments are already underway, the first project is the development of Brookfield in Great Glen into 20 units for working age adults with learning disabilities. This will cost approximately £2.5m and will deliver annual social care savings of £50,000 pa. A robust evaluation process has been developed to ensure future schemes deliver a minimum return on investment.
55. Investment options being investigated include:
 - Direct financial investment by the Council to develop more capacity in the sector, for example, develop appropriate accommodation support for service users;
 - A partnership with a care and/or accommodation provider could both increase capacity to deliver a more sustainable market whilst at the same time reduce average care costs.
56. For the majority of provision, the Council proposes to use a range of flexible frameworks to identify the most suitable provider to deliver the care and support but will consider delivering the care directly as an option when developing outline business cases for new schemes.

57. In October 2019, the Cabinet approved a delegated acquisitions appraisal process for properties along with delegated powers for capital funding of schemes. This included the allocation of £10m capital funds to this year's Capital Programme and approval to build a 36-bed specialist Dementia care scheme on the Workspace 17 site in Coalville, where work is now underway to develop the detail of the service model. Savings from moving service users into new accommodation is included under the TOM programme and property rental income included in Corporate Resources.
58. This £10m capital is being made available on an invest to save basis as it will generate significant revenue savings in care and support costs in the medium to long term. The details of the mechanism for linking the capital investment and revenue saving elements are currently being worked through.

Digital technology

59. The Department is currently reviewing the use of assistive technology and its digital offer to local residents with a view to agreeing a new approach to delivering alternative forms of care. Discussions are taking place with potential suppliers to support assessment and service provision. There is evidence of significant savings being achieved in other local authorities such as Hampshire County Council through embedding technology in the Care Pathway. These are being reviewed and analysed to determine if a business case can be brought forward. It is anticipated that savings in the region of £500,000 could be achieved.

Health and Social Care Integration

National Policy Context – the NHS Long Term Plan

60. Health and social care integration continues to be a top priority for both the County Council and its NHS partners. Developing effective ways to co-ordinate care and integrate services around the person and provide more of this care in community settings are seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.
61. The direction of travel from an NHS policy point of view is that local health and care systems will 'evolve' from Sustainability Transformation Partnerships (STP) into ICS by 2021. This expectation was reinforced in the NHS Long Term Plan which was published in January 2019.
62. The County Council's Cabinet report (in February 2019) summarised the content of the NHS plan publication (which set out the policy and delivery requirements of the NHS for the next five years) and analysed the likely implications for the Council.
63. ICS' do not have a statutory basis, but rest on the willingness of NHS organisations to work together, and with local authorities and other partners, to improve health and care across a geographical footprint.
64. In Leicester, Leicestershire, and Rutland (LLR), a joint programme of transformation, known as "Better Care Together (BCT)" - the LLR's STP, has been in place for a number of years. The STP will transition to become an ICS by 2021 in line with the national policy.

65. The draft NHS Long Term Plan for LLR was submitted to NHS England at the end of September in line with national requirements. The document set out how requirements of the Long Term Plan will be delivered for LLR, including how it is intended that the LLR will transition to become an ICS by 2021. Feedback on the draft submission has been received from NHS England during October. The Plan has been updated to reflect the feedback and was re-submitted to NHS England in November. However, the national timetable to finalise and publish each STP/ICS five-year plan has been delayed by the General Election and a date for publication in 2020 has not yet been given.
66. ICS arrangements involve a three-tier configuration of the health and care system, namely System (LLR), Place (upper tier authority) and Neighbourhood (30,000-50,000 populations comprised of neighbouring GP practice populations, which became formal Primary Care Networks from 1 July 2019).
67. The County Council is a strategic partner to the NHS at the system level and already contributes to various NHS workstreams that operate across LLR within the BCT Partnership. For example, key areas for this would be workforce planning, economic development, digital/data integration and community services redesign.
68. However, the majority of the County Council's integration work with NHS partners is operational, concentrated at the neighbourhood and place tiers where it is developing and implementing joint models of care in the community, improving hospital discharge and associated joint commissioning arrangements.
69. These priorities tend to be in the delivery of social care, public health and prevention, housing, and other services in support of the wider determinants of health and wellbeing, which also involve joint working with district councils.

Better Care Fund (BCF)

70. The Council has received funding from the NHS through the BCF since 2014/15 in line with levels determined by Government. The BCF's purpose is to help the Council finance the delivery and transformation of integrated health and care services to the residents of Leicestershire, in conjunction with NHS partners.
71. The Leicestershire BCF pooled budget comprises a number of sources of funds with the largest component sourced from CCG budgets. The amount each CCG contributes to its local BCF pooled budget is mandated by NHS England and known as the annual "minimum allocation".
72. In the Spring Budget of 2017, the Government made a non-recurrent, national grant allocation of £2bn, covering the three-year period 2017/18–2019/20. This along with ongoing funding announced in the Autumn 2015 spending review, is known as the improved Better Care Fund (IBCF). The IBCF is allocated to local authorities, specifically to meet social care need, assist with alleviating pressures on the NHS, with emphasis on improving hospital discharge, and stabilising the social care provider market.

73. In the Autumn Budget 2018, an announcement was made that additional funding of £240m nationally for Winter Pressures funding would be available. From 2019/20 this has been incorporated into the BCF Plan.
74. The BCF Plan for Leicestershire in 2019/20 was formally approved on 23 December 2019 by NHS England and is summarised in the table below:

	2019/20 £m
CCG Minimum Allocation	39.2
IBCF - Autumn 2015 review	11.4
IBCF (additional adult social care allocation) - Spring 2017 Budget	3.4
IBCF (Winter Pressures) - Autumn Budget 2018	2.4
Disabled Facilities Grant	3.9
Total BCF Plan	60.3

75. £17m of the CCG minimum allocation into the BCF is used to sustain adult social care services. The national conditions of the BCF require a certain level of expenditure to be allocated for this purpose. This funding has been crucial in ensuring the Council can maintain a balanced budget, while ensuring that services are protected; unnecessary hospital admissions are avoided; and the good performance on delayed transfers of care from hospital is maintained.
76. In addition to the required level of funding for sustaining social care service provision, a further £6m of Leicestershire's BCF funding has been allocated for social care commissioned services in 2019/20. These services are aimed at improving carers' health and wellbeing, safeguarding, mental health discharge, dementia support and crisis response.
77. Any reduction in this funding would place additional pressure on the Council's MTFs, and without this BCF funding there is a real risk that the Council would not be able to manage demand or take forward the wider integration agenda. This is also a key consideration for senior officers when negotiating with CCG colleagues as part of the BCF Refresh.

Plans for the BCF for 2020/21 and Beyond

78. As part of the one-year Spending Round announced in September, it was confirmed that the Government remains committed to the integration of health and social care and that the BCF will continue into 2020/21. The NHS contribution to adult social care will increase by 3.4% (up to £24.2m for Leicestershire if confirmed). This emphasised that, as the NHS works with local government on plans for enhanced and improved Primary and Community service, they should also be working together on continued integration of health and social care, as well as alignment to wider local government services such as housing.
79. The provisional Local Government Financial Settlement sets out the Government's proposal that the IBCF funding will continue into 2020/21, this should be at the same funding levels as the current year. However, although funding will be at the same level,

it should be noted that costs have increased by 7.8% nationally in response to National Living Wage and other cost pressures.

80. The funding from the Winter Pressures Grant will continue into 2020/21 and be rolled into the IBCF spend. Therefore, this will be tied to the IBCF conditions and not only ringfenced for alleviating winter pressures on the NHS.
81. Additionally, notification has been received informally that the BCF arrangements are likely to continue in some form for a further three years; however, formal confirmation of this has not yet been received and is linked to decisions about the national BCF policy review.
82. A national review of the BCF policy was undertaken earlier in 2019/20, which will feed into the BCF policy framework for next year and beyond. It is expected this will reflect the ongoing ambitions of the NHS Long Term Plan with regard to integrating health and care, and any further policy and funding developments in relation to adult social care that may be announced in the meantime.
83. The Council's MTFs and departmental financial planning assumptions for 2020/21 reflect the assumptions it has been notified about so far in terms of the future of the BCF. It is therefore important to recognise the ongoing reliance placed on these sources of funds and the risks to the Council's MTFs and the Department's sustainability plans should there be major changes, especially if these are enacted at short notice.

Other External Influences

84. There are a number of areas of funding that influence the achievability of the MTFs for the Department. For example:
 - The Care Act 2014 initiated a number of changes to social care legislation that were due to take effect from April 2016. These changes have now been postponed until 2020;
 - Impact of legislative changes are expected relating to a review of the Mental Health Act and the replacement of Deprivation of Liberty Safeguards with the Liberty Protection Safeguards, and others, but details are still awaited;
 - Increasing costs of care mainly due to increases in the National Living Wage and shortages of workforce in the care sector in certain rural areas.

Other Funding Sources

85. For 2020/21, the following other funding is expected to be received:
 - Adult Social Care Winter Pressures Grant of £2.4m to support winter pressures in adult social care and the NHS. The grant determination states that the funding may only be used for supporting the local health and social care system to manage pressures that are in addition to existing budgets (see also paragraph 72 above about the amalgamation of the winter pressures grant with the IBCF from 2020/21.)
 - Former Independent Living Fund grant of £1.2m is to be paid to the County Council in 2020/21 which provides support packages, usually alongside local authority funding, to help disabled people live independently in the community;

- Service users eligible for Continuing Health Care - £13.6m through the Learning Disabilities Pooled Budget and for non-Learning Disability service users (£2.9m);
- Social Care in Prisons Grant - £102,000 which is anticipated to be ongoing;
- Local Reform and Community Voices Grant - £51,000 for Deprivation of Liberty Services in Hospitals;
- War Pension Scheme Disregard Grant - £103,000;
- Funding to support Adult Learning from Skills Funding Agency estimated to be £3.4m and Education Funding Agency £86,000.

Capital Programme

86. The proposed Adults and Communities capital programme totals £30.2m (see Appendix D). The main source of external funding for the programme is the BCF grant programme (£15.7m), which is passported to District Councils to fund major housing adaptations in the County. The balance of the programme (£14.5m) is discretionary funding.
87. The main schemes in the capital programme for the Department are:
- a) *Records Office Relocation (£10m total project cost - £7m in 2020/21-2023/24)*
Plans are being developed to relocate the records office and ensure provision of adequate storage capacity to meet future need.
 - b) *Development of Hamilton Court/ Smith Crescent site in North West Leicestershire (£3.730m total project cost - £0.9m in 2020/21 – 2023/24)* - The project involves moving existing tenants and residents to alternative properties/services, demolishing the existing buildings and redeveloping purpose-built supported living, short breaks and Community Life Choices on the site.
 - c) *The Trees Refurbishment (£1.110m total project cost - £0.5m in 2020/21 - 2023/24)* - The project involves internal reconfiguration and refurbishment of Cedarwood and Beechwood units at The Trees in Hinckley. These two units are dated in terms of their facilities and equipment, with internal room sizes becoming challenging to provide support for people with complex and multiple needs. A Care Quality Commission inspection of The Trees highlighted issues relating to the standard and quality of the accommodation.
 - d) *SCIP (£6.1m total project cost and in 2020/21 – 2023/24)* - The SCIP involves the purchase and development of properties to meet the needs identified within the Social Care Accommodation Development Plan, which was approved by the Cabinet on 25 June 2019. The programme specifically includes £5.5m for the development of a specialist dementia care facility in Coalville and £600,000 to create supported living and transitions units at New Ashby Court in Loughborough. The remainder will be used to increase the supply of community-based accommodation options, for example, in the form of extra care and supported living, subject to business cases.

Future Developments

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

- a) *Collections and Learning Hub (Phase Two)* – To co-locate the Council's museums and learning collections into a single facility at the Eastern Annexe. This forms part of the Communities and Wellbeing Strategy to reduce the number of collection locations.
- b) *SCIP* – Other potential accommodation opportunities are being investigated which may require capital investment.
- c) *Digital for Adults & Communities* – To use equipment and technology to provide less intrusive and more cost-effective care options, which enhance people's independence and supports them to be less reliant on formal care.

Background Papers

None.

Circulation under local issues alert procedure

None.

Equality and Human Rights Implications

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

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

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

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

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Appendices

Appendix A – Revenue Budget 2020/21

Appendix B – Growth

Appendix C – Savings

Appendix D – Capital Programme 2020/21 – 2023/24

ADULTS AND COMMUNITIES**REVENUE BUDGET 2020/21**

Net Budget 2019/20		Employees	Running Expenses	Internal Income	Gross Budget	External Income	Net Budget 2020/21
£		£	£	£	£	£	£
	Care Pathway - East Locality						
467,398	Heads of Service & Lead Practitioners (E)	467,126	98,600	-42,000	523,726	0	523,726
1,947,736	Working Age Adults Team (E)	2,145,949	84,916	-5,181	2,225,684	-258,817	1,966,867
2,182,593	Older Adults Team (E)	2,974,462	79,448	0	3,053,910	-616,740	2,437,170
1,336,130	Review Teams	1,913,642	69,567	-60,054	1,923,155	-577,480	1,345,675
2,685,278	Safeguarding, DOLS and Court of Protection	1,791,179	1,396,250	-126,868	3,060,561	-376,693	2,683,868
8,619,135	TOTAL	9,292,358	1,728,781	-234,103	10,787,036	-1,829,730	8,957,306
	Care Pathway - West Locality						
-206,869	Heads of Service & Lead Practitioners (W)	460,823	240,761	-102,316	599,268	-806,137	-206,869
3,381,126	Working Age Adults Team (W)	3,376,983	147,267	-47,384	3,476,866	-114,500	3,362,366
2,946,235	Older Adults Team (W)	2,996,112	88,013	0	3,084,125	-248,218	2,835,907
1,312,523	Countywide Services	1,519,230	259,515	0	1,778,745	-374,009	1,404,736
7,433,015	TOTAL	8,353,148	735,556	-149,700	8,939,004	-1,542,864	7,396,140
	Direct Services						
474,091	Direct Services Managers	560,399	5,850	0	566,249	0	566,249
4,959,179	Supported Living, Residential and Short Breaks	4,535,196	219,847	0	4,755,043	-4,000	4,751,043
2,807,709	CLC / Day Services	2,469,385	181,670	-73,300	2,577,755	-54,500	2,523,255
309,080	Shared Lives Team	299,409	43,040	0	342,449	0	342,449
4,783,419	Reablement (HART) & Crisis Response	5,441,382	602,886	0	6,044,268	-1,330,000	4,714,268
1,419,898	Occupational Therapy	1,460,661	61,700	0	1,522,361	-43,400	1,478,961
1,662,884	Aids, Adaptations and Assistive Technology	521,670	1,891,860	0	2,413,530	-750,646	1,662,884
70,265	Direct Services Review	23,292	143,513	0	166,805	-17,790	149,015
16,486,525	TOTAL	15,311,394	3,150,366	-73,300	18,388,460	-2,200,336	16,188,124
	Early Intervention & Prevention						
794,623	Extra Care	0	794,621	0	794,621	0	794,621
72,187	Eligible Services	0	96,000	0	96,000	0	96,000
299,149	Secondary (e.g. Carers & Community Assessments)	0	1,300,180	-344,171	956,009	-668,580	287,429
159,015	Tertiary (e.g. Advocacy)	0	730,009	-220,000	510,009	-295,399	214,610
1,324,974	TOTAL	0	2,920,810	-564,171	2,356,639	-963,979	1,392,660
	Strategic Services						
178,597	Heads of Strategic Services	178,770	1,700	0	180,470	0	180,470
1,829,579	Business Support	1,572,872	281,950	-34,969	1,819,853	0	1,819,853
1,129,215	Community Care Finance	1,266,790	82,150	-26,869	1,322,071	-220,000	1,102,071
401,555	IT & Information Support	351,569	69,730	0	421,299	0	421,299
1,612,067	Commissioning & Quality	2,373,271	150,170	-230,053	2,293,388	-680,766	1,612,622
5,151,013	TOTAL	5,743,272	585,700	-291,891	6,037,081	-900,766	5,136,315
	Demand Led Commissioned Services						
60,544,603	Residential & Nursing Care	0	92,602,005	0	92,602,005	-37,095,153	55,506,852
1,631,675	Shared Lives Residential	0	1,631,675	0	1,631,675	0	1,631,675
16,190,710	Supported Living	0	18,073,818	0	18,073,818	0	18,073,818
17,654,340	Home Care	0	18,136,318	0	18,136,318	0	18,136,318
39,049,171	Direct Cash Payments	0	39,774,062	0	39,774,062	-1,161,998	38,612,064
5,284,380	Community Life Choices (CLC)	0	5,255,458	0	5,255,458	0	5,255,458
535,750	Shared lives - CLC	0	535,750	0	535,750	0	535,750
-21,306,408	Community Income	0	0	0	0	-21,510,014	-21,510,014
119,584,221	TOTAL	0	176,009,086	0	176,009,086	-59,767,165	116,241,921
-17,180,058	Better Care Fund (Balance)	313,052	6,110,395	0	6,423,447	-24,578,250	-18,154,803
698,322	Department Senior Management	760,397	221,651	-167,563	814,485	0	814,485
142,117,147	TOTAL ASC	39,773,621	191,462,345	-1,480,728	229,755,238	-91,783,090	137,972,148
	Communities and Wellbeing						
2,048,695	Libraries	2,176,380	289,811	-6,700	2,459,491	-589,102	1,870,389
855,464	Collections & Learning Hub	1,119,330	349,506	-9,000	1,459,836	-601,000	858,836
831,745	Museums & Heritage	767,520	353,972	-37,000	1,084,492	-343,060	741,432
909,009	Libraries Support Resources	39,790	820,517	0	860,307	-7,698	852,609
469,662	C&W Senior Management	396,649	9,700	-8,000	398,349	-23,400	374,949
358,101	Participation	330,008	81,753	-5,000	406,761	0	406,761
-12,277	Externally Funded Projects	178,347	213,823	0	392,170	-392,170	0
1	Adult Learning	4,268,536	887,149	-330,950	4,824,735	-4,824,735	0
-89,424	C&W Efficiencies	0	6,000	0	6,000	0	6,000
5,370,976	TOTAL C&W	9,276,559	3,012,231	-396,650	11,892,140	-6,781,165	5,110,975
147,488,123	TOTAL ADULTS & COMMUNITIES	49,050,180	194,474,576	-1,877,378	241,647,378	-98,564,255	143,083,123

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APPENDIX B

References

GROWTH

		2020/21	2021/22	2022/23	2023/24
		£000	£000	£000	£000
	<u>ADULTS & COMMUNITIES</u>				
	Demand & cost increases				
**	G10 Older people - new entrants and increasing needs in community based services and residential admissions	975	2,005	3,150	4,390
**	G11 Learning Disabilities - new entrants including children transitions and people with complex needs	1,030	1,360	1,995	2,610
**	G12 Mental Health - new entrants in community based services and residential admissions	315	565	855	1,145
**	G13 Physical Disabilities - new entrants in community based services	115	240	460	665
	Other increases				
*	G14 Transforming Care - transfers from Health	360	360	360	360
	G15 Smart Libraries support costs	50	50	50	50
	TOTAL	2,845	4,580	6,870	9,220

* items unchanged from previous Medium Term Financial Strategy

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

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APPENDIX C

References

SAVINGS

2020/21	2021/22	2022/23	2023/24
£000	£000	£000	£000

References used in the following tables

* items unchanged from previous Medium Term Financial Strategy

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

Eff - Efficiency saving

SR - Service reduction

Inc - Income

ADULTS & COMMUNITIES

Adult Social Care

*	AC1	Eff	Review of individual long term residential placement costs	-250	-250	-250	-250
*	AC2	Eff	Review of staff absence	-165	-165	-165	-165
**	AC3	Inc	Increased service user income	-100	-200	-300	-400
*	AC4	Eff	Place to Live - reduced cost of care	-25	-50	-50	-50
	AC5	Eff	Implementation of Target Operating Model	-5,000	-6,000	-6,000	-6,000
**	AC6	Eff/Inc	Reduced financial growth following demand management improvement	-1,000	-1,000	-1,000	-1,000
	AC7	Inc	Additional Better Care Protection Income	-400	-400	-400	-400
Total ASC				-6,940	-8,065	-8,165	-8,265

Communities and Wellbeing

**	AC8	Eff/SR	Implementation of revised service for communities and wellbeing	-310	-380	-450	-450
Total C&W				-310	-380	-450	-450

TOTAL A&C

-7,250	-8,445	-8,615	-8,715
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ADULTS & COMMUNITIES - CAPITAL PROGRAMME 2020/21 to 2023/24 - Draft

APPENDIX D

Estimated Completion Date	Gross Cost of Project £000		2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	Total £000
Mar-23	10,000	Record Office Relocation (commitments b/f)	420	5,580	1,000		7,000
Mar-22	3,730	Hamilton Court/Smith Crescent - NWL Development - Improved Service User Accommodation	130	800			930
Mar-21	1,100	Hinckley, the Trees Refurbishment (commitments b/f)	500				500
Mar-24	15,680	Disabled Facilities Grant (DFG)	3,920	3,920	3,920	3,920	15,680
			4,970	10,300	4,920	3,920	24,110
		<u>Social Care Investment Plan (SCIP):</u>					
Mar-21	570	Loughborough - Ashby Court - Refurbishment	570				570
Mar-21	5,500	Specialist Dementia Facility - Coalville	5,500				5,500
		Sub-Total SCIP	6,070	0	0	0	6,070
		Total A&C	11,040	10,300	4,920	3,920	30,180

Future Developments - subject to further detail and approved business cases							
		Heritage and Learning Collections Hub					
		Adult Accommodation Strategy (Social Care Investment Plan)					
		Digital for A&C					

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JANUARY 2020

COMMISSIONING AND PROCUREMENT OF 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 the recommendation for the re-procurement of home care services.

Policy Framework and Previous Decisions

2. The Committee has previously received reports (2 September and 11 November 2019 respectively) on the progress being made for re-commissioning home care in Leicestershire. This included:
 - a) Findings of 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.
 - e) Phasing will be determined following the procurement using a risk-based approach dependent upon the number of existing providers bidding successfully to be on the new contract or exiting the market.

Background

3. Detailed analysis has been undertaken to determine how best to deliver home care to Leicestershire residents when the current Help to Live at Home (HTLAH) service ends in November 2020.
4. Whilst the full-service specification is being developed and some details have yet to be finalised, this updated report sets out both the key components of the proposed new service and the approach to be taken for its implementation, to ensure a smooth and orderly transition from the current service.
5. These proposals have been co-produced with colleagues from East and West Leicestershire Clinical Commissioning Groups (CCGs) and Care Analytics, an

independent consultancy company specialising in cost and pricing models for care and support services.

6. Engagement events have been held with service providers and communications with service users and other stakeholders are planned to take place as the project progresses.

Analysis Undertaken

7. Care Analytics undertook an independent market analysis of the local market and current HTLAH service. This included:
 - Local geography, population density and road networks, political and administrative boundaries.
 - Previous County Council zones from 2005, 2011 and 2016.
 - Home care branches and local provider presence.
 - Client data (all packages of care) from November 2016 to July 2019.
8. A summary of key findings concluded:
 - The Lead Provider model has not worked consistently and/or effectively in meeting local demand (especially in more rural areas).
 - The current geographical Lots break up natural operating areas.
 - Pricing should align to providers' actual costs (based on geographical constraints, travel time/costs and workforce factors).
 - Urban/rural pricing is needed across Leicestershire to ensure full county-wide coverage.

New Service Model

Key Objectives for the Service

9. To develop a service that supports people to live as independently as possible, considering the views of service users, carers and professionals.
10. To achieve a smooth transition to the new service which minimises the impact on service users and care workers.
11. To create a more sustainable, flexible, reliable and good quality local care market.

General Principles

12. The new service model will comprise of a core service offer and a number of specialist services. This report focuses on the core service which will form most of the care being delivered. Work is continuing in terms of the specialist services to determine how best they can be provided, the likely volumes and the degrees of complexity involved.
13. The core home care service will include various types of care and support, based on a person-centred assessment of an individual's needs. Personal care and support is defined by the Care Quality Commission as meaning physical assistance given to a person. Services will seek to maximise service user independence, dignity,

wellbeing and ability to care for themselves, while recognising their individuality and personal preferences, providing support for their informal carers and recognising the rights of other family members.

14. The service will be based on working with a larger number of providers (of varying size) using pricing that reflects true operating costs. Services will have differentiated banded urban and rural pricing which considers the geography, local populations and workforce of Leicestershire, and zones that are better aligned with 'natural' operating areas (e.g. main towns/villages, road networks).

Pricing

15. There will be four pricing levels in the new service aligned to providers' costs to ensure a good rural supply and responses to all requests for care:
 - **Urban:** areas with concentrated demand in towns and clusters of nearby villages with good travel routes and relatively high volumes of care.
 - **Fringe:** smaller, more isolated towns or villages fairly close to towns with good travel routes, but lower population density.
 - **Rural:** areas that are reasonably accessible by car but have longer travel times between visits than urban and fringe.
 - **Isolated:** "hard to reach" areas likely to involve significant travel to and from visits.
16. Urban rates will be benchmarked against care worker pay rates for all working time including travel and may be pre-set at the point of tender.
17. Rural pricing will be aimed at improving supply.
18. Sustainable pricing depends on assumptions about care workers' wages i.e. to pay care workers a specified minimum wage to promote recruitment and retention in the sector and reduce staff turnover.
19. Rates should also support wider initiatives which value care workers, enable career pathways, and help to stabilise and develop the local workforce, leading to better quality care for service users and carers.
20. The indicative recommended prices are stated below and are based on providers paying the Real Living Wage of £9.30 per hour and include a mileage rate of 45p based on HMRC approved levels:
 - Urban £18.75
 - Fringe £20.20
 - Rural £23.00
 - Isolated £26.35
21. Further market testing will take place with providers (prior to the report being submitted to Cabinet) to assess the level of interest in the benchmarked rates for the various zones/sub-zones before the tender process begins.
22. Hourly rates will be paid to reflect additional travel times and employment costs for delivering in non-urban areas; incrementally from fringe through to isolated areas. The additional cost to the County Council and the CCGs of the proposed rural pricing levels will be moderate, as the packages of care in these areas only represent a relatively small proportion of commissioned hours, even taking into account possible

unmet demand that could be identified when higher rates create greater interest from the provider market.

Cost Comparison

23. The table below shows the total annual cost for the indicative recommended rates based on specific wage rates for care workers and have been compared to the cost at average current rates (November 2019 prices). The data includes Health costs.
24. The costings are based on current maintenance activity levels and HMRC approved mileage rates.

	Current Rates	Proposed Urban Rate
	N/A	£18.75 (£9.30* for working time)
Annual Cost Estimate	£17.3m – £17.6m	£18.3m – £18.7m
Average Hourly Rate (all areas)	£18.45	£19.56
Estimated Cost Difference	N/A	£1.0m – £1.1m

**Real Living Wage November 2019*

Provider Model

25. The new service model dispenses with the role of Lead Provider, requiring instead a central brokerage function operated by the County Council, to allocate packages of care across the County.
26. The two forms of provider in the new model will be:
- **Prime** – Providers who will be expected to pick up the majority of the packages of care available in their appointed zone(s). Appointed at fixed hourly zone rates and enhancements, with packages of care allocated via the Brokerage Team on a priority basis, based on quality ratings to be set out in the framework agreement.
 - **Supplementary** – Providers offered packages of care that cannot be placed with the prime providers except in the Rural Free Zone (see Zoning model overleaf), where no prime provider role will exist.
27. To ensure that packages of care in each zone are allocated fairly and transparently throughout the life-time of the contract, a system will be developed to allocate the work which considers performance in three areas: timely pick-up; quality of service delivery; and overall response to packages requested. These initial indicators will be based on their tender responses and then on actual performance once the service is live. If prime providers consistently fail to meet the key performance indicators for the service over a defined period, they may lose their prime provider status altogether and become supplementary providers. Conversely if supplementary providers are able to demonstrate consistently good performance against the above, there could be opportunity for them to become prime providers.

28. There will be at least two prime providers per zone to maximise coverage and adapt to market changes and pressures. Providers can bid to become prime providers and/or a supplementary in more than one zone. Prime providers in one zone can be supplementary providers in other zones and there will be no restriction on the number of supplementary providers per zone or across the County so that the market can respond flexibly to changing demand levels.

Zoning Model

29. The procurement is based on a number of assumptions from a snapshot of planned hours from July 2019 as follows:
- a) Urban areas require around 35-40 hours of care per week per 1,000 people.
 - b) Coalville and Ashby have a relatively high number of hours per capita.
 - c) Urban areas tend to have younger populations whereas rural areas have older populations, so hours per head should be higher in rural areas.
 - d) Significant “under supply” in most rural areas and potential unmet demand.
 - e) In defining the zone boundaries, the following have been taken into consideration:
 - Main travel routes across the County.
 - Longer distances usually mean slower travel times even with reasonable local road networks.
 - Some areas classified as “rural isolated” have good road links but populations, and hence service users, are dispersed and usually lack sufficient local workforce.
30. In the proposed service, there will be a total of 14 zones each having two or more prime providers (excluding the rural free zone below, which will not have designated prime providers) and any number of supplementary and specialist providers (on a countywide list), as follows:

Six Large Zones

- Coalville and Ashby (including Ibstock, Measham, Ravenstone and Ellistown)
- Charnwood North (Loughborough, Shepshed and Kegworth)
- Charnwood South (Quorn, Barrow upon Soar, Mountsorrel, Birstall and Syston)
- West Leicester (Braunstone, Markfield, Anstey, Ratby and Groby)
- Oadby and Wigston (including Great Glen, Fleckney and Kibworth Harcourt)
- Hinckley (including Earl Shilton, Sapcote, Stoney Stanton and Broughton Astley)

Three Medium Zones

- Melton (including Asfordby and Harby)
- South Leicestershire (including Narborough, Blaby, Countesthorpe and Whetstone)
- Market Harborough

Three Small Town Zones

- Castle Donington, Lutterworth and Bottesford

One Small Rural Zone

- West Leicestershire rural (Market Bosworth, Desford, Newbold Verdon and Bagworth)

One Rural Free Zone

- Harborough

31. Further details on the revised zones can be found at Appendices A-C.

External Workforce

32. It is recognised that the success of providers in delivering care is highly dependent upon them being able to recruit and retain a suitably skilled and motivated workforce to deliver the service.
33. Successful bidders will need to provide assurance that they either have a local workforce in place or have a realistic and workable plan to recruit and train staff within the agreed mobilisation timescales. The lessons learnt from HTLAH will ensure that the Department will take the necessary steps to ensure robust tests and checks are in place to achieve this.
34. Feedback from providers will be used to determine how best the Department's ambition of paying the Real Living Wage can be achieved to support with the recruitment and retention of staff, recognising if not addressed, market challenges will likely worsen.

Financial Impact Model

Pricing Analysis

35. Care Analytics have provided guidelines on setting sustainable prices taking into account: wages, working time, travel time and enhancements for fringe, rural and isolated visits.
36. Prices in Castle Donington, Lutterworth and Market Harborough are set at fringe rather than urban rates as these settlements have lower concentrations of care hours and workers are less likely to live locally.
37. Feedback from two recent provider engagement events has indicated that bidders would need to have clearer indications of these benchmarked rates and travel enhancements to determine whether the rates are sustainable.

Weekly Hours by Area

38. A comparison of the current and proposed pricing structure has been undertaken using the zone and pricing levels produced by Care Analytics from a snapshot of hours from July 2019, by service type and postcode – see Appendix B.
39. The table overleaf shows the number and percentage of hours falling into each of the proposed pricing categories for maintenance or ongoing care hours only:

	Urban city and town	Rural town and fringe	Rural village	Rural hamlet and isolated dwellings	Total
Average Weekly Maintenance Hours (July 19)	11,737	4,648	1,301	314	18,000
Percentage	65%	26%	7%	2%	

Resource Implications

40. The County Council are resourcing the core project team from within the Adults and Communities Department and the Transformation Unit. Relevant subject matter expertise is resourced jointly between the County Council and the CCGs from the following areas:
- Care Pathway
 - Strategic Commissioning and Contracting
 - Finance
 - Social Care Systems (LAS and ContrOCC)
 - Legal
 - Commissioning Support
 - Communications
 - Review.
41. The new service model dispenses with the role of Lead Provider, requiring instead a central brokerage function to allocate packages of care across the County. The County Council's Brokerage Team currently comprises three Grade 7 FTE's and was re-introduced as part of the stabilisation of HTLAH following its initial launch in 2016. This function will need to be reviewed, prior to the commencement of the procurement process, to ensure that the number of staff, responsibilities, job grade etc. are commensurate with the requirements of the new service model and remain fit for purpose for the duration of the contract.
42. Early financial modelling indicates that paying a sustainable provider rate which would allow the Real Living Wage to be paid to care staff for all working time would result in higher average rates than those currently in place. Additional costs to the authority at current demand is expected to be in the region of £1m to £1.1m per year.
43. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

44. The following milestones set out the timetable for implementing the new service. The phasing of the implementation will be finalised after completion of the procurement process, as the outcome of that exercise may change the planned order of phasing in the new providers e.g. if an existing provider does not bid or is unsuccessful in bidding and intends to withdraw from the market at the end of the current contract, the transition of their service users will become a priority.

Milestone	Date
Leicestershire County Council Adults and Communities Overview and Scrutiny Committee	20/01/20
CCG Competition and Procurement Group	22/01/20
Section 75 Partnership Agreement Approval	31/01/20
Leicestershire County Council Cabinet Approval	07/02/20
CCG Collaborative Commissioning Committee	12/02/20
Procurement Starts	02/03/20
Procurement Ends	03/07/20
Implementation Starts	03/08/20
Implementation Ends (no later than)	30/10/21
Stabilisation/Handover to Business as Usual	see note below*

**As the implementation will be phased it is anticipated that each phase will be stabilised before the next one is started. There may be a need for a final (short) period of stabilisation once all phases have been completed and this will be determined nearer that time. This may include all or part utilisation of the second extension period of the current HTLAH contract.*

45. The length of contract will be set at 3+1+1 years, but the framework will be open to allow for new providers to be added to, subject to quality and due diligence checks, as and when supply and demand requires.
46. There has been no noticeable feedback from the market, that they would prefer longer contracts. Unlike other sectors, the nature of the home care workforce is such that offering longer contracts would not necessarily improve providers ability to recruit and retain care or care management staff. Similarly, although there are some set-up or mobilisation costs associated with starting or growing a home care operation, these may be relatively low compared to other contracts, so may not be a significant factor in attracting bidders. The five year duration allows the Authority to change approach if the new model does not address workforce/supply issues effectively and also to move towards a more outcome-focused approach.

Conclusions

47. The proposals for the new service aim to address key concerns with the current service and thus incentivise providers to pick up packages of care in a timelier way across the County, including the more rural and remote areas.
48. Pre-setting price levels will ensure bids will be assessed purely on the quality of service being offered and evidence of provider performance, thereby removing the risk of unsustainable low bids being submitted.
49. Placing control for the allocation of packages of care back within the Authority (brokerage function) as opposed to the current lead provider model, will create a better-balanced operating model and incentivise providers to deliver a quality service.
50. Ambition is to ensure providers pay the Real Living Wage and HMRC approved mileage rates will support the creation of a more sustainable workforce.

Recommendations

51. The Committee is invited to comment on the service proposals which will be reported to the Cabinet on 7 February 2020.

Background Papers

- Report to Adults and Communities Overview and Scrutiny Committee: 2 September 2019 – Domiciliary/Home Care Service: Post November <https://bit.ly/2QxFsAy>
- Report to Adults and Communities Overview and Scrutiny Committee: 11 November 2019 – Domiciliary/Home Care Service: Post November <https://bit.ly/2QBr0Yd>

Circulation under the Local Issues Alert Procedure

52. None.

Equality and Human Rights Implications

53. A draft Equality and Human Rights Impact Assessment (EHRIA) has been undertaken in tandem with the design process and this is attached as Appendix D. This will allow integration of actions to mitigate any potential equalities issue throughout the process (including during workshops and co-production). The main findings from this assessment are:

- There will be no negative impact on protected groups;
- The proposed service model will address current geographical issues, improving the quality, sustainability, responsiveness and consistency of the service and improving service user outcomes;
- The proposed service model will ensure that service users' will get the right level of support and maximise their independence;
- A focus on achieving individual outcomes will support the equality of the service delivery.

Other Relevant Impact Assessments

Environmental Implications

54. 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.
55. 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.

56. Providers attending the provider engagement events have been made aware of the Council's service requirements and strategic aims, which will form part of the Invitation to Tender (ITT) required response.

Partnership Working and Associated Issues

57. 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

58. An initial risk assessment has been carried out and the resultant risks have been logged.

59. The risk log forms a central part of the day to day management of the project and along with quarterly gateway reviews will ensure that identified risks continue to be logged and assessed for impact and likelihood of occurrence. Each risk logged will have clear mitigation and containment actions.

Officers to Contact

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List of Appendices

Appendix A – Proposed Zones with Main Settlements

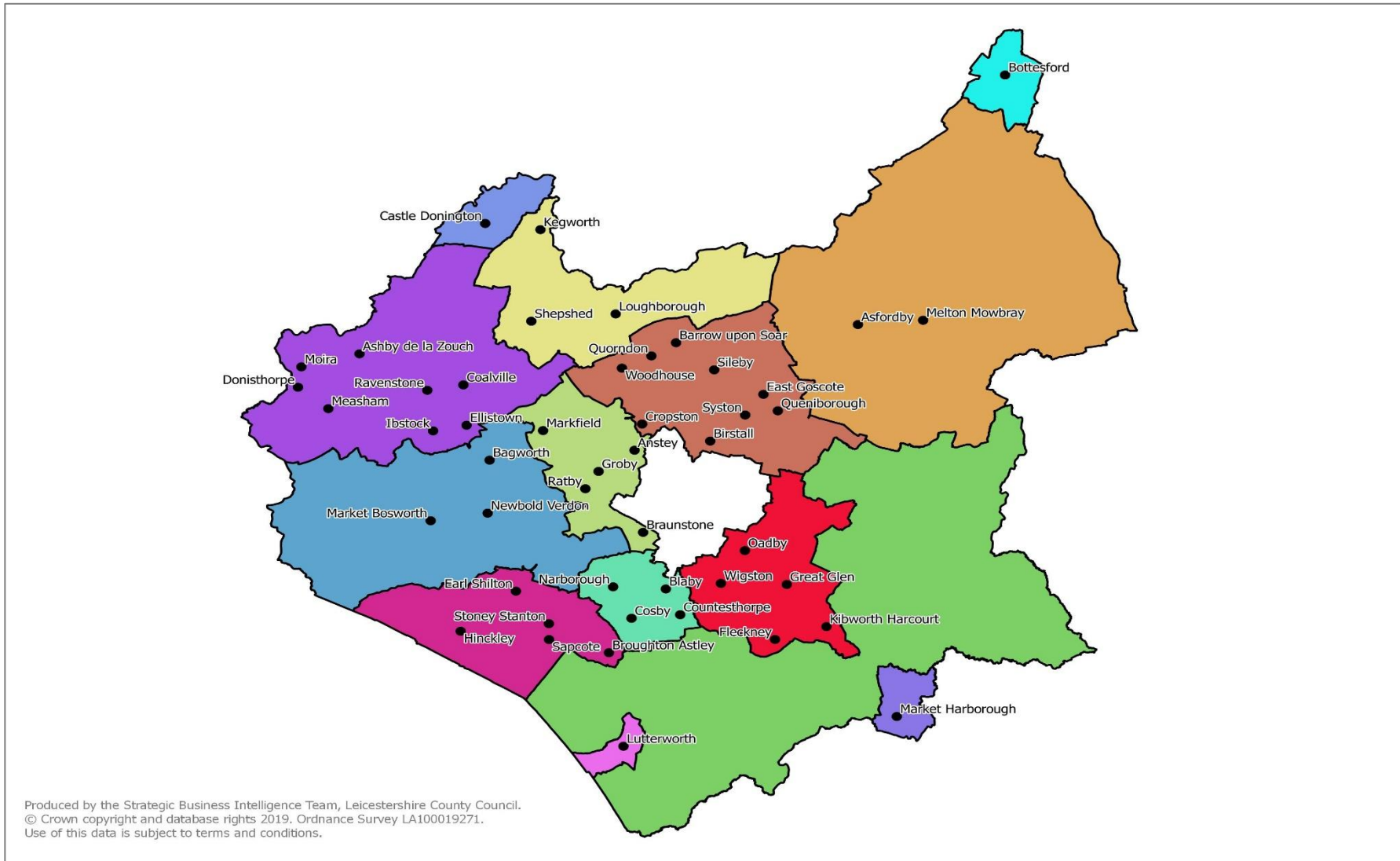
Appendix B - Home Care Hours by Proposed Zones and Price Band

Appendix C - Estimated Levels of Home Care Activity (July 2019 Snapshot)

Appendix D – Draft EHRIA

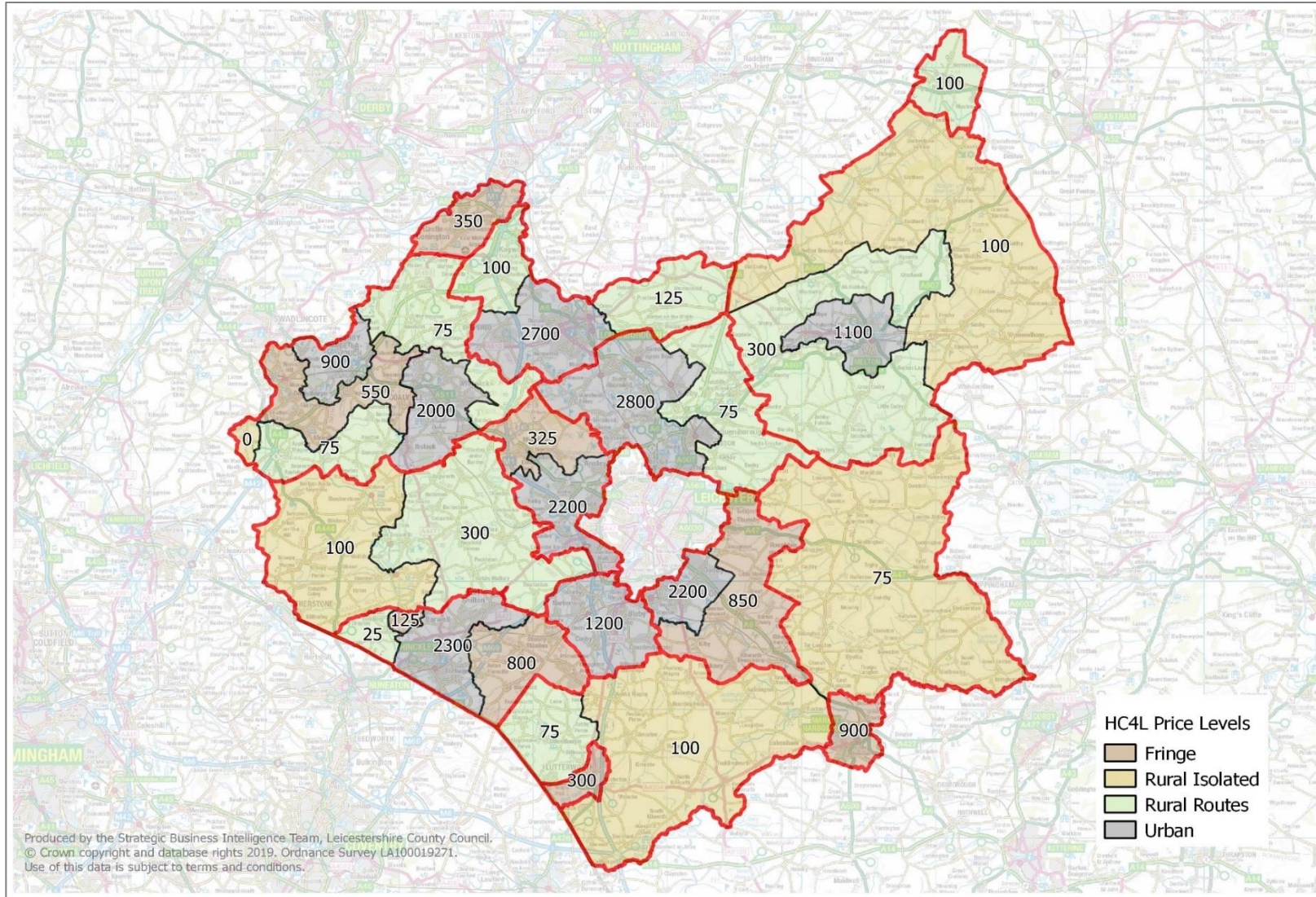
Proposed Zones with Main Settlements

APPENDIX A



Home Care Hours by Proposed Zones and Price Band (using July 2019 snapshot)

APPENDIX B



Estimated Levels of Home Care Activity (July 2019 Snapshot)

APPENDIX C

Name	Main towns and villages included in the zone	Initial Indicative hours - planned
Six Large Zones		
Coalville and Ashby	Ibstock, Measham, Ravenstone and Ellistown	3,600
Charnwood North	Loughborough, Shepshed and Kegworth	2,925
Charnwood South	Quorn, Barrow upon Soar, Mountsorrel, Birstall and Syston	2,875
West Leicester	Braunstone, Markfield, Anstey, Ratby and Groby	2,525
Oadby and Wigton	Great Glen, Fleckney and Kibworth Harcourt	3,050
Hinckley	Earl Shilton, Sapcote, Stoney Stanton and Broughton Astley	3,250
Three Medium Zones		
Melton	Asfordby and Harby	1,500
South Leicestershire	Narborough, Blaby, Countesthorpe and Whetstone	1,200
Market Harborough	Market Harborough	900
Three Small Town Zones		
Castle Donington	Castle Donington	350
Lutterworth	Lutterworth	300
Bottesford	Bottesford	100
One Small Rural Free Zone		
West Leicestershire Rural	Market Bosworth, Desford, Newbold Verdon and Bagworth	400
One Rural Free Zone		
Harborough Rural Free Zone	Husbands Bosworth, Medbourne and Hallaton	175
	Total	23,150

DRAFT

APPENDIX D

Equality & Human Rights Impact Assessment (EHRIA)

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

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

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

***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:	Remodelling and re-procurement of the countywide integrated home care service from November 2020.
Department and section:	Adults and Communities, also contracting on behalf of West and East Leicestershire and Rutland Clinical Commissioning Groups.
Name of lead officer/ job title and others completing this assessment:	Gill Newton, Lead Commissioner – Domiciliary Care
Contact telephone numbers:	0116 3059216
Name of officer/s responsible for implementing this policy:	Gill Newton, Lead Commissioner – Domiciliary Care
Date EHRIA assessment started:	15/11/2019
Date EHRIA assessment completed:	TBC

Section 1: Defining the policy

Section 1: Defining the policy

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

1	<p>What is new or changed in the policy? <i>What has changed and why?</i></p> <p>The Authority wishes to re-procure the commissioned home care services that are currently being provided across the County via framework agreements established in November 2016.</p> <p>It is not proposed that the scope of overall service will change materially but the procurement will be based on new zones (currently referred to as lots), pricing and numbers of providers per zone, with the aim of improving the quality, sustainability, responsiveness and consistency, which in turn is intended to improve service user outcomes and satisfaction levels.</p> <p>The new service model and commissioning approach may result in a change in service providers for some customers but the implementation plan will be based on minimising disruption to customers and seeking to stabilise the local provider market and their workforce.</p> <p>As the service is intended for all adults over the age of 18 who require a home care service, service changes could affect both working aged and older adults in the community, who have eligible social care needs and people with acute illnesses, long-term physical or mental health conditions, people with dementia, physical or learning disabilities.</p> <p>The commissioned care and support services will be provided by Care Quality Commission (CQC) registered care providers, who have achieved the required quality standards of both CQC and the local authorities in which they currently operate.</p> <p>Care and support will be aimed at promoting the wellbeing and independence of service users and preventing, reducing or delaying the need for additional Health or Social Care services.</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>In line with Leicestershire County Council's (LCC) Adults and Communities Strategy 2020-24, this service has been designed to promote wellbeing and ensure that Service Users get the right level and type of support, at the right time, in order to help prevent, reduce or delay the need for ongoing support and</p>

	<p>maximise their independence.</p> <p>The health and care system across Leicester, Leicestershire and Rutland (LLR) is being transformed through the Better Care Together (BCT) partnership. The partnership includes NHS organisations working alongside local authorities and a range of independent, voluntary and community sector providers. The partnership aims to keep more people well and out of hospital; move care closer to home, provide care in a crisis and deliver high quality, specialist care. In the future health and care will be delivered in community settings, with all partners focused on reducing unnecessary admissions to hospitals and care homes, reducing delayed discharges from hospital and providing a much stronger platform of integrated wellbeing and preventative services.</p> <p>It is recognised that there is an expanding older persons' population with increasing health and social care needs which necessitates a new approach to commissioning services, shifting the focus from time and task activities, to the achievement of results through Person Centred planning and flexible service delivery.</p> <p>The core Home Care Service can include various types of care and support, based on a person-centred assessment of an individual's needs, which can help to maximise their independence, dignity wellbeing and ability to care for themselves, while recognising their individuality and personal preferences, providing support for their informal carers and recognising the rights of other family members.</p> <p>As well as aiming to support people to live as independently as possible, taking into account the views of service users, carers and professionals, the new service model is intended to create a more sustainable, flexible, reliable and good quality local care market, which is consistently available across the County, including areas where it is currently difficult to source care.</p>
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The home care for Leicestershire services is intended to meet the eligible needs of adults aged 19 and over service users may also have needs resulting from physical ill health, functional mental illness, social isolation, visual impairment and/or general frailty due to ageing, as well as low or moderate levels of dementia.</p> <p>The potential impact of the procurement is upon everyone currently receiving commissioned home care services, other than those on a Direct Payment.</p> <p>Depending on the outcome of the procurement service users' care provider may change although as TUPE is likely to apply to all of the existing services the number of staff members actually</p>

	<p>changing is expected to be relatively low. The potential changes will be communicated to the users of the services prior to the tender being published in March 2020.</p> <p>This open procurement is required as the current service contracts are coming to an end in November 2020. By going to the open market, we are seeking to maximise value for money and identify providers who are able to deliver an up to date service specification based on clear quality standards, sector best practice and the Council's strategic objectives.</p> <p>Although the commissioned services from the new framework provider will be the offer for County Council customers on a managed service, they may still opt to take a direct payment and purchase their own care, but budgets will be based on the pricing of the commissioned services.</p> <p>The Home Care service has been designed to help service users optimise their independence at home and the intended change is to offer a service model focused on maximising wellbeing and independence, which operates more responsively across the county, including more remote rural areas where it can be more difficult to source care at home. Service users will be enabled to manage their own care wherever possible, improve their resilience to deal with issues in the future and improve their health and wellbeing outcomes.</p>		
4	<p>Will the 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)</p>		
	Yes	No	How?
	X		<p>The County Council's Adults and Communities Strategy 2020-24 recognises that the Council serves a diverse population and supports all individual's rights to make decisions and choices about their accommodation. The home care framework agreement highlights the providers' legal obligations in terms of preventing unlawful discrimination, harassment and victimisation.</p>
	X		<p>The new service model aims to advance equality of opportunity between different groups by ensuring that services are designed to support diverse populations, there is equality of opportunity in terms of accessing services and that care services improve outcomes for adults requiring care and support to remain independent</p>

				in their own homes.
	Foster good relations between different groups	X		The service specification for the service being procured promotes social inclusion and supporting service users to actively engage and participate positively in their local communities and with their families and informal support networks, which in turn can help to foster good personal relationships between different groups.

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

Section 2: Equality and Human Rights Impact Assessment Screening

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

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

Section 2

A: Research and Consultation

		Yes	No*
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	The stakeholder engagement plan is being developed	
		See above	
		See above	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?		
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of		

	potential unintended impacts?		
8.	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		
	<p>Engagement sessions will help to gather the views of users and carers regarding the challenges, opportunities and impact in relation to the potential changes of service and this information will help to design the mobilisation plan when implementing the service.</p> <p>Communication via letter will also be carried out to inform service users affected of any potential changes.</p> <p>With regards to the development of the new home care service we have considered the findings of reviews of / lessons from the implementation of the current home care service to identify areas for improvement, as well as research national customer and market insight in the design of the service model and specification, including i-statements developed with service user groups and feedback from customers and carers.</p> <p>Existing care providers are being kept informed of outline timescales for the procurement and are being engaged in the planned service re-design and procurement, as have providers in the wider market who may wish to provide services in Leicestershire within the scope of the new home care model.</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 9, 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 the policy and describe any positive and negative impacts, including any barriers.			
		Yes	No	Comments
	Age	X		Home care services are intended for all adults aged 19 or over, while it should be noted that the majority of current service users are over the age of 65.

			<p>Providers appointed to deliver the new home care services are required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their age.</p>
	Disability	X	<p>There is not expected to be an adverse impact on this community. The eligibility criteria for accessing home care services will mean that the needs of people with a disability or limiting life-long illness will be catered for within the service. The assessment of needs will include consideration of any aids, adaptations or technology which could be sourced to optimise individuals' independence within and outside their home. Everyone seeking to access home care services within Leicestershire will have their eligibility assessed using the principles and criteria of the Care Act.</p> <p>Data collected by ADASS and other national research sources recognises that many people have ongoing care needs as a result of disability, accident or illness.</p> <p>This home care service is focused on maximising the safety, independence and quality of life for adults with illnesses and disabilities by promoting accessible support for people in their own homes.</p> <p>This service is intended to improve choice and outcomes from individuals with disabilities. The appointed providers will be required to adopt and maintain</p>

				policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their disability.
	Gender Reassignment		X	The focus on achieving individual outcomes will support the equality of service delivery. The appointed providers will be required to adopt and maintain policies to comply with its statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their gender.
	Marriage and Civil Partnership		X	The service provided will continue to support the provision of services to individuals or couples, irrespective of their marital or partnership status.
	Pregnancy and Maternity	X		It is unlikely that the cohort of people in this group would be significantly affected by the proposed service change, however, the providers will be required to adopt and maintain policies to comply with their statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their situation regarding pregnancy or maternity.
	Race	X		Fair Access to Care (FACS) criteria is designed to ensure fair access based on an assessment of need. The appointed providers will be required to adopt and maintain policies to comply with its

			<p>statutory obligations under the Equality Act 2010 and any legislation relating to discrimination as modified or re-enacted and accordingly will not treat one group of people less favourably than another because of their race. As care and dignity needs may differ for different ethnic groups which may not be fully met by a standard service offer, providers will be asked to identify opportunities to meet these needs and therefore achieve equality of outcome.</p>
	Religion or Belief	X	<p>Religion is closely associated with the cultural and ethnic differences and all care provided for adults requiring home care support should have their religious and other beliefs respected. The aim of the service is to focus on individuals achieving their personal care and support outcomes in a way which respects their beliefs or religion. As noted with regard to race and ethnicity, care and dignity needs may differ for groups with different religions or beliefs, which may not be fully met by a standard service offer, so providers will be asked to identify opportunities to meet these needs and therefore achieve equality of outcome.</p> <p>Ongoing monitoring will be required to ensure that the service is inclusive and accessible and service providers should be able to demonstrate how specific religious needs or requirements can be identified by an individual, so that the service they receive can accommodate these.</p>
	Sex	X	<p>This service aims to focus on achieving individuals' support needs and outcomes in a way which will support equality of</p>

			service access and delivery, irrespective of sex.
	Sexual Orientation	X	The anticipated impact of the potential change of service provider is considered to be neutral. The service specification requires that providers take into account the needs and wishes of individuals with regard to their sexual orientation and that privacy and dignity must be maintained at all times. The service is intended to focus on achieving individuals' support needs and outcomes which will support equality of service delivery. Where appropriate this should include enhanced levels of care for members of the LGB+ communities who may have higher than average health and social care needs.
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	X	The possible changes in service provider should not impact negatively on these groups. National evidence suggests that good quality home care can help to reduce levels of social isolation and loneliness. A person-centred approach to care and support planning can increase inclusion and give opportunities for developing and improving social relationships. By considering carers' assessments and personalised home care can reduce carer strain for couples, families and informal care networks. The new service model incorporates payments to providers of enhancements on hourly rates for packages of care outside urban areas, as a means of attracting and retaining staff and increasing the reliability and responsiveness of home care services in more rural and isolated areas.
	Community Cohesion		The home care service will

				include a focus on maximising the use of local resources to promote a sense of wellbeing, connection, trust and belonging both within and across communities and groups. The service will link with and be supported by integrated health and social care teams and primary care networks, where these benefit individuals' health and wellbeing outcomes. With regards to community participation, personalised support plans can identify and facilitate participation in the community, links with community groups and associations.
11.	<p>Are the human rights of individuals <i>potentially</i> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular article in the Human Rights Act may apply to the policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB: include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
		Yes	No	Comments
Part 1: The Convention- Rights and Freedoms				
Article 2: Right to life			X	
Article 3: Right not to be tortured or treated in an inhuman or degrading way		X		The delivery of service is underpinned by the Care Act duty to promote wellbeing and personal dignity. All commissioned services are expected to be delivered at an acceptable standard to maintain health and dignity. The service supports people to maintain living in a place of their choice and aims to make achievable the opportunity for people to die at home, if that is their wish.
Article 4: Right not to be subjected to slavery/ forced labour			X	
Article 5: Right to liberty and		x		People's liberty will not be

security			restricted under this model of care as there will be continued freedom as to how the care is delivered.
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		The service will continue to support people to remain independent in the setting of their choice and respect their personal dignity, autonomy and social relationships. Preserving independent living for longer supports most peoples' preference for pursuing their private and family life at home.
Article 9: Right to freedom of thought, conscience and religion		x	This model of service will continue to support and integrate service users into their communities and networks and therefore facilitate them practicing of their faith or beliefs.
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 service is designed to ensure that the values and principles of adults with care and support needs living in and being supported in the community designed are respected and protected and that no particular groups are unintentionally or intentionally excluded or disadvantaged from accessing or benefitting from them.
Part 2: The First Protocol			
Article 1: Protection of property/ peaceful enjoyment	X		By keeping people living independently at home for longer with the types of care and support offered by the Home Care for Leicestershire service, they are less likely to need to move to residential care or require admission to hospital.
Article 2: Right to education		X	
Article 3: Right to free elections		X	

Section 2 D: Decision				
13.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) the 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 the policy			
	No Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.				
14.	Is an EHRIA report required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Section 2: Completion of EHRIA Screening

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

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

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

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

Section 3: Equality and Human Rights Impact Assessment Report

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

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

Section 3

A: Research and Consultation

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

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

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

Section 3

B: Recognised Impact

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

	Comments
Age	
Disability	

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

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are likely to apply to the policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	

Article 3: Right not to be tortured or treated in an inhuman or degrading way	
Article 4: Right not to be subjected to slavery/ forced labour	
Article 5: Right to liberty and security	
Article 6: Right to a fair trial	
Article 7: No punishment without law	
Article 8: Right to respect for private and family life	
Article 9: Right to freedom of thought, conscience and religion	
Article 10: Right to freedom of expression	
Article 11: Right to freedom of assembly and association	
Article 12: Right to marry	
Article 14: Right not to be discriminated against	
Part 2: The First Protocol	
Article 1: Protection of property/ peaceful enjoyment	
Article 2: Right to education	
Article 3: Right to free elections	

Section 3**C: Mitigating and Assessing the Impact**

Considering the research, data, consultation and information you have reviewed and/ or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

- 21.** If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

NB:

i) If you have identified adverse impact or discrimination that is **illegal**, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is **justifiable or legitimate**, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

- 22.** Where there are potential barriers, negative impacts identified and/ or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.
- a) include any relevant research and consultation findings which highlight the best way in which to minimise negative impact or discrimination
 - b) consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs that you have identified can be addressed
 - c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why

Section 3**D: Making a decision**

- 23.** Summarise your findings and give an overview as to whether the policy will meet

	Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.

Section 3

E: Monitoring, evaluation & review of the policy

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

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

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

Equality Objective	Action	Target	Officer Responsible	By when

Section 4: Sign off and scrutiny

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

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

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to the Digital Services Team via web@leics.gov.uk for publishing.

Section 4

A: Sign Off and Scrutiny

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

Equality and Human Rights Assessment Screening

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer):

Date:

2nd Authorised Signature (DEG Chair):

Date:

DRAFT

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
20 JANUARY 2020

NATIONAL PERFORMANCE BENCHMARKING 2018/19 AND
PERFORMANCE REPORT 2019/20 – POSITION AT NOVEMBER 2019

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

Purpose of Report

1. The purpose of this report is twofold: firstly, and primarily, to highlight the comparative performance position in 2018/19 through national benchmarking, and secondly to present the Committee with an update of the Adults and Communities Department's performance at the end of November 2019.

Policy Framework and Previous Decisions

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

Background

3. At a national level adult social care performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). This set of indicators is reported annually, and NHS Digital published the 2018/19 position in October 2019. For library services the Chartered Institute of Public Finance and Accountancy (CIPFA) releases data over a range of metrics and compares counties that have a similar size and make up. Comparative performance across councils is commented on in paragraphs 7-22.
4. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 2019/20. These are reviewed through the annual business planning process to reflect the key priorities of the Department and the Council. The structure of Appendix A is aligned with the Vision and Strategy for Adult Social Care 2016-2020, '*Promoting Independence, Supporting Communities*'. This strategic approach is designed to ensure that people get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and maximise people's independence. This 'layered' model has been developed to ensure the obligations under the Care Act 2014 are met and Appendix B of the report outlines the four central aspects of the Strategy – Prevent, Reduce, Delay and Meet needs.
5. Appendix A is also structured in line with the Council's Strategic Plan 2018-22 – *Working Together for the Benefit of Everyone*. This sets out the Council's overall policy framework, approach, and includes a high level overview of a number of

strategies which provide the detail on how the authority plans to deliver positive change for Leicestershire.

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

Benchmarking of 2018/19 Performance

7. With regards to benchmarking of performance, there were several key documents published during the autumn of 2019:
 - IMPOWER Index was published by the consultancy IMPOWER;
 - Adult Social Care Outcomes Framework was published by NHS Digital;
 - Health and social care ratings were published by the Care Quality Commission (CQC);
 - Adult Social Care Use of Resources report was published by the Local Government Association (LGA).
 - Public library statistics published by CIPFA – published in the spring 2019.
8. The annual '*Which Councils are Best*' report published by IMPOWER ranked the most productive – or outcome value per pound spent - councils in England, and for the third year running Leicestershire County Council was ranked number one. IMPOWER uses seven lenses to assess performance, and from an adult social care perspective the authority ranked sixth out of 152 for services to older people, eighth for all-age disability, and third in terms of the interface between Health and Social Care.
9. There were 29 metrics in the 2018/19 ASCOF, five more than the previous year due to the inclusion of the biennial carers' survey. Performance against approximately half the metrics was above the national average whilst the other half fell below; a position not too dissimilar to the previous year. The number of indicators in the top quartile, i.e. amongst the top 25% of authorities remained unchanged at four, although as a proportion of the ASCOF it was a small reduction from 2017/18. The number of indicators in the bottom quartile reduced by one from nine to eight. In addition, there were six metrics where increased performance meant an improved quartile between 2017/18 and 2018/19; in contrast three reduced quartile between the two years.
10. Areas where Leicestershire performed comparatively well at a national level include, employment and accommodation for people with learning disabilities, reablement, and in particular, the use of direct payments and the very low number of delayed transfers of care attributable to adult social care (both of which were in the top quartile). Comparative performance is commented on in more detail for each of the adult social care metrics reported in the current performance section of the report.
11. Thirteen metrics in the ASCOF were sourced from the service users' and carers' surveys. Performance against nine of these was below national average with six being in the bottom quartile. Areas of poor performance include quality of life, social contact, and finding information. Feedback from carers was slightly better than from service users and ranked in the second quartile in areas such as quality of life and being included in consultations about the person they care for.

12. Quality standards for contracted services such as residential placements and domiciliary care form part of the core agreement and providers are monitored by the CQC against these standards. In October 2019, CQC released 2018/19 performance in its publication '*The state of health care and adult social care in England*'. In Leicestershire, three-quarters of local providers are rated as good or outstanding compared to a national figure of 84%. For nursing homes (80% rated as good or outstanding) and domiciliary care (74%), the proportion is higher in Leicestershire than the national position (73%) for nursing care and 70% for domiciliary care). For residential care (77%) and community care services (64%) it is slightly lower than the national average (82% for residential care and 76% for community services). In addition, 16% require improvement in Leicestershire although none are assessed as being inadequate (nationally it is 1-2%). A further 9% were not rated during the period.
13. In November 2019, the LGA published their *Adult Social Care Use of Resources* report for 2018/19. This uses cost and activity data to compare each authority within the local region e.g. East Midlands, or against other similar shire authorities. A fuller report with background documents will be presented to the Committee at its March meeting.
14. Requests for support in Leicestershire did not differ greatly when compared with other authorities. The adult population aged 18 or over in Leicestershire had a rate of requests for support of 4.6% compared to 4.3% nationally, 4.8% in the East Midlands and 4.4% across similar shire authorities. For the older population the rate in Leicestershire (14.1%) was higher than the national rate (13.4%) and that of other comparable shire authorities (12.6%) whilst being lower than the rate for the East Midlands (15.1%).
15. Of the requests for support 8% of those aged 18-64 resulted in long-term services compared to 6% nationally, 5% in the East Midlands and 8% amongst similar shire authorities. For requests relating to people aged 65 or over, 10% resulted in long-term services compared with 10% nationally, 9% in the East Midlands, and 11% amongst similar shire authorities.
16. For each long-term service user aged 18-64, the gross cost to Leicestershire in 2018/19 was £22,000 whereas the national figure was £25,200, the figure in the East Midlands was £24,400, and the average of similar authorities was £26,000. For people aged 65 or over, the gross expenditure in 2018/19 was £10,600 per service user. Comparable figures were £14,300 nationally, £15,000 in the East Midlands and £15,500 amongst similar shire authorities.
17. The average weekly cost for long-term residential or nursing care in Leicestershire for people aged 18-64 was £1,150 during 2018/19. This is lower than all three comparable areas: nationally (£1,271), East Midlands (£1,213), and similar shire authorities (£1,326). For people aged 65 or over it is a similar picture with average weekly costs being lower than comparators: Leicestershire (£593), national (£650), East Midlands (£622), and similar shire authorities (£668).
18. Each year CIPFA releases library data over a range of metrics and compares counties that have a similar size and make up. The data reflects 2017-18 actuals and estimates for 2018-19, and the profile used is that of nearest neighbours -

authorities of a similar size to Leicestershire (note the 2018-19 *actuals* are not released until early 2020).

19. Leicestershire is in the bottom quartile for active borrowers per 1,000 population and physical visits for library purposes per 1,000 population. It should be noted, however, that the profiles do not reflect the use of libraries for community purposes, as evidenced by the direction taken by community managed libraries, where more work is being undertaken to make libraries community hubs for their local areas.
20. Leicestershire is also in the bottom quartile for overall book loans when compared against its nearest neighbours, although strategic investment in children's books has resulted in higher loans than average. In addition, a low level of book stock – 779 per 1,000 population compared to an average of 998 per 1,000 population - means that Leicestershire is ranked 14th out of 15 nearest neighbour authorities. Having the lowest total staff numbers per 1,000 population and reduced opening hours during the reporting period will have impacted on performance levels. The introduction of SMART Libraries - operational from April 2019 - across 14 of the largest council funded libraries has enabled an additional 30 hours of public access time to be introduced and will improve this position.
21. Increased issues of audio, visual and electronic items resulted in Leicestershire being ranked in the third quartile – 112 per 1,000 population compared to an average of 118 per 1,000 population.
22. The severity of the financial challenges facing the County is reflected in Leicestershire's 2018-19 estimates showing net expenditure for libraries (£8,374) as being below the national average (£11,709) and below the nearest neighbour authorities' average (£8,676).

Performance Update: April to November 2019

23. Appendix A includes four key measures to reflect each of the four layers of the Vision and Strategy. Each of these monitors the proportion of new contacts from people requesting support and what the sequels of these requests were. Between April and November 2019 there were 18,200 new adult social care contacts, of which 60% resulted in a preventative response, such as universal services or signposting. A further 17% resulted in a response relative to reducing need, such as providing equipment or adaptations and 12% resulted in a response relative to delaying need, i.e. the provision of a reablement service that supports people to relearn the skills required to keep them safe and independent at home. Finally, 11% resulted in a long-term service such as a personal budget.
24. The overall number of visitors to heritage sites between April and November was 3% lower than the equivalent period last year. The 1620s House and Garden and Melton Carnegie are the two sites that have shown an increase on the previous year (+1% and +6% respectively). The service has been working to develop and broaden the offer at Bosworth Battlefield considering changing visitor patterns, and as a result has created some new activities, for example, family and children's trails. These are attracting additional visitors and will be reflected in performance reporting from April 2020.

25. There has been a national downward trend in the number of visits to libraries, including those in Leicestershire. As such, the 2019/20 targets were agreed with this in mind. However, between April and November 2019 there were 777,000 visits to Leicestershire libraries including website visits, which is an 8% increase on the comparable period last year. Work to adapt libraries to SMART libraries will have had an impact on the 2018/19 numbers due to closures for the work to take place.
26. An additional two libraries metrics are included to reflect the priorities around children's loans and e-loans. Between April and November 2019, there were 547,000 children's loans which is on track to meet the year-end target of 575,000. With regards to e-loans, these continue to show a marked increase – 250,000 between April and November 2019, compared to 145,000 during the comparable period the previous year.
27. Volunteering programmes are a priority for the department in relation to libraries, museums and heritage services. Between April and November 2019 there were 19,000 hours of volunteering, 22% higher than the same period last year. This increase relates to volunteering at council run libraries and again will be affected to some extent by the adaptations to SMART libraries during the previous year.
28. The Leicestershire Adult Learning Service's (LALS) performance relates to the proportion of learning aims due to be completed in a period that were successfully achieved, and for the academic year 2019/20 up to November, the figure is 90%. This is higher than the 86% target.
29. There is a strong link between employment and appropriate accommodation with enhanced quality of life for people with learning disabilities including health and wellbeing and reduced social exclusion. Performance in 2018/19 was above the national average for both metrics, with the rate of employment being in the top quartile. This high level of performance (11% being in employment, and 82% in settled accommodation) has continued during the period April to November 2019.
30. Reducing delayed transfers of care from hospital is a national priority and monitored through the Better Care Fund (BCF). Between April and October (data is published a month in arrears) the average number of delayed days per month, where the delays were attributable to adult social care, was 156; the equivalent figure during 2018/19 was considerably lower at 94 days per month and in the top quartile nationally. Despite this recent increase, performance remains within target and the second lowest amongst other similar shire authorities.
31. Reablement is a short and intensive service to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home. The ASCOF contains two metrics to measure a local authority's performance in this area – the proportion with continued needs post reablement, and where people live 91 days following hospital discharge and reablement. During 2018/19, performance in Leicestershire was above the national average for both metrics. Since April 2019, the proportion of people requiring no further services has continued to improve, reaching 88%, whilst where people live 91 days later has fallen slightly to 86%.
32. Avoiding permanent placements in residential or nursing care homes is a good indication of delaying dependency. Research suggests that where possible, people

prefer to stay in their own home rather than move into permanent care. For people aged 18-64, performance remained above the national average in 2018/19, whilst the number of admissions of people aged 65 or over was such that performance fell and was ranked in the third quartile. There have been 20 admissions of working age adults since the start of April ensuring performance is on track to meet the 2019/20 target. However, for people aged 65 or over, there have been 590 admissions since April and as such performance is currently forecast to miss the target.

33. The County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a personal budget, preferably as a direct payment. During 2018/19, the ASCOF measures relating to service users and carers in receipt of a direct payment were above the national average (the proportion of service users in receipt of a direct payment was in the top quartile). The proportion in receipt of a personal budget – 96.7% of service users and 99.3% of carers - was very high and above the national average, although fell slightly short of the top quartile (100%). Performance since April has been on track to meet the 2019/20 targets apart from the proportion of service users in receipt of a personal budget. Work is currently underway to improve this position which is primarily due to data recording.
34. Since April 2019 there have been 650 safeguarding enquiries completed, which is 43% less than the equivalent period of the previous year. This is to be expected due to a new focus of the Safeguarding team i.e. not progressing all cases to an enquiry without first triaging the contact more effectively to ensure thresholds are being met. Of the safeguarding enquiries completed since April where an outcome was expressed, 94% were fully or partially met.

Conclusions

35. This report provides a summary of benchmarked performance in 2018/19 and an update of performance during the more recent period, April to November 2019.
36. Overall, adult social care performance in 2018/19 was not too dissimilar from the previous year with approximately half of the indicators being above the national average. Performance remains strong in areas such as supporting people to gain or regain independence (reablement, accommodation and employment) and effectiveness and efficiency such as keeping delayed transfers of care low and having a higher proportion of service users with a direct payment.
37. Service user and carer feedback remain the areas of concern within the ASCOF set of measures. As such, a customer experience steering group has recently been set up with a specific improvement plan and a dedicated Customer Experience Officer. There is also an aspect of the local Target Operating Model focussed on customer feedback.
38. Libraries performance remains relatively low compared to nearest neighbour authorities. However, it should be noted that current CIPFA methodology has been in place for some time, and although its guidance has attempted to reflect changes to the library landscape over the last five years, it does present some complications in recording. For example, visits do not include those to community managed libraries and issues do not include e-loans. Moving forward, the library service will plan for a

broader shift to e-loans, primarily for working age adults, and continue to develop the investment in children and family related book stock.

39. Performance since April has been good and there are particular areas of excellent performance, such as the high proportion of people not needing an ongoing service following reablement, and the level of volunteering. In contrast there are a few areas where performance remains short of the target, such as permanent care admissions of people aged 65 or over, and the use of personal budgets. Details of all metrics will continue to be monitored on a monthly basis through the remainder of the year.

Background papers

- IMPOWER – Which Councils are Best
<https://www.impower.co.uk/reports/which-councils-are-best-2>
- NHS Digital – Measures from the Adult Social Care Outcomes Framework. England, 2018-19
<https://bit.ly/2MRjVAF>
- Care Quality Commission – The State of Health Care and Adult Social Care in England 2018-19
<https://www.cqc.org.uk/publications/major-report/state-care?banner=>
- CIPFA – Public Library Statistics
<https://bit.ly/36r8w2g>
- Leicestershire County Council Strategic Plan 2018-22
<https://www.leicestershire.gov.uk/about-the-council/council-plans/the-strategic-plan>
- Leicestershire County Council – Promoting Independence, supporting communities – Our Vision and Strategy for Adult Social Care 2016-20
<https://bit.ly/2MQyJ29>

Circulation under the Local Issues Alert Procedure

None.

Equality and Human Rights Implications

40. The Adults and Communities Department supports vulnerable people from all diverse communities in Leicestershire. However, there are no specific equal opportunities implications to note as part of this performance report. Data relating to equalities implications of service changes are assessed as part of Equality and Human Rights Impacts Assessments.

Other Relevant Impact Assessments

Partnership Working and Associated Issues

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

Appendices

- Appendix A - Adults and Communities Department Performance Dashboard for April to November 2019
- Appendix B – Adult Social Care Strategic Approach
- Appendix C – Red/ Amber/Green (RAG) Rating - Explanation of Thresholds

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Adults and Communities Performance 2019-20

April – November 2019

PREVENT NEED

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	% of sequels that 'Prevent Need'	Target Band Width	G	56-61%	60.3%	TBC	55%	N/A
ASCOF 3D pt 1	% of SUs who find it easy to find information	H	N/A	73%	Due June 2020	74%	59.7%	Bottom
ASCOF 3D pt 2	% of carers who find it easy to find information	H	N/A	No statutory carers survey in 2019-20	N/A	68%	60.3%	Third

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

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	Heritage visits	H	A	146.1k	107.8k (Apr-Nov)	TBC	111.6k (Apr-Nov)	N/A
Local	Hours of Volunteering (Heritage sites)	H	G	16.0k	11.7k (Apr-Nov)	TBC	9.7k (Apr-Nov)	N/A

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	Hours of Volunteering (Libraries)	H	G	9.1k	7.3k (Apr-Nov)	TBC	5.9k (Apr-Nov)	N/A
Local	Library visits (inc. website visits)	H	G	970k	776.8k (Apr-Nov)	TBC	718.6k (Apr-Nov)	N/A
Local	All library issues	H	G	1.5m	1,373k (Apr-Nov)	TBC	1,294k (Apr-Nov)	N/A
Local	Children's issues	H	G	575k	547.3k (Apr-Nov)	TBC	545.7k (Apr-Nov)	N/A
Local	E-loans	H	G	160k	250.3k (Apr-Nov)	TBC	144.9k (Apr-Nov)	N/A
Local	Total community library issues	N/A	N/A	For information only	244.9k (Apr-Nov)	For information only	241.1k (Apr-Nov)	N/A
Local	Community library children's issues.	N/A	N/A	For information only	140.0k (Apr-Nov)	For information only	134.8k (Apr-Nov)	N/A

Z'

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

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	LALS Success Rate	H	G	86%	90%	TBC	95%	N/A

REDUCE NEED

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	% of sequels that 'Reduce Need'	Target Band Width	G	17-22%	17.0%	TBC	22%	N/A
ASCOF 1I pt 1	% of SUs who had as much social contact as they would like	H	N/A	47%	Due June 2019	49%	42.6%	Bottom
ASCOF 1I pt 2	% of carers who had as much social contact as they would like	H	N/A	No statutory carers survey in 2019-20	N/A	35%	30.0%	Third
ASCOF 1E	% of people with LD in employment	H	G	11.2%	11.2%	11.2%	11.3%	Top

Leicestershire County Council's Strategic Plan 2018-22	Affordable and Quality Homes
Supporting Outcome	There is enough suitable housing to support independence for those with social care needs.

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
ASCOF 1G	% of people with LD in settled accommodation	H	G	82%	82.3%	84%	81.4%	Second

DELAY NEED

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	% of sequels that 'Delay Need'	Target Band Width	G	10-15%	12.2%	TBC	13.0%	N/A
ASCOF 2C pt 2	Delayed transfers of care attributable to ASC-only	L	G	207 Ave days per Mth	156 Ave days per Mth (Apr-Oct)	TBC	94 Ave days/Mth	Top
ASCOF 2D	% of people who had no need for ongoing services following reablement	H	G	82%	87.8%	84%	84.5%	Second
ASCOF 2B pt 1 <i>*BCF*</i>	Living at home 91 days after hospital discharge and reablement	H	A	88%	86.4%	89%	87.5%	Second
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	L	G	<7.9 (33 Adm's)	7.5 (31 Adm's) (Full-year Forecast)	<7.9	8.1 (33 adm's)	Second
ASCOF 2A pt 2 <i>*BCF*</i>	Permanent admissions to care (aged 65+) per 100,000 pop.	L	A	<586.9 (850 Adm's)	621.6 (900 Adm's) (Full-year Forecast)	<553.0	636.7 (908 adm's)	Third

MEET NEED

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	% of sequels that 'Meet need'	Target Band Width	G	6-11%	10.5%	TBC	10.3%	N/A
ASCOF 1C pt 1a	Adults aged 18+ receiving self directed support	H	A	97%	94.9%	99%	96.7%	Third
ASCOF 1C pt 2a	Adult aged 18+ receiving direct payments	H	G	40%	46.7%	40%	49.9%	Top
ASCOF 1C pt 1b	Carers receiving self directed support	H	G	99%	99.7%	100%	99.3%	Third
ASCOF 1C pt 2b	Carers receiving direct payments	H	G	97%	97.0%	100%	98.1%	Second

Leicestershire County Council's Strategic Plan 2018-22	Keeping People Safe
Supporting Outcome	People at the most risk or in crisis, are protected and supported to keep them safe

Measure and Description		Aim	RAG	2019-20 Milestone	2019-20 Performance	2020-21 Target	2018/19 and Quartile	
Local	Of safeguarding enquiries where an outcome was expressed, the percentage partially or fully achieved	H	N/A	TBC	93.4%	TBC	94%	N/A
ASCOF 4B	% of service users who say that services have made them feel safe	H	N/A	90%	Due June 2019	90%	90.3%	Top

Key to Columns

Measure	ASCOF	A metric within the national performance framework known as Adult Social Care Outcomes Framework (ASCOF)
	Local	A measure defined and calculated for Leicestershire County Council only
Aim	High	The aim of performance is to be high
	Low	The aim of performance is to be low

Vision and Strategy for Adult Social Care 2016 – 2020**Prevent need**

We will work with our partners to prevent people needing our support. We will do this by providing information and advice so that people can benefit from services, facilities or resources which improve their wellbeing. This service might not be focused on particular health or support needs - but is available for the whole population – for example, green spaces, libraries, adult learning, places of worship, community centres, leisure centres, information and advice services. We will promote better health and wellbeing and work together with families and communities (including local voluntary and community groups).

Reduce need

We will identify those people most at risk of needing support in the future and intervene early if possible to help them to stay well and prevent further need for services. For example, we might work with those who have just been diagnosed with dementia, or lost a loved-one, people at risk of isolation, low-level mental health problems, and carers.

Our work will be targeted at people most likely to develop a need, and try to prevent problems from getting worse so that they do not become dependent on support. This might include: information, advice, minor adaptations to housing which can prevent a fall, support and assistance provided at a distance using information and communication technology via telephone or computer.

Delay need

This will focus on support for people who have experienced a crisis or who have an illness or disability, for example, after a fall or a stroke, following an accident or onset of illness. We will try to minimise the effect of disability or deterioration for people with ongoing health conditions, complex needs or caring responsibilities. Our work will include interventions such as reablement, rehabilitation, and recovery from mental health difficulties. We will work together with the individual, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost effective support.

Meeting need

The need for local authority funded social care support will be determined once we have identified and explored what's available to someone within their family and community. People who need our help and have been assessed as eligible for funding, will be supported through a personal budget. The personal budget may be taken as a payment directly to them or can be managed by the council. Wherever possible we will work with people to provide a choice of help which is suitable to meet their outcomes. However, in all cases the council will ensure that the cost of services provides the best value for money. Whilst choice is important in delivering the outcomes that people want, maintaining people's independence and achieving value for money is paramount.

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Explanation of RAG Rating

RED	<p>Close monitoring or significant action required. This would normally be triggered by any combination of the following:</p> <ul style="list-style-type: none"> • Performance is currently not meeting the target or set to miss the target by a significant amount. • Actions in place are not believed to be enough to bring performance fully back on track before the end of the target or reporting period. • The issue requires further attention or action
AMBER	<p>Light touch monitoring required. This would normally be triggered by any combination of the following:</p> <ul style="list-style-type: none"> • Performance is currently not meeting the target or set to miss the target by a narrow margin. • There are a set of actions in place that is expected to result in performance coming closer to meeting the target by the end of the target or reporting period. • May flag associated issues, risks and actions to be addressed to ensure performance progresses.
GREEN	<p>No action required. This would normally be triggered when performance is currently meeting the target or on track to meet the target, no significant issues are being flagged up and actions to progress performance are in place.</p>

The degree to which performance is missing a target is open to debate. A common way of overcoming this is to use a precise percentage threshold between current performance and the target. However, a blanket approach (such as plus or minus 10%) is not appropriate due to the varying ways that metrics are reported. E.g. small numbers, rates per capita, percentages.

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