



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 19 JUNE 2018

TIME: 5:30 pm

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street,
Leicester, LE1 1FZ**

Members of the Committee

Councillor Cleaver (Chair)

Councillor Joshi (Vice-Chair)

Councillors Aldred, Chaplin, Osman, Thalukdar and Unsworth

(One unallocated non-group place)

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester and Leicestershire

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

for the Monitoring Officer

Officer contacts:

Angie Smith (Democratic Support Officer):

Tel: 0116 454 6354, e-mail: angie.smith@leicester.gov.uk

Megan Law (Graduate Scrutiny Support Officer):

Tel: 0116 454 0464, e-mail: Megan.Law@leicester.gov.uk

Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact **Angie Smith, Democratic Support on 0116 454 6354 or email angie.smith@leicester.gov.uk** or call in at City Hall.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 20th March 2018 have been circulated and the Commission is asked to confirm them as a correct record.

4. TERMS OF REFERENCE

Appendix A

The Committee is asked to note the Terms of Reference for Scrutiny Commissions as attached at Appendix A.

5. COMMITTEE MEMBERSHIP

The Commission is asked to note the membership of the Adult Social Care Scrutiny Commission as detailed on the front page of the agenda.

6. DATES OF MEETINGS OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION 2018/2019

Members are asked to note the dates of future meetings of the Adult Social Care Scrutiny Commission for 2018/2019 as follows:

All 5.30pm

Tuesday, 28 August 2018

Tuesday, 16 October 2018

Tuesday, 4 December 2018

Tuesday, 22 January 2019

7. PETITIONS

The Monitoring Officer to report on any petitions received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case.

9. ADULT SOCIAL CARE ANNUAL OPERATING PLAN 2018/2019

The Strategic Director for Social Care and Education to deliver a presentation.

10. BETTER CARE FUND OUTTURN REPORT 2017/2018 [Appendix B](#)

The Strategic Director for Social Care and Education submits a report to update the Scrutiny Commission on the outturn of the Better Care Fund (BCF) activity and performance for 2017/18. The Scrutiny Commission are recommended to note the contents of the report and make any comments to the Strategic Director.

11. ADULT SOCIAL CARE PROCUREMENT PLAN 2018/2019 [Appendix C](#)

The Strategic Director for Social Care and Education submits a report which provide the Adult Social Care (ASC) Scrutiny Commission with an overview of the procurement plan/activities anticipated to be undertaken by the ASC department during 2018/19. The Scrutiny Commission is asked to note the report and to indicate if they would like more information about a particular entry and/or to be involved in the specification, depending on where the item is in the procurement process.

**12. SPENDING REVIEW PROGRAMME 4 - 2019/20 - [Appendix D](#)
CEASING FUNDING FOR THE INDEPENDENT LIVING
FLOATING SUPPORT SERVICE**

The Strategic Director for Social Care and Education submits a report on the ceasing of funding for the Independent Living Floating Support service with effect from 31 March 2019. The Scrutiny Commission are asked to note the preferred option, which will contribute towards the ASC Spending Review Programme 4, totalling £5.5m, and make any comments to the Strategic Director for Adult Social Care and Health and/or the Lead Executive Member.

**13. ADULT SOCIAL CARE SCRUTINY COMMISSION [Appendix E](#)
WORK PROGRAMME**

The current work programme for the Commission is attached. The Commission is asked to consider this and make comments and/or amendments as it considers necessary.

14. ANY OTHER URGENT BUSINESS

Appendix A

SCRUTINY COMMITTEES: TERMS OF REFERENCE

INTRODUCTION

Scrutiny Committees hold the executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its Terms of Reference.

Scrutiny Committees may:-

- i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
 - ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
 - iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.
 - iv. make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.
 - v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
 - vi. question and gather evidence from any person (with their consent).
- **Annual report:** The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

The Scrutiny Committees which have currently been established by the Council in accordance with Article 8 of the Constitution are:

- Overview Select Committee (OSC)
- Adult Social Care Scrutiny Commission
- Children, Young People and Schools Scrutiny Commission

- Economic Development, Transport and Tourism Scrutiny Commission
- Health and Wellbeing Scrutiny Commission
- Heritage, Culture, Leisure and Sport Scrutiny Commission
- Housing Scrutiny Commission
- Neighbourhood Services and Community Involvement Scrutiny Commission

SCRUTINY COMMISSIONS

Scrutiny Commissions **will**:

- Be aligned with the appropriate Executive portfolio.
- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member, who will be a standing invitee.
- Have their own work programme and will make recommendations to the Executive where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.
- Consider the training requirements of Members who undertake Scrutiny and seek to secure such training as appropriate.

Adult Social Care Scrutiny Commission

Better Care Fund Outturn Report 2017/18

Date: 19th June 2018

Lead Director: Ruth Lake



Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version: 1

1. Summary

- 1.1 This update report notes the outturn of the Better Care Fund (BCF) activity and performance for 2017/18.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and make any comments.

3. Report

- 3.1 The BCF programme is in its third formal year of delivery. The programme aims to achieve reductions in unplanned admissions to hospital, reduced admissions to long term care and reduced delayed transfers of care (DTOC)
- 3.2 The detail of the 17/19 (2 year) plan was presented to scrutiny in September 2017 and is attached for reference at appendix 1 (plan) and appendix 2 (financial investments schedule).
- 3.3 This report provides a summary of the plans delivered in 17/18.

3.4 Performance against BCF national metrics

Overall, performance is positive in the context of a significantly challenged health and care system; mitigating the impact of rising demand in some areas is a success even where our own ambitious targets may not have been met.

3.4.1 Emergency admissions

Within Leicester City the position on emergency admissions for 2017/18 was generally positive. At the main acute provider (UHL), there have been a number of coding, service and pathway changes associated with the new ED floor (which opened on 26/4/18), which hinder exact assessment of year on year changes for A&E, emergency admissions and ambulatory services. However, when adjusting emergency admission activity to account for the major coding change affecting comparisons (relating to the Children's Assessment Unit - CAU), the data shows a modest reduction in emergency admissions overall for Leicester City. As the City shares an acute NHS provider with East Leicestershire & Rutland and West Leicestershire, their data is included for comparison, and the national growth rates are also shown.

Year end 17/18	16/17 actual	17/18 actual	17/18 CAU actual	17/18 actual (Net of CAU)	17/18 Year on Year increase (Net of CAU)	17/18 Year on Year % change (Net of CAU)
Leicester City CCG	34,697	37,373	2,691	34,682	-15	-0.0%
East Leicestershire and Rutland CCG	22,784	24,684	1,416	23,268	+484	+2.1%
West Leicestershire CCG	23,736	26,355	1,548	24,807	+1071	+4.5%
LLR CCGs	81,217	88,412	5,655	82,757	+1540	+1.9%
National average						+2.3%

(Data source: SUS Data, M&LCSU Report 4714, Month 12 2017/18 Emergency Attends_Admissions_Report)

Whilst it is not possible to pinpoint the specific interventions that may be supporting reductions in emergency admissions, it is felt that the whole system approach supported through the City BCF is making a real impact on containing growth in emergency admissions compared to other areas locally. Taking the cohort of patients over 65 years (on whom much of the focus of BCF interventions is targeted), there was an increase in emergency admissions; however this was markedly below that of the other local areas:

Year end 17/18	Year on Year change in emergency admissions
Leicester City CCG	+4.9% (641 cases)
East Leicestershire and Rutland CCG	+7.1% (1,084 cases)
West Leicestershire CCG	+9.5% (1,487 cases)

(Data source: SUS Data, M&LCSU Report 4714, Month 12 2017/18 Emergency Attends_Admissions_Report)

In the context of increasing demand, higher patient acuity and a challenging winter, this should be seen as a significant achievement.

3.4.2 Delayed Transfer of Care (DTOC)

New targets were set nationally for DTOC; these were challenging for the whole system. For 2017/18 Leicester City managed to meet this national target during 2017 and maintained this performance to the year end. For delays attributable to Leicester City Council, performance has been particularly strong with the council consistently being in the top 5 authorities nationally. As funding to the council via the Improved BCF (iBCF) was contingent on meeting DTOC targets, good performance here as mitigated the financial risk to the council.

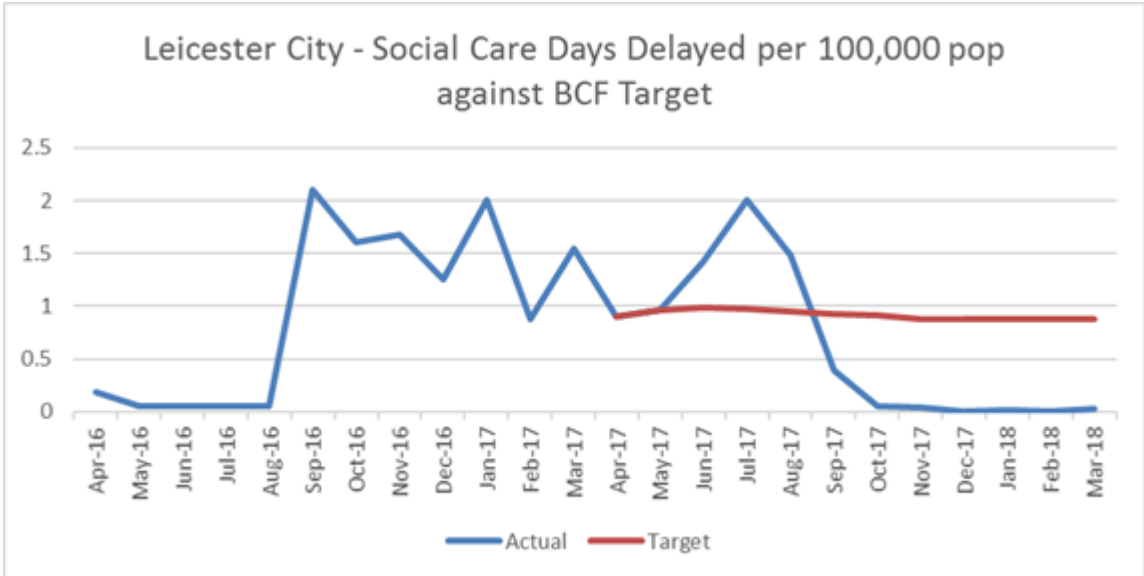
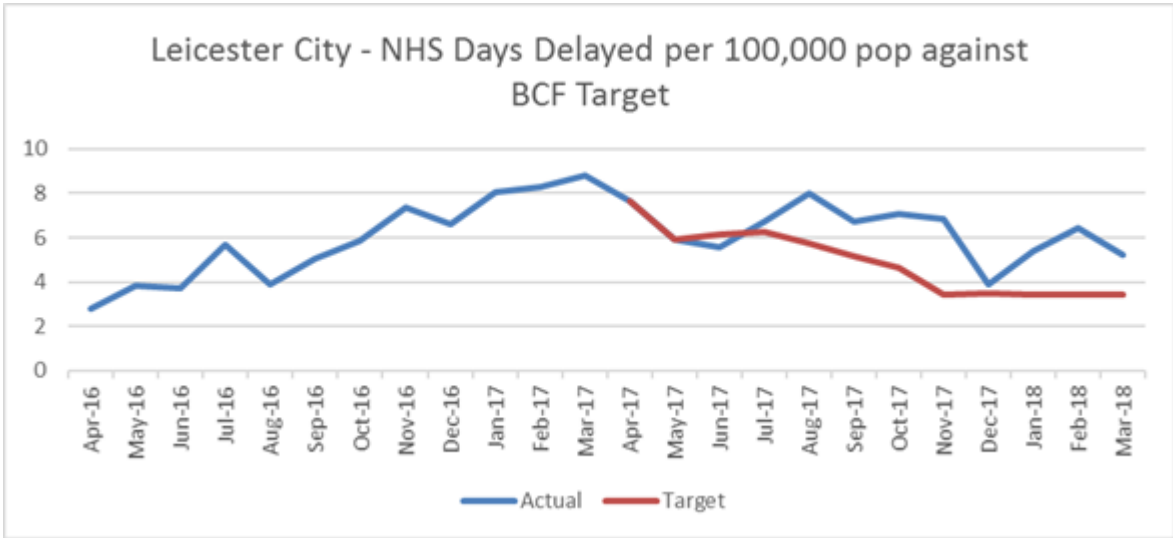
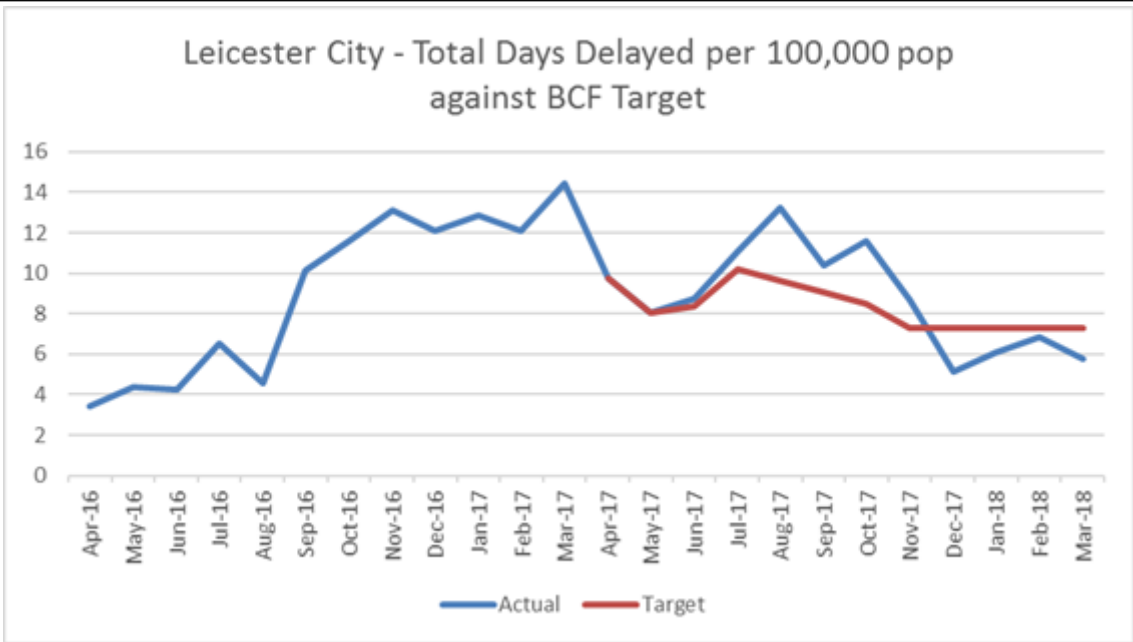
The table below demonstrates progress towards the national target

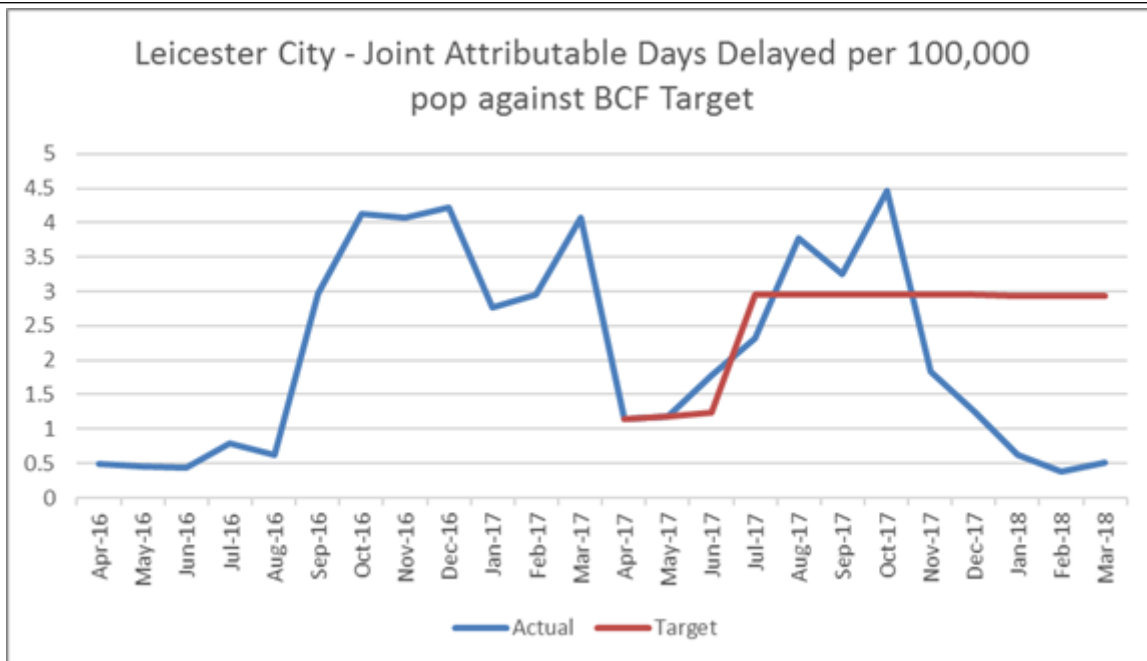


Number of Delayed Days during the period - April 2017 to March 2018

	Delayed Days													Avg Total per day delays	Avg Total per day per 100,000 pop	Total Target/Trajectories
	NHS	Avg NHS per day delays	Avg NHS per day per 100,000 pop	NHS Target/Trajectories	Social Care	Avg SC per day delays	Avg SC per day per 100,000 pop	ASC Target/Trajectories	Both	Avg Both per day delays	Avg Both per day per 100,000 pop	Both Target/Trajectories	Total			
Apr-17	614	20.5	7.68	7.68	72	2.4	0.90	0.90	92	3.1	1.15	1.15	778	25.9	9.73	9.73
May-17	489	15.8	5.92	5.92	79	2.5	0.96	0.96	98	3.2	1.19	1.19	666	21.5	8.06	8.06
Jun-17	445	14.8	5.57	6.12	114	3.8	1.43	0.99	142	4.7	1.78	1.23	701	23.4	8.77	8.33
Jul-17	557	18.0	6.74	6.28	166	5.4	2.01	0.97	192	6.2	2.32	2.96	915	29.5	11.08	10.21
Aug-17	661	21.3	8.00	5.73	122	3.9	1.48	0.95	312	10.1	3.78	2.96	1,095	35.3	13.26	9.64
Sep-17	538	17.9	6.73	5.18	31	1.0	0.39	0.93	260	8.7	3.25	2.96	829	27.6	10.37	9.07
Oct-17	584	18.8	7.07	4.63	4	0.1	0.05	0.91	369	11.9	4.47	2.96	957	30.9	11.59	8.50
Nov-17	546	18.2	6.83	3.43	3	0.1	0.04	0.88	146	4.9	1.83	2.96	695	23.2	8.70	7.28
Dec-17	322	10.4	3.90	3.48	0	0.0	0.00	0.88	103	3.3	1.25	2.96	425	13.7	5.15	7.3
Jan-18	448	14.5	5.42	3.45	1	0.03	0.01	0.88	51	1.6	0.62	2.94	500	16.1	6.05	7.3
Feb-18	482	17.2	6.46	3.45	0	0.00	0.00	0.88	28	1.0	0.38	2.94	510	18.2	6.84	7.3
Mar-18	430	13.9	5.21	3.45	1	0.03	0.01	0.88	43	1.4	0.52	2.94	474	15.3	5.74	7.3

The graphs below show the performance as a system over the year and by attributable delays (NHS, Social Care, Joint)





The reasons for any delays are scrutinised regularly and are predominantly due to:

- Awaiting assessment (NHS)
- Awaiting further non-acute NHS care
- Awaiting nursing home availability (NHS)
- Patient choice

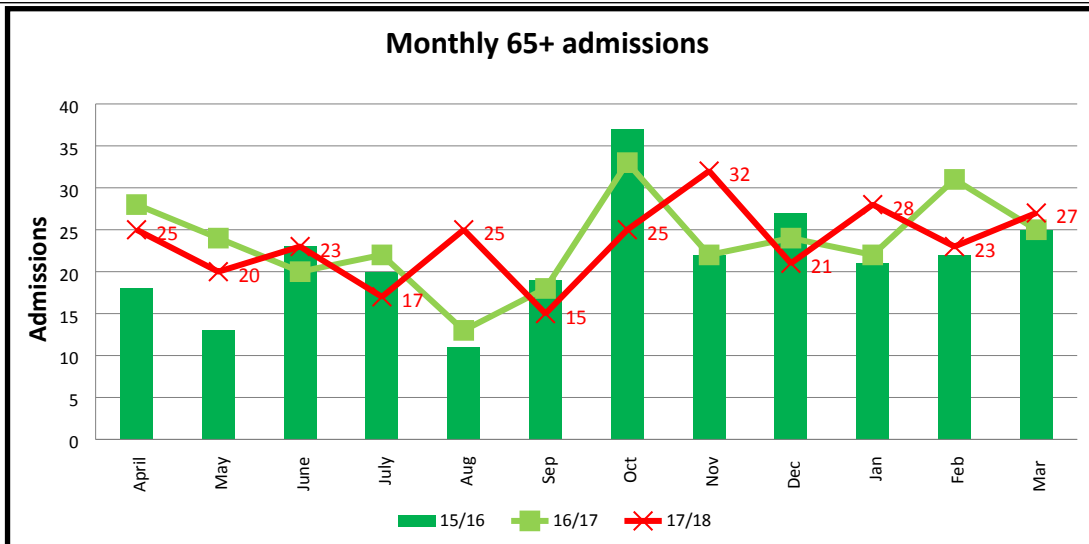
A Discharge Working Group oversees activity to address these issues. Joint delays have improved as a result of work within mental health and learning disability settings. A new Discharge to Assess offer is now in place, to mitigate NHS delays.

Whilst the acute care system is challenged, it is recognised by NHS England that DTOC are not a contributing factor.

3.4.3 65+ Permanent Admissions in residential / nursing homes

This has been an area where the local target in the BCF plan was not achieved. However in the context of an ageing and increasingly frail population, the outturn is not a significant cause for concern.

For the period 1/4/17 to 31/3/18 there have been 281 permanent admissions for those aged 65 and over into residential or nursing homes. The BCF year-end target for 17/18 was no more than 266 admissions in the year.



This is not a position that ASC is unduly concerned about at this point but we will keep a close eye on this. We have had year on year decreases until recently and it may be that activity is plateauing, with annual bumps up or down. Monthly audits are completed which include those cases where people have been newly admitted to residential or nursing care. These audits have not highlighted any cases where it was felt that the outcome should have been different (i.e. where a service other than residential care could have been suitable). This gives assurance that staff are looking at all options before agreeing that a placement is necessary.

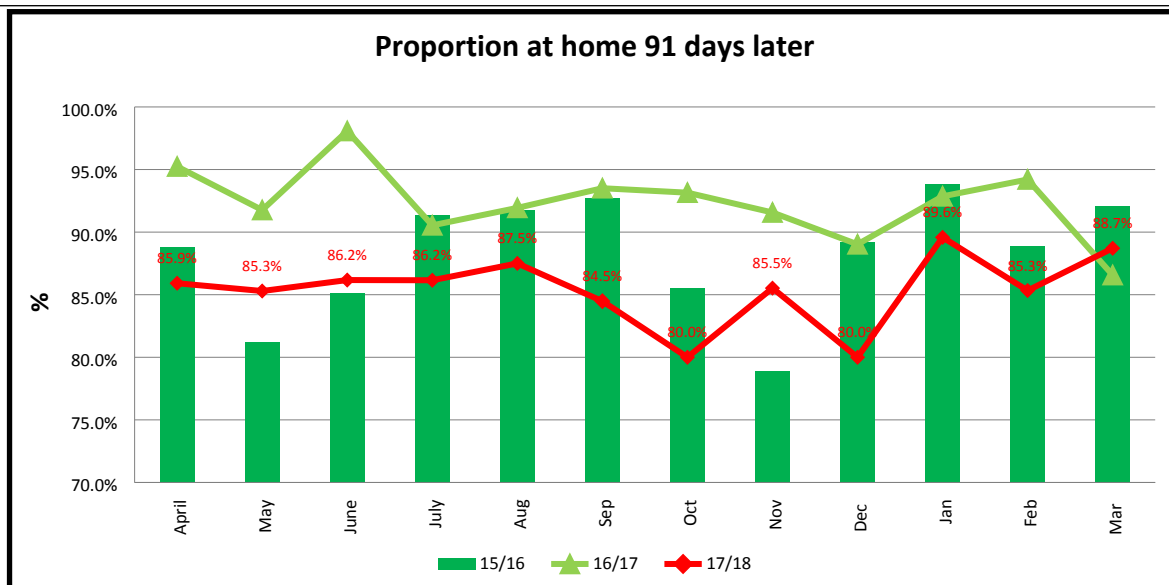
Further, as a proportion of all services provided, residential and nursing care makes up a smaller proportion in Leicester than in other East Midlands councils (i.e. a higher proportion of people are supported in their own homes than in other areas). This also gives assurance that our focus is on supporting people at home wherever possible.

3.4.4 Proportion of those aged 65+ at home 91 days later following hospital discharge

This target was not achieved. In the period 1/4/17 to 31/3/18 follow-ups, out of 814 people aged 65+, who entered rehab following hospital discharge, 695 (85.4%) are at home 91 days later.

The year-end national target for 17/18 is 90% and is based on Oct – Dec 17 discharges only, with follow-ups in Jan- Mar 18. Performance for Jan-Mar 18 follow-ups was 87.6% (185 went into rehab with 162 being at home).

Over the whole year the 119 (14.6%) not at home are: 91 (11.2%) deceased, 28 (3.4%) in residential care homes. This is a similar position in terms of reasons for not being at home as last year.



Reablement is an accessible and responsive service for hospital discharge and an attractive route for health colleagues to request on this basis. We have identified that a number of people could have been better recognised as being on an end of life pathway and should have been supported using domiciliary care rather than a reablement service.

Work is in progress with colleagues in hospital teams to ensure that people who are needing end of life support are identified (as best they can be) and the reablement services is exercising tighter control over accepting patients where they may be end of life. It should be noted that this will impact on the Adult Social Care Outcomes Framework indicator that measures the percentage of people who access reablement upon hospital discharge; this is not a BCF indicator and it is a measure where we perform comparatively well, so can be monitored without undue concern.

However the client group for reablement is predominantly over 85's with multiple health conditions so performance should be seen in that context. National evidence identifies that 49% of people over 85 who are admitted to hospital will die within the following year (Emergency Care Improvement Programme). ASCOF part 2 impact.

3.4.5 Performance against the second year of the current BCF plan (18/19) can be brought forward later in 2018.

3.5 iBCF

3.5.1 The iBCF element was funding provided directly to council's to:

- Support adult social care
- Support the NHS
- Support the care market

3.5.2 During 2017/18 funding was utilised in line with the grant conditions and the end of year report for the iBCF is attached at appendix 3.

4. Financial, legal and other implications

4.1 Financial implications

The allocations in 2017/18 were £24,287k for the BCF (of which £17,000k is spent by the Council) and £8,954k (Council only) for the iBCF. Appendix two shows the split of the BCF schemes between Adult Social Care, the City Clinical Commissioning Group (CCG) and Leicestershire Partnership Trust (LPT) for 2017/18. All of the ASC schemes were fully spent in line with the budget and there were some small underspends in the CCG schemes which will be carried forward into next year.

The iBCF has been spent supporting the three areas highlighted in para 3.5.1 above in the proportions shown in Appendix 3. The iBCF for 2018/19 increases to £12.3m and will be used for the same purposes.

Martin Judson, Head of Finance

4.2 Legal implications

There are no direct implications arising from this report

Pretty Patel, Head of Law ext 1457

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report

4.4 Equalities Implications

The Better Care Fund update covers the protected characteristics of age, disability and gender, as defined by the Equality Act 2010.

Issues arising from any of the protected characteristics will need to be monitored and addressed as part of the ongoing work underway on the BCF and any proposals for the 2017/19 plans.

Sukhi Biring, Corporate Equalities Officer, ext 4175

4.5 Other Implications

None noted

5. Background information and other papers:

N/A

6. Summary of appendices:

Appendix 1: Leicester City Better Care Fund 2017/19

Appendix 2: Finance schedule 2017/19

Appendix 3: Q4 (end of year) iBCF report

Appendix 2 Finance schedule BCF schemes for 2016/17 and 2017/18

Scheme/Investment Title	2016/17 Allocation £'000	2017/18 Allocation £'000
<u>CCG Lead Provider:</u>		
MH Housing Team	40.4	41.2
Performance Fund	1,926.5	1,961.0
Risk stratification	64.0	65.1
IT system integration	4.0	4.0
Clinical Response Team / Urgent care	1,380.0	1,365.0
Services for Complex Patients	1,000.3	1,018.2
Sub-Total (CCG)	4,415.3	4,454.5
<u>LA Lead Provider:</u>		
Strengthening ICRS - LA	835.0	985.0
Existing ASC Transfer	5,902.0	5,902.0
Carers Funding	650.0	650.0
2016/17 ASC Increased Transfer	5,650.0	5,650.0
Lifestyle Hub	100.0	100.0
Assistive technologies	213.3	259.1
Services for Complex Patients - Care Navigators	220.0	223.9
Reablement funds - LA	825.0	825.0
HTT (Health Transfer Team)	-	326.6
MH Discharge Team	42.5	43.2
Sub-Total (LA)	14,437.8	14,964.9
<u>LPT Lead Provider:</u>		
Reablement - LPT	1,137.4	1,137.4
Enhanced night nursing - LPT	91.0	92.6
Intensive Community Support Beds - LPT	883.6	889.1
LPT - Unscheduled Care Team	469.2	477.6
MH Planned Care Team	232.0	236.2
Sub-Total (LPT)	2,813.2	2,832.9
Uncommitted	194.8	-
TOTAL REVENUE	21,861.0	22,252.3
DFG (Housing)	1,001.0	1,182.3
ASC Capital Grant	853.0	853.0
TOTAL REVENUE & CAPITAL	23,715.0	24,287.6

Adult Social Care Scrutiny Commission

Better Care Fund Update 2017/19

Date: 5th September 2017

Lead Director: Ruth Lake

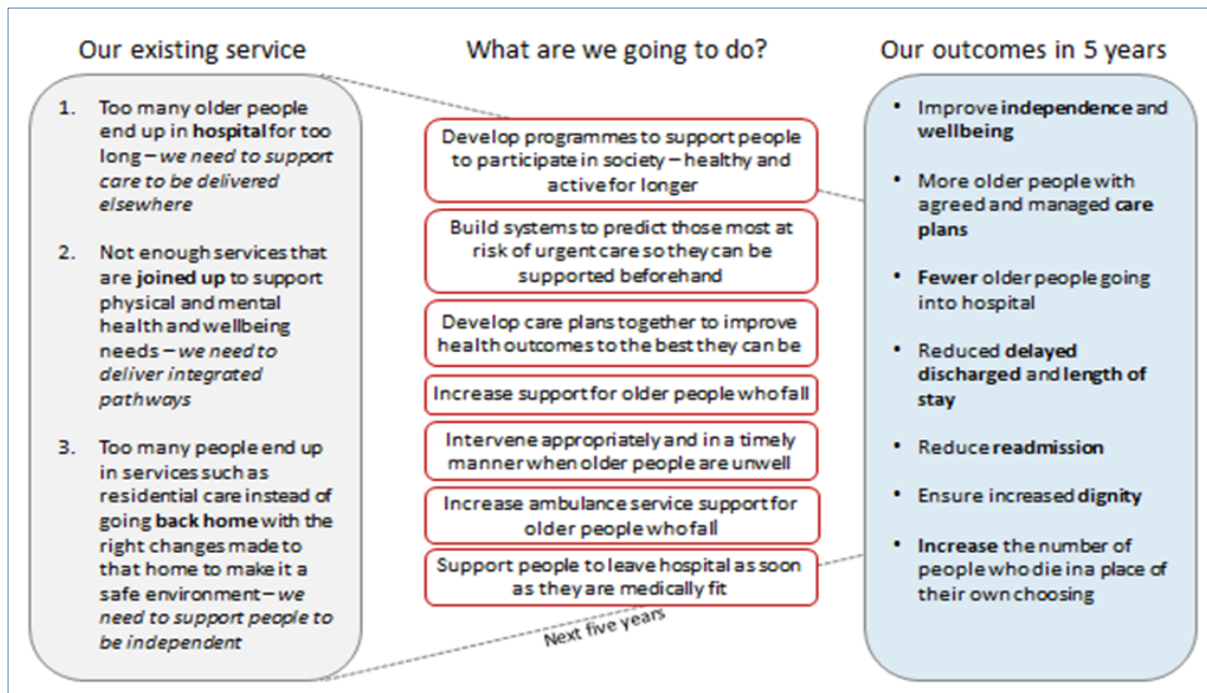


1. Leicester City Better Care Fund 2017 – 2019

- 1.1 This update report sets out the new requirements of the Better Care Fund (BCF) for 2017 – 2019. The principles and use of the fund are essentially the same as the two previous years; however there are some new elements to the fund, notably the Improved Better Care Fund (iBCF) aspect, and with this some additional expectations. The plan is now required to cover a two year period, to 2019.
- 1.2 The planning guidance for the BCF was delayed at a national level; the plan is due for submission by 11th September 2017. A short submission was required in July 2017, setting out the trajectory towards meeting the national Delayed Transfer of Care (DTC) target together with a grant return to Department for Communities and Local Government (DCLG), explaining the Council's use of the iBCF.

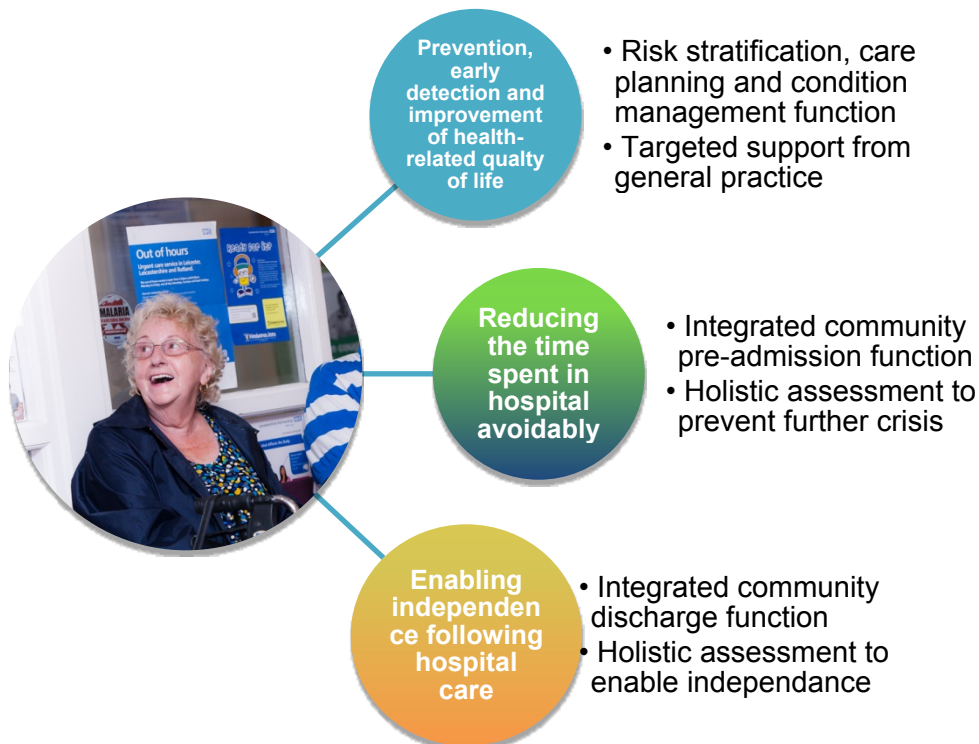
2. The BCF Plan – What we aim to achieve

- 2.1 The main report that was presented to Adult Social Care Scrutiny Commission in December 2016, with an update on Q2 of 2016 / 17 is attached for background reference (appendix 1).
- 2.2 Within Leicester City we have agreed jointly to use the opportunities presented by the Better Care Fund to drive a clinically-led, patient-centred transformative change programme. This harnesses the collective views, innovations and ideas of many experienced health and social care professionals as well as the views of our patients and carers.
- 2.3 The programme is purposefully aligned with longer-term strategic planned change in our acute sector, including the plans of Leicester, Leicestershire and Rutland *Better Care Together* programme. The figure below depicts our plans at a strategic level:



3. The BCF Plan 2017-19

For this population, we propose to continue to invest in specific services in the following areas:



The Leicester City pre- and post-hospital pathway

Appendix 1

3.1 Given the improved outcomes noted in both pre- and post-hospital systems of care since inception of the BCF, the 2017-19 BCF plan simply increases capacity in the services that require growth.

3.2 A summary of these is outlined below; schemes highlighted in yellow are delivered wholly or in partnership with staff in Adult Social Care (ASC).

3.3 Priority 1: Prevention, early detection and improvement of health-related quality of life

We will achieve this by implementing:

Services for complex patients:

- Increasing the number of people identified as 'at risk' and ensuring they are better able to manage their conditions, including out of hours, thereby reducing demand on statutory social care and health services. This will include both physical and mental health
- **The Leicester City Lifestyle hub (enhanced self-care): Commissioned by Public Health**
- Delivering 'great' experience and improving the quality of life of patients with long term conditions by expanding our use of **available technology**, patient education programmes and GP-led care planning, reducing avoidable hospital stays.

3.4 Priority 2: Reducing the avoidable time spent in hospital

We will achieve this by implementing:

The Clinical Response team (integrated into a 24/7 home visiting service):

- Providing an Emergency Care Practitioner-led 2 hour response to patients at risk of hospital admission from GP's, care homes, 999 and 111.
- Providing a proactive care home service to ensure our care home population receive high quality care in their usual place of residence

Our joint Integrated Locality Teams:

- Four integrated physical and mental health teams, ranging from health and social care to housing and financial services, which respond in a coordinated way to ensure care is delivered in the community and around the individual, geographically aligning services from our ASC, GP practices and Community services for the first time.

Interoperable IT systems & governance:

- Enabling the use of the NHS number as a primary identifier for all patients, linked to high-quality care plans for our frail elderly patients or those with complex health needs.

Our Intensive Community Support Service:

- Increasing community nursing capacity to look after people in their own homes rather than in a hospital bed.

3.5 Priority 3: Enabling independence following hospital care

We will achieve this by implementing:

Our nationally commended Integrated Crisis Response Service (ICRS):

- Ensuring timely hospital discharge via the provision of in-reach (pull) teams to swiftly repatriate people to community-based services and maintain independence across physical and mental health services. This service also has an admission avoidance function through partnership working with our GP's. Access to assistive technologies is also provided through ICRS.

Our Hospital based Health Transfers Team:

- Ensuring optimal discharge pathways for our patients requiring Adult social care – this team is based on-site at the acute trust preventing delays to discharge. The BCF is newly investing in staffing capacity and extended hours of service in 2017/18.

Our holistic enablement & reablement services:

- Increasing the number of patients able to live independently following a hospital stay by helping them back to independence

Our Joint community mental health teams:

- Mobilising community-based capacity specifically targeting the discharge of patients in mental health care settings.

3.6 A funding schedule for schemes is attached at appendix 2. It should be noted that a significant proportion of the overall BCF is attached to protecting mainstream ASC service and supporting previous funding streams that were in place prior to, but then incorporated in to the BCF pooled budget (for example, funding for carers' services).

3.7 The services supported by the BCF are very practical and well regarded by citizens and professionals alike. Case studies are collected to illustrate the benefit to people who may otherwise have needed to go into hospital, and highlight the holistic, coordinated nature of services.

Mrs P

94 years old, Mrs P calls the ambulance after a fall at home on Sunday evening. The Clinical Response Service attends rather than an ambulance and establishes that Mrs P is shaken and requires some practical support at home if she is not to go into hospital. ICRS visit within an hour and establish a care plan for 72 hours. During this time Mrs P has a full assessment; it is noted that she has not been eating well as she finds shopping difficult. Equipment is put in place to reduce the risks of further falls and a friend of Mrs P's is engaged to help her with shopping once a week. Mrs P requires no further statutory care. In other circumstances Mrs P would have been taken to hospital due to the time of the incident and her age. She is very likely to have been admitted. Once physically stable she is likely to have been sent home. The underlying issues

at home would have been unaddressed and there is every likelihood that Mrs P would quickly be in the same situation again.

- 3.8 The drafted plan meets all national conditions & metrics required except achievement of a DTOC rate of 3.5% of all occupied beds by September 2017. A realistic assessment of issues has led the LLR health and social care economy to present a trajectory which allows the target to be met by March 2018. This has been agreed at the LLR A&E Delivery Board.
- 3.9 The delivery of the plan will be monitored by the City Joint Integrated Commissioning Board, with quarterly updates received by the Health and Wellbeing Board.
- 3.10 The 2017-19 Better Care Fund approval process requires each area to submit a 2 part plan on September 11th 2017 – the first requirement is a planning template detailing activity, finance & metrics and the second is a narrative plan providing a detailed description of plans for 2017-19.
- 3.11 Plan assurance will include moderation at NHS regional level, led by Better Care Fund leads for each region, with appropriate representation from regional NHS and local governance. The regional lead for the East Midlands has seen the Leicester City draft and has complimented it as one of the better plans across the region.

4. New Elements to the BCF

- 4.1 Additional funding was announced by the Chancellor in March 2017, called the Improved Better Care Fund (iBCF). This extra money, £8.954m in 2017/18, is specifically for ASC and comes to the Council via DCLG. The funding must be used to support adult social care, help councils to support local health systems and to stabilise the social care market.
- 4.2 The BCF planning guidance linked the delivery of DTOC targets to the iBCF funding; this was not supported by the Local Government Association (LGA) or Association of Directors of Adult Social Services (ADASS). However, this does now form an element of the planning requirements. As noted above, the overall delivery of DTOC targets will be challenging; however adult social care delays are well below the 3.5%.
- 4.3 A return to DCLG was submitted on 21st July explaining how Leicester will use this funding and is attached at appendix 3.
- 4.4 Due to the delayed planning guidance, and therefore later submission date, a final plan and performance schedule will be available after 11th September, against which delivery can then be monitored.

Report Authors

Ruth Lake, Director, Adult Social Care and Safeguarding, Leicester City Council
Rachna Vyas, Deputy Director of Strategy, Leicester City Clinical Commissioning Group

Appendix 2 BCF Section 75 Pool Budget

21/06/2017

2016/17 and 2017/18 Allocations to Schemes

Scheme/Investment Title	2016/17 Allocation £'000	2017/18 Allocation £'000	2017/18 £
<u>CCG Lead Provider:</u>			
MH Housing Team	40.4	41.2	41,164
Performance Fund	1,926.5	1,961.0	1,961,024
Risk stratification	64.0	65.1	65,146
IT system integration	4.0	4.0	4,000
Clinical Response Team / Urgent care	1,380.0	1,365.0	1,365,000
Services for Complex Patients	1,000.3	1,018.2	1,018,181
Sub-Total (CCG)	4,415.3	4,454.5	4,454,515
<u>LA Lead Provider:</u>			
Strengthening ICRS - LA	835.0	985.0	985,000
Existing ASC Transfer	5,902.0	5,902.0	5,901,968
Carers Funding	650.0	650.0	650,000
2016/17 ASC Increased Transfer	5,650.0	5,650.0	5,650,000
Lifestyle Hub	100.0	100.0	100,000
Assistive technologies	213.3	259.1	259,139
Services for Complex Patients - Care Navigators	220.0	223.9	223,938
Reablement funds - LA	825.0	825.0	825,000
HTT (Health Transfer Team) (new BCF scheme)	-	326.6	326,621
MH Discharge Team	42.5	43.2	43,222
Sub-Total (LA)	14,437.8	14,964.9	14,964,888
<u>LPT Lead Provider:</u>			
Reablement - LPT	1,137.4	1,137.4	1,137,375
Enhanced night nursing - LPT	91.0	92.6	92,619
Intensive Community Support Beds - LPT	883.6	889.1	889,126
LPT - Unscheduled Care Team	469.2	477.6	477,615
MH Planned Care Team	232.0	236.2	236,178
Sub-Total (LPT)	2,813.2	2,832.9	2,832,913
Uncommitted	194.8	-	-
TOTAL REVENUE	21,861.0	22,252.3	22,252,316
DFG (Housing)	1,001.0	1,182.3	
ASC Capital Grant	853.0	853.0	
TOTAL REVENUE & CAPITAL	23,715.0	24,287.6	

QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: Please DO NOT alter the format of this spreadsheet by inserting, deleting or merging any cells, rows or columns. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

Instructions:

1. Select your local authority from the drop-down menu in Cell C10.
2. Complete Sections A to D below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
3. Save the completed form in MS Excel format. Do not convert this spreadsheet to another file format.
4. Once completed and saved, please e-mail this MS Excel file by **21 July 2017** to: CareandReform2@communities.gsi.gov.uk

Local authority:	Leicester City UA
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E-code	E2401
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Period	Quarter 1 (April 2017 – June 2017)
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Section A
A1. Provide a scene-setting narrative for Quarter 1 in relation to the additional funding for adult social care announced at Spring Budget 2017.

As part of the Council's 2016/17 budget strategy significant additional funding was provided from Council reserves to address unavoidable adult social care cost pressures from increasing demand and the effects of the national living wage on provider costs. This has been done at a time of significant cuts in other services (apart from children's social care) with the Adult Social Care department contributing to substantial savings. The Council is using its reserves to manage the transition to a lower level of overall Council spend as the significant service reductions required across the Council take time to implement.

The use of reserves to fund adult social care pressures has meant that the scale of the reductions in the Council's expenditure elsewhere has increased significantly whilst the timescale in which to make those reductions has decreased significantly. The additional iBCF money of £8.954m in 2017/18 will relieve some of the immediate pressure on the Adult Care service and partially replace the use of Council reserves.

A2. Explain how has this additional money has affected decisions on budget savings that may otherwise have been required.

The additional money will underpin the initiatives 1-4 outlined below and make a contribution the Council's ongoing commitment to ensure market stability and in particular to ensure that provider fees are adequate to cover the additional costs of the national living wage (initiative 5). The commitment to increasing our fee levels is shown below in the unit price data.

The information provided below on the number of home care packages and care home placements is the equivalent number of packages which the additional funding under initiative 5 underpins. These are not additional packages as a direct result of the additional funding, as these would have been funded by Council reserves. The packages themselves are as a result of eligible service user needs in accordance with the Care Act.

A3: What are the main initiatives/projects that this money will be used to support? You do not need to complete every column in the table below, but please name as many initiatives/projects as you consider relevant. You can provide further information to the right of the table if you want to describe more than 5 projects.

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
A3a. Please provide an individual name for each initiative/project (this is so that they can be identified in later quarterly returns).	Investment in Professional Staffing	Home First - Community Reablement	Enablement	Investment in prevention / crisis intervention	Market stability

A3b. Please briefly describe (in general no more than 2 to 3 lines) the objectives/expected outcomes for each initiative/project. You will be expected to comment on progress in later quarters.

Retaining a staffing establishment above comparators in order to manage effective discharge, new contacts and invest in integrated locality teams. Expected outcomes are maintenance of DTOC performance over relevant categories (e.g. awaiting assessment), participation in health initiatives (e.g. Red 2 Green) and managing rising community demand.	Enhanced capacity within community reablement services. Reduction in people using short term bed solutions. Reductions in admissions to long term care as an outcome of reablement	Investment in internal Enablement service for people with MH / LD / physical needs who require support to maintain independence. Reduction in people receiving long term support (freeing up capacity within the market)	Delivery largely through VCS contracts, to avoid deteriorations in independence and enable ready access to community and mainstream services. Non-statutory activity that would otherwise be at risk of funding cuts.	We are ensuring that fees paid to independent sector providers are sufficient to fully compensate them for the increased costs from the national living wage and other increases. The market is fragile and would collapse without these fee uplifts.
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A4a. Have you engaged with your care providers in light of the new funding? Please choose yes or no from the drop-down menu.

No

A4b. If you have answered 'Yes' to question A4a, please describe what action you have taken. If you have answered 'No' to question A4a, you should outline your plans for engaging with your care providers.

Engagement on issues relating to a sustainable market (including fees) have already taken place (and are ongoing) and so a specific engagement following the announcement of new funding was unnecessary. Regular forums with providers continue as usual

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A5a. Please provide your average unit costs for home care for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per contact hour)

	2016/17	2017/18
A5a. Please provide your average unit costs for home care for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per contact hour)	£13.54 per hour	£14.30 per hour

A5b. Please provide your average unit costs for care home provision for clients aged 65+ for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per client per week, excluding full cost payers, 3rd party top ups and NHS-funded nursing care)

A5b. Please provide your average unit costs for care home provision for clients aged 65+ for 2016/17, and on the same basis, the level that you are setting for 2017/18. (£ per client per week, excluding full cost payers, 3rd party top ups and NHS-funded nursing care)	£491 per week	£510 per week
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Section B

B1. In comparison with plans made before this additional funding was announced, what impact do you anticipate on the:

	Number of home care packages provided in 2017/18:	Hours of home care provided in 2017/18:	Number of care home placements in 2017/18:
B1A. Please provide figures to illustrate the impact.	The equivalent of 300 care packages for the year	132,600 hours for the year	The equivalent of 46 long term placements in the year

Section C

C1. Please provide any further information you wish us to be aware of, and use whatever further specific metrics you consider appropriate for your area; for example this might include reablement, timeliness of assessments, carers, staff capacity etc. You will be expected to update these each quarter.

Metric are; DTOC - meeting the agreed target; outcomes from reablement - meeting our BCF target; the number of long term care placements - meeting our BCF target; provider exits from market - nil exits for reasons of financial sustainability;

Section D

D1. The grant determination requires you to work with the relevant CCG(s) and providers to meet National Condition 4 (NC4) of the Integration and Better Care Fund. NC4 states that all areas should implement the High Impact Change Model for managing transfers of care to support system-wide improvements in transfers of care. Please set out, from the local authority's perspective, what progress is being made to implement the High Impact Change Model with health partners and the intended impact on the performance metrics, including Delayed Transfers of Care.

The Council is an active partner in the LLR arrangements to oversee improvement in transfers of care. The Council with partners, has completed a self-assessment against the High Impact Change Model, identifying areas of strength and areas for further improvement. Work to deliver improvements is overseen by the LLR Discharge Steering Group. The Council attended the recent High Impact Change event delivered by LGA / ADASS, to share and learn from best practice in the change domains. Work is underway to set a DTOC trajectory; this work has the support of the Urgent and Emergency Care team, all 3 CCGs, all 3 local authorities, our 2 main providers locally, University Hospitals of Leicester and Leicestershire Partnership Trust, and the Sustainability and Transformation Plan Senior Leadership Team. The trajectories are supported by a comprehensive plan of action which includes the development of Integrated Discharge Teams, improvements to the Continuing Health Care process, improvements in pathways to community hospitals, new trusted assessment models, and plans to bring down levels of delays due to patient choice. As an integrated plan with the support of all partners locally, we believe that this local plan, agreed with NHS Improvement, is achievable.

Adult Social Care Scrutiny Commission Report

Procurement Plan Adult Social Care 2018/19

Lead Assistant Mayor: Cllr Vi Dempster

Lead Director: Steven Forbes

Date: 19th June 2018

Useful information

■ Ward(s) affected: All

- Report author: Kate Galoppi
- Author contact details: (454) 5421
- Report version: 1

1. Purpose of report

- 1.1 This report provides the Adult Social Care (ASC) Scrutiny Commission with an overview of the procurement plan/activities anticipated to be undertaken by the ASC department during 2018/19.
- 1.2 The plan also includes the status of each entry and a risk rating in respect of its contract value.
- 1.3 The Adult Social Care Commission is asked to note the report and to indicate if they would like more information about a particular entry and or to be involved in developing the specification, depending where the item is in the procurement process.

2. Summary

- 2.1 As per the Council's Contract Procedure Rules the attached entries in Appendix 1 (above EU thresholds £615,278 for Social and Other Specific Services; £181,302 for All Other Goods & Services) were included on the Procurement Plan 2018-19 which was approved by Executive on 23 March 2018. Any contract to be procured for which the value is below the EU thresholds will be included on the Procurement Pipeline published on the council's website.
- 2.2 Inclusion of a contract in the plan does not necessarily mean that the procurement will go ahead. As with all expenditure, anticipated contracts will be subject to a commissioning review and ongoing challenge as to whether they are required, and whether/how they should be procured. This review process may impact on the anticipated value and/or duration of contract.
- 2.3 The Procurement Plan informs potential suppliers of major market activity, including meeting the statutory requirement to publish planned procurement over EU thresholds. It also provides an overview of significant procurement activity and to enable links and efficiencies to be achieved.

3. Recommendations

- 3.1 The Adult Social Care Commission is asked to note the report and to indicate if they would like more information about any particular activity and or to be involved in developing the specification, depending where the item is in the procurement process. As detailed at Appendix 1.

4. Report/Supporting information including options considered:

4.1 None.

5. Financial, legal and other implications

5.1 Financial implications

Inclusion of contracting activity on the attached Plan is a statement of intent and is subject to the necessary funding being available. The Plan provides a basis for challenge and a more strategic approach to achieving value for money through major procurement activity.

5.2 Legal implications

Each procurement activity will need to follow due process in accordance with internal and legislative requirements, with advice from ASC Procurement Services and Legal Services.

5.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising directly from this report.

5.4 Equalities Implications

These will be considered a part of each procurement process, as appropriate.

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

Procurement is used to drive wider social value, i.e. to bring about improvements in economic, social and environmental well-being.

6. Background information and other papers:

6.1 None.

7. Summary of appendices:

7.1 Appendix 1 - Adult Social Care entries included on the City Council Procurement Plan 2018/19 and the Procurement Pipeline.

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a “key decision”?

No

Appendix 1 - Adult Social Care Anticipated Procurement 2018-2019

Name of Contract	Service Description	Procurement Plan or Procurement Pipeline	Lead Officer	Full Contract Value	Current Contract Expires	Month procurement anticipated to commence	Anticipated Contract Start Date	Duration of New Contract	Lead Member	Risk Rating
Paid Persons Representatives	To procure a framework of organisations that can provide a Paid Person Representatives (PPR) for those people who are being assessed under Deprivation of Liberty Safeguards (DOLS) and where there are no friends or family that could take this role. A PPR is appointed to protect their interests throughout the process. DoLS PPR may cover in a residential setting, such as a care home or hospital or in the community.	Plan	Mark Aspey	£750,000	31/03/2019	Market engagement undertaken with wider provider market to determine the commissioning and procurement proposals for this service. Initial proposals are to combine the procurement of these services with Best Interest Assessors below. Procurement anticipated to commence in Aug 2018	01/04/19	4 Years	Cllr Dempster	High
Best Interest Assessors	To procure a framework of qualified people the authority can refer to when needed, to carry out Best Interest Assessments under the DOLS (Deprivation of Liberty Safeguards) responsibilities under the Mental Capacity Act 2005(MCA). The MCA DOLS exist to ensure that no one is deprived of their liberty without good reason. There are Best Interest Assessor's within the Council but sometimes there is a need to use external assessors.	Plan	Mark Aspey	£590,000	30/06/2018	Initial proposals are to combine the procurement of these services with Paid Persons Representatives above. Commissioning and procurement proposals currently being considered. Procurement anticipated to commence in Aug 2018	01/10/18	4 Years	Cllr Dempster	Medium
Substance Misuse Housing Related Support	Targeted provision within the Council's overall offer to support recovery for people with substance misuse problems. This includes supported accommodation and floating support for those in contact with treatment services who are at risk of homelessness.	Plan	Mark Aspey	£1,025,000	30/06/2019	Market engagement undertaken with wider provider market to determine the commissioning and procurement proposals for this service. Although the contract can be extended for a further year to 30 June 2020, the provider has indicated they do not want to extend the contract due to a change in their national focus as an organisation.	01/07/19	3+2 Years	Cllr Clarke	High
Substance Misuse Residential Rehabilitation	A framework of residential treatment providers for people with substance misuse issues. The Council currently spot purchase placements for people who need residential treatment but need to procure a framework to ensure we can maximise quality assurance and standardisation of price.	Plan	Mark Aspey	£1,600,000	New contract	Commissioning review to commence to determine procurement proposals for this service.	01/04/19	4 Years	Cllr Clarke	High
Support for Recovery Communities	To develop the capacity of small and emerging organisations that form part of the growing recovery community in Leicester. This will enhance the effectiveness of user led and mutual aid based services in supporting people in recovery.	Pipeline	Mark Aspey	£125,000	New contract	Commissioning review commenced to consider scope and benefits for direct funding of small community based organisations providing recovery support for people with substance misuse problems.	01/04/19	3+2 Years	Cllr Clarke	Low
Disabled Persons Support Services (Service User Voice Service)	This service represents and supports disability groups to build and maintain communication and consultation channels between the service provider, disability groups and the council. The service supports communication, consultation and networking and promotes partnership with the VCS; development of personalised support services, empowers adults and young people to voice issues about local social and community care services and provides information and advice about voluntary and statutory sector health and well-being services. The service will ensure that service users in contact and/or supported by Voluntary & Community Service (VCS) organisations will be included in the dialogue between the council and the VCS in the planning and delivery of adult social care services.	Pipeline	Mark Aspey	£231,000	31/12/2018	Commissioning review underway to determine future proposals for this service. Anticipated that public consultation on proposals will be undertaken.	01/01/19	3+2 Years	Cllr Dempster	Low

Appendix 1 - Adult Social Care Anticipated Procurement 2018-2019

Name of Contract	Service Description	Procurement Plan or Procurement Pipeline	Lead Officer	Full Contract Value	Current Contract Expires	Month procurement anticipated to commence	Anticipated Contract Start Date	Duration of New Contract	Lead Member	Risk Rating
Acquired Brain Injuries Service	To provide a wide range of support and activities to assist people who have an acquired brain injury with rehabilitation into the local community and return to work where possible, whilst giving advice and support to their carers and families. The outreach work service is reablement focused offering one to one support and advice in the individuals own home, in hospital or in the community, according to individual needs	Pipeline	Caroline Ryan	£151,000	31/03/2019	Commissioning review underway to determine procurement proposals for this service. If procurement is required then it is anticipated to commence in Oct 2018	01/04/19	3+2 Years	Cllr Dempster	Low
Advocacy Services including Independent Mental Capacity Advocacy (IMCA) (Deprivation of Liberty Safeguards (DoLS)) and Independent Mental Health Advocacy (IMHA) (Deprivation of Liberty Safeguards (DoLS)) and Independent Complaints Advocacy Service (ICAS)	Care Act and non Care Act advocacy services. Advocacy is taking action to help people to understand and say what they want, secure their rights, represent their views, wishes, and interests and access services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice. Care Act Advocacy There is a statutory requirement to provide independent advocacy services to people who would experience substantial difficulty in being fully involved in their assessment, in the preparation of their care and support plan, in the review of their care plan, or where there is no one appropriate available to support and represent the person's wishes as per the section 67 and 68 of the Care Act 2014. Independent Mental Capacity Advocacy (IMCA) is a statutory service provides non-instructed advocacy for people with a variety of communication needs under the Mental Capacity Act. Provision of an Independent Mental Health Advocacy (IMHA) service is required to meet statutory duties. IMHAs act as an important safeguard to help and support patients to understand and exercise their legal rights, and also support patients to access benefits and preventative services under the Mental Health Act. Independent Complaints Advocacy Service - From the 1st of April 2013 the responsibility to commission an advocacy service for National Health Service (NHS) complaints transferred from the Department of Health to the Local Authority. The NHS complaints process is governed by the statutory Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.	Plan	Caroline Ryan	£1,874,000	31/03/2019	Market engagement undertaken with incumbent providers. Public consultation anticipated to be undertaken to consult on the options for this service. Following the public consultation commissioning option to be determined. If procurement is required then anticipated this will commence in Oct 2018. Leicestershire County Council is to lead on the procurement of this service on behalf of Leicester City Council, Leicestershire County Council and Rutland County Council.	01/04/19	3+2 Years	Cllr Dempster	High
Visual and Sensory Impairment Service	Support services for people who are blind and visually impaired and who have dual sensory impairment (deafblind). The service consists of Information Advice and Guidance including the support workers located at the Hospitals providing support after certification and access to support; Specialist reablement and rehabilitation (deafblind); Maintenance of the statutory registers; Specialist Deaf blind reablement support.	Plan	Caroline Ryan	£1,400,000	31/03/2019	Market engagement undertaken with incumbent providers. Public consultation currently being undertaken to consult on the options for this service. Following the public consultation commissioning option to be determined. If procurement is required then anticipated this will commence in Oct 2018	01/01/19	3+2 Years	Cllr Dempster	High
Extra Care Developments	To develop and build independent extra care accommodation for a range of vulnerable people of all ages including people with dementia, learning disabilities, mental health needs and people with physical or sensory disabilities. The Council has developed this approach to what is often termed Extra Care in light of experience in Leicester and the personalisation agenda. Such new supply should address this brief in full.	Plan	Caroline Ryan	£6,700,000	New contract	Commissioning proposals dependent on future funding arrangements, via the local housing allowance, which is limiting developments. This is a national consultation by the Ministry of Housing, Communities and Local Government. Once these are confirmed discussions on progressing developments will be held with the market	To be confirmed	To be confirmed	Cllr Dempster	High

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Appendix 1 - Adult Social Care Anticipated Procurement 2018-2019

Name of Contract	Service Description	Procurement Plan or Procurement Pipeline	Lead Officer	Full Contract Value	Current Contract Expires	Month procurement anticipated to commence	Anticipated Contract Start Date	Duration of New Contract	Lead Member	Risk Rating
Lifts and Hoists (for Adults with Disabilities)	Provision of the supply, installation and servicing for a range of different types of lifts and ceiling track hoists. Making it possible for adults with disabilities to continue to live as independently as possible, for as long as possible.	Plan	Caroline Ryan	£1,600,000	30/04/2018	Procurement of this service is currently being undertaken by ESPO on behalf of Leicester City Council, Leicestershire County Council and Rutland County Council.	01/06/18	4 Years	Cllr Dempster	High
General Adaptations Works up to £1k (for Adults with Disabilities)	Adult Social Care Adaptations Team need a mechanism in place to enable the completion of adaptations and equipment to the homes of people referred to the service, making it possible for them to continue to live as independently as possible, for as long as possible. A range of adaptations will be required, examples of which are the installation of ramps and handrails, the lowering of light switches, the widening of doorways, the adjustment of taps and the raising of beds and chair. The service will also enable people to regain independence under a range of circumstances and will require effective working with other services especially health. This will include operating as part of reablement and require a coordinated, personalised approach to care planning and delivery. The service will also contribute to an overall integrated approach to effective discharge from hospital to home linked to a number of pathways of care including falls, dementia, long term conditions and end of life.	Plan	Caroline Ryan	£1,400,000	13/11/2018. Contract can be extended for a further period of up to 2 years.	Commissioning review commenced to determine procurement proposals for this service.	14/11/18	4 Years	Cllr Dempster	High
Carers Service	A range of community based services for carers with a range of eligible or non eligible needs, caring for people from all adult care groups. Service elements include advice and information, peer support and training, social interaction that enables carers to have a break.	Plan	Beverley White	£1,265,000	31/03/2019	Market engagement undertaken with incumbent providers. Public consultation currently being undertaken to consult on the options for this service. Following the public consultation commissioning option to be determined. If procurement is required then anticipated this will commence in Oct 2018	01/04/19	3+2 Years	Cllr Dempster	High
Short-Term Residential Care Beds	A highly responsive short term bed service delivered 24/7 in 2 care homes in the City. The service offers a period of assessment post discharge or to avoid unnecessary admission into hospital for up to 6 weeks. Referrals into the service come from hospital teams, contact and response and other care management teams.	Plan	Beverley White	£1,900,000	02/07/2019. Contract can be extended for a further period of up to 3 years.	Commissioning review to commence to determine procurement proposals for this service. Existing contracts may be extended.	03/07/19	3+2 Years	Cllr Dempster	High
Pets Boarding Service	Leicester City Council Adult Social Care sometimes has to make arrangements on an emergency basis on behalf of service users, who have nobody else to make these arrangements for them, to place their pets in a boarding service whilst the service user may have to be admitted to hospital or residential care setting. Under these circumstances, although the arrangements for the pets boarding service are made by Leicester City Council, the cost of this service is paid for by the service user (although the Council pays the boarding service and the money is later reclaimed from the Service User).	Pipeline	Lyn Knights and Beverley White	£20,000	New contract	Commissioning review underway to determine procurement proposals for this service.	04/08/18	1+1 Years	Cllr Dempster	Low

Column K Risk Rating	
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Appendix 1 - Adult Social Care Anticipated Procurement 2018-2019

Name of Contract	Service Description	Procurement Plan or Procurement Pipeline	Lead Officer	Full Contract Value	Current Contract Expires	Month procurement anticipated to commence	Anticipated Contract Start Date	Duration of New Contract	Lead Member	Risk Rating
Low Risk	Below £300,000									
Medium Risk	Between £300,001 to £615,278 (EU Threshold for Social and Other Specific Services)									
High Risk	Above £615,279									

Adult Social Care Scrutiny Commission Report

Spending Review Programme 4 - 2019/20
Ceasing Funding for the
Independent Living Floating Support Service

Lead Assistant Mayor: Cllr Vi Dempster

Lead Director: Steven Forbes

Date: 19th June 2018

Useful information

- Ward(s) affected: All
- Report author: Caroline Ryan
- Author contact details: Caroline.Ryan@leicester.gov.uk
- Report version number: 3

1. Purpose

- 1.1 To seek agreement to cease funding for the Independent Living Floating Support service with effect from 31.3.2019, on the basis as outlined in the report.
- 1.2 The proposals would secure savings of £545k that will contribute to the Council's Spending Review Programme 4, which requires Adult Social Care to deliver savings of £5.5m for 2019/20.

2. Summary

- 2.1 The Independent Living Floating Support (ILFS) service provides support to non-local authority tenants, who are below the threshold for Adult Social Care (ASC) statutory support.
- 2.2 An internal team determine if an individual fulfils the required criteria and if appropriate they will refer to an external organisation to provide the support. Creative Support Ltd are contracted to provide up to 485 support hours per week, for up to 160 service users at any one time, subject to a maximum of 12 weeks support per service user.
- 2.3 The internal team cost £160k and the annual contract value with Creative Support is £385kpa making a total service cost of £545k. The contract is due to expire on 31/3/2020. For 2017/18 there was an under-spend of £265k on the contract, due to the low number of referrals / demand being lower than expected.
- 2.4 In the event that the proposals are approved it is envisaged that the Council would look to terminate the contract with Creative Support with effect from 31.3.2019, and to make the internal team redundant in line with the Council's policy.
- 2.5 The impact of withdrawing the service for those using it is likely to be minimal given the short term nature of support (up to 12 weeks). There is a possibility that some individuals may be at risk of losing their tenancy due to the lack of support. It is important to note that the nature of the current service/support is such that it would have only offered a short-term intervention providing guidance and support to reduce that risk.
- 2.6 However, if any individuals require support due to their vulnerability, the Enablement service, based within ASC would provide short term support.

3. Recommendation

- 3.1 The Adult Social Care Scrutiny Commission are asked to note the preferred option, which will contribute towards the ASC Spending Review Programme 4, totalling £5.5m, and make any comments to the Strategic Director for Adult Social Care and Health and/or the Lead Executive Member.

4. Report

- 4.1 Adult Social Care (ASC) is required to deliver savings of £5.5m for 2019/20 to contribute towards the Council's Spending Review Programme 4. Therefore, it is proposed to cease the Independent Living Floating Support (ILFS) service with effect from 31.3.2019. Ending the service will save £545K pa
- 4.2 ILS provides up to 12 weeks support to non-local authority tenants, who are below the threshold for ASC statutory support. The support includes, money management, developing domestic and social skills to prevent tenancy failure.
- 4.3 There is a small internal team of 5 FTE (costing £160kpa) who apply set criteria to any potential cases, if an individual is deemed to need support, goals are set and a referral is made to an external organisation who provide the support.
- 4.4 The external organisation is Creative Support Ltd, a large national company, who are contracted to provide up to 485 support hours per week, for up to 160 service users at any one time, for up to 12 weeks.
- 4.5 However, if any individuals require support due to their vulnerability, the Enablement service, based within ASC would provide short term support.
- 4.6 If the proposal is agreed then the Council would be required to give formal 3 months' notice in writing to Creative Support the provider to end the contract.
- 4.7 There are currently 5 FTE internal posts (total cost £160k) supporting this service. 1 post is vacant, but a formal redundancy/redeployment consultation exercise will be required with the existing 4 members of staff.
- 4.8 Consideration has been given to other options in achieving the saving including:
- Continue to deliver the service at its current levels; or
 - End the funding completely but not offer any alternative option for service user
- 4.10 However, neither of these options are considered viable because we would not make the required savings, and ending the funding completely could have a detrimental effect on current service users.

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 If this proposal goes ahead following it will contribute £545k pa towards the £5.5m spending review four savings target for ASC. The contract notice period and organisational review timetable means that savings will be accrued in full from April 2019 as required.

5.1.2 *Martin Judson, Head of Finance*

5.2 Legal implications

5.2.1 The service provided is outside of our statutory duties under the Care Act therefore there is no statutory duty arising under its provisions to consult. In the absence of a statutory duty it falls to the common law rules and this duty does not appear to be engaged in these circumstances. It is understood that we have not had a well-established, consistent past practice of consulting or made a promise to consult on this particular issue. Further, this does not appear to be a case where failure to consult would lead to any unfairness. This is based on the following principles:

- The impact of the decision – the more serious the decision the more likely it is to lead to consultation requirements. In this case we have the possibility of it affecting people’s homes. The service users have a maximum of 12 weeks support and the present service users will not be impacted as their support will continue until it is completed; future service users will be signposted to other alternative services to reduce any potential impact.
- Significant public interest – essentially the greater the public interest the greater the requirement to consult due to the significant impact upon the decision. In this case, given the public interest in the costs of statutory care there would likely be less public interest in the reduction of a non-statutory service.
- Where people have legitimate expectation that they will continue to enjoy a right/protection or benefit and it is to be removed - it should be noted that this circumstance has been seen to be an exceptional one by the courts. Given the short term nature of the support for each individual and, assuming that there is limited chance of repeat service user use, then this is not likely to be applicable here.

Jenis Taylor, Principal Solicitor (Commercial)

5.3 Climate Change and Carbon Reduction implications

5.3.1 The existing ILFS service will be generating carbon emissions through the travel involved in visiting the clients. The recommended option to cease the service, and to pick up any tenancy related support requirements through Enablement would reduce the travel and resulting carbon emissions.

Duncan Bell, Senior Environmental Consultant. Ext. 37 2249

5.4 Equalities Implications

5.4.1 When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

5.4.2 Decision makers need to be clear about any equalities implications of the proposed options by examining the likely impact on those who may be affected by the recommendation and their protected characteristics.

5.4.3 Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation and marriage and civil partnership.

5.4.4 If the proposal is ultimately agreed, an organisational review equality impact assessment will need to be carried out for the council staff who would be made redundant under the proposal.

5.4.5 In addition, a service change Equality Impact Assessment will need to be carried out, taking into account the potential impacts of the proposed withdrawal of funding to people from across all protected characteristics. This Equality Impact Assessment looks at all of the options available to the council, in order to allow decision makers to make an informed decision taking into consideration the implications of each of those options.

5.5.5 The consideration of equalities implications must influence decision making from an early stage and throughout the process, and should inform how the proposed engagement exercise and consultation are conducted, in order to ensure that relevant information about the potential equalities impacts in relation to protected characteristics is obtained. The findings from the consultation can be used then, to further inform the equalities impact assessment and mitigating actions where a disproportionate negative impact on those with particular protected characteristic/s is identified.

5.5.6 The report identifies the use of the Enablement service and mitigating actions need to be identified to address this, to ensure vulnerable individuals' needs continue to be met and that they are not disproportionately negatively impacted on the basis of a protected characteristic.

Sukhi Biring, Equalities Officer

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Summary of appendices

None

Adult Social Care Scrutiny Commission**Draft Work Programme 2018 – 2019**

Meeting Date	Topic	Actions Arising	Progress
19 th June 2018	1) ASC Annual Operating Plan 2018/2019 2) Better Care Fund (BCF) 2017/2018: Update 3) ASC Procurement Plan 2018/2019 4) ASC Spending Review 4 – Floating Support 5) Work Programme		

- 2) Performance Outturn 2017/2018
- 3) Carers Strategy: Outcome of consultation and emerging action plan
- 4) Outcome of Government consultation of the Local Housing Allowance (LHA) – Verbal update
- 5) Quarter 1 Performance Report
- 6) Disability Related Expenditure (DRE) Consultation
- 7) Delivering Good Social Work Practice, to include:
 - Healthy Workplace Survey
 - MyTime Peer Review
 - Peer Review
 - Annual Social Work (SW) 'Healthcheck'
- 8) End of Life Task Group Review
- 9) Strengths and Assets Based Approach: Update
- 10) Transforming Care Programme: Update (Relating to development of STP)
- 11) Refresh of the LLR Autism Strategy 2019: Progress update

Meeting Date	Topic	Actions Arising	Progress
16 th Oct 2018	<ol style="list-style-type: none"> 1) Outcome of VCS Phase 2 Consultation 2) Government Green Paper – Future of ASC: Update 3) Review of Residential and Nursing Home Fees 4) Dementia Strategy: Outcome of consultation and emerging action plan 5) Dementia Action Alliance: Update 6) Refresh of the Learning Disabilities Strategy 2019: Progress Update 7) Domiciliary Care Reprourement: Update 		

Meeting Date	Topic	Actions Arising	Progress
4 th Dec 2018	1) Annual Safeguarding Board Report 2) Outcome of Disability Related Expenditure (DRE) Consultation 3) Transformation of Accommodation Based Housing Support: Outcome 4) Sheltered Housing Consultation: Outcome 5) ASC Internal Staffing Savings: Overview 6) Quarter Two Performance Report		
22 nd Jan 2019	1) Annual Budget		
19 th March 2019	1) Learning Disabilities and Employment: Discussion 2) Leicester Ageing Together Update Report		

6th June 2018

Forward Plan/Suggested Items

Topic	Detail	Proposed Date
End of Life Task Group Review	Final Draft Review to be presented to Commission.	August 2018
Green Paper Task Group Response: Sustainable Funding for Social Care		
POTENTIAL – Learning Disabilities Mortality (LeDeR Programme) – Joint Scrutiny Review with H&W/H&W Commission Members invited		

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