Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 20 MARCH 2018 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Vice Chair in the Chair)

Councillor Chaplin
Councillor Cutkelvin
Councillor Pantling
Councillor Thalukdar

In Attendance

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

* * * * * * * *

77. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Aldred and Dr. Chowdhury. Councillor Cutkelvin was present as a substitute for Councillor Aldred.

78. DECLARATIONS OF INTEREST

There were no declarations of interest made.

79. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 12 December 2017 and 23 January 2018 be confirmed as correct records.

80. PROGRESS ON ACTIONS

There was nothing further to add to the actions.

81. PETITIONS

The Monitoring Officer reported that no petitions had been received.

82. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

83. JOINT LLR DEMENTIA AND CARERS STRATEGIES - UPDATE

The Strategic Director for Adult Social Care and Health submitted a report to provide an update to the Commission on the two LLR Joint Strategies for Dementia and Carers which were in the consultation phase.

Bev White, Lead Commissioner, delivered a presentation on the draft LLR Living Well with Dementia Strategy 2019-2022 (attached to the minutes), and attention was drawn to the following points:

- The draft Strategy had been through governance processes with partner organisations and consultation on the draft would begin the first week in April 2018;
- The Strategy set out the ambition to support people to live well with dementia, in line with the national strategic direction, with reforms to be achieved by 2020;
- Priorities identified were:
    - to improve health care
    - to promote awareness and understanding
    - research
- The strategy was for people with memory problems or who had a dementia diagnosis, and support for families, carers and organisations;
- Partner organisations would deliver individual action plans. LCC would also develop its own action plan, and would be brought to a future meeting of the Scrutiny Commission;
- Plans would be overseen by the Dementia Programme Board;
- The vision, guiding principles and aim of the strategy were outlined. It was noted the Dementia Support Service was one product of the Strategy;
- Actions detailed in the Strategy were subject to consultation and still draft. Actions would drop down into individual actions plans, depending on the nature of the action and the organisation;
- The pilot of actions with care homes sat under the 'diagnosing well' principle, and was a tool for care home staff to work with residents they thought might have dementia, and informed the Commissioners of what support was needed;
- Included in the Strategic Action Plan, but if it dropped into LCCs action plan, the Local Authority Commissioners would need to work with the care home providers in the city;
- Part of the Commissioner's role was to work with contracts and insurance. Working in a difficult financial climate, it was essential to link up and make the best use of resources.

The draft LLR Carers Strategy 2018-2021 was presented (attached to the minutes), and the following points were made:

- A link was included to the consultation website, which would run until 22 April 2018;
- Consultation on the Strategy was hosted by Leicestershire County Council, who would provide information for the City to analyse;
- LCC will develop a city wide action plan taking the actions contained within the Strategy and detailing how these will be delivered in the City. The action plan will also contain priorities for carers from other strategies, e.g. mental health.
- It had been developed using survey and performance data and updates from the National Carers Policy Network, national and local good practice;
- Authorities were waiting for the National Adult Social Care Green Paper which would include actions on carers;
- The city's Action Plan would be brought to a future meeting of the Commission to see how it was performing on actions;
- The definition of a carer was provided, and guiding principles on the support for carers outlined;
- Priority 1, Carer Identification, was a key theme, with difficulties in getting carers to recognise themselves as carers;
- All priorities were draft and could be amended during the consultation process;
- A final document would be launched September 2018.

The Commission welcomed the dementia toolkit for care homes and the further information that would be gained from its use. It was acknowledged the work in a care home was an exhausting role, and that care homes should ensure their staff were fully trained. Concern was raised that staff should not have to undertake training in their own time. It was noted that the fee for people in homes included training. The LLR Social Care Group gave free training, and was supported with funding from LCC.

Under the principle of Dying Well the Commission noted it was important to recognise that a person with dementia could still have choices on end of life care. Members were informed it had been recognised that this work area was the least well developed locally The Programme Board was ensuring support links between end of life and people with dementia were robust, and were confident the right people were on the group through CCGs, and had been given a fairly generous time scale, as it was the most under developed. End of life support was part of the conversation had with people admitted to care homes, and included end of life, for example, DNR, signed off by a clinician. Those conversations were had with the individual and supported by family.

It was noted that whenever someone was flagged to Adult Social Care as having dementia the authority would always assess the individual to see if they were eligible for support. Support for a carer was referred through the Care Pathway.

Detailed action plans would be developed to support the Strategies and would include more narrative. The delivery plan for the City Council might be jointly with CCGs, and would be brought to a future meeting of the Commission.

Officers were asked how much of a barrier was peoples' inability to understand the process and get the support they needed. Members were told some people did not recognise that they had dementia, and it was usually noticed by others, for example, family members. Others just believed it was memory problems. One activity in recent years was a raising of awareness nationally about dementia amongst the general public, for example, a Christmas advert of a family getting together. If there was a problem, people should go to a GP who would run diagnostic tests and refer the patient to a clinic. Over 80% of people with suspected dementia in the City have been referred for a formal diagnosis– high compared to the rest of the country. It would be difficult to get to 100% diagnosis, particularly for those people who were living alone.

The LLER Dementia programme Board reports into the Sustainability and Transformation Partnership (STPnd had members attending the Dementia Programme Board also attend other workstreams of the STP. A lot of work on dementia was already being undertaken, for example making sure everyone knew what dementia was, with the memory pathway embedded across the area providing education for workers.

In response to Members' questions, the following points were made:

- In terms of autism, Adult Social Care were leading on the development of the Autism Strategy, and it was being written by officers in the same team of people who wrote the Dementia Strategy to help avoid duplication;
- Officers were confident about the County's consultation processes;
- There were no problems with the current strategy having expired. The Department was waiting for the National Carers Strategy to be produced, and groups were continuing to provide support;
- Getting people to identify as carers was difficult, as they were usually husband, wife, son or daughter. If a person was flagged up as a carer questions could be asked about what support they needed, if they were happy to continue, could they be referred to support services, have they access to benefits and receive support, for example respite care;
- A problem noted was that being recognised as a carer did not always translate to another organisation, for example, the DWP or LCC. In GPs' surgeries there were care navigators to help bridge the gap between organisations, which may help if say a carer wanted a tenancy amending;
- Carer training was required to be delivered by organisations in communities. The new contract in 2019 would also require carer training to be delivered to all communities in Leicester;
- LCC had carer-friendly policies for workers and a carer support group. Identified as a need was work on carer-friendly communities, which would be looked at in the Strategy. This could work through chatting, realising someone had not been seen for a while, for example, and in pharmacy or grocery shops noticing someone had not been there recently. Simple actions could have a profound impact;
- It was essential that older carers of someone with disabilities had the difficult conversation about supported living for when the carer died, preferably when the child was at a young age. Very often people with

disabilities were presented to the service in crisis because arrangements after the death of a carer had not been made;
- The Carers Allowance was a government allowance received through different channels. Through Adult Social Care carers received benefits advice.

The Chair drew the discussion to a close, thanking officers for the informative discussion, and asked that the detailed action plans be brought to a future meeting of the Commission.

Councillor Cutkelvin suggested a recommendation to the Housing Scrutiny Commission around housing and tenancies, that it be recognised that there was a number of definitions for the term 'carer' between different organisations that could have a legal and financial impact on the carer with regards to financial benefits, and clarity was sought on the legal rights for tenants in the housing legal structure.

The Assistant City Mayor for Adult Social Care and Wellbeing noted the issue should be developed into a recommendation to the Housing Scrutiny Commission that there should be carers' rights to have cross-over of a tenancy. Wording for the recommendation would be developed by the Chair with the assistance of the Scrutiny Policy Officer.

AGREED:

that:

1. The two LLR Joint Strategies for Dementia and Carers be welcomed;
2. Detailed action plans would be developed for the Strategies, and brought to a future meeting of the Scrutiny Commission;
3. A recommendation be submitted to the Housing Scrutiny Commission to look at carers legal rights in the housing legal structure, and rights to have cross-over of a tenancy, wording to be developed by the Chair and Scrutiny Policy Officer.

84. JOINT COMMISSIONING OF DOMICILIARY CARE SUPPORT SERVICES

The Strategic Director for Adult Social Care and Health submitted a report to provide the Commission with an overview of the process to jointly commission/procure a new domiciliary support service across health and social care, and on how the new services had been operating since October 2017.

Sally Vallance, Joint Integrated Commissioning Board Lead, delivered a presentation (attached to the minutes), and attention was drawn to the following points, and questions from Members answered:

- Commissioning had been a four-stage process of information gathering, planning, making it happen, and review;
- Over 600 people had responded to say what proprieties for a domiciliary support service were. Providers of care were also part of discussion on how the system could be improved and were pleased to be engaged at an early

stage;

- Key messages from engagement were the importance of continuity of care, carers arriving on time and carers being strong communicators, friendly and naturally caring;
- It made sense to commission with health as sometimes there was competition between agencies which could increase prices;
- The chosen model was that the Council would lead on procurement, arranging brokerage of placements in care organisations on behalf of both health and the authority, contract management, and quality assurance;
- The second stage of planning ensured a smooth transition to the new providers. Legal documents (such as contracts and agreements) were written by both organisations and included things most important for service users;
- A lot of work was undertaken on the selecting of the right care providers;
- A written agreement between the Council and CCG mapped out arrangements between them;
- 500 service users facing a change were supported;
- When making the change all service users had been transferred safely. Numbers of people that had been a struggle to place were very low compared to previous years, which showed the strength of the model;
- There was a good working relationship between providers and health, and continued to work collectively to address issues;
- All with a stake in the service had helped with the success of the change, which had taken approximately two years;
- The average time for people awaiting care was 9.6 days. in terms of those where it was a struggle to make a placement, individual assessments were undertaken and their needs met by other services, for example, the community re-ablement service would be involved;
- As part of work undertaken, the department included costs around training and the National Minimum Wage, and established a baseline. When considering the increase for 2018/19, the National Living Wage would be taken into account as part of the budget. Members asked for clarity detail on whether it was an uplift of the Living Wage or Minimum Wage to ensure those working were recognised for their work. It was clarified that National Living Wage and National Minimum Wage were covered by the uplift;
- The Local Authority led on buying services, and that cost was charged back to Health. Costs around contract management and quality assurance were recharged to the CCG;
- A service user would not see a change if they needed to transition from one funding stream to another as it was easier to move and they would rarely face a change in provider;
- There were currently five domiciliary support providers contracted to work with the Council rated by the CQC as ‘Requires Improvement’. Whilst the CQC inspection rating couldn’t be amended by the Council, the providers were receiving regular visits from the department and one of the services was not able to accept new cases. Regular discussions were held with the CQC and the department to coordinate a response. Also to note was that the department undertook its own quality assurance checks;
- With regards to safeguarding, all organisations with a contract with the

Council had been through a CQC inspection. The safeguarding process would be instigated if any issues arose;

- When determining fees the National and Minimum Living Wage was taken into consideration. Over-25s received the National Living Wage;
- If a direct payment was made to purchase own support, money would be clawed back if not used on care;
- All carers had general first aid training and a long list of training requirements were covered in the contract. For the more complex health needs, nurse oversight was required.

The Chair requested that more information on the providers the council worked with, and for the mean age of workers to be brought to a future Commission meeting.

The Chair noted that during the two bad cold spells every carer in the city and county managed to get to the people who needed care services, which she considered outstanding. She asked that her gratitude be passed on to all of those carers, who she said undertook a very difficult role, and asked that a letter be sent to all providers to thank their staff. The Director for Adult Social Care and Commissioning was asked to produce and distribute the letter on behalf of the Chair.

AGREED:

1. That the report be noted;
2. Members asked that when considering the budget for 2018/19 that clarity be provided on whether the National Minimum Wage or Living Wage was taken into consideration;
3. That more information on the providers the council worked with, and mean age of workers be brought to a future Commission meeting.
4. The Director for Adult Social Care and Commissioning to produce and distribute the letter on behalf of the Chair to thank providers and their staff for outstanding work during the cold weather periods.

<u>Information Update from the Director for Adult Social Care and Commissioning after the meeting</u> - Information around the uplift for domiciliary care rates:

The current domiciliary care contract allows for the Council to apply at its discretion an inflationary increase (or decrease) to the price applicable for the following year. Such inflationary increases will have regard to changes in the National Minimum Wage (for those aged 21 to 24 – and accounts for 12.8% of the workforce), National Living Wage (for those aged 25 and over – and accounts for 87.2% of the workforce), and the minimum employer pension contribution rate on the existing hourly fee rates for Day, Waking Night, and Sleep-in Payments.

85. LEICESTER AGEING TOGETHER - INTERIM REPORT

Ruth Rigby, Programme Lead (Leicester Ageing Together) submitted a report to the Commission the outline the aims, ambitions and progress of the Leicester Ageing Together programme. The following points were made:

- The Big Lottery-funded programme hosted by Vista had now worked with 5,100 people over 3 of four years and it was anticipated the target of over 6,000 would be met;
- The project is working to reduce social isolation and loneliness amongst people over 50, and was gathering as much information as it could about what works;
- The programme had undertaken a significant amount of work in capturing learning;
- A series of learning events would be opened, one to be held every two-three months until the end of the programme. Councillor Dempster, Assistant City Mayor for Adult Social Care and Wellbeing, will open the first of these events at De Montfort University on 18th May. An invitation was given for Members of the Scrutiny Commission to attend;
- There would also be a Learning Library with an online resource of reports and videos of events;
- There were questions around the programme legacy and sustainability. During the course of the programme. It was explained that the programme fully understood the Council's and CCG financial position, bit over 1,000 volunteers were recruited through a workforce development programme, a significant number of who wanted to develop further work skills, which would support the long term sustainability of the individual projects;
- The programme was working with DMU to support community members to further develop their skills as researchers. Talks had taken place with DMU for community researchers to graduate in some way from the University. This work was ongoing;
- With regards to sustainability, there had been some services that had demonstrated a significant impact on isolation and loneliness, and the programme was keen to help those organisations identify further funding through Support and Review processes;
- Activities had been focussed on assisting organisations to identify primarily charitable resources as it is recognised there was not a significant pot of money in the statutory sector.
- Any future services would not necessarily be the same as the current range of services;
- 53% or the people that had been worked with were Asian, and a further 10% Caribbean. Women only sessions were held, taking in account specific cultural needs within the Muslim community;
- Wards selected were chosen in conjunction with the City Council. City-wide services had targeted people with hearing loss, people confined at home and people leaving hospital. The support for people leaving hospital was provided by the CCG, alongside Leicester Ageing Together;
- There was also a service aimed at working with people with disabilities to give them IT skills. The project had now terminated.

The Chair welcomed the update and acknowledged the hard work undertaken to support the people in the city.

AGREED:

1. That the report be received and welcomed.

86. RE-PROCUREMENT OF DIRECT PAYMENTS SUPPORT SERVICE

The Strategic Director for Adult Social Care and Health submitted a report which provided the Commission with an overview of the re-procurement of the Direct Payment Support Service framework. The Commission was recommended to note the report and provide any feedback.

The following points were made:

- Having been through a competitive procurement exercise, the framework had been established for four years from 1st April 2018, and successful bidders were Mosaic and Purple Conversation;
- The Direct Payment Support Service (DPSS) supported people who chose to receive direct payments to purchase and manage their care. The service was in the process of transferring people over to Mosaic or Purple Conversation;

Members raised concern over data held by the providers who did not win under the competitive tending process and were informed that all contracts with the previous providers had a clause regarding data protection, and it was the responsibility of the provider to delete the data. If there were any issues over organisations disposing of personal data, the Council would provide support if needed.

The Chair thanked the officer for the update.

AGREED:

1. That the report be noted.

87. ASC INTEGRATED PERFORMANCE REPORT 2017/18 - QUARTER 3

The Strategic Director of Adult Social Care and Health submitted a report which brought together information on various dimensions of adult social care (ASC) performance in the third quarter (first nine months) of 2017/18. The Commission was requested to note the areas of positive achievement and areas for improvement.

The Director of Adult Social Care and Safeguarding presented the report, and made the following additional points and answered questions from Members:

- In summary, performance had improved compared to 2016/17;
- Some data for measures in Priority 5 (Transitions) could now be reported though further work on data quality assurance was required;

- Admissions to residential and nursing care remained higher than planned, but the Council's activity in terms of the proportion of people supported at home rather than in a care home compared favourably to other authorities, and numbers were reflective of higher need;
- There had been a significant improvement in workforce performance, with sickness levels reduced by 15%. Absence management procedures were robust and could include referral to IPRS, or AMICA. Figures included those engaged in physical activity at work and could include small numbers of people on long term sick which would affect figures. There was also a need to support people facing issues, either at work or home life, but it was sometime appropriate that people left the organisation if necessary;
- The national performance framework for ASC (ASCOF) published data for 2016/17 showed the authority compared favourably with other authorities with social care responsibilities in relation to self-directed support;
- There was pressure from the number of people receiving some support after contact, though fewer people were in receipt of long-term support;
- Results from assessment forms show customer feedback on interactions remained positive;
- There were some challenges to be faced, for example, the number of people at home 91 days after re-ablement had worsened during Q3;
- It was explained that re-ablement was for people with physical / functional difficulties. Enablement for people with learning / mental health difficulties or other needs impacting on their ability to connect and live independently within their community. Working with people in hospital, Adult Social Care staff decided on the correct pathway, and took part in ward rounds and conducting assessments;
- It was expected that a proportion of people over the age of 85 would pass away within 12 months following a stay in hospital. ASC had to maintain an oversight to ensure people entering the re-ablement pathway could be re-abled, if not fully independent, if it was not more appropriate to access other service such as mainstream domiciliary care;
- It was noted that a data error had been identified after the dispatch of papers, in relation to Enablement outcomes, with the actual figures being higher (better) than reported. This would be amended in future reports;
- With regards to the number of alerts received in Q3 2017/18 of 578, there was nothing to suggest that the figure was an outlier against other regional benchmarks, and was not substantially different to the previous quarter's figures;
- There was no clear answer or single reason as to why numbers of new adult service users with mental health issues were increasing, but there were lots of issues around deprivation, employment, income, health, cuts in services, alcohol and drug use, as possible factors for the increase.

Councillor Cutkelvin left the meeting at this point.

- During November there were no delayed transfers of care relating to adult social care. In December, Leicester was the top-ranked local authority, in January, a single day's delay for one individual took the authority from position one to position four, indicating the small margins for change in the

ranking process. However, the authority had ranked in the top five for performance for a sustained period of time;
- Staff routinely worked in hospital on a Saturday, providing a wrap-around discharge service, and good feedback had been received from partners;
- People requiring adult social care were not discharged late in the evening or during the night. Officers did provide unplanned and emergency support through Integrated Crisis Response Service, who were available to provide support to facilitate people going home;
- A small income was received from the regional network for time colleagues gave to help other authorities understand how Leicester's approach to safe transfers of care worked. It had also drawn in colleagues from other council areas to form a group to offer peer review;

The Assistant Mayor, Adult Social Care and Wellbeing, noted that in recent years adult social care had fundamentally improved. She added that looking at the data and report, the financial position was very challenging, and people were working in a very difficult environment, but managing, and had provided a very positive picture over the past few years.

The Chair asked that a letter be sent to the ASC Department to thank officers for their work. The Director of Adult Social Care and Safeguarding to meet with the Chair to agree the wording for the letter.

AGREED:

1. That the report be noted;
2. The Chair and Director of Adult Social Care and Safeguarding to meet to draft a letter of thanks to the ASC Department.

88. END OF LIFE TASK GROUP UPDATE

The Chair informed the meeting that the report was almost complete and would be emailed to the Scrutiny Commission Members for comment, to enable completion in time for the Overview Select Committee meeting on 5th April 2018.

AGREED:

1. That the report be circulated for comment to the Adult Social Care Commission Members.

89. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

All Members of the Commission were invited to pass suggestions of items for inclusion of the work programme to the Chair. The following additional items were requested for inclusion:

- Autism
- Procurement for Adult Social Care services
- Impacts of the Transformation Programme for the health services across the City, County and Rutland, on the social services for those authorities

and the STP

AGREED:

1. That the Adult Social Care Scrutiny Commission Work Programme be noted.

90. CLOSE OF MEETING

The meeting closed at 8.02pm.

Leicester, Leicestershire & Rutland's Living Well with Dementia Strategy 2019-2022 Consultation

Presentation to ASC Scrutiny Commission 20th March 2018

Key Points of the draft Joint Dementia Strategy 2019-2022

- Shared vision and guiding principles for recognising, valuing and supporting people living with dementia and their carers
- Leicester City Council, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland.
- Partner organisations that have been involved in the development of the strategy include Healthwatch (Leicestershire and Rutland), Alzheimer's Society, Age UK Leicestershire, The Carers Centre, LPT, UHL, De Montfort University, Leicestershire Police
- Draft currently being signed off by partners
- Consultation will begin in April

Key Points of the draft Joint Dementia Strategy

- Our Strategy sets out the ambition to support people to live well with dementia
- The national strategic direction - The Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020
- The priorities identified within this are:
  - To improve health and care
  - To promote awareness and understanding
  - Research
- Strategy is informed by what people have told us about their experiences either as a person living with dementia or as a carer
- Strategy is for people with memory concerns, a dementia diagnosis, their families and carers and the organisations supporting them

Monitoring progress

- The Dementia Programme Board is part of the Sustainability and Transformation Plan (STP) governance structure have led on the development of this strategy
- During the consultation phase more detailed action plans will be developed to further capture both partnership and ensure all key activities, timescales and measures of impact are in place.
- These action plans will be overseen by the Dementia Programme Board which will report progress to the Home First Programme Board.
- Partner organisations will report progress through their own governance arrangements

Vision, Guiding Principles and Aim

This strategy has been guided by principles developed by NHS England in their transformation framework; this 'Well Pathway for Dementia' is based on NICE guidelines, the Organisation for Economic Co-operation and Development framework for Dementia and the Dementia I-statements from The National Dementia Declaration.

Our vision is that Leicestershire, Leicester and Rutland are all places where people can live well with dementia through the following guiding principles:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

We aim to create a health and social care system that works together so that every person with dementia, their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

LLR Dementia Strategy Delivery Plan 2019 - 2022

This delivery plan will be refreshed on an annual basis to ensure its relevance. Actions have been agreed as a result of engagement with stakeholders and feedback from public consultation. Each member of the LLR Dementia Programme Board will reflect these delivery actions in their own organisational plans and the needs of under-represented groups will be considered in all of the actions listed below.

Action	Responsible	Guiding Principle	Actioned By
Pilot the Dementia Friendly general practice template and consider how to rollout more widely	CCGs	Preventing Well	2019/2020
Promote health checks in primary care	CCGs	Preventing Well	2019/2020
Increase Public Health involvement in the work of the DPB	LLR Dementia Programme Board	Preventing Well	2019
Review memory assessment pathway and referral processes	CCGs & LPT	Diagnosing Well	2019/20
Promote memory pathway	LLR Dementia Programme Board	Diagnosing Well	2019/20
To develop a process to increase the number of people receiving a dementia diagnosis within 6 weeks of a GP referral	CCGs	Diagnosing Well	2020/21

LLR Dementia Strategy Delivery Plan

Action	Responsible	Guiding Principle	Actioned By
Work with Care Homes to pilot and roll out the dementia diagnosis toolkit	CCG & Local Authority Commissioners	Diagnosing Well	2020/2021
Monitor the Dementia Support Services contracts and take action as appropriate	Local Authority Commissioners	Supporting Well	ongoing
Raise awareness of dementia with housing providers	LLR Dementia Programme Board	Supporting Well	2020/2021
Contribute to a review of the workforce development offer to ensure a focus on high levels of expertise when delivering personal care	Health and Social Care professionals and workforce development providers	Supporting Well	2019/2020
Continue to focus on improving the in-patient experience and discharge pathways	LLR Dementia Programme Board	Supporting Well	2019/2020
Promote Dementia Support Services across LLR	Health & Social Care professionals & providers	Living Well	2019/2020

LLR Dementia Strategy Delivery Plan

Action	Responsible	Guiding Principle	Actioned By
Support the work to improve residential provision for people with complex dementia	CCG & Local Authority Commissioners	Living Well	2019/2020
Support the Dementia Action Alliance to develop more dementia friendly communities	LLR Dementia Programme Board	Living Well	2019/2020
Develop routine engagement processes with people living with dementia and carers to inform our work	LLR Dementia Programme Board	Living Well	2019/2020
Review the dementia information offer to ensure it covers a range of topics, including accommodation options	LLR Dementia Programme Board	Living Well	2020/2021
Review the current care and support standards used across LLR and agree a common set	Health & Social Care professionals & providers	Living Well	2020/2021
Work with care homes and other providers to develop training and support to manage crises and work with reablement principles.	Health and Social Care professionals and providers	Living Well	2020/2021
Make stronger links with STP End of Life work-stream	LLR Dementia Programme Board	Dying Well	2019/2021

LLR Carers Strategy 2018 – 21 Consultation

Presentation to ASC Scrutiny Commission 20th March 2018

Key Points of the draft Joint Carers Strategy 2018-2021

- Shared vision and guiding principles for recognising, valuing and supporting carers
- Leicester City Council, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland.
- Partner organisations that have been involved in the development of the strategy include Healthwatch (Leicestershire and Rutland), Alzheimer's Society, The Carers Centre, Voluntary Action South Leicestershire (VASL) Barnardo's and Age UK Leicestershire.
- https://surveys.leics.gov.uk/snapwebhost/s.asp?k=152034512740
- Consultation live now until 22nd April

Key Points of the draft Joint Carers Strategy 2018-2021

- Developed using analysis of survey and performance data, and updates from the National Carers Policy Network
- Clear focus on local carer views and experiences collected through significant engagement undertaken in 2017 and earlier research and engagement work.
- Previous carers strategy expired in 2016

Monitoring Progress

- The Carers Delivery Group is part of the Sustainability and Transformation Plan (STP) governance structure have led on the development of this strategy
- Positive carer support will impact across all workstreams.
- During the consultation phase more detailed action plans will be developed to further capture both partnership and ensure all key activities, timescales and measures of impact are in place.
- These action plans will be overseen by the Carers Delivery Group which will report progress to the Home First Programme Board.
- In order to ensure the involvement of carers in overseeing delivery of the strategy, a carer's reference group will be created which will track progress against key milestones.

Who is a carer?

- A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support
- There are many different types of carers, including
  - Working Carers – a carer who juggles paid work with unpaid caring responsibilities
  - Older Carers – an unpaid carer aged 60 or over
  - Parent/Family Carers- A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility
  - Young Carers- a child or young person, aged 18 years or under, who provides regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances
  - Multiple Carers/Sandwich Carers – those with caring responsibilities for different generations, such as children and parents

Leicester, Leicestershire and Rutland

Guiding Principles

1	2	3	4	5	6	7	8
Carer Identification	Carers are valued and involved	Carers Are Informed	Carer Friendly Communities	Carers have a life alongside caring	Carers and the impact of Technology Products and the living space	Carers can access the right support at the right time	Supporting young Carers

Underpinning Partnership response

Raising staff awareness across partner organisations Proactive communications to the wider public	Recognition of carers at appropriate points of the pathway Involvement of carers in service changes and new initiatives	Awareness raising and targeted training for frontline staff. Improving access to Information and Advice	Embedding carer awareness Support the development of local initiatives	Promoting carers within our organisations and other employers Support carers through flexible policies Benefits advice Flexible and responsive carer respite	Involving carers in housing related assessments, understanding carers perspectives Simplifying processes and ensuring information is consistent	More effective partnership working Support offer that is flexible and appropriate to needs	Focus on whole family Awareness raising and early identification Transitioning to adult services

Priority 1. Carers are identified early and recognised - Building awareness of caring and its diversity	
What we found	What we will do
Carer identification was a key theme. **Services that work with carers reported a difficulty in getting carers to recognise themselves as carers.** **Carers described not accessing support until they reached crisis point as they had not recognised themselves as carers before that point.**	• All partners will seek to support carers to identify themselves as appropriate • LLR Clinical Commissioning Groups will include information on carers and increase carer awareness in practice staff inductions. They will aim to increase the number of carers identified on GP practice registers. • Individual partners will work to make their carer registers robust.
How will we know if it's worked?	
• **Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services** • **Increase in carers referred to carer support services** • **Increase in the number of carers assessments offered**	

Priority 2. Carers are valued and involved - Caring today and in the future	
What we found	What we will do
Carers do not feel supported, valued or empowered in their caring role, often not being kept informed, or not seen as a key partner in care.	• Health and social care professionals will seek the input of informal carers at appropriate key points on the health and social care pathway in order to secure the best possible outcomes for the cared for. This joined up approach is particularly focussed on avoiding inappropriate hospital discharge and enabling timely discharge. • Commissioners will ensure that carers' views are sought and reflected in commissioning exercises. • Good practice in carer training will continue to be shared across partners.
How will we know if it has worked	
• **Increased satisfaction level from carers within the next national carers survey**	

Priority 3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting	
What we found	What we will do
There was recognition through engagement that information about carer issues was difficult to find and carers needed to actively seek out support and information rather than it being offered.	• Partners will review their information offer for carers to improve its accessibility. • All Partners will seek opportunities to raise awareness of local carers services
How will we know if it has worked	
• **Increase in the proportion of carers who say they find it easy to find information about services** • **Increase in carers identified** • **Increase in numbers accessing carer support**	

Priority 4. Carer Friendly Communities	
What we found	What we will do
Feedback included carers wanting services and support available "in smaller pockets within localities as access to services is often difficult due to the obscure shape of the localities". **Other feedback from carers included "help should be offered rather than having to ask for it"** **Those in minority or geographically isolated groups need support too.**	• Commissioners will take the views of carers into account in future commissioning exercises. This will include consideration of geographic and demographic profiles. • Encourage communities to support carers through awareness raising within existing community groups
How will we know if this has worked	
• **Carers report greater satisfaction in the accessibility of services**	

Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing	
What we found	What we will do
Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work **Carers cite financial worries as one of their biggest concerns.** **Carers highlighted that they often neglect their own health and wellbeing** **Carers also felt respite was essential to enable to them to continue within their caring role.**	• As employers themselves, partners will review their carer friendly policies and aim to set a good example to others. • The assessment process will consider the use of flexible and responsive respite provision to enable carers to have a break, including short beaks to families with a child with Special Educational Needs and Disability. • CCG's will continue to encourage carers to take up screening invitations, NHS Health checks and flu vaccinations, where relevant.
How will we know if it has worked?	
• **Working carers will feel better supported**	

Priority 6. Carers and the impact of Technology Products and the living space	
What we found	What we will do
The home environment plays a key part in enabling a carer to undertake their caring role. A carer's perspective should be considered throughout relevant assessment processes. Although most workers would consult carers and some positive feedback was received the approach was not consistent. **It was also found across LLR local authorities do not hold enough information on carers and their tenure status.** **Some Leicestershire carers found equipment often took a long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care.**	• The partnership will seek to involve professionals from housing, equipment and adaptations in work to improve the carers' pathway. This should include raising awareness of the issues facing carers with those organisations.
How will we know if it has worked	
• **Assessment processes will be more carer aware.**	

Priority 7. Carers can access the right support at the right time - Services and Systems that work for carers	
What we found	What we will do
Carers wanted to receive support that recognised their individual circumstances, and sometimes needed support to navigate through the system. **Throughout all engagement work carers felt access to services was challenging due to lack of integration (with the exception of many carers based in Rutland) and felt the services they received were often disjointed due to interdepartmental transfers or change in funding streams.** **Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together.**	• Assessments will take a strength based approach • Each partner will look at its carer's pathway to reduce the potential for a disjointed approach. • Opportunities for closer working between agencies will be considered at appropriate points in service reviews. • People will be signposted to sources of support post-caring
How will we know if it has worked	
• **Improvements in carer reported quality of life and satisfaction with social services.**	

Priority 8. Supporting Young Carers	
What we found	What we will do
Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children's to adult services. **Young Carers often miss education due to their caring responsibilities this can impact on them when it comes to employment.** **Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time.**	• All partners will take the needs of young carers into account in planning and assessment processes. • The assessment process will take a whole family approach
How will we know it has worked	
• **The impact of caring on young carers is taken into account in assessments and transition planning.** • **Young carers report improved outcomes at home, school or in employment.**	

Joint Commissioning of Domiciliary Support Services

What did we want to achieve

- Purchase the right care and support for around 2,500 Leicester City Council Service users each year
- Decide whether to join up with health commissioners in the CCG to jointly purchase this care
- Make sure we move people over safely to a new service where their care agency changes

Stage 1 – information gathering

- Wanted to understand what we buy, what works, what doesn't and how we could improve
  - Contacted other authorities, read reports, research and best practice
  - Gathered data on our own services e.g. volume, demand, cost etc.
  - Talked to care providers to understand their business and how changes we make would impact on them
  - Talked to people using the service to understand what is important to them in the services they received
  - Talked to ASC Scrutiny Commission to gather early views

What did we learn at this stage?

- Both LA and CCG spend around £10million each per year on domiciliary support to around 2,500 people at any one time
- Care providers were very pleased to be engaged early on and were generally happy with the way the system worked currently
- Service users were most concerned about carers arriving on time, the same carers visiting daily and communication skills/attitude of staff

Should we commission with health?

- Made sense to work together as we buy from the same care agencies
- The Council are good at checking on care providers to make sure they are doing a good job and are safe but this could be even better if combined with the clinical knowledge in the CCG
- Risks around the complexity of agreeing on everything across two organisations

Chosen model

- Options appraisals led to:
  - Decision to jointly commission with the Council leading on procurement, brokerage, contract management, quality assurance and payments
  - Continuation of the current way of buying services but strengthening what service users wanted to see from the care providers
  - Two categories for care – one general and one specialist (which includes nurse oversight)

Stage 2 - Planning

- Contract documents written by both organisations and including things that were most important to service users
- Plans for timescales for each stage of purchasing and for the change to new providers
- Communication plan to ensure everyone is kept informed, especially service users through the change
- Work with ASC scrutiny to explain the approach and gather feedback

Stage 3 – Making it happen

- Lots of work with care providers to tell them we were about to buy these services - we wanted a strong response
- Looking at all the applications from care providers and assessing which were the best
- Writing an agreement between the Council and CCG about how we will work together
- Supporting around 500 service users to either take a direct payment or move to a new care provider

Stage 4 - Review

- We have now been working jointly with the new providers since October 2017
- All service users transferred safely, most with their existing care provider, a few to a new provider
- Low numbers of people that we are struggling to place (in comparison with previous years)
- Good working relationships with care providers and health colleagues

Key lessons from the work

- Good relationships and communication with each other, service users and care providers all helped with the success of the change
- It takes a long time to do this work well – this change took about 2 years
- There is duplication in the way in which the Council and CCG do things and we often buy from the same care providers. Working together can overcome this but does take time

Any questions?