



CABINET – 11TH OCTOBER 2016

COMMUNITY LIFE CHOICES FRAMEWORK 2017-20
OUTCOME OF CONSULTATION ON FUTURE DELIVERY

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PART A

Purpose of the Report

1. The purpose of this report is to present the findings from the consultation on proposals relating to the future delivery of Community Life Choices (CLC) services (often referred to as day services), and to seek approval for the implementation of recommendations as detailed in this report.

Recommendations

2. It is recommended that:
 - a) The outcome of the public consultation exercise, including the comments of the Adults and Communities Overview and Scrutiny Committee be noted;
 - b) That the Director of Adults and Communities be authorised to:
 - i) Implement Proposals A and B for the future delivery of Community Life Choices as detailed in paragraphs 32-42 of this report;
 - ii) Take mitigating actions as detailed in paragraph 53 of this report in order to respond to the concerns raised during the consultation;
 - iii) Agree any individual exceptions to the implementation of Proposals A and B where an individual review of needs identifies a clear likelihood of there being a significant adverse impact on the safety or wellbeing of an individual.

Reasons for Recommendations

3. The new delivery model will support an outcomes-based approach to commissioning; deliver a progressive model of support in line with the principles set out in the Adult Social Care Strategy 2016-20, and deliver savings as set out in the Medium Term Financial Strategy (MTFS) 2016/17–2019/20.
4. A recent review of current CLC services highlighted that the current practice for individuals in residential care to access CLC does not represent a cost effective or equitable approach to commissioning individual support as it is not applied

consistently to all service user groups. A significant level of concern was raised by the majority of respondents in the consultation about potential negative impacts on the welfare of affected people currently living in residential care. A range of measures to mitigate these potential impacts are outlined in this report, and this will ensure that eligible service users will still have their care and support needs met appropriately. The affected service users will all be offered an individual review of their needs before changes to their CLC services are considered.

5. During the review it was identified that there is a potential to reduce the number of weeks of CLC commissioned services in order to deliver efficiency savings. A majority of consultation responses were not in favour of the proposed change but there was recognition by many that it would have a low impact on most service users. Where there is the likelihood of a negative impact on individual welfare exceptions will be considered for those who require alternative care during any CLC holiday closures.
6. Failure to implement the proposals will result in a reduced level of budget savings. This will mean that other savings would have to be made as part of the MTFS. The consultation did not identify any alternative ways to make the required savings.

Timetable for Decisions (including Scrutiny)

7. The Adults and Communities Overview and Scrutiny Committee considered the two delivery proposals relating to future delivery of CLC services on 6 September 2016, as part of the consultation process.
8. The Committee noted the strategic review of CLC and raised concerns that in changing services, friendships could be broken which could have a negative impact on the service users. Members were assured however, that before making major changes for individuals, needs of service users would be reviewed taking into account their full circumstances.
9. If approved, the proposals will be implemented from July 2017, which will allow sufficient time for officers to carry out comprehensive service user reviews and to support providers to adapt to any impact upon them.

Policy Framework and Previous Decisions

10. The Adult Social Care Strategy 2016-20 outlines the vision and strategic direction of social care support for the next four years. The life of the strategy is matched to the life of the current MTFS in order to meet financial targets and implement the new approach to adult social care.
11. The new model will support outcomes based commissioning and delivery of a progressive model of support in line with the principles (prevent, reduce, delay and meet need) set out in the Adult Social Care Strategy.
12. On 18 July 2016, the Cabinet noted the CLC Framework 2017-20 which commences from 1 January 2017, and approved the consultation on the two delivery proposals, as outlined in paragraphs 32-42 of this report.

Resources Implications

13. The total CLC budget (in-house and independent sector) for 2016/17 is £7.7 million and proposed savings outlined in the MTFS are £500,000 in 2017/18, and a further £250,000 in 2018/19. The proposed saving includes all types of day activities (independent and in-house provision) and overall the target for gross savings to be achieved will represent 9.5% of the current CLC budget.
14. In addition to the potential savings that could be achieved from the two proposals, savings will also be achieved through the introduction of a pricing schedule for CLC services, enabling the Department to achieve the overall MTFS savings target.
15. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

16. This report is being circulated to all members of the Council via the Members' News in Brief service.

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PART B

Background

17. CLC is often referred to as day services. It is commissioned to meet the support needs of people with learning disabilities, physical disabilities, mental ill health and older people within Leicestershire County with varying levels of eligible need.
18. A review of CLC services was undertaken by the Adults and Communities Department between September 2015 and June 2016, to identify an approach which not only supported delivery of the Adult Social Care Strategy 2016-20, but also delivered the savings set out in the Council's MTFS.
19. A total of 45 independent sector providers, currently providing a total of 102 services were included in the review, although the principles for delivery of the new model and associated proposals will also impact upon the delivery of the 13 in-house services provided directly by the Adults and Communities Department.

Community Life Choices (CLC)

Current Service Provision

20. The current independent sector CLC framework commenced on 1 October 2012 for a period of four years ending on 30 September 2016. An extension of three months was approved by the Director of Adults and Communities to allow further work/ service modelling to be carried out in order to finalise the proposed CLC model, therefore the current framework is due to end on 31 December 2016.
21. There are numerous types of services available from the CLC framework, such as Confidence Building, Employment Support, Activities, Arts, Crafts, Wheelchair Sports, Outreach and Community Support.
22. Support is currently provided within a group or on a one-to-one basis, can be either building based or out in the community, and available either as hourly, half or full day sessions depending on the person's assessed need. There are 13 services delivered directly by the Department and the framework currently has 73 independent providers offering 198 services.
23. The review highlighted several issues in the context of the current provision of CLC including:
 - A lack of clarity in outcomes achieved;
 - Some people receiving levels of support not linked to level of need;
 - Some services are significantly underutilised;
 - The framework is currently underutilised - only 45 providers out of 73 are currently securing business through the framework;
 - A lack of equity in provision due to geographical limitations of some services;
 - Inconsistency in costs for support.

Service Demand

24. As at November 2015, there were 849 people accessing CLC activities (both in-house and independent). The largest cohort of service users accessing CLC services are of working age with learning disabilities. The types of services accessed by this cohort include support to gain employment, volunteering opportunities, learning life skills etc.

Primary Need	Age		Total number of service users
	18-64	65+	
Mental Health	7	64	71
Learning Disability	470	62	532
Physical Disability and Sensory	84	162	246

Figures as of November 2015

25. The review of the CLC framework was undertaken to help determine future arrangements and has been informed by ongoing engagement with existing providers, the wider CLC market, adult social care staff and managers.

Community Life Choices Framework 2017-20 - New Model

26. Based on the findings of the review and the provider engagement, the new model for CLC has been designed to focus on promoting people's independence, thereby minimising or where possible eradicating the need for ongoing/future social care funded support.
27. Services will be based on the concept that providers can deliver support for many people to find a range of non-social care funded activities in the community, building social networks, increasing confidence and independence as well as supporting carers. The new model will also enable and support people to gain employment/ volunteering opportunities and improve their life skills.
28. Although there are a number of services within the current framework which deliver services in line with the principles above, the new model has a clearer focus on meeting individual needs whilst assisting people to maximise independence, providing just enough support to prevent higher levels of need through timely, cost effective service provision, whilst ensuring that the support adapts to fluctuating needs.
29. The new model will rationalise the number of providers included on the framework, in order to ensure that sufficient services are available across the County able to meet individual outcomes and has introduced a more consistent pricing structure, based on level of need.
30. Procurement for the new framework is now complete and the new model will be in place from 1 January 2017.

31. Through the development of the new model two options were identified which relate to future delivery of CLC. The two proposals are intended to support cost effective commissioning and contribute to the delivery of efficiency savings as outlined in the MTFS.

Proposals for the Future Delivery of CLC across Leicestershire

32. Following the review process two proposals, applicable to both in-house and independent CLC services have been scoped to enable a more streamlined, consistent and robust approach to the commissioning of CLC services in the future:

Proposal A - Service users who are in long term residential care (receiving support on a 24/7 basis) should no longer receive CLC services in addition to this.

33. Based on analysis of current data out of 849 individuals there are 132 (16%) individuals receiving permanent long term 24/7 residential care that are also accessing CLC support.
34. The table below provides the total number of service users who are currently receiving 24/7 residential care and support and of that total, the numbers who access CLC support services:

Primary Need	No of service users in residential care		No of service users in residential care also receiving CLC	
	Age 18-64	Age 65+	Age 18-64	Age 65+
Learning Disability	363	70	87	27
Physical Disability	79	1944	7	6
Mental Health/Social Support	99	551	5	

Data: 2015/16, numbers under 5 are rounded

35. Residential care providers are contractually required to provide daytime support as individual needs require. The residential care contract states:

“The primary function of a Care Home is to support and maintain a person's quality of life by providing a level of personal care more intensive than that which could be provided on a community basis. The Service Provider (at no extra cost to the Service User) shall provide leisure opportunities, social activities and reasonable access to a telephone for Service Users.”

36. The above data shows that 86% of the people using CLC services who are in residential care have a learning disability, which is the largest cohort compared to other categories of need. However, of the total number of people with a learning disability living in residential care, only 26% also receive CLC services, whilst the majority (74%) do not receive these additional services. In addition, 95% of people in

residential care do not receive any CLC support services. Therefore, it is clearly evident that there is an inconsistent commissioning approach for those in long term residential care in terms of access to CLC services.

37. It is proposed that anyone receiving long term 24/7 residential care should not also receive CLC support. However, it is accepted that potential individual exceptions maybe required where there is a clear likelihood of significant impact on the safety or wellbeing of individuals identified through an individual review of needs.
38. It must be highlighted that the principle described reflects a common approach to the commissioning of services in many other local authorities (including Leicester, Nottinghamshire, and Rutland) as identified in the review process, where clear and robust policies are in place to ensure that the most cost effective care is commissioned, ensuring equity across all client groups.
39. The adoption of Proposal A would enable more equitable access to support for people to CLC services in Leicestershire and ensure a clear and consistent approach to the commissioning of CLC services.

Proposal B - The current number of commissioned weeks of service be reduced from 50 weeks per annum to 48 weeks per annum.

40. Fifty weeks of CLC is currently commissioned per person per annum due to public holidays.
41. Given the financial target savings required within the MTFS it is proposed that both existing and new service users, will receive up to a maximum of 48 weeks of CLC services.
42. This proposal is considered achievable as a number of service users will have holidays throughout the year and the impact to them will therefore be minimal. However, it is accepted that potential individual exceptions may be required, for example:
 - If it is evident that there is a significant risk or negative impact to an individual/family carer, for example mental or emotional distress;
 - Where alternative support would be more costly.

Consultation and Engagement Overview

43. On 18 July 2016, the Cabinet agreed to a formal six week public consultation exercise to take place from 25 July 2016 to 4 September 2016 to seek views on each specific proposal as detailed above from the general public, service users, carers, providers and partners through a questionnaire (either online or paper) and targeted consultation activity involving those who may be directly affected, particularly those currently accessing CLC support, carers and providers.
44. Following feedback from CLC providers, relatives and family carers of those accessing CLC services it was felt that the six week consultation period was challenging as many people would not have the opportunity to respond during the summer period.

45. The Director of Adults and Communities authorised an extension of the consultation period for a further two weeks and therefore the consultation closed for responses on 18 September 2016.
46. The consultation aimed to understand the potential impact of each of the two proposals if implemented, to identify any potential exceptions required, and to inform the most appropriate implementation approach which ensures minimum disruption to individual packages of care.
47. The promotion of the consultation to individuals and families was carried out via providers. Recognising that they could support people who use their services and their families to express their views about the proposals. This approach ensured support was available to people who might become anxious, or who had specific communication needs.
48. Wider promotion of the consultation has been undertaken in the form of soft social media communication to key stakeholders such as Clinical Commissioning Groups (CCGs), Leicestershire Partnership Trust (LPT), University of Leicester Hospitals (UHL), Healthwatch, and Patient Participation Groups. A detailed report of the outcomes of the consultation is attached as Appendix A.

Face to face Consultation Activity

49. A total of 22 face to face consultation meetings took place around the County. These were largely held at existing CLC services and at residential homes for individuals and families as well as three specific events in the north, south and centre of the County for families, friends and carers. In addition, four meetings were carried out within carer groups that are organised by the county carers support provider, Voluntary Action South Leicestershire.
50. 427 customers, carers, provider staff and other stakeholders attended face to face meetings where the proposals were discussed.

Questionnaire responses

51. A total of 486 responses via the questionnaire were received. The table below illustrates the yield of responses by engagement group (as specified on the consultation questionnaire) as a percentage.

Engagement groups	Percentage of completed questionnaires by engagement group
Users of community life choices	25%
Family member/carer of an adult who uses community life choices	39%
Interested members of the public	17%
Members of council staff	3%
Part of a voluntary sector organisation or charity	4%
Representative of a Community Life Choices provider	5%

Representative of a residential care home	3%
Representative of another organisation	4%

Consultation outcomes

52. The consultation encouraged respondents to comment on the proposals and a wide range of opinion was captured as summarised below for each of the proposals:

a) Proposal A

Many of the respondents that disagreed with this proposal felt that it will take away an individual's choice and decision making about their lives. They felt that the majority of the 130 people will feel isolated and lose friendships that they have made from attending CLC services. However, those who agreed with the proposal felt that it is wrong for the Council to fund people twice and that it should be included within care home packages.

b) Proposal B

For those people that disagreed with this proposal they felt that users of the CLC service will stay at home which will then impact on the carer's health and wellbeing. However, many people thought that a reduction of two weeks is manageable, as holidays are taken in the year and that it would be better to have a reduction than no service at all.

Potential Mitigation Actions

53. The tables below detail potential impact to service users, family carers and providers with detailed consideration of potential mitigating actions for each of the proposals:

Proposal A (ending of the commissioning of CLC for those in residential care)

	Potential Impact	Mitigating Action
Service User	- Reduction of stimulation and increase of isolation - Loss/maintaining friendships - Individual choice taken away	Officers through the individual review process will determine what activities (internal and external) the home is able to provide. Individual reviews should identify where friendships will be impacted and seek to address with care homes and families through support arrangements. Ensure where appropriate that families are included within the review process so that the individual is well represented.

	• Deprivation of Liberty (DoL) • Reduced quality of life • Lack of safeguarding reporting	The comprehensive review process will also take into account if a Best Interest Assessments is required which will include addressing DoL. Through discussions with care home providers and through compliance checks, the Council will ensure that the care homes are offering meaningful social activities to meet individual needs. This could potentially include joining up with current CLC services. The Department has in place Safeguarding processes and procedures for reporting any issues/incidents. The Equality and Human Rights Impact Assessment (EHRIA) will also include potential impact and actions to be addressed.
Provider - CLC	Financial – loss of revenue	CLC providers will be encouraged to partnership work with care home providers to discuss joined up opportunities, to help mitigate any revenue shortfall.
Provider - Residential	Financial – increase in staffing costs	Officers during the review process will consider financial impact in terms of increase in staffing, feasibility of offering activities to meet individual needs and overall financial sustainability. Officers will work with providers to consider potential solutions, including the sharing of good practice from other residential homes.

Proposal B (reduction to 48 weeks)

	Potential Impact	Mitigating Action
Service User	Health and Wellbeing • Reduced stimulation • Isolation • Challenging behaviour	The reduction in two weeks will be flexible and the choice of when this is taken will be discussed between the CLC provider and the individual/family carer, to ensure minimal impact. This shall be managed during the review process. The EHRIA will also include potential impact and actions to be addressed.
Family Carer	Health and Wellbeing	As part of the individual review process, officers will determine impact to carer and if alternative support would be required. The EHRIA will also include potential impact and actions to be addressed.
Provider - CLC	Financial Loss of revenue	Providers to manage this through effective business planning and also feasibility of self-funder income.

Conclusion and recommendations

54. During the consultation process a range of views have been collated, as summarised above and detailed within the consultation summary attached as Appendix A to this report. The consultation has further informed consideration of circumstances where implementation of the change may have a significant impact on the individual.
55. Bespoke staff and provider training will be delivered prior to any reviews being undertaken in order to ensure that all the issues identified above and in the EHRIA are fully addressed and the whole impact of change is understood, addressed and managed on an individual basis.
56. It is recommended that Proposal A is agreed. Throughout the review process it has been highlighted that there is a need to ensure that there is a more consistent and equitable approach to commissioning CLC services. All new admissions to residential care should not also be funded to access CLC services.
57. Prior to implementation, the provision for all current service users accessing CLC would be reviewed prior to any changes being made to their support package. This would be undertaken in partnership with providers and the individual/family or their representative to ensure individual impact is effectively considered and individual exceptions applied based on individual needs where relevant.
58. It is recommended that Proposal B is agreed. To meet the MTFs target the number of weeks commissioned should be reduced.

59. The provision for all current CLC users will be reviewed prior to any changes being made to their individual support packages. The impact of any proposed change will be assessed within the review process and if it is deemed that the individual would need alternative support, for instance domiciliary care or carer respite, then the Department will commission the most cost effective care solution.
60. In all circumstances the review process will ensure that all potential negative impacts and relevant mitigating actions are effectively identified prior to consideration of exceptions to both proposals.

Background Papers

- Report to the Adults and Communities Overview and Scrutiny Committee: 6 September 2016 - Community Life Choices Framework 2017-20 and Consultation on Future Delivery
<http://ow.ly/ZgRp304lqbJ>
- Report to the Cabinet: 18 July 2016 – Community Life Choices Framework 2017-20 and Consultation on Future Delivery
<http://ow.ly/UK2R304lgex>

Appendix

Appendix A – Public consultation summary
Appendix B - EHRIA

Relevant Impact Assessments

Equality and Human Rights Implications

61. The EHRIA is attached as Appendix B. The EHRIA screening of the CLC plans was considered by the Adults and Communities Departmental Equalities Group (DEG) in March 2016. The consultation results have informed the full EHRIA report which has also been considered by members of DEG, which is attached as an appendix, to assist in the exercise of the Public Sector Equality Duty under the Equality Act 2010. The Equality Act 2010 imposes a duty on the local authority when making decisions to exercise due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who have a protected characteristic and those who do not.
62. The full report highlights the need to protect those groups most affected by the proposed changes, particularly people with learning difficulties and the carers of those with the highest needs and most challenging behaviour. It addresses concerns raised during consultation and identifies the need for robust and sensitive consideration of individual needs. The added protection of considering exceptions where there are health and wellbeing concerns arising from implementing the changes is designed to ensure that we enable the most appropriate and cost effective services to be provided in all cases.