



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 10 SEPTEMBER 2019

TIME: 5:30 pm

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

Members of the Committee

Councillor Joshi (Chair)

Councillor March (Vice-Chair)

Councillors Batool, Kaur Saini, Khote, Kitterick and Thalukdar

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

For Monitoring Officer

Officer contacts:

Angie Smith (Democratic Support Officer),

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

Leicester City Council, Granby Wing, 3rd Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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Further information

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

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PUBLIC SESSION

AGENDA

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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

Appendix A
(Pages 1 - 10)

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 16 July 2019 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. CARER STRATEGY UPDATE

Appendix B
(Pages 11 - 58)

The Strategic Director Social Care and Education submits a report updating on the development and implementation of the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy – 2018 to 2021.

The Adult Social Care Scrutiny Commission is recommended to note the report and provide any comments and feedback to the Strategic Director Social Care and Education.

The Strategic Director Social Care and Education also submits a report with an overview of the actions being taken to support the manifesto pledge for supporting carers in Leicester.

The Adult Social Care Scrutiny Commission is recommended to note the current work that is being undertaken to support carers and provide comments and feedback on the current arrangements.

Members of the Children, Young People and Schools Scrutiny Commission have received an invitation to attend and participate in the joint consideration of the agenda item.

7. BETTER CARE FUND: OUTTURN REPORT 2018/19 AND PLAN 2019/20 **Appendix C**
(Pages 59 - 76)

The Strategic Director Social Care and Education submits a report which notes the outturn of the Better Care Fund (BCF) activity and performance for 2018/19 and summarises the intentions for the 2019/20 plan. The BCF plan was a two year plan from 2017-19 and a new plan for 2019/20 is due for submission by 27 September 2019 to be approved for submission by the Health and Wellbeing Board.

The Adult Social Care Scrutiny Commission are recommended to note the contents of the report and make any comments to the Strategic Director Social Care and Education.

Members of the Health and Wellbeing Scrutiny Commission have received an invitation to attend and participate in the joint consideration of the agenda item.

8. REVISION TO CHARGING POLICY (ASC NON-RESIDENTIAL) **Appendix D**
(Pages 77 - 88)

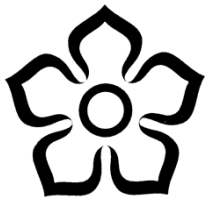
The Strategic Director Social Care and Education submits a report to inform the Adult Social Care Scrutiny Commission of a consultation exercise in relation to proposed changes to the charging policy for non-residential care services.

Members of the Commission are recommended to note the consultation and make any comments to the Strategic Director Social Care and Education.

9. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME **Appendix E**
(Pages 89 - 92)

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.

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 16 JULY 2019 at 5:30 pm

P R E S E N T :

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Batool
Councillor Kaur Saini

Councillor Thalukdar

Councillor Khote
Councillor Kitterick

In Attendance

* * * * *

1. APOLOGIES FOR ABSENCE

Apologies were received from Ruth Lake. Those present were informed Councillor Kitterick would join the meeting at a later time.

2. DECLARATIONS OF INTEREST

Cllr Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team in Leicester City Council.

In accordance with the Council's Code of Conduct, the interest was not considered so significant that it was likely to prejudice the Councillor's judgement of the public interest. Councillor Joshi was not therefore required to withdraw from the meeting during consideration and discussion of the agenda items.

3. MINUTES OF THE PREVIOUS MEETING

AGREED:

1. That the minutes of the previous meeting of the Adult Social Care Scrutiny Commission held on 19th March 2019 be confirmed as a correct record.
2. Information on Norton House would be circulated to Commission Members

3. An update on the Learning Disabilities Strategy and employment opportunities to be brought to a future meeting.

4. TERMS OF REFERENCE

AGREED:

That the Terms of Reference for the Adult Social Care Scrutiny Commission be noted.

5. MEMBERSHIP OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION 2019/20

AGREED:

That the membership for the Adult Social Care Scrutiny Commission for 2019/20 be noted.

6. DATES OF MEETINGS FOR THE ADULT SOCIAL CARE SCRUTINY COMMISSION 2019/20

Members were asked to note the meeting dates of the Adult Social Care Scrutiny Commission for the 2019/20 municipal year scheduled as follows:

16 July 2019
10 September 2019
29 October 2019
17 December 2019
4 February 2020
31 March 2020

All meetings to commence at 5.30pm.

AGREED:

That the meeting dates of the Adult Social Care Scrutiny Commission for 2019/20 be noted.

7. PETITIONS

The Monitoring Officer reported that no petitions had been received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

9. DEMENTIA STRATEGY: ACTION PLANS

The Strategic Director Social Care and Education submitted a report to update the Scrutiny Commission on the development and implementation of the Joint Social Care and Health Leicester, Leicestershire and Rutland Dementia Strategy 2019 to 2022.

Bev White, Lead Commissioner, was present and provided the following additional information.

- A dementia forum will be established and meeting in September around the time of World Alzheimer's Day to further develop the implementation plan. Details of the meeting would be sent to Commission Members.
- The strategy covers Leicester, Leicestershire and Rutland (LLR) and will run for three years.
- There are five workstreams – the Supporting Well workstream falls to the City Council to deliver and is led by Bev White.

In response to Members' questions and requests, the following was noted:

- There was no statutory duty to complete a Dementia Strategy, but it was considered good practice and important locally to ensure resources were pooled in a constructive manner to provide the best level of care for dementia patients.
- A demographic breakdown of the 116 responses to the consultation on the strategy would be circulated to Commission Members.
- A General Practitioner (GP) recording template had been developed to reflect particular needs of people presenting with dementia, and had been adopted by the majority of GP practices. The presentation delivered to the Programme Board would be circulated to Commission Members for information.
- Micheal Smith (Healthwatch Leicester) stated that work undertaken with Healthwatch England and the CCG on engaging with dementia patients and carers would be shared with the Lead Commissioner.
- Good support was received from the Housing Department who have recruited large numbers of Dementia Friends which helps raise awareness of dementia generally. Also, a number of customer services staff had become dementia friends.
- The city had a high rate of diagnosis which is positive in then allowing people to seek support. Dementia is not exclusively an older persons' condition. The city had worked very hard with the CCG to raise the profile of dementia, particularly via primary care services.
- With regards to the action to contribute to a review of dementia training, it had arisen through feedback around the quality of personal care, particularly those in residential care. A review of training had commenced, and once available training was mapped out and its success evaluated, then it would be possible to develop recommendations.
- Care staff received a mixture of training. For those commissioned by the Council, there would be specific dementia training: on the job, in the workplace and external, and some before joining, but all staff were required to reach a certain level of care which was checked through contract monitoring arrangements. It was noted that family carers did not necessarily receive training but information and support is available to them through the commissioned support service.
- The placement of some dementia patients was still sometimes a challenge,

particularly around those with behaviour challenges and was being looked at across LLR.

- The city did not reflect the national picture, and no-one sat waiting in hospital if they were ready for discharge and had dementia. Patients would be moved into a temporary setting until a permanent position could be found, or a package would be developed so they could return home.
- There were a number of voluntary services, memory cafes, Alzheimer's Society, Age UK amongst others that offered services, and were a good source of support, advice and information to people.
- An Alzheimer's Society memory walk would take place on Sunday 22nd September.

Cllr Kitterick arrived at the meeting at 18.13pm. There were no declarations of interest made.

AGREED:

1. That the report be noted.
2. Details of the dementia forum meeting to be sent to Commission Members.
3. A demographic breakdown of the 116 responses to the consultation on the strategy would be circulated to Commission Members.
4. A presentation delivered to the Programme Board would be circulated to Commission Members.
5. Micheal Smith to share Healthwatch England work on dementia with ASC Officers
6. A report would be brought back to the Adult Social Care Scrutiny Commission meeting on 17th December 2019, along with the Action Plan.

10. EXTRA CARE HOUSING UPDATE INCLUDING PLANNED SCHEMES

The Strategic Director Social Care and Education submitted a presentation setting out the plans and modelling schemes for Extra Care Housing and is attached to the minutes for information.

Tracie Rees, Director Adult Social Care and Commissioning delivered the presentation and the following additional points were made:

- Introduced in 2014/15, Extra Care had to be put on hold during Government consultation.
- The two schemes would provide a total of 155 1 and 2 bed apartments and was another option to provide vulnerable people with independence in a supported living environment. The Care Quality Commission were supportive of the approach and design of the buildings.
- Hamelin Road would be a two-storey building with 75 flats. Planning permission had been approved.
- Tilling Road would also be a two-storey building with 80 flats and planning permission had also been approved. Both sites would have on-site cafés to encourage the local community to use the buildings.

- Extra care being developed in the city was different and would be for people over the age of 18 (and not 55).

The Chair said the news was warmly welcomed.

In response to Members' questions and observations, the following was noted:

- Places for People Group Ltd. had had mixed reviews but had done some good work to support vulnerable people. . Only those that had adult social care needs would go into the scheme. The contract monitoring would ensure that that the landlord adhered to good quality care and contractual agreements.
- Concern was raised over the size of the developments and how the design would safeguard the mixed ages of vulnerable adults. Abbey Mills was given as an example of how a mix of ages, and the care and support provided worked. The size of the development also brought in a community element because of the scale. A landlord managed the site, and care was delivered by a range of providers to the individual service user. Members asked for more detail on how the sites would be managed and support to be provided. Information on onsite care provision would be provided to Commission Members when available.
- There were mechanisms in place to support individuals to ensure they were not taken advantage of. Residents would also have a tenancy agreement which gave them added security. There had been no incidences at Danbury Gardens or Abbey Mills that had not been brought to the attention of Adult Social Care. It was explained that Danbury Gardens did have a few teething problems at its inception, as would be expected in a development of its size, but it has proved to be a good model of care for the people residing there.
- Ashley House is a private company and is providing the majority of the finance to develop the two schemes. The housing management would be provided by Places for People and as a Registered Provider it will enable people to claim the higher rate of Housing Benefit.
- Extra Care stemmed from sheltered housing with additional care and filled the gap between sheltered housing and residential care. Within extra care there was a range of facilities, for example, café, restaurant, cinema, but were dependent on where they were located.
- The schemes would be monitored 24/7 to support residents that required that level of support.
- At the time of the original proposal in 2014, public consultation took place around both sites.

The Chair recommended that with the fine example of Danbury Gardens and Abbey Mills, which functioned well and the people who lived there supported, and the local amenities in the area which promoted independence, that Members visit the venues. The Strategic Director Social Care and Education to arrange site visits of the venues if required.

AGREED:

1. That the presentation be noted.
2. Information on onsite care provision (management and support)

- to be provided to the Commission Members when available.
3. It was recommended that Members visit Danbury Gardens and Abbey Mills – the Strategic Director Social Care and Education to arrange if required.

11. BROKERAGE TEAM MONITORING REPORT

The Strategic Director Social Care and Education submitted a report which updated the Scrutiny Commission on the implementation of the Brokerage Service and details of its achievements and performance in the first six months of operation.

The Strategic Director Social Care and Education introduced the update report which outlined the changes on how care packages for domiciliary care and residential care was arranged, which was now a centralised process.

Andy Humpherson, Group Manager Contracts & Assurance, presented the report and the following additional points were made:

- The service was responsible for securing residential care placements and domiciliary care for a range of vulnerable adults eligible for Adult Social Care support.
- Over the winter period the Service had not seen any deterioration in the support provided.
- The Service had been in operation for six months and had a positive start.
- An example on how there were some difficulties in gathering market intelligence was Asian Lifestyle services for older persons. The Team were currently keeping a log of issues.

In response to Members' questions, the following information was provided:

- Adult Social Care had concluded a huge exercise and consultation on residential care fee rates, had finished fee negotiations and refreshed bands.
- Individuals in residential care would not be moved without due regard and an appropriate place to go and would ensure it was appropriate and not to the detriment of the individual. All moves are discussed with the individual and/or family members as appropriate. Data on moves and reasons for them would be provided to Commission Members.
- The brokerage system did not take out the social workers input for assessing need against criteria. The social worker still liaised with the individual/families/carers and would then hand over to the Brokerage team to source the identified service. The team would then go to providers, and if there were complex needs, would speak with families, social workers, etc. to discuss what would be provided.
- The Brokerage Team knew who had availability and capacity because of their connection with suppliers.
- The Service was working well with positive feedback. There was internal performance monitoring to demonstrate that what the Service was doing was effective and efficient. Members requested the future reports include

service user feedback, and to provide a timeline for new services.

The Chair thanked the officer for the report and requested an evaluation report be brought to a future Commission meeting in six months.

AGREED:

1. That the report be noted.
2. Data on those who had been moved out of residential care and the reasons for doing so to be provided to Commission Members.
3. That an evaluation report be brought to a future meeting of the Commission in six months.

12. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT: QUARTER 4

The Strategic Director Social Care and Education submitted and presented a report to the Commission which brought together information on various dimensions of adult social care performance in the final quarter of 2018/19. Members of the Commission were asked to note the areas of positive achievement and areas for improvement as highlighted in the report, to comment on the content and format of the report to inform the development of reporting for 2019/20 to meet the Commission's requirements.

Steven Forbes, Strategic Director Social Care and Education presented the report, and the following additional points were made:

- 78% of services users said their quality of life had improved very much or completely as a result of support and services – the aim was to improve the ASCOF 'quality of life' score.
- Most local authorities had the challenge of safeguarding individuals. Completion of safeguarding enquiries within 28 days was the Authority's own benchmark and target, but there but there was no time limit to conclude a safeguarding case and outcomes.
- The Department spent £104million on budget and transferred £5.8million to reserves a year in advance.
- There was a £5million growth pressure every year, and without further funding the Service would be in crisis next year. It was suggested that when the Government's Green Paper was released, a Scrutiny Review might be beneficial and of interest to the Commission.
- Workforce data for Q3 and Q4 was not available as the service moved from one IT system to another but would be available in future reports.
- Overall the number of older persons under new contacts only went up by seven people, though it was reported there was an increasing demand of medical help for people of working age.

Councillor Russell, Deputy City Mayor Social Care and Anti-Poverty, asked for the report to be re-formatted to show tolerance levels to provide a sense to Members of how service provision and outcomes changed. Members also requested displays of data using bar / pie charts would also assist. Members

were asked to provide the Deputy City Mayor with suggestions for the re-working of the document. Councillor Kitterick offered to look at the document.

The Strategic Director Social Care and Education asked Members to provide him with suggestions of what they would like to see in the document.

Members observed that under non-statutory targets, a quarter of people's needs were not being met and queried what plans were in place to bring the figure down. It was noted that the primary duty of the Department was to safeguard individuals, and Section 42 of the Care Act 2014 was the threshold for a safeguarding investigation. Some responsibility was devolved to NHS partners. Measures were different across Adult and Children's Departments.

Members noted that three measures in ASCOF were not adequately supporting carers, and what more could be done to support them. It was noted that carers eligibility was introduced in 2015 as a national issue, and the Department was confident the threshold was applied.

Members noted that 78% service users said quality of life had improved, therefore 22% felt the same or worse. The Strategic Director Social Care and Education there was a necessary discussion to be had on why things improve / didn't improve, but factors could include what issues a person presented with initially.

The Chair thanked the Strategic Director Social Care and Education for the report.

AGREED:

1. That the report be noted.
2. A regular report be received at future meetings of the Scrutiny commission.
3. ASC to invite Scrutiny Members and Micheal Smith (Healthwatch Leicester) to a reference group to test the new format of report.

13. WORK PROGRAMME

Members were asked to note and comment on the Adult Social Care Scrutiny Commission work programme.

AGREED:

1. Scrutiny Policy Officer to add items from the Manifesto related to the work of this commission.
2. To complete a scoping document for a review into the Adult Social Care Workforce care to look at training / workforce gaps.
3. ASC to circulate the National minimum data set to commission members.

14. ANY OTHER URGENT BUSINESS

There being no other items of urgent business, the meeting closed at 8:20pm

Adult Social Care Scrutiny Commission Report

Carer Strategy Update

Date: 10th September 2019
Lead Member: Cllr Sarah Russell
Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Nic Cawrey
- Author contact details: Nicola.cawrey@leicester.gov.uk
- Report version number: 1

1. Purpose of report

- 1.1. To provide the Adult Social Care Scrutiny Commission with an update on development and implementation of the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy - 2018 to 2021.
- 1.2. The strategy is detailed at Appendix 1.

2. Summary

- 2.1. The strategy has been developed in conjunction with the three local Clinical Commissioning Groups (CCG's) and the three Local Authorities (Leicester, Leicestershire and Rutland (LLR)). The strategy development was led by Leicestershire County council and overseen by the LLR Carers Delivery Group and signed off by the City Mayor and Executive in October 2018.
- 2.2. Although not a statutory requirement, the Department of Health expects local authorities and health organisations to have a local carers strategy in place which reflects the national vision and guidance for supporting carers to undertake their caring role whilst having a life of their own.
- 2.3. The Department of Health and Social Care also released the Carers Action Plan in 2018 which outlines the programme of work to support carers in England and builds on the National Carers Strategy, which retains the strategic vision for recognising, valuing and supporting carers from 2008. The LLR Carers Strategy is closely aligned to this action plan.
- 2.4. The Strategy reflects the national agenda/guidance and is based around 8 guiding principles. These have been transferred into our City Implementation Plan, with actions against them for a range of partners and delivery will be monitored by the LLR Carer Delivery Group, with regular reports being submitted to the City Mayor, Executive and the ASC Scrutiny Commission.
- 2.5. The report outlines the progress made by the City Council and plans to further develop its implementation plan.

3. Recommendations

- 3.1. The ASC Scrutiny Commission is recommended to note the report and provide comments / feedback.

4. Report

Overview of Vision and Guiding Principles

- 4.1. The strategy defines a shared vision and guiding principles for recognising, valuing and supporting carers.
- 4.2. The vision is that family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing.
- 4.3. The strategy began in 2018 and runs for three years.
- 4.4. The strategy is attached at Appendix 1.

Guiding Principles

- 4.5. There are eight guiding principles each with high level actions. Members of the Carers Delivery Group report their progress against those principles. The guiding principles are:
 - 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

4.6 Engagement on the Strategy

The strategy was drafted following ongoing engagement with carers and stakeholders. Consultation took place between 28th February 2018 and 18th April 2018 and 230 responses were received, 62 of which came from the City. 29 of these City respondents were Young Carers. 56% of city respondents (including the Young Carers) did not feel that the Carers strategy reflected carer issues. This compared to 39% of all consultation respondents in Leicestershire and Rutland. Key themes from the comments were:

- More information is needed about what the strategy will deliver

- The strategy should reflect needs more
- Carers want more help and support
- Confusion about the word 'carer'
- Young carers needs are not reflected

This feedback shaped the final draft.

Governance

4.7. The Joint Carers Strategy is owned by the LLR Carers Delivery Group (CDG) which sits under the Prevention (Home First) work stream of the Sustainable Transformation Plan (STP) arrangements. Partners in the strategy include:

Leicester City Council, Leicestershire County Council, Rutland County Council, the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland, Healthwatch, Leicestershire Partnership Trust (LPT), University Hospitals of Leicester (UHL) and a number of voluntary sector carer support services.

4.8. Work is in progress to develop a strategic Carers Partnership Board which will have oversight of the delivery of the strategy amongst other things. This will be supported by a broader stakeholder group of carers and other stakeholders whose role will be to highlight issues of concern to carers, offer opinions on carers services and be a forum for engagement about strategic developments for the Council and NHS partners. Plans are in progress for a first meeting of the forum in November 2019 to coincide with Carers Rights Day.

Implementation Plan

4.9. The City specific implementation plan is being drafted with the Leicester City Clinical Commissioning Group (CCG) and it is anticipated that this will be completed by December 2019, following stakeholder engagement as described in paragraph 4.6. The City Council will provide a corporate response by ensuring that key departments are represented.

4.10. The implementation plan will be signed off through Leicester City Council and the Leicester City CCG governance processes.

High Level Actions

LLR Carers Strategy Guiding Principle:	Actions:
Carers are identified early and recognised	- All partners will seek to support carers to identify themselves as appropriate, ensuring staff are

	<p>trained to suitably recognise the different types of carers particularly new carers, parent carers and young carers who can often go unidentified</p> <ul style="list-style-type: none"> - LLR CCG's 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
Carers are valued and involved	<ul style="list-style-type: none"> - 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 admissions 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
Carers are informed	<ul style="list-style-type: none"> - Partners will review their information offer for carers to improve its accessibility. Specifically, around finance, benefits and where to access advice on these subjects. - All partners will seek opportunities to raise awareness of local carers services
Carer friendly communities	<ul style="list-style-type: none"> - 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
Carers have a life alongside caring	<ul style="list-style-type: none"> - 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

	<p>responsive respite provision to enable carers to have a break, including short breaks to families with a child with special educational need and disabilities</p> <ul style="list-style-type: none"> - CCG's will continue to encourage carers to take up screening invitations, NHS health checks and flu vaccinations where relevant
Carers and the impact of Technology products and the living space	<ul style="list-style-type: none"> - The partnership will seek to involve professionals from housing, equipment and adaptations in work to improve carers' pathway. This should include raising awareness of the issues facing carers with those organisations
Carers can access the right support at the right time	<ul style="list-style-type: none"> - Assessments will take a strength based approach - Each partner will look at its carer 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 - Recognise and address the difficulties for parent carers during transition periods
Supporting Young Carers	<ul style="list-style-type: none"> - Adult and children's health and social care teams will work to identify and be aware of young carers - All partners will take the needs of young carers into account in planning and assessment processes particularly in relation to how the care needs of adults impact on them - Health and social care processes will take a whole family approach to include referrals being made to early help or specialist commissioned services for a statutory assessment of their needs or provide signposting information - Recognise and address the difficulties around accessing education, employment and training for young carers during transition periods

	<ul style="list-style-type: none"> - Educational establishments will acknowledge they may be the first point of contact for young carers and their parents and can respond appropriately - Using a whole family approach, develop and promote transition assessments for young adult carers approaching 18 that identify and support the young carers wish to engage with education, employment and training
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5. Financial, legal and other implications

5.1 Financial implications

5.1.1 There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext 37 4003

5.2 Legal implications

There are no direct legal implications arising from the contents of this report.
 Pretty Patel, Head of Law- Social Care & Safeguarding. Tel. 0116 454 1457

5.3 Climate Change and Carbon Reduction implications

There are no climate change implications arising from this report.

Duncan Bell, Corporate Environmental Consultant. Ext. 37 2249

5.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't. Due regard to the Public Sector Equality Duty should be paid before and at the time a decision is taken, in such a way that it can influence the final decision.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Although caring responsibilities are not a protected characteristic, the Equality Act 2010 can protect carers from being treated unfairly because of their association with the person they care for (who would likely be protected under Equalities legislation in relation to their age or their disability). This is called “discrimination by association”.

The report provides an update development and implementation of the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy - 2018 to 2021. Partners involved in the development of the joint strategy are also subject to the Public Sector Equality Duty.

The report draws out some key high-level considerations around the protected characteristics of carers themselves, for example the specific issues faced by young carers (age) and the intersectionalities between caring responsibilities and other characteristics (such as race, gender, religion or belief etc), which could impact on how the Council can support carer friendly communities. For this reason, there is a commitment to understanding and considering the demographic and geographical profile of carers.

Previously, an Equality Impact Assessment was undertaken by Leicestershire County Council as the lead organisation on the joint strategy and an exercise undertaken by the City Council to consider any potential impacts on carers in the City, particularly given the difference in demographics. However, it was agreed at the time that a more specific City assessment would also be undertaken to influence and inform the development of the implementation plan in order to ensure that the City Council continue to pay appropriate consideration to meeting the aims of the Public sector Equality Duty, which is an on-going duty.

Equality impact assessment should, therefore, be undertaken on any element of the underpinning delivery/ implementation plan which will affect service users (carers) and those that they care for. An understanding of the potential impacts, the maximisation of positive impacts and the identification of appropriate mitigations where there is a disproportionate negative impact can be achieved through the ongoing engagement with the user group and stakeholders and analysis of monitoring data. In addition, as changes are implemented, it will be important to monitor for any unexpected disproportionate negative impacts or where we are unsure of the impact, in order that they can be addressed swiftly and effectively. This will be beneficial in ensuring that there are no barriers to accessing support arising from any particular protected characteristic/s.

Hannah Watkins, Equalities Manager ext. 37 5811

6. Background information and other papers:

7. Summary of appendices: LLR Joint Carers Strategy 2018 - 2021

JOINT CARERS STRATEGY 2018 – 2021

Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland

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1. Our Local Vision for Carers

This Carers Strategy has been developed in partnership with carers across Leicester, Leicestershire and Rutland, and with the support of a number of local voluntary sector organisations, Healthwatch and local health providers. The organisations signed up to this strategy have committed to work together to deliver our local vision for carers:

‘Family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing’.

Throughout this strategy we refer to ‘the partnership’ or ‘partners’. Specifically, this refers to the Carers Delivery Group, a sub-group of the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership which is responsible for overseeing a plan to improve the health and social care services to reduce inefficiencies. Supporting carers has been identified as a key area of work in Better Care Together (the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland). The Carers Delivery Group sits within the Prevention (Home First) work stream of the Sustainability and Transformation Partnership, and also links to the work streams for integration, urgent and emergency care, and resilient primary care.

Individual members of the Carers Development Group will share this strategy with their own organisation, who will develop a delivery plan based on a set of guiding principles, as detailed in section 2 and key priorities and associated actions as detailed in section 9. Delivery plans will be tailored to suit each the diverse needs of carers in their locality and to reflect the available resources for each organisation.

Partners include: Leicester City Council, Leicestershire and Rutland County Councils, (responsible for social care) East Leicestershire and Rutland, West Leicestershire and Leicester City Clinical Commissioning Groups, (all GP’s now belong to a CCG, along with other health professionals, such as nurses), Leicestershire Partnership NHS Trust, voluntary and community sector organisations (notably organisations delivering carers services and speaking for carers), and Healthwatch Leicestershire. This means the strategy is a guiding document for both health and social care.

2. Guiding Principles

The strategy is underpinned by a number of guiding principles that reflect both the national and local requirements of carers

1. **Carer Identification** - We will work together across the statutory and voluntary sector organisations in Leicester, Leicestershire & Rutland to identify carers and to ensure they are signposted to relevant information and services if they require assistance. This includes young people under the age of 18 who may be caring for a family member.
2. **Carers are valued and involved** - We will listen to carers and involve carers in the development of services that enable them to continue to provide their caring role.
3. **Carers Are Informed** - We will ensure that accurate advice, information and guidance are available to assist carers to navigate health and social care services.
4. **Carer Friendly Communities** - Communities will be encouraged to support carers through awareness-raising within existing community groups.
5. **Carers have a life alongside caring-** We will ensure that health checks for carers are promoted as a means of supporting carer to maintain their own physical and mental health and wellbeing and encouraged to have a life outside of their caring role.
6. **Carers and the impact of Technology Products and the living space** - We will work with housing and other organisations to ensure the needs of carers are considered in terms of the provision of technology, equipment of adaptations that may assist a carer with their caring role.
7. **Carers can access the right support at the right time** - We will respect and promote the needs of carers and ensure they have access to carer's assessment, which will determine if social care services have a statutory duty to provide assistance. The carers' experience will be considered during the assessment and any subsequent reviews.
8. **Supporting young Carers** - we will ensure that the needs of young carers are also considered and that families/cares with a child with special needs are supported through the transitions process, which can also be difficult to navigate their child transitions into adult services.

The above principles have been translated into key priority and actions as detailed in section 9 and each partner organisation will be expected to build upon them in the development of their individual delivery plans.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. Therefore, the available resources for each organisation will be reflected in the individual plans that will be developed by the partners, which will underpin this strategy and the guiding principles.

3. Who is the Strategy for?

This strategy is aimed towards all unpaid carers who are caring for someone who lives in Leicester, Leicestershire and Rutland (LLR) including but not limited to:

- Working Carers
- Older Carers
- Parent/ Family Carers
- Multiple Carers
- Young Carers
- Sandwich carers (those with caring responsibilities for different generations, such as children and parents)

It seeks to understand and respond to the issues related to caring that have been highlighted locally and inform carers how the partners signed up to this Strategy will work together to ensure the role of carers is recognised, valued and supported.

The Strategy also aims to highlight to a broad range of organisations, local communities and individuals the prevalence of caring, the significant impact it can have on carers lives, and what we can all do to support carers more effectively.

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.

A young carer is someone under 18 who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need or an addiction cannot cope without their support.

Carers are sometimes referred to as unpaid carers, or family carers.

It is recognised that individuals often do not relate to the term 'carer' and see the caring responsibilities they carry out as part of another relationship or role i.e. as a wife, mother, father, daughter, friend etc. However, for the purpose of this strategy all those providing unpaid additional support to individuals who could not cope without their support will be referred to as Carers.

4. Impact of caring

Over six and a half million people in the UK are carers.¹ Looking after a person that you care about is something that many of us want to do. Caring can be very rewarding, helping a person develop or re-learn skills, or simply helping to make sure your loved one is as well supported as they can be.

“When the person we care for really struggles to do things works really hard and is then able to do something it can make us feel really happy.” Local Carer

Across Leicester, Leicestershire and Rutland carers contribute around £2 billion worth of support every year² which has a significant positive impact on demand experienced across the health and social care sector. However, some carers can be affected physically by caring through the night, repeatedly lifting, poor diet and lack of sleep. Stress, tiredness and mental ill-health are common issues for carers. In addition, carers can often be juggling and adapting to many changes in circumstances such as, in the condition of the cared for person or the impact of a new diagnosis.

Carers often lead on arranging care provision for the person they care for, which can include communicating with a range of departments and services. Challenges that carers face include knowing which service or department to contact, which can be especially difficult when the individual they care for is transitioning through a change in service/ organisational boundaries. It is widely recognised that carer identification is an issue as carers either do not identify themselves as carers or have a reluctance to identify due to stigma, potential bullying or pressure from the cared for person not to disclose.

The home environment can have an influence on carer stress and their ability to continue in their role. The key issues that have been recognised nationally have included: Where to go for help, Housing lettings policies involving carers, Inheritance issues for carers living in rented property, equipment, adaptations, repairs and improvements, housing support and technology to help carers and families stay in the home, options for moving home, funding and affordability.³

“We have grab rails and a slope put in has made life so much easier”
Local Carer

¹ Carers UK Policy Briefing | August 2015 | Facts about carers

² VALUING CARERS 2015 The rising value of carers' support

³ Carers and housing: addressing their needs

Older Carers

- The 2011 Census (UK Census, 2011) revealed that there are over 1.8m carers aged 60 and over in England⁴.
- Current data trends suggest that by 2035 there will be an increase of over 30% in the number of carers aged between 60-79, a 50% rise for carers aged 80-84 and carers over 85 will increase by 100%.⁵ (Appendix 5) Older adult carers may experience health issues themselves, and in some cases experience loss of strength and mobility, and tire more quickly.

Working Carers

- **3 million people in the UK juggle paid work with unpaid caring responsibilities**⁶. Caring can affect the type of work which carers are able to take on, aiming to find local, flexible work which can fit around caring.
- Research⁷ has indicated that over 2.3 million people have given up work at some point to care for loved ones and nearly 3 million have reduced working hours.

“We need flexibility and understanding in the workforce” Local Carer

Parent/ Family Carers

- One in three parents report that their child outliving them and not being able to care for themselves, or oversee their professional care, is their biggest concerns.⁸
- (78%) of those providing care to a child with a disability said they have suffered mental ill health such as stress or depression because of caring.⁹
- Over 1,500 parents with disabled children took part in a 2014 online survey for Scope. Two thirds (69%) of respondents had problems accessing the local services for their children, with eight in ten parents admitting to feeling frustrated (80%), stressed (78%) or exhausted (70%) as a result.¹⁰

“I constantly worry about the future” – Local Parent Carer

Multiple/Sandwich Carers

- Most carers (76%) care for one person, although 18% care for two, 4% for three and 2% care for four or more people¹¹. Sandwich carers find themselves caring for both younger and older generations.

⁴ Carers Trust Retirement on Hold Supporting Older Carers

⁵ www.poppi.org.uk version 10.0

⁶ EFC Briefing | Jan 2015 | The business case for supporting working carers

⁷ Carers UK and YouGov (2013) as part of Caring & Family Finances Inquiry UK Report (2014) Carers UK

⁸ “Who will care after I’m gone?” An insight into the pressures facing parents of people with learning disabilities Fitzroy transforming lives

⁹ CUK- State of Caring 2017

¹⁰ <https://www.scope.org.uk/media/press-releases/sept-2014/parents-disabled-children-battle-support>

¹¹ CUK- State of Caring 2017

- Carers with multiple caring roles report feeling exhausted and sometimes guilty that they have insufficient time to devote to their children or other close relatives in need of support.

Young Carers

- Data from the 2011 Census reveals that **166,363 children in England are caring for their parents, siblings and family members**, an increase of 20% since 2001.
- A quarter of young carers in the UK said they were bullied at school because of their caring role (Carers Trust, 2013).
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.¹²
- Young adult carers aged between 16 and 18 years are twice as likely not to be in education, employment, or training (NEET)¹³

“They might be scared to admit it in case they get bullied. Social workers and schools should help them understand they are a young carer.” Local Young Carer

Top worries about becoming a carer are being able to cope financially e.g. afford the care services or equipment and home adaptations required (46%) and coping with the stress of caring (43%).¹⁴ Although finances are cited as a concern many carers do not claim benefits that they are entitled to, £1.1 billion of Carer’s Allowance goes unclaimed every year in the UK¹⁵.

The 2016 national GP patient survey found that 3 in 5 carers have a long-term health condition, this compares with half of non-carers. This pattern is even more pronounced for younger adults providing care – 40% of carers aged 18-24 have a long-term health condition compared with 29% of non-carers in the same age group.¹⁶ Carers report ‘feeling tired’ and experiencing ‘disturbed sleep’ as a result of their caring role, only 10% of carers have no effect on health because of their caring role (Appendix 2).

“Feeling that we can’t rest because we are on call to look after the person we care for all of the time can make us tired and unhappy.” Local Carer

When a person becomes a carer, they give up many of the opportunities that non-carers take for granted. Carers’ can find their caring role limits the opportunities they have for a life outside their caring role. It is important we recognise the impact of caring in order to support carers to allow them to maintain caring relationships, and enjoy good mental and physical health.

¹² Hidden from view: The experiences of young carers in England
¹³ Supporting Young Carers in School: An Introduction for Primary and Secondary School Staff
¹⁴ Research summary for Carers Week 2017
¹⁵ Need to know | Transitions in and out of caring: the information challenge
¹⁶ CUK- State of Caring 2017

5. Relevant policy and legislation

Although much has been achieved in relation to the previous Leicester, Leicestershire and Rutland Strategy (2012 – 2015), there have been significant changes in government policy, including the creation of Clinical Commissioning Groups, the Care Act 2014 and the Children and Families act 2014. Whilst the new National Carers Strategy is expected soon, a new local strategy is necessary to reflect on these changes and to ensure new local priorities can be identified and addressed that are fit for now and the future.

We intend that this new strategy builds on the achievements of the previous one; some of these are:

- A Carers Charter, developed with carers, in place in all Leicester, Leicestershire and Rutland locations
- Commissioning Carers Support Services which help deliver the Care Act Early Intervention and Prevention duties, and which include a Carers Outreach Service in GP surgeries
- Developing carers registers in Primary and Adult Social Care
- Focused work in BAME communities to support people to identify as carers
- Offering Carers Assessments
- Provision of flexible respite and short breaks
- Agreement to a Memorandum of Understanding between Adult Social Care and Children's' Services in respect of Young Carers
- Partners offering information in a variety of formats, hard copy, web based, face to face
- Providing training for carers
- Providing advocacy for carers

There remain ongoing challenges which will be picked up by this new strategy. Notably these are:

- Continuing to raise awareness of carers issues and promoting early identification of carers
- Making information easy to find
- Ensuring that carer registers are robust
- Involving carers at an individual and strategic level
- Making communities carer friendly

Care Act 2014

The Care Act 2014 came into effect from April 2015 and replaced most previous law regarding carers and people being cared for. Under the Care Act, local authorities have new functions. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. Local authorities must consider the impact of the caring role on the health and wellbeing of carers. If the impact is significant then the eligibility criteria are likely to be met. Local authorities should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

The Care Act 2014 also places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18. The assessment should also support the young people and their families to plan for the future, by providing them with information about what they can expect.

The Children and Families Act 2014

The Act gives young carers more rights to ask for help. Councils must check what help any young carer needs as soon as they know they might need help, or if the young carer asks them to. In the past, young carers always had to ask first if they wanted their council to check what help they needed. Local authorities, carrying out a young carer's needs assessment must consider the extent to which the young carer is participating in or wishes to participate in education, training or recreation or employment.

The Act also says that councils must assess whether a parent carer within their area has needs for support and, if so, what those needs are. This check is called a 'Parent Carer's Needs Assessment'. In the past, parents always had to ask first if they wanted their council to check what help they needed to look after a disabled child.

NHS England's Commitment for Carers

The Department of Health set out in its mandate to NHS England 'that the NHS becomes dramatically better at involving carers as well as patients in its care'. In May 2014 they published NHS England's Commitment for Carers, based on consultation with carers. Based on the emerging themes NHS England has developed 37 commitments around eight priorities, which include raising the profile of carers, education, training and information, person centred well co-ordinated care and partnership working.

Care Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/23/contents>

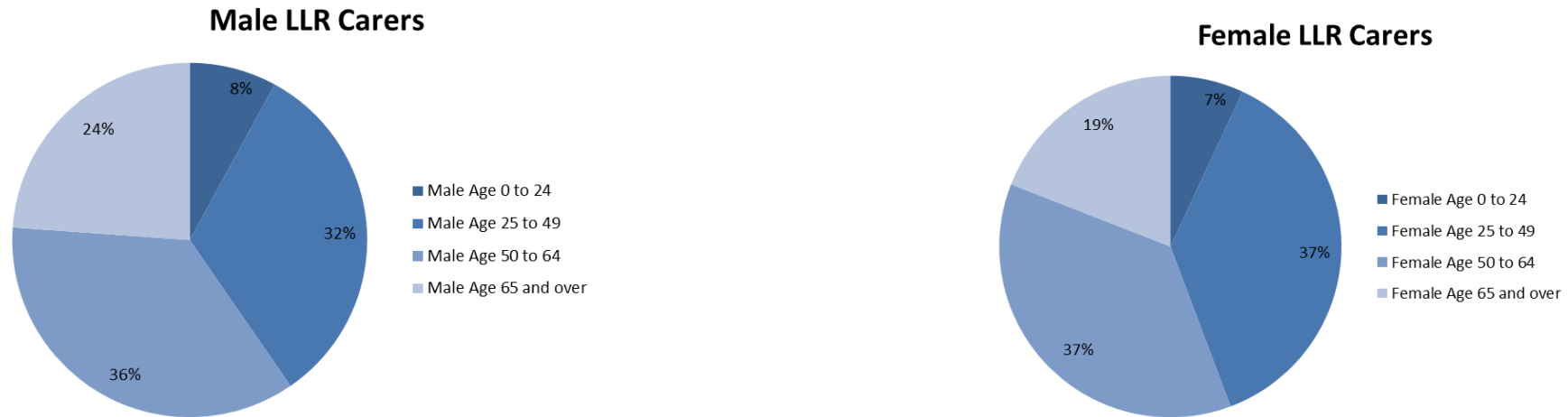
The Children and Families Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/05/comm-carers.pdf>

6. Profile of carers in Leicester, Leicestershire and Rutland

Census data tells us that there are over 105,000 carers across Leicester Leicestershire and Rutland (LLR). Nearly 2000 of the 105,000 (2%) LLR carers are aged between 0-15 years, and 203 of these young carers provide 50 or more hours of unpaid care per week (Appendix 3). Overall, 67% of carers provide care for 1-19hrs a week. 57% of LLR carers are female, the highest provision of care for both sexes is provided by those aged 25-64.



Across Leicestershire over 90% of carers are from a white ethnic background and in Rutland it is 99%, however in Leicester City this figure is just over 50% with the remaining majority of carers coming from an Asian/Asian British background. See also Appendix 3.

A further source to help us understand the local carer population is the number of people in the area claiming carers' allowance:

	Carers in receipt of Carer's Allowance	Total value of Carer's Allowance received (p/a) (£)	Total estimated number eligible	Total estimated value of benefit eligibility (p/a) (£)	Total estimated number of carers missing out	Total estimated value of unclaimed benefit (p/a) (£)
Leicester	4,750	14,758,250	7,308	22,705,000	2,558	7,946,750
Leicestershire	4,990	15,503,930	7,677	23,852,200	2,687	8,348,270
Rutland	180	559,260	277	860,400	97	301,140

Source: Carers UK (2013)

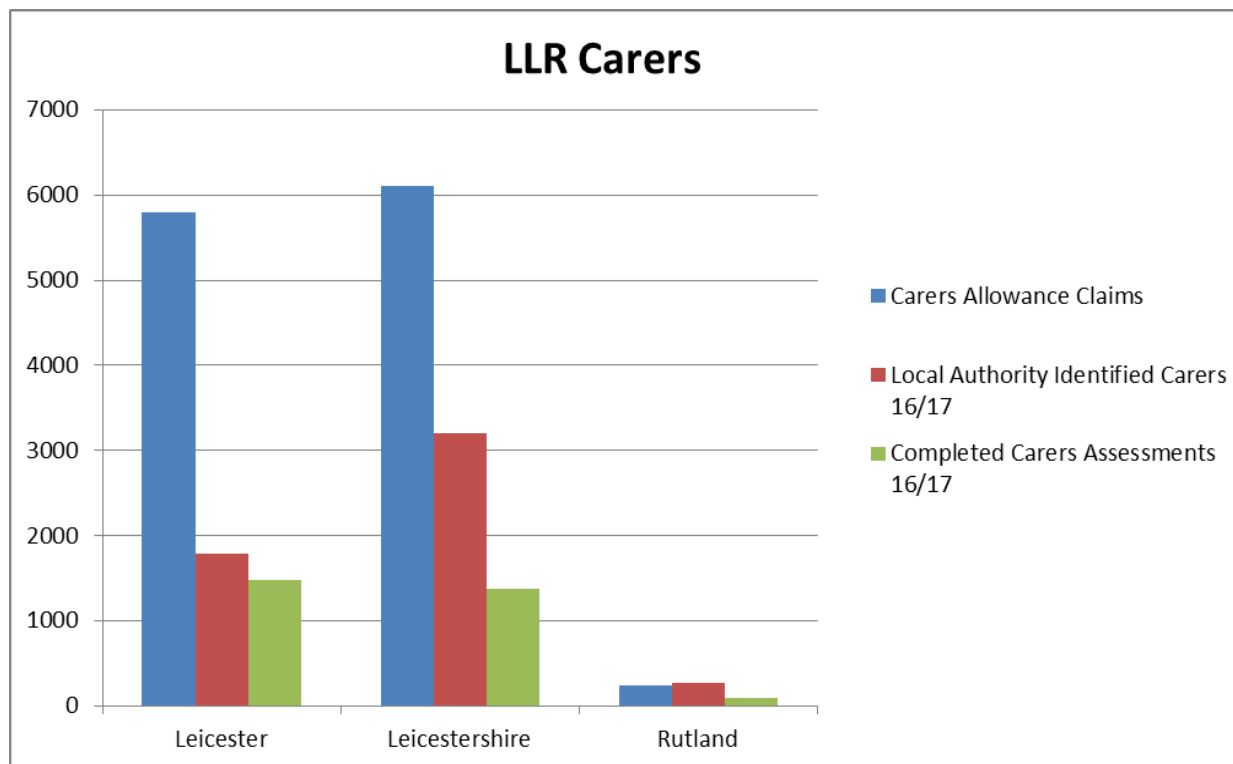
There are a variety of reasons people do not claim carers allowance – not identifying as a carer can be an issue alongside not having appropriate information or advice regarding the claim process and general benefit entitlements. Local figures are in line with national claim rates with an average of 35% of carers missing out on claiming carers' allowance.

Although a higher proportion of carers are identified on Leicestershire systems, a smaller proportion are accessing carers' assessments in comparison to Leicester City.

When compared to the number of carers receiving carers allowance locally it is clear that a high proportion are not known to their Local Authority.

The Adult Social Care Outcomes Framework (ASCOF) uses data from a number of national sources including the Survey of Adult Carers in England (SACE) to measure how well care and support services achieve the outcomes that matter most to people. These measures are used by Leicester, Leicestershire and Rutland to monitor performance across the LLR.

As illustrated in Appendix 1, responses are varied across Leicester, Leicestershire and Rutland. Overall satisfaction with social services is high in Rutland in addition to the high proportion that feel they have been included and consulted in discussions about the person they care for. All areas have seen a small increase in the proportion that find it easy to find information about services, however less than a third of carers across LLR felt they had as much social contact as they would like. Results are static for Leicester and Leicestershire however this is a significant reduction for Rutland who reported 46% in 2014/15. Leicester City and Rutland have improved the proportion of carers who have been included or consulted about the person they care for however Leicestershire have a clear drop. This highlights opportunities to learn from local best practice, but also evidences a need to improve local carer experience.



Every two years local authorities conduct a postal survey of unpaid carers, The Survey of Adult Carers in England (SACE). The survey asks questions about quality of life and the impact that the services they receive have on their quality of life. In October 2016 surveys were sent to a selection of 1812 carers, 771 responses were received. Responses from these surveys feed into the ASCOF scores.

7. Current carer support

A range of carer support services are commissioned across Leicester, Leicestershire and Rutland including support groups, advocacy, support to complete a carer's assessment form, and information and advice for carers including information on local services, and services specifically for young carers. Through an assessment process carers may also receive a personal budget, and councils can provide respite to give carers a break from caring (including breaks for parent carers).

In addition to the services common across Leicester, Leicestershire and Rutland, Leicestershire County Council also commissions online forums where carers can meet other local carers and a telephone befriending service specifically for carers. Rutland County Council has dedicated adult social care carer's workers who specifically carry out carers assessments, and funds fortnightly carers support and drop in sessions for carers and parent carers. Leicester City Council commissions a range of services for carers, including peer support and training and opportunities for social interaction which give carers a break from caring, and some specific services for carers of people with mental health needs and learning disabilities from black and ethnic minority backgrounds.

Leicester, Leicestershire and Rutland Clinical Commissioning Groups have implemented carers' charters and promote carer support throughout services and in partnership with local authorities. There are a number of hospital social work teams aiming to bridge the gap between health and social care services to provide a fluid service. Rutland operates a fully integrated service where therapists and health professionals are also able to carry out carers assessments.

Across Leicester, Leicestershire and Rutland there have been a range of approaches including but not limited to awareness raising talks and presentations, media work; stands and stalls at events. This provider undertakes young carers statutory assessments and is implementing a family based support plan, to include as required: service co-ordination, one to one support, advocacy, support with education, employment and training, grants, inclusion work, access to holidays, ID card, signposting and referral to other agencies, under 12's group work, decorating and garden challenges.

Throughout 2016/17 work was undertaken to raise the profile of young carers across Leicestershire the aim of this work was to build carer friendly communities, promote the issues young carers face, support recognition of the signs of young caring, and strengthen the shared responsibility between services and the resources available to support young carers.

The education system was targeted from primary level right up to university and each educational establishment visited was asked to have a 'named' member of staff (to be known as 'Young Carers Champion') who proactively promotes the young carers agenda, thus increasing the likelihood of young carers being identified. This has created a network of Young Carer Champions.

8. What Leicester, Leicestershire and Rutland Carers say

The challenges a carer faces will be dependent on numerous factors and are individual to that carer. In order to attain a richer insight into the experiences of local carers, a range of engagement approaches were adopted in addition to analysis of survey and performance data already available.

Events were held over the summer of 2017 to ensure carer experiences and views were captured from a diverse range of carers within different caring roles and at varying stages of their caring journey. Fifteen workshops and focus groups were conducted. Numerous questionnaires and an online survey also ensured carers were given the opportunity to have their voice heard.

Through these events and further focus groups, workshops and questionnaires, over 300 carers have shared their views and experiences based around issues that we know are important to carers, such as recognition, identification, health and wellbeing, having a life outside of caring and supportive communities.

The carers were from a range of backgrounds: including parent carers, carers of different ethnic origins, young carers, older carers and working carers. Contributions were received through numerous partners, including, Leicestershire District Councils, Healthwatch, and from a number of local voluntary sector organisations. Outcomes were captured, coded and themed, in order for the most common experiences, concerns and potential solutions to be drawn from the variety of sources. In brief, key areas highlighted include:

Access to appropriate information and advice: carers lacked clarity in relation to where to look for information, not having access to digital information and provision of information not only for the carer but information that supports the cared for individual.

"Getting correct information that is up to date can be an issue"

"Making clear the support that is available, so that a person with a disability knows they can cope without a carer"

"Temples/faith groups /clubs help with social isolation"

Access to good quality services for both carers and the cared for: Carers want good quality services for both themselves and the cared for person. Before they are happy to access any type of service for themselves they need to know the cared for person is being appropriately supported.

“Need better quality support services for carers and family”

“Need some joint services for carers and cared for so we can get out together”

Increasing understanding in society of what a carer is: There is a need to increase early identification of carers but also to ensure that once identified people understand the issues they face and value the contribution they make.

“Carers don’t recognise being a carer as a separate role”

“Need to educate people on what a carer is”

“Being listened to as a family carer as someone who knows some of the problems the person has and recognising how the caring impacts on us as carers.”

The carers’ engagement work provided a real insight into the things that are important to carers locally, and their views on things that needed to be improved. It was clear that carers needed support, breaks from caring, and the opportunity to take care of themselves more, but it was also clear that small changes organisations can easily make could have a big impact on valuing carers.

“We need to feel valued and respected as people who provide help. This means that we have a lot of knowledge that is important about the person we care for and how they need help.”

“Carers who are willing and able to care for their vulnerable family or friends need to be considered as co-partners in the delivery of care and support”. Healthwatch Leicestershire Carers Lead

In addition to the engagement activity, a focussed research activity has been undertaken specifically considering issues faced by 30 women carers between the ages of 45-65 (the group that provides the highest amount of unpaid care) findings from the research were in line with the findings from engagement activity undertaken.

Alongside wishing for more help in their caring role, family background and values, culture and religion played a part as to why these women were caring. Asian and Asian British participants of the study described cultural and moral expectations from local communities that they provided the care required themselves and reported they would feel ashamed if they paid someone else to do it¹⁷.

The research confirmed that those in caring roles who work will reduce or compress their working hours to accommodate their caring duties, some participants reported staying longer than they would have liked to have done in their existing roles because of their working pattern and ability to manage their caring alongside employment.

However, there were examples where the caring role had prompted what they termed as positive changes in their working lives, including limiting the number of hours worked per week but at the same time progressing their career development.

“... I’ve spoken to people in the past who are carers who are wanting to go back to work and they don’t see that they have any skills... “hang on a minute, you run a house, you liaise over 4 kids and after school clubs and you do this, that and the other. You know you’ve got huge organisational skills.... it’s having that wherewithal to think ‘well actually what I did now converts to x, y and z’. ...Because there is a huge skill set in caring,
-Research participant

Recommendations from the research paper include that organisations and carer services manage diversity and not equality – personalising support and opportunities as although they may be perceived to be in similar situations what support is needed may be different for individuals. Health and Social Care organisations should have policies that support working carers and they should be supported to gain further skills required for caring if necessary.

In 2015 West Leicestershire Clinical Commissioning Group undertook some qualitative research across Leicester, Leicestershire and Rutland on behalf of Better Care Together. Responses reflect the key themes identified in the 2017 engagement work, but also highlighted as key issues the lack of recognition of carers’ knowledge and expertise and their non-inclusion in planning and decision-making regarding the persons they care for, and the impact of the end of the caring role.

¹⁷ Oldridge L (forthcoming), Care(e)rs: An examination of the care and career experiences of mid-life women who combine formal employment and informal caring of a dependent adult, to be submitted as a PhD Thesis 2017, De Montfort University, UK

9. Key priorities and associated actions

Partners across LLR have drawn together national guidance, local data, the key themes from the engagement activity undertaken, and considered the local carers offer to determine key areas of development and improvement during the lifetime of this strategy. They are illustrated as key priorities, and for each priority high level partnership actions have been determined.

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

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.

What we will do

- All partners will seek to support carers to identify themselves as appropriate, ensuring staff are trained to suitably recognise the different types of carers particularly, new carers parent carers and young carers who can often go unidentified.
- 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

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.

What we will do

- 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 admissions 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

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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.	<ul style="list-style-type: none"> • Partners will review their information offer for carers to improve its accessibility. Specifically, around finance, benefits and where to access advice on these subjects. • All Partners will seek opportunities to raise awareness of local carers services
How will we know if it has worked	
<ul style="list-style-type: none"> • 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
<p>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”.</p> <p>Other feedback from carers included “help should be offered rather than having to ask for it”</p> <p>Those in minority or geographically isolated groups need support too.</p>	<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • 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
<p>Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work</p> <p>Carers cite financial worries as one of their biggest concerns.</p> <p>Carers highlighted that they often neglect their own health and wellbeing</p> <p>Carers also felt respite was essential to enable to them to continue within their caring role.</p>	<ul style="list-style-type: none"> • 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 breaks 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?	
<ul style="list-style-type: none"> • Working carers will feel better supported 	

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Priority 6. Carers and the impact of Technology Products and the living space

What we found	What we will do
<p>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.</p> <p>It was also found across LLR local authorities do not hold enough information on carers and their tenure status.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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**

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.

What we will do

- 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.
- Recognise and address the difficulties for parent carers during transition periods.

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**

Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children to adult services.

Young Carers say they often miss education due to their caring responsibilities; this can impact on them when it

What we will do

- Adult and children's health and social care teams will work to identify and be aware of young carers
- All partners will take the needs of young carers into account in planning and assessment processes particularly in relation to how the care needs of adults impact on them.

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.

Young adult carers should have the same opportunities to access education, employment and training as their peers.

- Health and social care processes will take a whole family approach to include referrals being made to early help or specialist commissioned services for a statutory assessment of their needs or provide signposting information
- Recognise and address the difficulties around accessing education, employment and training for young carers during transition periods.
- Educational establishments will acknowledge they may be the first point of contact for young carers and their parents and can respond appropriately
- Using a whole family approach, develop and promote transition assessments for young adult carers approaching 18 that identify and support the young carers wish to engage with education, employment and training.

How will we know it has worked

- Increased number of young carers known to services will be reported
- Young carers report feeling listened to and respected
- Partners can evidence an increased a more robust approach to working with young carers and their families
- 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.

10. What Next

The detailed action plans are being developed to address the key actions from each priority and reflect carers responses provided during the consultation period.

The actions plans will capture activities required, partners responsible for delivery, along with timescales and measures of impact. These action plans will be overseen by the Carers Delivery Group which will report progress to the Home First Programme Board.

11. Monitoring progress

As part of the Sustainability and Transformation Plan (STP) governance structure, the Carers Delivery Group have led on the development of this strategy and recognise the impact that positive carer support can have across all workstreams. The group will work alongside other partners to ensure the carers perspective is considered and responded to.

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.

12. Conclusion

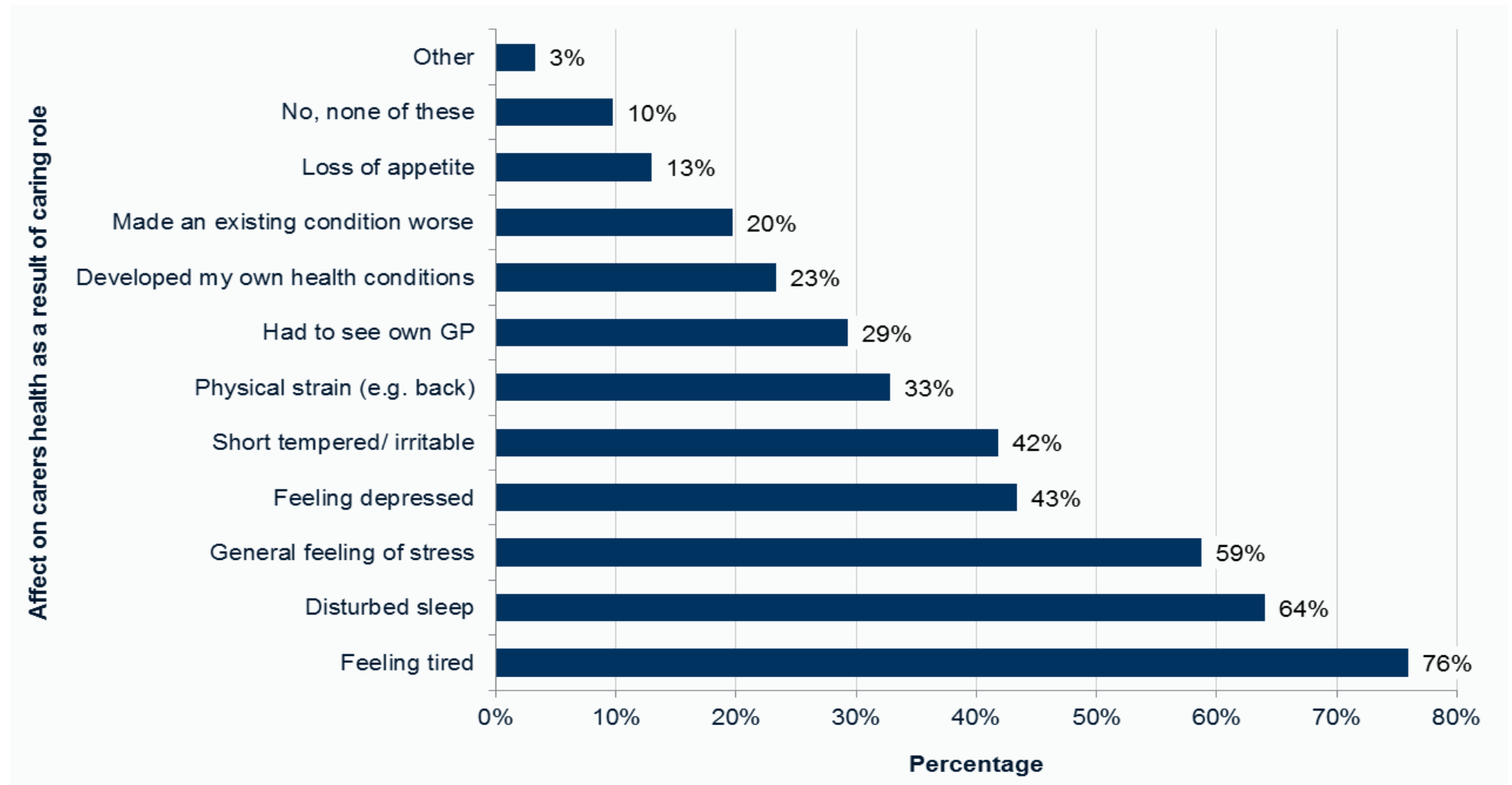
Whilst recognising the significant contribution that carers make across the health and social care economy, it is clear from our review of evidence and through significant engagement undertaken, that more can be done to recognise, value and support carers across Leicester, Leicestershire and Rutland.

This strategy recognises that improvements in carer support will not only contribute to improved health and wellbeing for those with caring responsibilities, but will also help the local health and social care economy rise to the challenges of a changing local population.

Appendix 1 – Adult Social Care Outcomes Framework

	Measure	2012-13		2014-15	2016-17
1D	Carer reported Quality of Life	NATIONAL	8.1	7.9	
		LCC	7.9	7.4	7.5
		CITY	7.1	7.2	7.2
		RUTLAND	9.0	8.4	7.9
1I (2)	% of carers who felt they had as much social contact as they would like	NATIONAL	N/A	38.5 %	
		LCC	N/A	32.5%	31.4%
		CITY	N/A	31.9%	31.0%
		RUTLAND	N/A	46%	31.1%
3B	Overall satisfaction of carers with social services	NATIONAL	42.7	41.2 %	
		LCC	43.3%	41.2%	31.2%
		CITY	37.9	37.7%	43.5%
		RUTLAND	62.4	55.8%	62.1%
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	NATIONAL	72.9	72.3 %	
		LCC	75.6%	72.5%	68.5%
		CITY	63.5	68.5%	70.7%
		RUTLAND	92.6	76.7%	84.6%
3D (2)	The proportion of carers who find it easy to find information about services	NATIONAL	71.4	65.5 %	
		LCC	65.5%	58.4%	63.5%
		CITY	52.5	55.5%	57.3%
		RUTLAND	78.0	76.8	79.5%

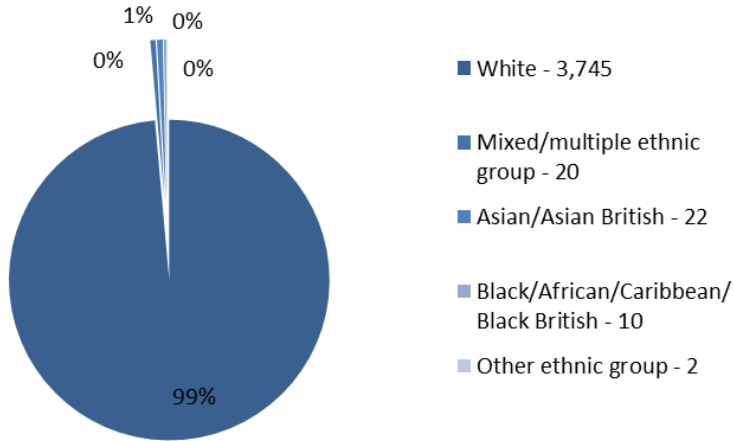
Appendix 2: Effect on Carers' Health



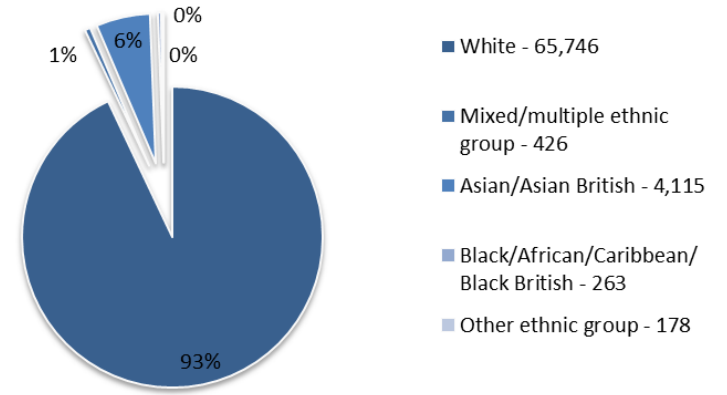
Source: SACE, NHS Digital

Appendix 3: Carers ethnicity breakdown and Young Carers statistics

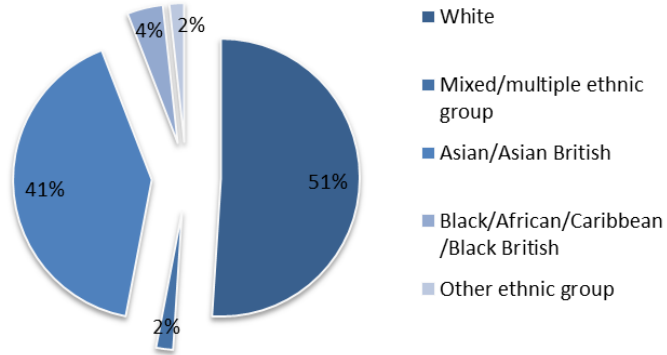
Carers Ethnicity Rutland



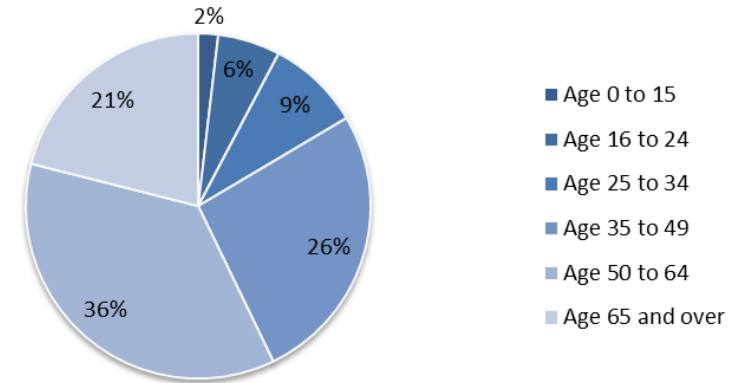
Carers Ethnicity Leicestershire



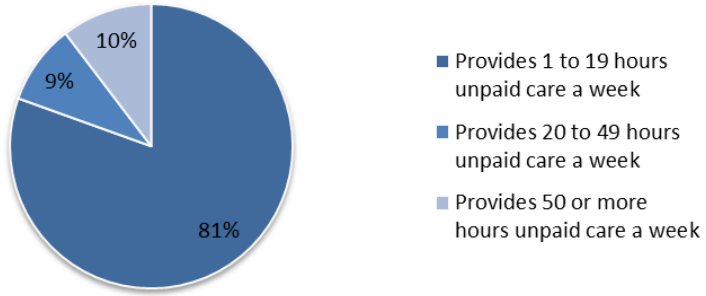
Carers Ethnicity Leicester



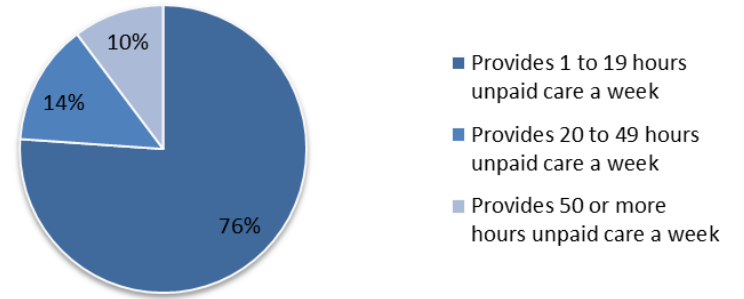
Age of LLR Carers



**LLR Young Carers
Age 0 to 15**

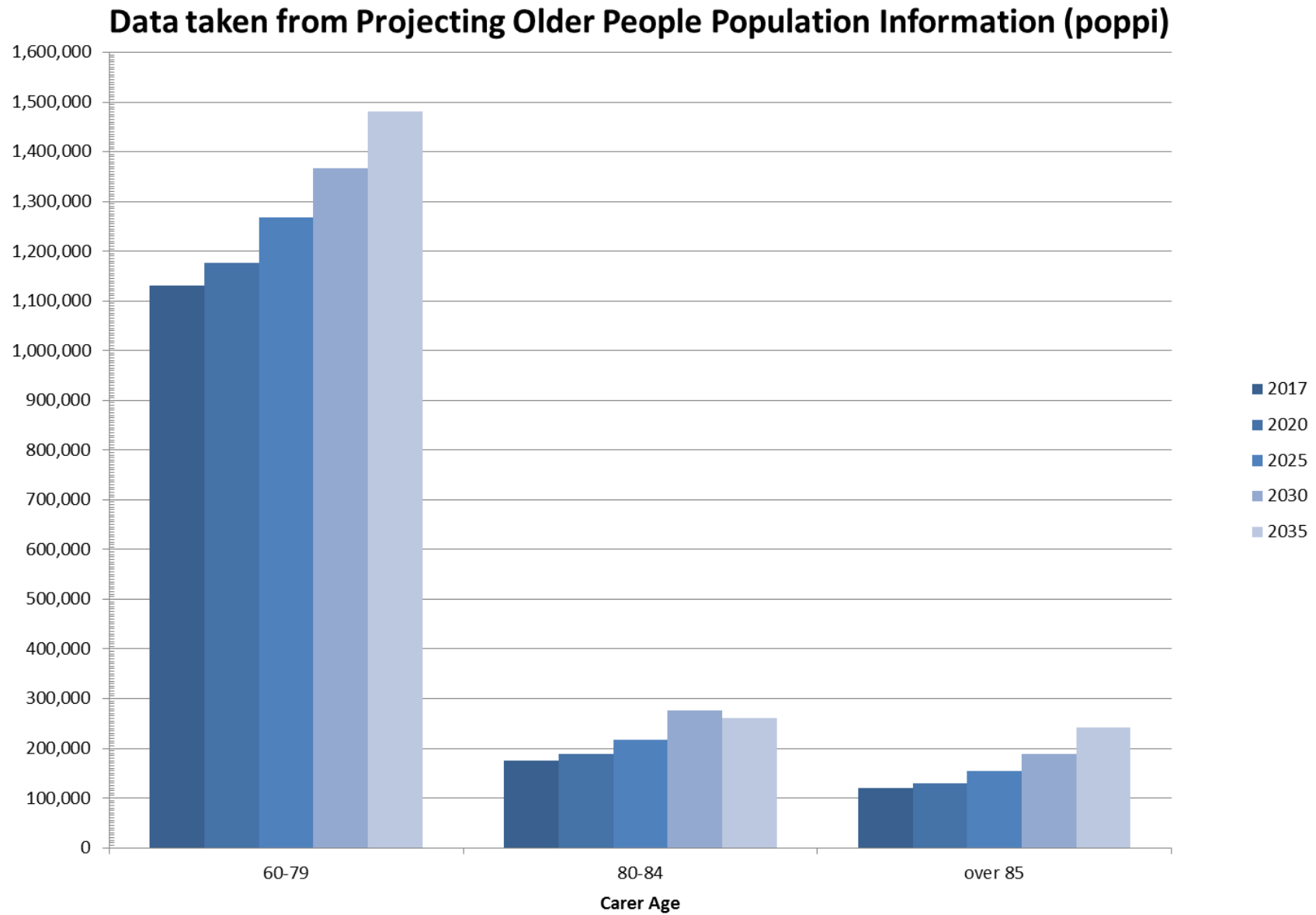


**LLR Young Carers
Age 16 to 24**



Appendix 4: Poppi data

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Adult Social Care Scrutiny Commission Report

Manifesto Update – Support for Carers

Date: 10th September 2019

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Steven Forbes



City Mayor

Useful information

- Ward(s) affected: All
- Report author: Bev White
- Author contact details: 4542374
- Report version number: 1.0

1. Purpose of Report

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the actions being taken to support the manifesto pledge for supporting carers in Leicester.

2. Summary

- 2.1 The Labour in Leicester Manifesto 2019 – 2023 sets out a clear ambition to “provide more support for carers”.
- 2.2 The City Council provides support to Carers in a number of ways: directly via services commissioned for carers; via other carer specific services; from generic services; through its care management offer; through its partnership working, and through its own offer as an employer of staff who may also have caring responsibilities.
- 2.3 The report sets these out in more detail.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission and recommended to:
- a) note the current work that is being undertaken to support carers
 - b) to provide comment/feedback on the current arrangements

4. Main Report/background

- 4.1 The Care Act 2014 strengthened the rights and recognition of carers in the social care system, including, for the first time giving carers a clear right to receive services. Leicester City Council has been providing support for carers for many years. In addition to directly commissioned support, carers can access a number of other services.
- 4.2 Under the Carers (Equal Opportunities) Act 2004, Local Authorities must have ‘a protocol, shared between Adult and Children’s Services, for identifying and assessing young carers’. The Local Authority must be proactive in identifying young carers in its area.
- 4.3 Section 17 Children Act 1989 also places a duty on Local Authorities to assess whether a young carer in their area needs support and what those needs are if:
- it appears to the Local Authority that a young carer may have a need for support the Local Authority receive a request from a young carer or parent of a young carer
 - to assess the young carer’s need for support, or an assessment has been carried out, but the circumstances of the young person or person being cared for have changed

Directly Commissioned Services for Carers

- 4.4 The Leicester Carer Support Service is delivered by AgeUK LeicesterShire. The service started on 1st July 2019 and is contracted for three years with the option to extend for further periods of up to 24 months maximum. The key aims of the service are to promote the resilience and health and wellbeing of adult carers over the age of 18, who care for somebody with any condition or disability, and ensure they are supported, emotionally and practically, to meet their caring responsibilities and lead fulfilling independent lives. Carers accessing the service do not need to be eligible for support as defined by the Care Act. The service has a number of elements:
- A Carers' Hub offering a comprehensive range of preventative services including signposting to other appropriate carer and universal services, information, advice and guidance, group and peer support and carer learning and outreach support for adult carers.
 - Strategic engagement, planning and influencing provision, representing the views and analysing the needs and outcomes of adult carers aged over 18, and proactively influencing and supporting a wide range of agencies to recognise the needs of adult carers. This includes attendance at Partnership and similar Boards.
- 4.5 The Dementia Support Service commissioned across Leicester and Leicestershire by the two local authorities and three Clinical Commissioning Groups (CCG's) and delivered by The Alzheimer's Society, includes support to carers of people with a diagnosis of dementia or who have concerns about their memory. The service comprises elements similar to the above but with specific expertise in dementia. This service is currently in contract until October 2020 with a commissioning review in progress to determine the model to be procured from October 2020.
- 4.6 Turning Point currently deliver services for people with substance misuse issues in Leicester. They also provide some support to people caring for or affected by someone else's substance misuse.
- 4.7 The Richmond Fellowship Mental Health and wellbeing service also provide support to carers of people with mental health problems.
- 4.8 Barnardo's are commissioned to deliver services to young carers and young adult carers. This includes providing the young carer assessment, as well as delivering information advice and guidance, one to one support, and group support to children under the age of twelve.
- 4.9 Leicester City Council Youth Service also operates a weekly support group for young carers that are over the age of twelve years.

Other Carers Services not commissioned by the City Council

- 4.10 The Carers Centre (CLASP) is a well-known provider of support to carers in the City and was previously commissioned by the council to provide services. Although no longer funded by the Council, CLASP continues to provide the following services:
- General advice and information
 - Carer training
 - Signposting and referral to other support agencies
 - A carers' drop in

- Making Every Penny Count (funded by NatWest), offering:
 - Advice on managing a limited budget, avoiding debt and stabilising finances
 - Benefits checks and help with forms
 - Help with grant applications
- Health and Wellbeing Project (funded by People's Health Trust):
 - Self-Help Groups for Carers of adults with autism, Learning Disabilities, Mental Health issues, Carers of Older People
- Peer support groups for adults and children with the aim of developing self-advocacy skills and to concentrate on specific self-help topics within the group
- Crafty Carers and Creative Writing workshops

Generic Services

- 4.11 There are many services provided by the City Council and other organisations that carers can access. These are not necessarily directly targeted at carers but are open to all. Examples include:
- Welfare Rights Service
 - Customer Services
 - Museums & Cultural services
 - Leisure services
 - Early Help and Prevention services (family support services)
- 4.12 The Leicester Ageing Together (LAT) programme offers a range of activities for older people who are lonely or isolated. This includes carers directly and indirectly. The programme previously supported a number of groups across five City wards in the East of the city and many of these groups continue to operate outside of the programme. The Social Care & Education (SC&E) department are running a pilot project in partnership with LAT to utilise their 'community connector' model to connect isolated or lonely adults in the Thurncourt and North Evington wards with assets (these could be activities, services, facilities or other sources of support) in the community. This complements the SC&E strengths-based offer which seeks to make the most of people's own assets and drawing on the social value offered by service providers
- 4.13 The SC&E department are also leading a corporate Asset Mapping programme, which will improve the interface for Carers to access information about opportunities/support available to them on 'Mychoice'. This is the City Council's online service directory and work is underway to refresh it and the ambition is to make this the first port of call for information about services available for anyone, including carers.
- 4.14 The Social Care and Early Help Division completed a signs of safety mapping exercise to determine what further support could be provided to support children and young people identified as Young Carers within families. This has resulted in a number of actions that have been reflected within the Young Carers section within Leicester's Carers Strategy. This work is overseen by a Service Manager who is the nominated champion within the SCEH division supported by the Head of Service for Early Help and Prevention.

The social work offer

- 4.15 Separately to the work that social care workers undertake with service users, they also have a duty to work with carers as set out in the Care Act. This includes carrying out a carer's assessment where the carer appears to have needs and taking into account the

impact of the caring role when assessing a service user. Services may be commissioned as a result. There are two ways that our social work teams offer support to carers and some examples include:

- 1) Services received by service users from which carers benefit
 - 2) Services received by the carer as a result of being eligible for support following a carers assessment
-
- 1) Eligible service users may have services commissioned for them by our social work staff or by themselves via a direct payment which benefits the carer, usually through respite or a short break. Examples include the Service User:
 - receiving a service in the day time through services commissioned via the community opportunities framework or flexible short breaks framework
 - going into respite for a period of time
 - attending groups for peer support with a carers support group running alongside
 - receiving domiciliary support
 - 2) Eligible carers may have services commissioned for them or more usually via a Direct Payment to help them with their caring role. Examples include:
 - commissioning an assistant to support a carer to organise repairs to the property which he resides in with the people he cares for. The carer could not facilitate this on their own as a result of providing necessary care
 - support to purchase a battery pack for a wheelchair used by the service user to ensure the carer could continue to support the service user with social inclusion, attending appointments and shopping

Partnership Working

- 4.16 As part of its partnership work with the Leicester Carers Support Service, the SC&E carers pathway has been redesigned to enable a more streamlined pathway so that carers receive a timelier response to their presenting problem. This may or may not result in a referral to SC&E for a formal carers assessment. Where referrals are made for a carer's assessment, it is expected that the Carers Support Service will provide a comprehensive summary of support provided to date and the circumstances and key issues faced by the carer. It is hoped that by providing this information directly to Care Management, repetitive discussion and questioning will be avoided and thus resulting in reduced carer anxiety and a more informed and relevant outcome for the carer.
- 4.17 The City Council has worked with other local statutory and non-statutory organisations and carers themselves to develop a Joint Leicester, Leicestershire and Rutland Carers Strategy. The vision shared by all partners who have signed up to the strategy will be delivered through geographic implementation plans. The City Council's action plan is being developed through a partnership approach with plans to widen the scope and reach of the existing Carers Reference Group to attract a greater number of carers and relevant stakeholders. The new group will co-produce the implementation plan, making recommendations to the LLR Carers Delivery Group which will include, for example, gaps in existing support and quality issues.
- 4.18 The City Council also works with local statutory and non-statutory organisations to focus on Young Carers through the Young Carers Support Network which the three universities across Leicester, Leicestershire and Rutland jointly host. This group provides initiatives and a platform to raise young carer aspirations in terms of education, training and employment and feeds directly into the LLR Carers Delivery Group.

Leicester City Council as an employer of Carers

4.19 In common with all employers, the City Council has a large number of carers amongst its workforce. Carers are supported through a number of policies such as the flexible working policy, a carers passport and a carers support group.

4. Details of Scrutiny

ASC Scrutiny have previously received reports on carers services.

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 The Council funds various voluntary sector organisations for the provision of support to carers. Apart from Age UK whom we will fund £153,899 in 2019/20 which is specific to Carer's Hub, the other organisations (Alzheimer's Society, Turning Point and Richmond Fellowship) receive funding however, we cannot split the precise element paid which relates to Carer's Support.

5.1.2 Respite care is funded as part of the service user package cost.

5.1.3 Other services are funded from the councils existing general fund budgets.

5.1.4 Services to council employees is in kind and funded from existing budgets.

Rohit Rughani, Principal Accountant, Ext 37 4003

5.2 Legal implications

5.2.1 This report sets out the support available for Carers including Council commissioned services. Legal advice should be sought as part of any commission review and changes proposed/options as there may be arising legal implications dependant on the proposals.

5.2.2 There is also mention within this report to develop a LLR Carers Delivery Group in the development of a Joint LLR Carers Strategy, any such strategy and implementation (subject to the above) should be underpinned with a partnership agreement.

Mannah Begum, Senior Solicitor, ext 1423

5.3 Climate Change and Carbon Reduction implications

5.3.1 There are no significant climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

5.3.4 Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due

regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Equality Act 2010 also protects carers of elderly or disabled people from discrimination and harassment by association. This includes protection at work and when buying goods or using services, including public sector services.

As the report is for noting, there are no direct equality implications arising from the recommendation of the report. However, it is worth noting that work to support and promote the wellbeing of unpaid carers, both in LCC's employment and more widely as a service provider, is likely to have positive equalities impacts for those that are being cared for and carers themselves.

Hannah Watkins, Equalities Manager ext 37 5811

6. Background information and other papers:

None

7. Summary of appendices:

None

Adult Social Care Scrutiny Commission

Better Care Fund: Outturn Report 2018/19 and Plan 2019/20

Date: 10th September 2019

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 2018/19 and summarises the intentions for the 2019/20 plan.
- 1.2 The BCF plan was a two year plan, from 2017 – 2019 and a new plan for 2019/20 is due for submission to by 27th September 2019. This will be approved for submission by the Health and Wellbeing Board.

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 aims to support local system integration for the purpose of achieving specific improvements in the health and care system, such as reductions in unplanned admissions to hospital, reduced admissions to long term care and fewer delayed transfers of care (DTC)
- 3.2 A update of the 2017/19 (2 year) plan was presented to scrutiny in June 2018, including a summary of the BCF plan itself. That summary (Appendix 1 of the scrutiny report dated June 2018) is attached for reference at appendix 1 of this report.
- 3.3 This report provides a summary of the plans delivered in 18/19. The 2019/20 plan is due for submission by 27th September 2019 and this report summarises the key proposals, noting that the plan is largely unchanged.

3.4 Performance against BCF national metrics

Overall, performance in 2018/19 was positive in the context of a significantly challenged health and care system; minimising the impact of rising demand in some areas is a success even where our own ambitions may not have been met.

3.4.1 Emergency admissions

Within Leicester City the position on emergency admissions in 2018/19 was challenging but this should be seen in the context of national pressures on acute care, in particular unplanned acute activity. Comparatively Leicester performed much better than average.

As the City shares a main acute NHS provider with East Leicestershire & Rutland and West Leicestershire, as well as being part of a joint Sustainability and Transformation Plan (STP) footprint, their data is included for comparison, and the national growth rates are also shown.

All Emergency Admissions Year end 18/19	17/18 actual	18/19 actual	18/19 Year on Year increase	18/19 Year on Year % change
Leicester City CCG	39191	39756	565	1.44%
East Leicestershire and Rutland CCG	31658	31545	-113	-0.36%
West Leicestershire CCG	35487	36937	1450	4.09%
LLR CCGs	106336	108238	1902	1.79%
National Rate				5.9%

3.4.2 Delayed Transfers of Care (DTOC)

Understanding the context of target setting is important when reviewing performance in 2018/19.

In 2017/18, new targets were set for DTOC which were challenging. 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 was particularly strong with the Council consistently being in the top 5 authorities nationally.

The table below is 2017/18 performance, to provide context to 2018/19 performance.

Total delays Target

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

	Delayed Days													Total	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					
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 targets for 2018/19 were set using Q3 performance in 2017/18. This had particular impact for social care and resulted in a Local Authority target of just 0.03 average days per 100,000 population. The national target is 2.4 days thus the local target was set substantially lower than the national expectation, based on previous performance.

The table below demonstrates delivery against the national target in 2018/19. It is very positive to note that the whole system target was achieved in every month, supported by reductions in NHS and joint delays. However, due to target setting as explained above, social care delays rarely achieved the target set (whilst the Council was still performing in the top quartile of councils nationally, including being the top performer in a number of months).

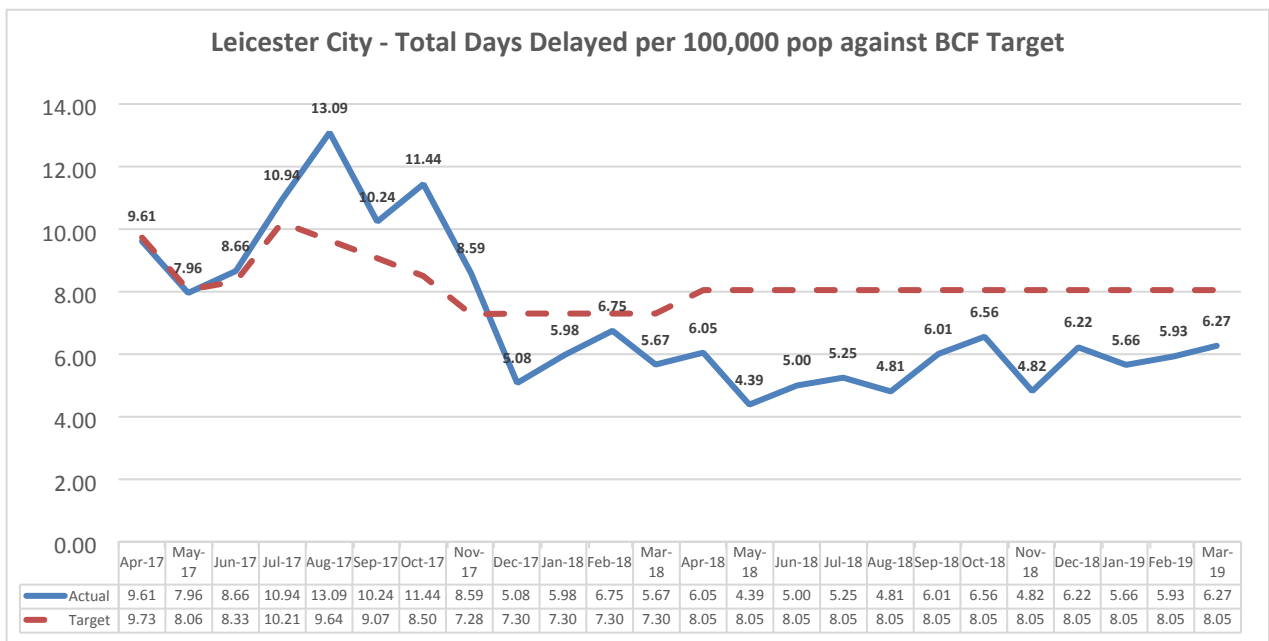
Total delays

Target

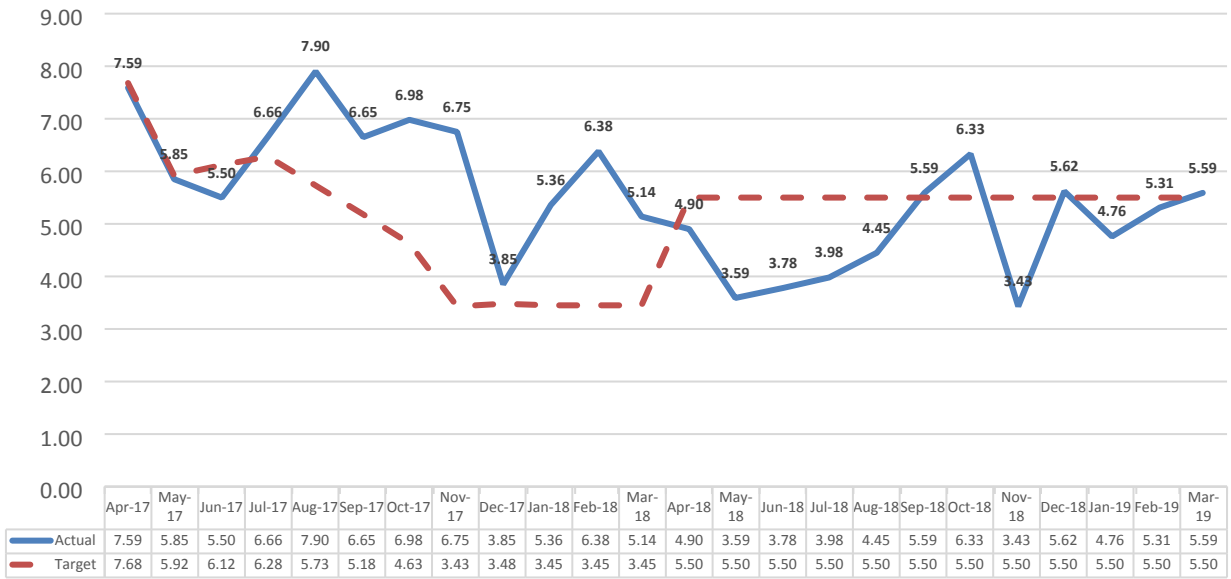
Number of Delayed Days during the period - April 2018 to March 2019

	Delayed Days												Total	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				
Apr-18	391	13.0	4.90	5.50	7	0.2	0.09	0.03	85	2.8	1.06	2.52	483	16.1	6.05	8.05
May-18	296	9.5	3.59	5.50	16	0.5	0.19	0.03	50	1.6	0.61	2.52	362	11.7	4.39	8.05
Jun-18	302	10.1	3.78	5.50	13	0.4	0.16	0.03	84	2.8	1.05	2.52	399	13.3	5.00	8.05
Jul-18	328	10.6	3.98	5.50	1	0.0	0.01	0.03	104	3.4	1.26	2.52	433	14.0	5.25	8.05
Aug-18	367	11.8	4.45	5.50	19	0.6	0.23	0.03	11	0.4	0.13	2.52	397	12.8	4.81	8.05
Sep-18	446	14.9	5.59	5.50	31	1.0	0.39	0.03	3	0.1	0.04	2.52	480	16.0	6.01	8.05
Oct-18	522	16.8	6.33	5.50	3	0.1	0.04	0.03	16	0.5	0.19	2.52	541	17.5	6.56	8.05
Nov-18	274	9.1	3.43	5.50	50	1.7	0.63	0.03	61	2.0	0.76	2.52	385	12.8	4.82	8.05
Dec-18	464	15.0	5.62	5.50	31	1.0	0.38	0.03	18	0.6	0.22	2.52	513	16.5	6.22	8.05
Jan-19	393	12.7	4.76	5.50	32	1.0	0.39	0.03	42	1.4	0.51	2.52	467	15.1	5.66	8.05
Feb-19	396	14.1	5.31	5.50	11	0.4	0.15	0.03	35	1.3	0.47	2.52	442	15.8	5.93	8.05
Mar-19	461	14.9	5.59	5.50	0	0.0	0.00	0.03	56	1.8	0.68	2.52	517	16.7	6.27	8.05

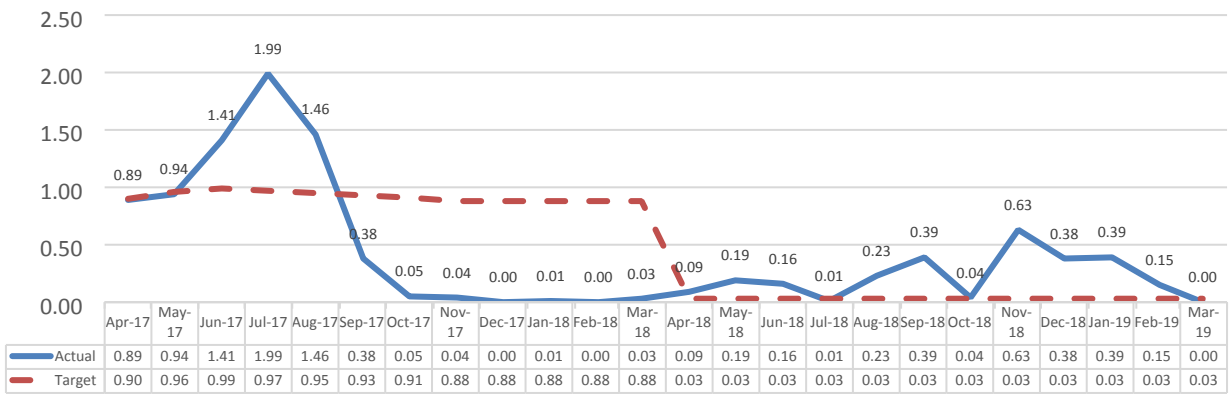
The graphs below show the performance as a system over a two year period and by attributable delays (NHS, Social Care, Joint)



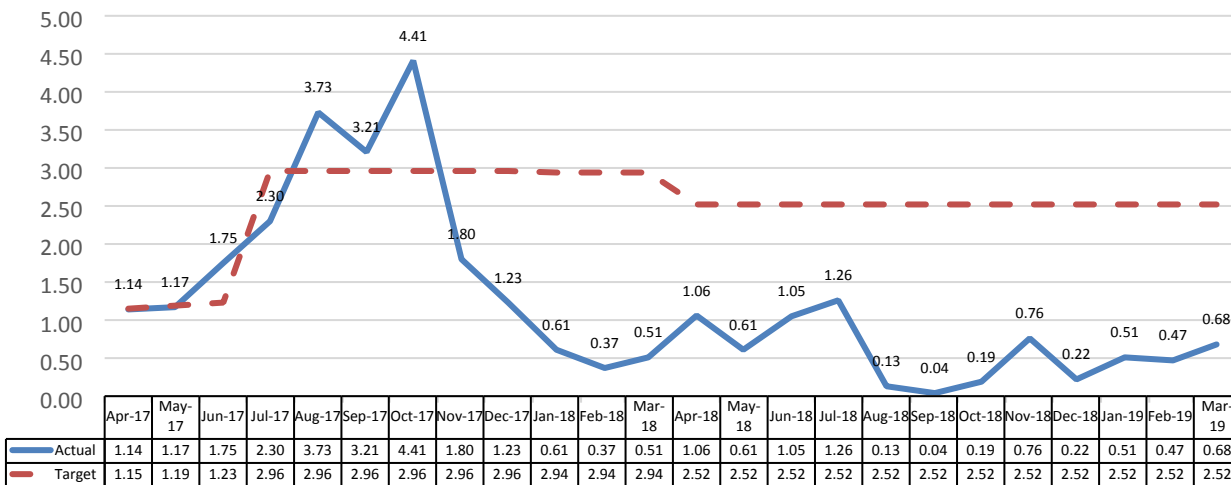
Leicester City - NHS Days Delayed per 100,000 pop against BCF Target



Leicester City - Social Care Days Delayed per 100,000 pop against BCF Target

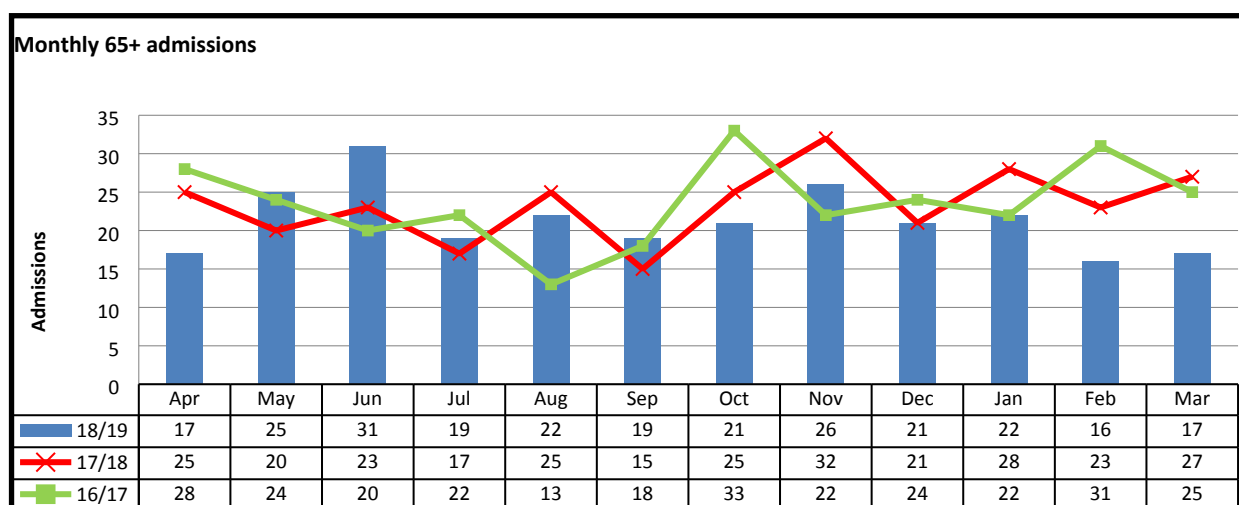


Leicester City - Joint Attributable Days Delayed per 100,000 pop against BCF Target



3.4.3 65+ Permanent Admissions in residential / nursing homes

For the period 1/4/18 to 31/3/19 there have been 256 permanent admissions for those aged 65 and over into residential or nursing homes. The BCF year-end target for 18/19 was no more than 254 admissions in the year.



The target was just missed although this represents an improved position from 2017/18, where 281 admissions were made. To provide assurance on the appropriate use of residential and nursing care, 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).

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.

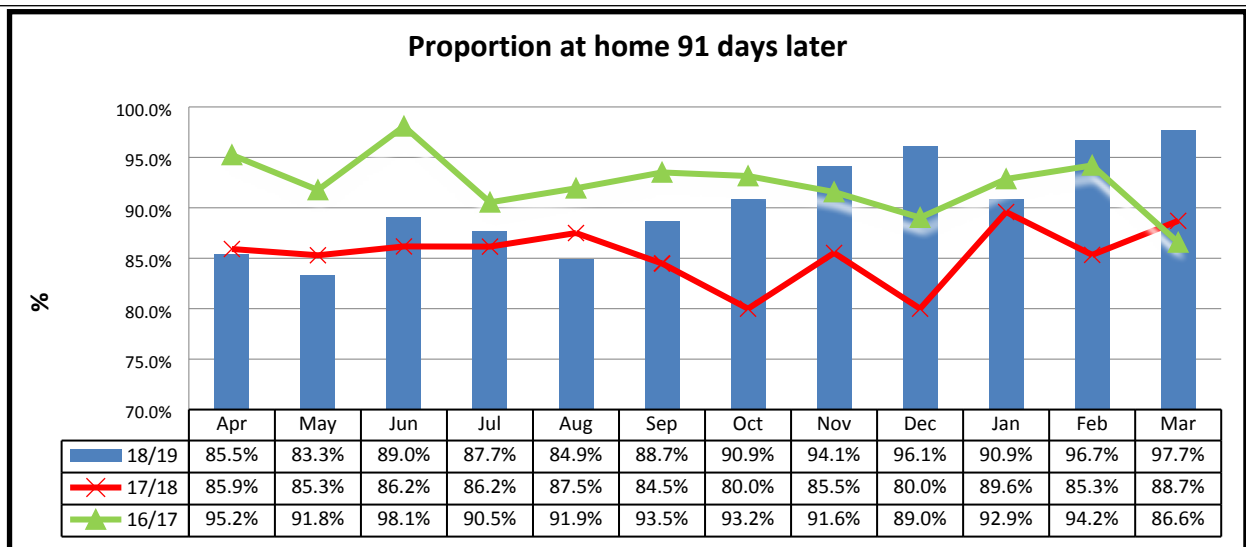
3.4.4 Proportion of those aged 65+ at home 91 days later following hospital discharge

This measure looks at the outcomes achieved by Reablement services, locally provided by the Council directly. It reports on the proportion of people still at home (with or without a package of care) 91 days after the end of their reablement episode. It is a proxy for the effectiveness of services that promote independence.

The year-end national target for 2018/19 was 92% and is based on Oct – Dec 2018 hospital discharges only for over 65's (thus counts January – March 2019 outcomes at 91 days).

Performance was 95.3% (214 people went into reablement with 204 being at home 91 days later) and therefore the target was met. This was also an improvement on 2017/18 where the target was missed (87.6% against a target of 90%).

The Council monitors performance for reablement episodes across the whole year, to add further information to the limited national metric.



Over the whole year 75 people (9.6%) were not at home of whom 57 (7.3%) were deceased and 18 (2.3%) moved into residential care homes. When compared to the previous year, there were fewer people deceased this year (11.2% in 2017/18) and fewer entering residential care homes (3.4% in 2017/18). This is a positive reflection of the work undertaken to ensure that the right people were able to access reablement upon discharge and of the effectiveness of the Reablement Service. During the year, the Reablement Service participated in a national audit and it was identified that Leicester City Council's service achieves the best outcomes in terms of improved independence of all the services that were audited nationally.

3.5 iBCF

3.5.1 The iBCF is a funding stream that was added to the BCF in 2017/18. Although formally a part of the overall BCF, this element of funding is provided directly to councils and must spent in the following areas:

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

3.5.2 During 2018/19 funding was £4,502,650. This was utilised in line with the grant conditions, with a proportionate split of funding across the three elements. The funding essentially enabled the Council to continue to support social work capacity to hospital facing activity, to invest adequately in sufficient care services to meet eligible need at a fair price, and to maintain a preventative offer through reablement and commissioned services from the voluntary sector.

3.5.3 Performance against the iBCF is monitored alongside BCF reporting. The specific measures that were linked to the iBCF were rates of DTOC, the effectiveness of reablement (91 day target), admissions to long term care – all of which are core BCF metrics described above. In addition, market stability was measure through the number of provider exits due to financial instability. The care market in Leicester is fragile but mostly stable and comparatively positive against other Local Authority areas; during 2018/19 this continued to be the case and provider exits were very few in number. Realistically, one off

funding via the iBCF does not provide a financial platform from which to fundamentally address the wider pressures about staffing and sustainability in the social care market.

3.6 2019/20 BCF Plan

3.6.1 At time of writing the plan is still in draft, for submission by 27th September 2019. It is noted that this is some time after the start of the financial year 2019 / 20, as a result of the late issue of the BCF guidance.

3.6.2 The BCF plan locally is deemed to be having positive impact and the key service offer is unchanged. Some minor adjustments have been made to spending plans, supporting service extensions in existing schemes (more capacity) and some new preventative services, such as Eye Clinic Liaison Support and funding to enable the Centre Project to open for an additional day.

3.6.3 The full plan and spending schedule can be shared once submitted and approved via the National Assurance process.

4. Financial, legal and other implications

4.1 Financial implications

The allocations in 2018/19 were £24,922k for the BCF (of which £17,153k is spent by the Council) and £12,343k (Council only) for the iBCF. Appendix 2 shows the split of the BCF schemes between Adult Social Care, the City Clinical Commissioning Group (CCG) and Leicestershire Partnership Trust (LPT) for 2018/19. 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 allocation for 2018/19 was £12.3m and has been spent supporting the three areas highlighted in para 3.5.1 above. The iBCF for 2019/20 increases to £15.5m and will be used for the same purposes. There is no indication from central government regarding the future of the BCF from 2020/21. Information is expected following the single year spending review which should complete in the autumn.

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

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't. Due regard to the Public Sector Equality Duty should be paid before and at the time a decision is taken, in such a way that it can influence the final decision and this is an ongoing duty.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

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 included in any proposals for the 2019/20 plan.

Sukhi Biring, Corporate Equalities Officer, 454 4175

4.5 Other Implications

None noted

5. **Background information and other papers:**

N/A

6. **Summary of appendices:**

Appendix 1: ASC Scrutiny Report appendix 1 June 2018: Summary of Leicester City's Better Care Fund Plan 2017/19

Appendix 2: Finance schedule and outturn 2018/19

Adult Social Care Scrutiny Commission

Better Care Fund Update 2017/19

Date: 5th September 2017

Lead Director: Ruth Lake

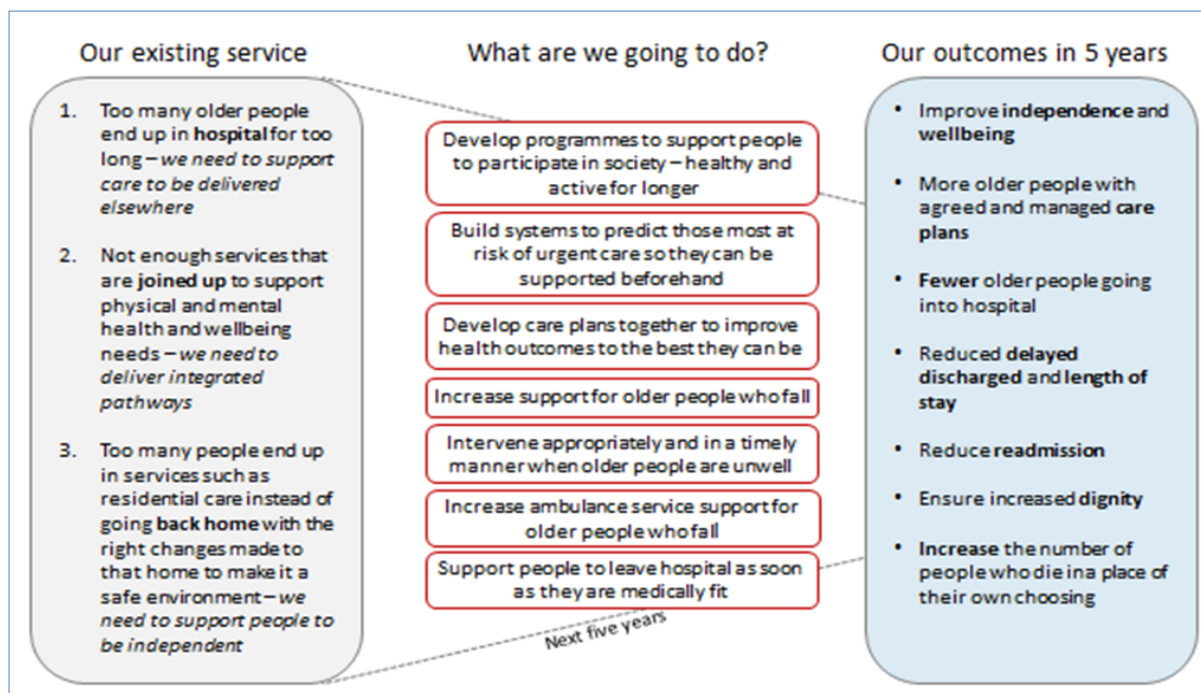


1. Leicester City Better Care Fund 2017 – 2019

- 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

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

Appendix 2 Finance schedule and outturn 2018/19

Appendix 2 - 2018/19 Better Care Fund Outturn

CCG Better Care Fund	Year to Date		
	Budget £	Spend £	Variance £
Leicester City Council (LCC) Led BCF Schemes			
Revenue			
Existing ASC Transfer	5,901,968	5,901,972	4
Carers Funding	650,000	650,001	1
Reablement funds - LA	825,000	825,000	0
2016/17 ASC Increased Transfer	5,650,000	5,649,999	(1)
Lifestyle Hub	100,000	100,000	0
Assistive technologies	239,139	239,139	0
Strengthening ICRS - LA	825,868	839,604	13,736
Health Transfers Team	223,314	223,314	0
MH Discharge Team	44,043	44,043	0
IT System Integration	6,000	6,000	0
Services for Complex Patients (Care Navigators)	226,177	230,785	4,608
Discharge to Assess	18,000	28,000	10,000
H&SC Protocols	68,000	68,000	0
Project Manager - Community Asset Register	45,000	45,000	0
Health Through Warmth	30,000	30,000	0
Investment in community therapy to support earlier discharge	30,000	30,000	0
Stop Smoking	5,000	25,000	20,000
Capital			
DFG (Disabled Facilities Grant)	2,216,673	2,216,673	0
Sub-Total - City	17,104,182	17,152,530	48,348
City Clinical Commissioning (CCCG) and LPT Led BCF Schemes			
Revenue			
Risk stratification	55,000	55,000	0
Services for Complex Patients (GP PIC/Training)	630,000	473,180	(156,820)
Services for Complex Patients (Innovation Fund)	200,000	100,958	(99,042)
Falls (Steady Steps)	50,000	50,000	0
Hospital Housing Enablement Team	120,000	120,000	0
Emergency Readmission Prevention - UHL	30,000	0	(30,000)
Emergency Readmission Prevention - LPT	30,000	0	(30,000)
(a) Red Bags Scheme	3,000	2,814	(186)
(b) Hydration bottles	3,000	0	(3,000)
Audit of a sample of cancer referrals	5,000	0	(5,000)
Audit of a sample of care plans with gap analysis	7,000	7,000	0
Care Home staff training	40,000	41,561	1,561
Coder support to primary care	50,000	50,000	0
Enhanced Diabetes – accrediting further aspiring practices	15,000	10,271	(4,729)
Enhanced Primary Care (Home Visiting)	88,013	88,013	0

Equipment for Community Nurse	5,000	0	(5,000)
Eye Clinic Liaison Service	20,000	20,000	0
Homeless Centre Project	6,000	9,000	3,000
Identifying and managing frailty for GPs and Practice Nurses	50,000	0	(50,000)
Non-weight bearing pathway	20,000	0	(20,000)
Pilot of Fire Service response to falls in Care Homes	30,000	8,000	(22,000)
Promotional material for key CCG outcomes	9,500	8,000	(1,500)
RVS	30,000	30,000	0
Sloppy Slippers	10,000	10,000	0
Training for Falls	100,000	100,000	0
Home Visiting Service	1,192,468	1,192,467	(1)
LPT - Unscheduled Care Team	499,104	499,103	(0)
MH Planned Care Team - LPT	297,831	257,831	(40,000)
Care Home Therapies Team - LPT	139,219	139,225	6
Intensive Community Support Beds - LPT	916,019	916,019	0
Reablement - LPT	1,168,652	1,168,652	(0)
Performance Fund	1,998,283	1,998,283	(0)
Sub-Total - CCCG and LPT	7,818,089	7,355,378	(462,712)
TOTAL BETTER CARE FUND (REVENUE & CAPITAL)	24,922,272	24,507,908	(414,364)

Adult Social Care Scrutiny Commission Report

Revision to Charging Policy (ASC Non-Residential)

Meeting Date: 10 September 2019

Lead director: Ruth Lake



Useful information

- Ward(s) affected: All
- Report author: Prashant Patel & Matt Cooper
- Author contact details: 37 2145
- Report version number: 1

1. Summary

- 1.1 The purpose of this report is to inform the ASC Scrutiny Commission of a consultation exercise in relation to proposed changes to the charging policy for non-residential care services.

2. Recommendations

- 2.2 The ASC Scrutiny Commission is recommended to note the consultation and make any comments.

3. Supporting information:

3.1 Revenue Budget Pressures

- 3.1.1 The Council is in the middle of the most severe period of spending cuts it has ever experienced. As part of its approach to achieving substantial budget reductions, like other Council Departments, Adult Social Care has to achieve targeted savings as part of the Spending Review 4 Programme of £5.7m.
- 3.1.2 These targeted savings included a review of income generation in the form of how Disability Related Expenditure (DRE) and other disability benefits are treated within the Council's Charging Policy. Accordingly, in 2018 the Council undertook a formal consultation covering the treatment of Disability Related Expenditure (DRE) within the financial assessment undertaken for non-residential care service users. ASC Scrutiny Commission received the consultation report at its meeting on 4th December 2018. This resulted in a change to the Council's Charging Policy from April 2019, in that the standard level DRE disregard has been reduced in the financial assessment from £20

to £10 per week for individuals (or from £15 to £10 per week, if one of a couple). This has delivered the targeted savings sought against DRE.

- 3.1.3 To contribute further to the savings target, the Department is now undertaking a formal consultation to outline proposals for changes to how disability benefits paid by the Department of Work and Pensions are treated within the Council's Charging Policy.

3.2 Treatment of Disability Benefits

- 3.2.1 Annex C of the Care and Support Guidance to the Care Act 2014 covers the treatment of income when conducting a financial assessment to calculate what a person can afford to contribute to the cost of their eligible care needs.

- 3.2.2 In relation to disability benefits, the guidance refers to Attendance Allowance, Disability Living Allowance (Care Component) and Personal Independence Payment (PIP) explicitly. Paragraph 47 within that guidance requires that local authorities must take into account any income from benefits, when considering what a person can afford to pay from their income towards the cost of their care, as part of their financial assessment.

- 3.2.3 Disability benefits are paid by the Department of Work and Pensions to people who require frequent help or constant supervision during the day and/or night. These benefits are paid in the form of an Attendance Allowance (AA) (for over 65's) and Disability Living Allowance - Care Component (DLA) (under 65's). DLA is being phased out for people aged 16 to 64 and is being replaced by a Personal Independence Payment (PIP).

- 3.2.4 AA is paid to service users at two rates, a lower rate of £58.70 per week (where frequent help / constant supervision is needed during the day or night) and a higher rate of £87.65 per week (where help/supervision is needed during the day and night).

- 3.2.5 DLA is made up of 2 components – care and mobility. The mobility component is out of the scope of this report as the Care Act guidance is specific in that the mobility components of DLA and PIP must be fully disregarded in the assessment of income calculation. The DLA care component is paid to service users at 3 rates: a low rate of £23.20 per week (where help is needed for some of the day or with preparing cooked meals), a middle rate of £58.70 per week (where frequent help/constant supervision is needed during the day or night), and a high rate of £87.65 per week (where help/supervision is needed during the day and night).

- 3.2.6 The current financial assessment for non-residential care counts the lower rate, up to £58.70 a person receives per week from these benefits as income and is therefore included in the calculation of assessable income for the purposes of assessing a person's ability to contribute towards the costs of the care they receive. If a person receives the higher rate, it is currently disregarded (to the lower rate). This is in line with previous Department of Health guidance.

- 3.2.7 However, Annex C of the Care and Support Guidance (paragraphs 14-18) deal with benefits and state that Local authorities may take most of the benefits people receive into account. Whilst the guidance (paragraph 15) is specific about some income sources which must still be fully disregarded (i.e. DLA/PIP mobility component payments), all income from AA and the DLA/PIP (Care/Daily Living Component) must be taken fully into account when assessing a person's ability to contribute towards the costs of residential care services.
- 3.2.8 The guidance also gives the Council further discretion over charging for non-residential care services and to include AA and any DLA/PIP Care/Daily Living components at the higher rate in the assessment of income for the purposes of the financial assessment. However, the guidance also sets out that a person must be able to afford to pay from their income the costs of their care needs which are not being met by the local authority.
- 3.2.9 If the AA and DLA/PIP benefits were treated as income in full within the financial assessment then this would affect those service users currently paid at the higher benefit rates. The Council does not record the rate of these benefits for service users (as currently all higher level payments are disregarded to the lower rate), so only rough estimates can be made of the numbers that would be affected by using DWP statistics of cases in payment within Leicester, across the 3 benefit categories.
- 3.2.10 Of the approximate 3,380 service users with a financial assessment for non-residential services, it is estimated that approximately 940 potentially receive the higher level AA or DLA/PIP Care/Daily Living Component. This equates to around 36% of those service users who currently have at least the lower level benefit in their current financial assessment.
- 3.2.11 In the first year, any additional income would be offset by additional costs associated with undertaking updated financial assessments for all those affected.

3.3 Impact for Individuals

- 3.3.1 Of the approximate 3,380 service users with a financial assessment for non-residential services, some 2,710 service users are currently in receipt of some form of Disability Allowance (AA /DLA/PIP Care/Daily Living element) as part of their income calculation within the financial assessment. It is estimated that approximately 940 people receive the higher level AA or DLA/PIP Care/Daily Living Component.
- 3.3.2 The maximum increase in a person's charge would be £28.95 per week, being the difference between the higher and middle benefit rates, although the impact for many would be much lower than this based on their individual income levels and/or the value of their package of care. Some people who don't currently pay a contribution towards their care costs could have to start doing so.
- 3.3.3 However, under these proposals the Council would continue to exercise discretion in its application of this policy change in line with the requirements

of the statutory guidance (Annex C, Para 39). This requires that where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority. In this regard, Para 41 of the statutory guidance identifies the care plan as a good starting point for considering what is necessary disability-related expenditure as the care assessment is fundamentally about need.

3.3.4 There does also remain some further protection for service users in the form of the 'Minimum Income Guarantee (MIG)'¹ within the assessment of a person's charge towards their care. The financial assessment is based on a comparison between their total income and an allowable amount that they should be left with in order to meet living expenses. Inclusion of the MIG calculation (also known as 'Protected Income') in the financial assessment should help to ensure any potential increase in charges for local authority arranged care is affordable. Simplified examples of how disability benefits would be treated within a financial assessment under these proposals are shown in Appendix A.

3.4 Costs associated with undertaking more re—assessments and appeals

3.4.1 If the proposed increase to the Disability Allowance disregard were to go ahead, then everyone who receives a non-residential commissioned service or Direct Payment would need to be re-assessed.

3.4.2 The re-assessment process is largely an administrative one and would initially involve admin band 3 work in sending out a form to all service users to collect updated details, assisting with basic queries and chasing return of the forms. More detailed queries and issues with completing the form may involve a visit from a Visiting Officer (band 5).

3.4.3 Some Service Users could challenge any initial assessed charge on the basis that they have new information which needs to be included in the assessment or they believe the charge is incorrect or is not in accordance with the Policy. The latter would form a right to appeal. Appeals are accepted within 35 days from notification of the weekly charge being applied and are dealt with under a two stage appeals process:

Stage 1 – a different assessment officer reviews the case, independent of the original decision maker. Those that remain dissatisfied from this outcome can request a stage 2 appeal.

Stage 2 – includes independent review by 2 senior officers. This decision is final.

¹ 'Protected Income' or MIG is the amount that the Department of Health guidance states should remain free from charges and is calculated by adding 25% to a service-user's Income Support allowances and premiums (excluding Severe Disability Premium) according to age, level of disability and family status or the appropriate Pension Guarantee Credit or Pension Credit (excluding Severe Disability Premium).

3.4.4 It is difficult to predict the number of people who would request this, but it would result in additional work for financial assessment officers (band 5, 7 or 9, depending on the stage of the appeal).

3.4.5 Additional resources would be needed to assist with this work.

3.5 Consultation

3.5.1 Consultation commenced on 1st September 2019 and will continue until 22nd November 2019.

3.5.2 Although a period of 12 weeks is no longer mandatory for consultation, it is considered to be appropriate in this instance, given the number of people to be consulted (up to 3,380 service users), and the fact that some consultees may require additional efforts to engage them to ensure the consultation is meaningful.

3.5.3 Staff from the SC&E Commissioning/Projects will manage the consultation process. They will also collate and monitor responses, carry out an analysis of the responses and produce a 'findings' report. This will inform the recommendations in the final report.

3.5.4 Who are we consulting?

The following stakeholders have been identified:

- Users of services affected by the proposals;
- Relatives/carers where appropriate;
- Independent sector organisations (including advocacy organisations) which support, or provide services for, people in receipt of non-residential care services;
- Local forums that represent people in receipt of non-residential care services;
- Elected members, who will have service users in their wards/constituencies;
- Local media, whose audience includes people who may be affected;
- The wider Leicester community.

3.5.5 How are we consulting?

The following consultation approach is being taken:

- A survey for service users (or carers/relatives where appropriate).
- Holding public meetings to which service users and carers/relatives will be invited;
- Press release for local media directing people to Citizen Space;
- Publicity through LCC's consultation Twitter account.
- A helpline is staffed during working hours to deal with queries;
- Customer Services have been provided with a briefing note and contact details for further information

4. Details of Scrutiny

4.1 ASC Scrutiny Commission are receiving this report on 10 September 2019, during the consultation period.

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 There is a legislative basis for taking into account full disability benefits in a person's financial assessment. The inclusion of a service users' income benefit intended to cover night time care, net of any actual costs they incur for that provision is justifiable.

5.1.2 The proposals in this report would generate up to an estimated £1.3m of additional income from April 2020, based on current caseload. There is a degree of uncertainty regarding the ultimate savings figure that could be achieved as any finalised income projections would be subject to:

- a) The number of service users getting the higher rate of disability benefits. This has had to be estimated based on overall city eligibility figures from the DWP, including non-Council service users.
- b) The extent of the night time care provided privately for services users at a cost and which would need to be disregarded in the financial assessment.

5.1.3 Any level of savings will be reduced in year 1 as there will be some additional costs incurred to gather information and undertake the necessary financial re-assessments. Changes to the assessment process could also require additional resources in future years.

5.1.4 The SR4 programme includes £800k pa of target savings from April 2020.

Matt Cooper, Business & Finance Manager, Tel. 0116 454 2145

5.2 Legal implications

- 5.2.1 This report puts forward a proposal to take the higher rate of disability benefits for Attendance Allowance, Disability Living Allowance (Care Component) and Personal Independence Payment (PIP) where claimed, into account during the financial assessment for non-residential charges.
- 5.2.2 Sections 14-17 of the Care Act 2014 enables the Council to decide whether or not to charge a person when arranging to meet their care and support needs or their carer's support needs in a non-residential setting. Where the Council exercises its discretion to charge, it must follow the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the Care and Support Statutory Guidance.
- 5.2.3 Annex C, paragraph 47 of the Guidance allows the Council to consider higher rate disability allowances when assessing a person's financial contribution towards their care in non-residential settings, when considering what a person can afford to pay from their income towards the cost of their care. If the full amount of benefit is to be taken into account for the purposes of a financial assessment, then it is crucial that there is careful application of what is considered to be necessary for that specific service user. The local authority must disregard expenditure to meet any disability related needs they are not meeting, with discretion applied accordingly.
- 5.2.4 Whilst risks have been highlighted it is important to note that the Council retains discretion in respect of its charging policy and must not apply a blanket policy to charge where circumstances would deem it unreasonable to do so. This would need to be assessed on a case by case basis.
- 5.2.5 When undertaking a consultation, the Local Authority should have due regard to the public sector equality duties as referred to under Section 149 of the Equality Act 2010. It is advised that legal advice should continue to be sought during the consultation and thereafter.

Pretty Patel, Head of Law, Social Care & Safeguarding. Tel. 0116 454 1457

5.3 Climate Change and Carbon Reduction implications

None identified.

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 unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.
- 5.4.2 In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.
- 5.4.3 Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy/maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.
- 5.4.4 The report sets out proposals for the higher rate of all disability benefits, where claimed, are taken into account in the financial assessment for non-residential charges and that the charging policy be amended to reflect this. The formal consultation underway needs to ensure equality considerations have been taken into account.
- 5.4.5 The proposal affects those who are claiming the higher rate of disability benefits and therefore the proposal impacts on those with the protected characteristic of disability. However, those affected will also be from across all protected characteristics and therefore work must be undertaken to establish whether there are any indirect impacts disproportionately affecting other protected characteristic groups. In order to fully explore the likely impacts of the change across all protected characteristics, a full Equality Impact Assessment, using the corporate template, must be undertaken, taking into account the range of information included in the report, in addition to findings from consultation and engagement and any other relevant evidence.
- 5.4.6 The consultation findings should seek to establish whether there would be any disproportionate negative impacts on particular protected characteristic groups and what the impacts would be specifically. Where there are disproportionate negative impacts for particular protected characteristic/s case mitigations to reduce or remove the impact should be identified and implemented.
- 5.4.7 The equalities monitoring undertaken as part of the consultation, should be used to inform the equality impact assessment, which includes peoples' views with regards how the proposals are likely to affect them, can be fully explored by protected characteristic. It will also be useful to ensure that a representative sample of views from those who are currently eligible, or representatives/ carers of those who are eligible, have been sought.

Sukhi Biring, Corporate Equalities Officer, ext. 374175

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

Not Applicable

6. Background information and other papers:

None

7. Summary of appendices:

Appendix A – Simplified Charging Calculation Examples

Examples of Charging Calculations (Simplified)

Example 1: An older single person receiving basic level benefits:

- State Retirement Pension of £122.30 per week;
- Pension Guarantee Credit element of Pension Credit of £44.95 (To bring income up to the appropriate standard Minimum Income Guarantee amount of £167.25);
- Attendance Allowance (High Rate - £87.65) per week;
- Disability Related Expenses total £7.50 per week.

		Current	Proposed
Allowances	State retirement pension	£122	£122
	Pension Credit	£45	£45
	Basic level of income support	£167	£167
	Minimum Income Guarantee (MIG)	£199	£199
	Allowable DRE	£10	£10
	Total allowances	£209	£209
Income	State retirement pension	£122	£122
	Pension Credit	£45	£45
	Attendance allowance	£59	£88
	Total relevant income	£226	£255
		Actual weekly charge (income minus allowances)	£17

Notes:

1. The individual's basic level of income = £167 per week.
2. The MIG calculation is Government defined to cover normal living expenses and some additional costs.
3. DRE expenditure incurred of £7.50 is less than the current minimum allowance of £10. Therefore, the individual receives the minimum allowance of £10 in the financial assessment.
4. The resultant total allowances for the purpose of the financial assessment = £209
5. The individual's Attendance Allowance is disregarded to the lower rate under the current policy (£58.70). Under the proposals, the full amount of their allowance (higher rate) will be included in the financial assessment (£87.65).
6. Subject to the cost of the servicesⁱ that the individual receives, the service user weekly charge will increase by up to the full amount of £29 (£28.95) in this example.

Example 2: A working age adult in receipt of:

- Employment & Support - Personal Allowance of £73.10
- Employment & Support – Support Allowance of £38.55
- Enhanced Disability Premium of £16.80
- Disability Living Allowance - Care Component (High Rate - £87.65) per week;
- Disability Related Expenses total £31 per week.

		Current Proposed	
Allowances	Employment and support allowance	£128	£128
	MIG (125% of basic income support)	£160	£160
	Allowable DRE	£31	£31
	Total allowances	£191	£191
Income	Employment and support allowance	£128	£128
	Disability Living Allowance (Care Component)	£59	£88
	Total relevant income	£187	£216
	Actual weekly charge (income minus allowances)	£0	£25

Notes:

1. The individual's basic level of income = £128 per week.
2. The MIG calculation is Government defined to cover normal living expenses and some additional costs.
3. The level of qualifying DRE expenditure incurred of £31 is higher than the current minimum standard allowance of £10. Therefore, the individual receives the full disregard of £31 in the financial assessment.
4. The resultant total allowances for the purpose of the financial assessment = £190
5. The individual's Disability Living Allowance is disregarded to the middle rate under the current policy (£58.70). Under the proposals, the full amount of their allowance (higher rate) will be included in the financial assessment (£87.65).
6. Subject to the cost of the services that the individual receives, the service user weekly charge will increase by up to £25 in this example. The proposed change to the DLA allowance would not be enough in itself to increase the service user charge by the full £29, due to their current income being less than their guaranteed income and allowances.

ⁱ Charges levied are never higher than the actual cost of the care provided by the Council

Adult Social Care Scrutiny Commission

Draft Work Programme 2019 – 2020

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
16 July 2019	<p><i>An Overview of the Adult Social Care Services (to be held as a pre-meet session prior to the main meeting - for the benefit of new members).</i></p> <p>Dementia Strategy: Action Plans</p> <p>Extra Care Housing Update inc. planned schemes, detail on full wheelchair access</p> <p>Brokerage Team – Monitoring Report</p> <p>Adult Social Care Performance monitoring: Quarter 4 report</p>	<p>SF</p> <p>TR</p> <p>TR</p> <p>SF</p> <p>SF</p>	The additional information requested at this meeting by members has been circulated.	
10 Sept 2019	<p>Carers Strategy: Update following Amendment of the Strategy <i>(to invite CYPS Scrutiny Commission members for joint scrutiny of this item)</i></p> <p>Better Care Fund (BCF) Annual Report including work with NHS and Over 85s <i>(to invite Health & Wellbeing Scrutiny Commission members for joint scrutiny of this item).</i></p> <p>Consultation on Revisions to the ASC Non-Residential Charging Policy</p> <p>Work Programme update (to include new review proposal 'ASC Workforce Planning: challenges and looking to the future – tbc)</p>	<p>TR</p> <p>RL</p> <p>RL</p> <p>AP/Vice Chair</p>		

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
29 Oct 2019	<p>Refresh of the Learning Disability Strategy: Consultation findings including Autism Self-Assessment</p> <p>Update on ASC Communications Co-ordination</p> <p>Update on Contracts with providers (to include info on mental health, Richmond fellowship and clasp).</p>	SF		
17 Dec 2019	<p>VCS Review Phase 1 and 2: Progress Report, including information on Accomodation Based Support, DPSS/SUPS and relevant EIAs)</p> <p>ASC Budget (to feed into councils budget process)</p>	TR/KG		
4 Feb 2020	<p>Carers Strategy: 6 month Progress Update (inc. information on KPIs)</p> <p>Learning and Development</p>	TR SM		
31 March 2020	<p>End of Life Case File/Records Audit (Review)</p> <p>ICRS Review</p> <p>Annual Operating Plan 2019/20 End of Year Report</p>	<p>SF</p> <p>SF/Head of Service for Independent Living (Jagjit Bains (JB)?)</p> <p>SF</p>		

Forward Plan/Suggested Items

Topic	Detail	Proposed Date
FORWARD PLAN OF KEY DECISIONS	Commission members to be kept updated on items impacting on Adult Social Care service areas. Watching brief, as required	Watching brief, as required.
CONSULTATIONS	Commission to contribute to planned and live consultations impacting on Adult Social Care service areas. Watching brief, as required	Watching brief, as required
BUDGET REVIEWS AND ANNUAL BUDGET	Commission members to be kept updated on budget impacts on Adult Social Care service areas. Watching brief, as required.	Watching brief, as required
Green Paper Task Group Response: Sustainable Funding for Social Care		
Test of Assurance – Joint Service: Internal Review		
Managing our Workforce Report		
Carers support		
Looked after children leaving care: a) support for housing e.g. council tax and rent b) living wage c) NEETs		
Housing adaptations programme (private and council) for people with disabilities		
Review of contracting out social care services		
Care homes - staffing		
Ethical Care Charter (unison)		
Tackling isolation		

