Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 26 JUNE 2014
TIME: 5:30 pm
PLACE: THE OAK ROOM - GROUND FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER

Members of the Committee

Councillor Chaplin (Chair)
Councillor Riyait (Vice-Chair)

Councillors Alfonso, Cutkelvin, Dawood, Kitterick and Willmott
(One vacancy)

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

Elaine Baker

for the Monitoring Officer

Officer contacts:
Elaine Baker (Democratic Support Officer):
Tel: 0116 454 6355, e-mail: Elaine.Baker@leicester.gov.uk
Kalvaran Sandhu (Scrutiny Support Manager):
Tel: 0116 454 6344, e-mail: Kalvaran.Sandhu@leicester.gov.uk)
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the Town Hall are accessible to wheelchair users. Wheelchair access to the Town Hall is from Horsefair Street (Press the buzzer on the left hand side of the door to be let in to the building, then take the lift to the ground floor and go straight ahead to the main reception).

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in Town Hall meeting rooms. Please speak to reception staff at the Town Hall or the Democratic Support Officer at the meeting if you wish to use this facility or contact us using the details below.

Filming and social media

The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media.

Please feel free to use social media during this meeting.

If you wish to film proceedings at a meeting please let us know as far in advance as you can so that it can be considered by the Chair of the meeting who has the responsibility to ensure that the key principles set out below are adhered to at the meeting.

Key Principles. In recording or reporting on proceedings you are asked:

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

Further information

If you have any queries about any of the above or the business to be discussed, please contact Elaine Baker**, Democratic Support on (0116) 454 6355 or email** **Elaine.Baker@leicester.gov.uk** or call in at the Town Hall.

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

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

3. MEMBERSHIP OF THE COMMISSION 2014/15

Members are asked to note the membership of the Commission for 2014/15:-

Councillor Chaplin (Chair)
Councillor Riyait (Vice-Chair)
Councillor Alfonso
Councillor Cutkelvin
Councillor Dawood
Councillor Kitterick
Councillor Willmott
1 vacancy for a non-grouped Member

4. DATES OF COMMISSION MEETINGS 2014/15

Members are asked to note the meeting dates of the Commission for 2014/15 (all to start at 5.30 pm):-

Thursday 26 June 2014
Thursday 14 August 2014
Thursday 25 September 2014
Thursday 20 November 2014
Thursday 8 January 2015
Thursday 13 February 2014
Thursday 5 March 2015

5. MINUTES OF PREVIOUS MEETING **Appendix A**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 15 May 2014 are attached and the Commission is asked to confirm them as a correct record.

6. PETITIONS

None received to date

7. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

None received to date

8. PROPOSED INDUCTION SESSION

It is proposed to hold an induction session to introduce / refresh major issues under consideration by this Commission over the coming year. Suggested dates for this are:-

Wednesday 30 July 2014: 4.00 – 5.30 pm
Wednesday 6 August 2014: 4.00 – 5.30 pm
Tuesday 12 August 2014: 4.30 – 6.00 pm

9. REVIEW OF VOLUNTARY AND COMMUNITY SECTOR PREVENTATIVE SERVICES (ADULT SOCIAL CARE) Appendix B

The Director for Care Services and Commissioning (Adult Social Care) submits a report outlining proposals for implementing the findings of a review of the Voluntary and Community Sector preventative services funded by Adult Social Care. The Commission is recommended to endorse the proposals.

10. ELDERLY PERSONS' HOMES UPDATE Appendix C

The Director for Care Services and Commissioning (Adult Social Care) submits a report outlining progress with individual residents' moves to alternative accommodation, where their current homes are to be closed in phase 1. The Commission is recommended to note the report and comment as appropriate.

11. PROVISION OF INTERMEDIATE CARE AND SHORT TERM RESIDENTIAL BEDS FACILITIES Appendix D

The Director of Adult Social Care and Safeguarding submits a report outlining recommendations to be made to the Executive for the development of intermediate care and residential beds facilities. The Commission is recommended to note the report and make any comments.

12. IMPLEMENTATION OF THE ADULT SOCIAL CARE COMMISSION Appendix E

The Assistant Mayor (Adult Social Care) submits an update on the implementation of the Adult Social Care Commission and an overview of its objectives. The Commission is recommended to receive the update and comment as appropriate.

13. CLOSURE OF DOUGLAS BADER DAY CENTRE - UPDATE

Appendix F

The Director for Care Services and Commissioning (Adult Social Care) submits a report providing an indicative timetable for the actions needed to support existing service users attending Douglas Bader Day Centre to find alternative services before the Centre closes. The Commission is recommended to note the report and comment as appropriate.

14. WORK PROGRAMME

Appendix G

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.

15. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 15 MAY 2014 at 5.30pm

P R E S E N T :

Councillor Dr Moore – Chair
Councillor Chaplin – Vice Chair

Councillor Alfonso
Councillor Fonseca
Councillor Joshi

In Attendance:

Sir Peter Soulsby – City Mayor

Also present:

Bhavinder Johal – Director, Healthwatch Leicester
Philip Parkinson – Interim Chair, Healthwatch Leicester (Standing Invitee)
Councillor Riyait

* * * * * * * *

126. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Willmott.

Apologies for absence also were received from Councillor R Patel, Assistant Mayor (Adult Social Care) as, although not a member of the Commission, she normally attended its meetings.

127. DECLARATIONS OF INTEREST

Councillor Joshi declared an Other Disclosable Interest in the general business of the meeting in that his wife worked within the City Council's Adult Social Care services. He also declared an Other Disclosable Interest in the general

business of the meeting in that he worked for a voluntary organisation.

As a Standing Invitee to the Commission, Mr Philip Parkinson (Healthwatch invited representative) declared an Other Disclosable Interest in the general business of the meeting in that he had a relative in receipt of a social care package from the City Council.

In accordance with the Council's Code of Conduct, these interests were not considered so significant that they were likely to prejudice the respective people's judgement of the public interest. They were not, therefore, required to withdraw from the meeting.

128. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 15 May 2014 be approved as a correct record, subject to the fifteenth paragraph of the preamble to minute 118, "Domiciliary Care Review", being amended as follows, (additional wording in italics):-

"The carer was asked if she knew of processes to 'whistle-blow'. ~~was and s~~*S*he reported that she felt that the opportunity had not been evident and it was difficult to identify who*, in the first instance,* ~~any complaint or~~ *to* report ~~would be forwarded to in the first instance~~ *any complaint to*. At this point, officers circulated cards with details of how to report any problems in the service. The commission was informed that these were circulated to all contracted organisations for distribution to carers and service users in February 2014, as a means of enabling people to raise concerns with the Council, the Care Quality Commission, or the NHS."

129. PETITIONS

The Monitoring Officer reported that no petitions had been received since the last meeting.

130. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

131. DOMICILIARY CARE - DRAFT REPORT OF THE REVIEW

The Chair submitted the draft report of the Commission's review of Domiciliary Care, drawing attention to the financial, legal and equalities implications section of the draft report, which had been circulated separately.

The Commission welcomed the bringing together of key points in the report,

but suggested that two recommendations should be added. Firstly, the Commission expressed concern that deficiencies in the current system had meant that problems in the delivery of home care had arisen. In view of this, it was suggested that a recommendation should be added to the report that the Secretary of State and national bodies be advised of this concern.

In addition, it was noted from the report that information on mainstream domiciliary care and funding for this could be hard to find, so vulnerable people could be unaware of the care that was available to them. In order to increase transparency, and help fulfil the Council's role in disseminating information, the Commission felt that information on domiciliary care and its funding should be more widely available and in accessible forms.

In reply to concern that paragraph 2.2.5 of the report contained the statement that it was very unlikely to disrupt care if a large number of staff left a particular provider, the Director for Care Services and Commissioning (Adult Social Care) advised that all domiciliary care contractors were monitored. Officers therefore would be aware of concerns and complaints as they arose. They would meet providers to discuss concerns and would put an action plan in place, which would include monitoring by officers, to ensure that long-term changes were made. If necessary, providers could be suspended, to enable officers to work with them to improve standards, or their contracts could be terminated. No provider had been suspended in recent times.

The following points also were made during discussion on the report:-

- The Council could not recommend which provider should be used, but would be publishing its ratings of the quality of care provided by individual providers;

- Mr Philip Parkinson, on behalf of Healthwatch, complemented the Commission on the report that had been produced. Healthwatch would continue to monitor domiciliary care, particularly as the Care Quality Commission was taking on inspection duties for domiciliary care;

- Clarity needed to be provided for employees of providers on how they could report problems with those providers. The need for this should be included in the recommendations of the report of the review;

- The Council currently provided a Reablement service, but did not employ mainstream domiciliary care staff;

- Some service users were being visited by many different carers, so had no continuity of care. For example, the elderly person spoken to during the Chair's visits to Domiciliary Care facilities, (item 4 of Appendix C to the report), had been visited by six different carers in the previous five weeks; and

- A definition of domiciliary care needed to be included in the final report of the review.

RESOLVED:

1) That the following recommendations be included in the final report of the review of Domiciliary Care:-

   a) The Commission is alarmed that there is not a uniformly high standard of mainstream domiciliary care locally. It is recognised that this is also a national issue, so the Executive is asked to write, jointly with this Commission, to the Secretary of State and appropriate national bodies to express concern at the overall funding and policies around domiciliary care for the elderly; and

   b) This Commission asks the Assistant Mayor (Adult Social Care) and the Executive to look in to making information on mainstream domiciliary care, and funding for this, readily available to existing and potential users in the city. This is to include information for employees of providers on how to alert the authority of concerns they may have about care being provided; and

2) That the Scrutiny Support Officer be asked to liaise with the Director of Adult Social Care and Safeguarding and the Director for Care Services and Commissioning (Adult Social Care) to include a definition of domiciliary care in the final report of the review of Domiciliary Care; and

3) That, subject to resolutions 1 and 2 above, the report of the review of Domiciliary Care be endorsed.

132. PERSONAL BUDGETS UPDATE: RESOURCE ALLOCATION SYSTEM (RAS)

The Director of Adult Social Care and Safeguarding submitted a report outlining the Resource Allocation System (RAS) used within Adult Social Care in Leicester, its role within the Personal Budget process and how it was ensured that the RAS was working effectively to produce indicative Personal Budgets.

The Director reminded the Commission that information such as the number of people at the top and bottom of the range, and whether more people received minimum payments or higher payments, had been circulated previously. This could be recirculated if required.

In response to questions, the Director of Adult Social Care and Safeguarding confirmed that the Supported Assessment Questionnaire fulfilled the purpose of a statutory community care assessment. The Director noted that there no longer were timescales in national performance frameworks for these to be completed, as this conflicted with the personalisation agenda. Instead, local timescales were being used for monitoring purposes. Under these, it was

aimed to complete the Supported Assessment Questionnaire within four weeks and to have a support plan in place within a further four weeks, although it was recognised that these times could be different in some circumstances

Some concern was expressed that, when some people received payments, they could believe that this money was their own and was coming from their own bank account, so would not spend it. The Council therefore needed to ensure that people understood how personalised budgets worked, (for example, that payments were no longer made by the Council direct to providers). The Director of Adult Social Care and Safeguarding reassured the Commission that indicative personal budgets did not involve giving someone a sum of money. How this would be done, for example through a direct payment, was decided during later discussions about the support plan.

133. ADULT SOCIAL CARE VOLUNTARY SECTOR PREVENTATIVE SERVICES

The Director for Care Services and Commissioning (Adult Social Care) gave a verbal report on the recent consultation on Adult Social Care Voluntary Sector Preventative Services.

It was noted that the consultation had ended on 8 April 2014. Information from the consultation was being collated and would be reported to the next meeting of the Commission, along with recommendations on how the services could develop in the future. The Director for Care Services and Commissioning (Adult Social Care) stressed that there was no intention of reducing funding for these services and that an additional £90,000 was now available from health services funding.

The Commission noted concerns previously raised over previous consultations that questionnaires should be appropriate to the service users being consulted. The Director confirmed that the questionnaires used for this consultation had been carefully checked.

RESOLVED:

That the Director for Care Services and Commissioning (Adult Social Care) be asked to provide Commission members with a list of providers of Adult Social Care Voluntary Sector Preventative Services.

134. ADULT SOCIAL CARE: ELIGIBILITY THRESHOLDS 2014/15

The Director of Adult Social Care and Safeguarding submitted a report explaining the adult social care eligibility thresholds for 2014/15.

The Director advised the Commission that the Care Bill had now received Royal Assent. Regulations were due to be published in May under this legislation, which it was understood would include national criteria for establishing eligibility thresholds. These criteria were likely to relate to “substantial” and “critical” levels of need, which were those at which the Council currently operated.

RESOLVED:

That the decision and rationale for not seeking any change to the eligibility thresholds for 2014/15 be noted.

135. DOUGLAS BADER DAY CENTRE UPDATE

The Director for Care Services and Commissioning (Adult Social Care) submitted a report providing an indicative timetable for the actions needed to support existing service users attending the Douglas Bader Day Centre to find alternative services before the Centre closed.

The Adult Social Care Business Transition Manager advised the Commission that, due to the number of people who used the Centre, the work with the users had been divided in to two phases. There currently were 16 people from Phase 2 waiting to be reassessed by a social worker in order to find alternative services. A dedicated team of social workers was working with the users.

Users waiting to see a social worker would continue to attend the Douglas Bader Centre until their needs were reviewed. However, if an individual asked to be reviewed early, their request would be accommodated if possible. It was confirmed that information on friendship groups had been shared with social workers, so that people could be moved together if wished.

The Adult Social Care Business Transition Manager confirmed that progress with finding alternative services for users would be monitored in the same way as progress with moving residents from elderly people's homes was being monitored. This meant that there would not be a lot of additional work for officers and progress would be tracked bi-weekly.

In response to questions from the Commission, the Adult Social Care Business Transition Manager advised that staff would be served notice of redundancy at the end of May or in early June, from when the redundancy process would be started. Although options other than redundancy could be available for some staff, all staff currently remained at the Centre and had all started the Council-provided redundancy training.

If a significant cohort of users remained at the Centre at the end of the 12 weeks' notice period for staff, there were various options that the Council take, one of which was to extend the redundancy period. This would be monitored carefully, to ensure the welfare of staff and users was maintained.

The Commission welcomed the report and congratulated officers on the work being done with Centre users.

RESOLVED:

That the Director for Care Services and Commissioning (Adult Social Care) be asked to provide an update at each meeting on progress with finding alternative services for users of the Douglas Bader Centre at each meeting of this Commission,

this information to be presented in table and graph format.

136. ELDERLY PERSONS' HOMES UPDATE

The Director for Care Services and Commissioning (Adult Social Care) submitted a report outlining progress with individual residents' moves to alternative accommodation, where their current homes were to be closed in phase 1. The Commission thanked officers for providing information in graph form.

The Commission welcomed the progress made in moving residents and noted that legal proceedings associated with a small number of residents were ongoing, so could not be discussed at the meeting.

Philip Parkinson, of Healthwatch, addressed the Commission at the invitation of the Chair, welcoming the care and attention being given to the closure of the elderly peoples' homes and the subsequent moving of the residents. Change could be difficult for residents, but the sensitivity being shown would make the process much easier for them.

The Commission asked if it would be possible to obtain some personal statements from residents and/or their relatives about their experience of moving to alternative accommodation, as it would be useful for the Commission to hear if this had been positive or negative experience.

It also was suggested that it would be useful for the Commission to receive information on what would happen to the buildings being vacated. The City Mayor confirmed that, although the capital receipt was important, as none of the current buildings were suitable for conversion for use as an intermediate care facility, the progress of such a facility was not dependent on having the receipt. As such, the introduction of an intermediate care facility would not be delayed if the buildings were not disposed of immediately.

RESOLVED:

1) That the Director for Care Services and Commissioning (Adult Social Care) be asked to investigate whether some personal statements from residents and/or their relatives about their experience of moving to alternative accommodation could be obtained for presentation to the Commission; and

2) That the Director for Care Services and Commissioning (Adult Social Care) be asked to include information in the next update on progress with individual residents' moves from elderly persons' homes to alternative accommodation about what will happen to the buildings being vacated.

137. BETTER CARE FUND

The Director of Adult Social Care and Safeguarding gave a verbal update on joint working and scrutiny arrangements for the Better Care Fund:-

- A briefing had been arranged by the Deputy City Mayor for members of this Commission and the Health and Wellbeing Scrutiny Commission;

- Both this Commission and the Health and Wellbeing Scrutiny Commission would keep a “watching brief” on this matter;

- A clear reporting framework in to the Health and Wellbeing Board had been established through the national framework for the Better Care Fund;

- The first service to go live would be the clinical response team; and

- Reports would be made to the project implementation team, to enable assessments of progress to be made.

The Commission welcomed this as a positive initiative and use of funds.

138. WORK PROGRAMME

The Commission received and noted its current work programme.

139. VOTES OF THANKS

As this was the last meeting of the municipal year, the Chair wished Councillor Chaplin and Councillor Riyait well in their roles of Chair and Vice-Chair of the Commission for 2014/15, and thanked members of the Commission for their work during the current year.

The Chair also thanked officers for their support and recognised the joint work that had been undertaken with the Health and Wellbeing Scrutiny Commission.

On behalf of the Commission, Councillor Joshi thanked the Chair for her work. The large number of meetings and reviews undertaken during the year demonstrated the hard work that had been done on wide-ranging issues and the hard decisions the Commission had been involved in. Councillor Joshi congratulated the Chair, on behalf of the Commission, on her professionalism and the way in which she had conducted meetings and wished her well for the future.

Philip Parkinson, of Healthwatch, endorsed the comments made, thanking the Chair for facilitating Healthwatch’s presence at meetings of the Commission and for the support he had received.

Appendix B

Executive Briefing

17th June 2014

Review of Voluntary and Community Sector Preventative Services (Adult Social Care)

Lead Director: Tracie Rees

City Mayor

Useful information

- Ward(s) affected: All Wards
- Report author: Mercy Lett-Charnock, Lead Commissioner
- Author contact details: Mercy Lett-Charnock: 454 2377
- Report version number: 1.0

1. Summary

1.1 This report seeks Executive approval to implement the findings of a review of the Voluntary and Community Sector (VCS) preventative services funded by Adult Social Care (ASC).

1.2 With the expiry of the existing contracts (31st March 2015), a review was undertaken to ensure that the preventative services funded by ASC, delay, reduce or prevent people from needing long term expensive statutory care and support.

1.3 Following the review, a consultation exercise was undertaken on a range of proposals with service users, existing providers and other stakeholders, including Healthwatch. Information relating to the proposals is detailed in the main report and feedback from the consultation was taken into account when developing the final options.

1.4 Overall, the review found the majority of existing preventative services were still required, but more emphasis was needed to demonstrate improved outcomes for service users. A procurement exercise is also needed to comply with the Council's Contract Procedure Rules. Option 2 details the preferred approach.

2. Recommendations

2.1 (i) Executive approval be given to Option 2 and
(ii) Subject to the approval of Option 2, a procurement exercise to take place in accordance with the Council's Contract Procedure Rules, where appropriate

2.2 That the Adult Social Care Scrutiny Commission endorses the above proposals.

3. Supporting information including options considered

Background

3.1 ASC currently contracts with 37 VCS organisations, that provide 60 preventative services across the City (a list is attached at appendix 1). These services are non-statutory and most people using them fall under the statutory eligibility threshold for ASC support. However, low level assistance, such as social inclusion activities, befriending schemes, carer training, advice and information can stop or delay people from needing long term statutory support.

3.2 These services are open to a range of vulnerable adults, such as those with a mental health issue, older people, carers and people with a learning disability.

3.3 In October 2013 the Executive agreed to support an exercise to consult on agreed proposals which followed a review of these services.

3.4 The existing contract value for these services is £1,546,563, but the actual budget is £1,293,000. The reduced monies reflect the budget settlement in 2011/12 which saw a reduction to the VCS spend. However, 'one off' monies from the Leicester Clinical Commissioning Group (CCG) to support prevention has meant the budget reductions have not been implemented and an additional £90,000 has been allocated for 2015/16 and 2016/17. This takes the total spend to £1,638,000 per annum over the next 2 years. In 2017/18 the budget will revert back to base allocation of £1,293,000 per annum, however it is not known what the council's financial position will be or if further monies will be allocated by the CCG, although prevention is a key priority for health as part of the Better Care Together programme. Better Care Together is a Department of Health programme, which is designed to integrate health and social care to provide improved services and deliver efficiencies.

3.5 As the existing contracts have been in place for many years, a procurement exercise is needed to ensure new contracts are in place by 1st April 2015. However, the review showed that many of the current preventative services will continue to be required, although they will need to be more outcome-focused in the future. Therefore, the majority of the existing providers will be well placed to tender for new contracts and support will be given to the sector to assist them through the procurement process.

3.6 New contracts will run for 2 years with the option to extend for a further 2 years, depending on the future available budget. However, it is acknowledged that the procurement process is disproportionate for the level of funding to be awarded for some services. Therefore, it is proposed to give grant funding for activities which support social inclusion, such as lunch clubs and criteria will be introduced to ensure the fair allocation of funding.

Consultation approach

3.7 Appendix 2 provides details of the consultation approach and stakeholder responses. A full public consultation exercise was undertaken where a budget reduction was proposed or for the reshaping of services. This affected nine advocacy and counselling services and consultation took place with service users, providers and other stakeholders to enable the impacts to be explored with relevant parties.

3.8 It is proposed that spend on advocacy services is reduced, because the current spend is disproportionate and accounts for 24% of the total VCS prevention budget. Current advocacy services have developed over time, rather than in response to a planned commissioning exercise. Also, it was found that some services are providing information and advice rather than advocacy. An analysis of the numbers of people using advocacy services shows that current contracts are not being fully utilised and some did not offer value for money when compared to other similar provision.

3.9 It was also proposed that funding would be withdrawn for counselling services as

these were not specifically targeted at ASC clients.

3.10 Where there is no significant service reshaping proposed, i.e. service areas where there is additional investment or no financial reduction, consultation was undertaken with providers and stakeholders to ensure that ASC priorities reflected the needs of the community. This was undertaken for all service areas except for advocacy and counselling.

3.11 Providers of existing services had been consulted earlier in the review process about the ASC priorities and the consultation exercise focused on the particular issues for each service area. This meant providers have been able to influence the review recommendations. Whilst changes were not significant it was good practice to involve partners in this process.

3.12 The review exercise has also reflected other recent activity including the Mental Health summit, issues relating to mental health support amongst the Black/African Caribbean population and wider sources such as the Service User and Carer Research Audit Network (SUCRAN) report on preventative mental health services in Leicestershire. In addition work being undertaken in the Culture and Neighbourhood Services team on lunch clubs has also been factored in, to give a unified Council wide approach to provision.

<u>Consultation findings</u>

Advocacy - proposal

3.13 The proposal detailed two possibilities for the future delivery of advocacy services:

1 - Through a single organisation

2 - Through a number of organisations who can provided specialisms

3.14 As part of the consultation exercise, the existing providers of advocacy services were made aware of reduced investment in this area.

Advocacy – outcome of the consultation

3.15 Support for proposal 2, was overwhelming (81% of questionnaire respondents) with common themes in support of this being:

- Specialisms in both subject area and advocacy (relevant qualification) improve service delivery
- BME and cultural issues are better met through specialist provision
- Access is improved through locally based specialists
- Support for advocacy around issues beyond the ASC pathway

3.16 No other models were proposed as preferred alternatives.

3.17 Whilst proposal 1 was acknowledged in some comments to offer a clearer point of access in the city, there was limited support for this option and issues associated with the Leicestershire service were citied.

3.18 Support for the specialist model, means that in future the focus will be on the provision of advocacy and not information, advice and guidance (IAG) which

some providers had been offering. IAG will be commissioned separately from the advocacy.

3.19 Some respondents have raised concerns about the reduction in funding for advocacy. However, there should be no reduction in provision experienced by users of services, due to:

- under performance within current advocacy provision
- current providers delivering IAG not advocacy (in some cases)
- variation in provider unit costs
- better value for money through the procurement process

Counselling – proposal

3.20 The proposal detailed in the consultation exercise was to stop funding the current counselling services (Leicester Relate and Leicester Counselling Centre) and reinvest the money into other low level community based mental health services.

Counselling – outcome of the consultation

3.21 There was a strong response to the withdrawal of funding to the counselling services, concerns from the feedback included:

- It is a valued service, that supports families, not just the individual
- It keeps people well and out of hospital (avoids "sectioning")
- Stakeholders report that it is preventative (reduces medication and reduces suicide)
- It is excellent value for money
- It is different to what Improving Access to Psychological Therapies (IAPT) offers – longer term support and more complex
- Service users report a significant impact in improving their mental health

3.22 One of the key elements of the consultation was a discussion with the CCG who fund the IAPT service. This is part of ongoing joint work around improving mental health pathways. This work is still developing and as the Mental Health Strategy for the city is refreshed later this year, which may provide an opportunity for counselling services to be funded via health. Therefore it is proposed that the Council continues to provide funding for counselling provision pending the outcome of this work.

Provider/stakeholder findings

3.23 As part of the consultation process views were sought from a range of stakeholders and providers about the types of services to be provided. This also included the relevance of the services, funding arrangements and the use of outcome based specifications. Outcome based specifications enable the impact of a service to be monitored as opposed to simply outputs and volume. This helps to ensure services are in effective for service users.

3.24 Feedback was received about how outcome based specifications might be developed for preventative services.

3.25 Providers confirmed the types of services proposed were what was required and gave some additional detail, which can be addressed as service specifications are

developed.

3.26 Providers also supported the use of grant funding in some areas and a large emphasis was placed on what procurement support will be required as training and support will be organised.

3.27 Providers (existing and potential) as well as stakeholders also considered the different approaches in terms of increasing access for potential users of services. For example, whether it is more helpful for customers to have one provider or one point of contact for all services along the pathway or whether a variety of provision is better.

3.28 In relation to the provision of information, advice and guidance, it is intended that specialist services will be procured rather than generic provision, as specialists support provides more effective and positive outcomes for service users.

Option 1 - Do Nothing

3.29 To do nothing has significant legal implications as contracts expire on 31st March 2015 without scope for further extension and therefore new provision needs to be put in place to ensure the preventative service delivery can continue.

Option 2 – Procure new VCS services wef 1st April 2015

3.30 To use a variety of procurement and grant funding opportunities to ensure new service are in place by 1st April 2015. Contracted services will be awarded on a 2 year basis with an option to extend over a following 2 years, depending on the availability of future funding.

3.31 Services proposed to be procured are detailed at appendix 3. This offers stability to the sector in as much as provision is similar to the current services, but with a greater focus on improved outcomes for service users as well as flexibility and sustainability – including the greater use of volunteers.

3.32 Grant funding opportunities which support older people facing social isolation, including the provision of lunch clubs, will be available. The approach will be Council-wide to ensure a clear rationale for allocation of funding to small organisations which may operate out of community centres, libraries or other buildings. The grant funding conditions are being drawn up in conjunction with Culture and Neighbourhood Services (CNS) to ensure small VCS organisations are supported to apply for grant monies to support local activities. Award of funding will take account of relevant charges levied by CNS for use of community buildings where this applies. The approach will be transparent and reduce the current funding inequalities.

3.33 Service specifications will be produced to address the current gaps and issues raised through the review and subsequent consultation.

3.34 For advocacy this will mean procuring as per proposal 2 from the consultation proposal – providing specialisms within advocacy.

3.35 For counselling this will mean the Council continuing to fund counselling provision

on a temporary basis as part of a low level pathway of services, pending a review by the Leicester CCG. Feedback from stakeholders and users reflected how crucial counselling was as part of the mental health pathway and that at this time there is insufficient access to alternative provision. It is envisaged that following the new strategy there may be changes to pathways and potentially to commissioning responsibilities but this work remains ongoing.

3.36 The continuation of counselling provision means that the £40,000 invested in these services cannot be re-invested into alternative low level services (such as peer groups and local support networks). However, there still remains £20,000 additional investment in mental health provision, which is part of the overall increase in preventative services.

Option 2 - risks and issues

3.37 It is recognised that some VCS providers will need support to change in line with the review recommendations. CaSE-da has been commissioned by the Council to support small organisations to develop to ensure they can meet the procurement requirements. Corporate procurement have also confirmed they will support the training for providers. Opening the provision out to the market also provides an opportunity for new VCS providers to apply for procurement or grant funding opportunities.

4. Details of Scrutiny

Internally the report is supported by:

Adult Social Care Leadership Team
Assistant Mayor for Adult Social Care

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 The base budget for the VCS services is £1,293,000 and there will be additional one off CCG funding of £690,000 utilised during 2015/16 and 2016/17 to create an overall budget of £1,638,000 per annum over the next two years.

5.1.2 The funding is only confirmed for the next two years and no commitments can be made beyond that time.

Rod Pearson, Finance Head ASC

5.2 Legal implications

5.2.1 This report details the outcome of a review and consultation exercise in respect of the VCS Preventative Services that are commissioned by the Council.

5.2.2 The Executive are asked to approve the recommendations in part 2 of this report.

5.2.3 The Council has a general duty under Section 149 Equality Act 2010 to have regard to the need to eliminate unlawful discrimination, harassment and victimisation and advance equality of opportunity between different groups and foster good relations between different groups. In fulfilling this duty, when making decisions of this nature, the Council must consider equality impact, the Executive must consider this (Appendix 4) as a matter of law.

5.2.4 Should the Executive approve the recommendations, in particular Option 2, legal services will continue to advise client officers in respect of implementing that decision and commissioning. Where services are procured, the Public Services (Social Value) Act 2012 applies to services contracts over EU thresholds, and client officers should consider social value considerations during any pre-procurement stage of commissioning.

Beena Adatia, Principal Lawyer (Commercial and Contracts)

5.3 Climate Change and Carbon Reduction implications

Where services are delivered from providers own premises, new service specifications will be put in place, which will include measures to ensure environmental sustainability, such as commitment to recycle, reduce waste and energy consumption. The carbon impact of changed transport provision will also be considered in the re-design of services, where appropriate.

Anna Dodd, Environment Team

5.4 Equality Impact Assessment

The EIA attached at appendix 4 shows the demographic data of the service users using the current services subject to consultation (advocacy and counselling).

6. Background information and other papers:

Not applicable

7. Summary of appendices:

Appendix 1 – List of providers

Appendix 2 – Consultation report

Appendix 2 – Recommended provision

Appendix 3 – Equality Impact Assessment

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

No

9. Is this a "key decision"?

Yes

10. If a key decision please explain reason

It affects communities living or working in two or more wards in the City.

Appendix 1		
Service Area	**Provider**	**Service**
Advocacy	Akwaaba Ayeh	Advocacy for ethnic minority service users & carers
	Alzheimer's Society	Advocacy
	Carers of Leicestershire Advocacy & Support Project (CLASP)	Advocacy
	Leicestershire Action for Mental Health Project (LAMP)	Advocacy and information for people with mental ill health
	Leicestershire Ethnic Elderly Advocacy Project (LEEAP)	Advocacy services for ethnic minorities elders
	Mencap	Learning disabilities advocacy project
	Mosaic: Shaping Disability Services	Advocacy Service
Carers	Adhar	Mental Health Services Carers Support Groups
	Ansaar	Carer Support Project for Asian Family Carers of Adults with Learning Disabilities
	Carers of Leicestershire Advocacy & Support Project (CLASP)	Information and advice
	Carers of Leicestershire Advocacy & Support Project (CLASP)	Partnership Working
	Carers of Leicestershire Advocacy & Support Project (CLASP)	Development and Outreach
	Carers of Leicestershire Advocacy & Support Project (CLASP)	Training
	Guru Tegh Bahadur Day Centre	Carers Link Worker Development and Partnership Working
	Rethink (National Schizophrenic Fellowship)	Carers Drop-in Pilot
	Rethink (National Schizophrenic Fellowship)	Carer training and support and Partnership Working
	Rethink (National Schizophrenic Fellowship)	Carer training and support Information (general carers info packs)
Older People	Age UK Leicestershire & Rutland	Navjivan Lunch Club
	Asian Towers	Lunch Club
	Belgrave Neighbourhood Centre	Lunch Club
	Chinese Community Centre	Lunch Club
	East West Community Project	Lunch Club
	Guru Nanak Community Centre	Lunch Club
	Guru Tegh Bahadur Day Centre	Lunch Club
	Hindu Community Centre	Lunch Club
	Leicester Quaker Housing Association Limited	Lunch Club
	Leicester Sikh Centre	Lunch Club
	Ramgarhia Board Leicester	Lunch Club
	Ramgarhia Board Leicester	Home Visiting
	Rawal Community Association	Lunch club
	Saffron Support For Elderly People	lunch club
	Shalom Lunch Club	Lunch Club
	Silver Strand Luncheon Club	Lunch club
	St Peters Lunch Club	Lunch club generic
	West Indian Senior Citizens Project	Lunch club
	Shalom Lunch Club	Home Support Service
	Alzheimers Society	Side by Side project (volunteer befriending service for younger dementia sufferers)
	West Indian Senior Citizens Project	Home Visiting and Outreach
Mental Health	Adhar	Mental Health Services Hospital/Home visits & Information
	Adhar	Mental Health Services (womens/mens/mixed activity groups)
	Akwaaba Ayeh	Outreach worker - Policy Officer role supports other professionals
	Akwaaba Ayeh	Outreach development
	Leicester Counselling Centre	Individual counselling
	Leicestershire Action for Mental Health Project (LAMP)	Genesis Empowerment Project - Open Assembly
	Relate Leicestershire	Relationship counselling
	Savera Resource Centre	Outreach development and liaison
	The Monday Club	Social group for adults with Asperger Syndrome
IAG	Age UK Leicestershire & Rutland	Advice & Information
	Alzheimers Society	Information & Support (general)
	Mosaic: Shaping Disability Services	Advice & Information
	Soldiers Sailors Airmen and Families Association (SSAFA)	Advice & Information
	Vista (Royal Society for the Blind)	Advice and information
HIV/AIDS	Faith in People with HIV	One-to-one pastoral support and counselling for Adults
	Faith in People with HIV	One-to-one pastoral support and counselling for Women and Children
	Leicestershire AIDS Support Services (LASS)	Services for people affected by AIDS/HIV Advocacy
	Leicestershire AIDS Support Services (LASS)	Services for people affected by AIDS/HIV, Support for positive people and carers; mentoring, Info & Advice
Generic	Leicester Charity Link	Assisting with obtaining grants and palliative care services
Physical Sensory Disability	Vista (Royal Society for the Blind)	Rehabilitation Service Register (Info & data on number of blind/partially sighted people in Leicester)
	Vista (Royal Society for the Blind)	Rehabilitation Service for people certified blind or partially sighted
	Vista (Royal Society for the Blind)	Rehabilitation Service for people certified blind or partially sighted Equipment Distribution and Training

CONSULTATION ON THE PROPOSED CHANGES TO VOLUNTARY & COMMUNITY SECTOR (VCS) PREVENTATIVE SERVICES IN LEICESTER

JANUARY - APRIL 2014
Findings report

TABLE OF CONTENTS

How to use this report

This report collates the responses from two statutory consultation exercises, as well as reflecting a non-statutory provider and stakeholder consultation. The main body of the report summarises the responses from a variety of sources focusing mainly on the statutory consultations. Appendix 1 provides a summary analysis of the findings and appendix 2 provides the detailed responses and comments from the public exercises. Any information that would allow for a customer or provider to be identified has been removed.

PART 1 – INTRODUCTION

Background

A review of the preventative services funded by Adult Social Care within the voluntary and community sector is being undertaken. As part of this work 9 service areas were covered, these include Advocacy; Information advice and guidance; Mental Health including counselling; Physical and Sensory Disability; HIV/ AIDS; Carers; Generic; Older People and Dementia. Proposals for these different service areas varied and therefore the consultation approach taken was proportionate in each case.

Approach

As a result two statutory consultation exercises were carried out between January 2014 and April 2014. The statutory consultations related to proposals for advocacy and counselling services.

In addition a non-statutory provider and stakeholder consultation was undertaken concurrently in relation to areas where there was no significant reshaping or funding reductions proposed.

Advocacy

- The proposal for advocacy services is to implement a new model of delivery. There are two options
    - Option 1
      Adult social care would arrange for advocacy services to be provided by a single organisation in Leicester
    - Option 2
      Adult social care would arrange for advocacy services to be provided by a number of organisations in Leicester

Recommendations also include the requirement to have qualified staff and for providers to hold a recognised quality standard.

Counselling

- The consultation proposal for counselling services is to stop funding the current counselling services; Provider 1 - which provides relationship counselling and Provider 2 - which provides general counselling on behalf of the council. The money would be reinvested into other low level mental health services.

The non-statutory consultation focused on provider and stakeholder feedback for recommendations made in each area including any gaps in provision, impacts of proposals and the development of outcome based service specifications as well as seeking feedback on the use of grant funding in some cases.

The consultation was led by a team of staff within Adult Social Care.

PART 2 - METHODOLOGY FOR THE CONSULTATION EXERCISE

The statutory consultations

We invited comments on the proposals from service users; providers; stakeholders; and members of the public. Consultation took place via a number of methods including provider and stakeholder meetings; service user and stakeholder forums and sessions; postal questionnaires; letters; email; telephone and online. Due to the confidential and sensitive nature of the services areas being consulted on, different methods of feedback options where preferred over others.

Letters and questionnaires to current providers

A letter and questionnaire was sent to providers via email on 14 January 2014, providers also received a hard copy in the post. The questionnaire was later handed out at the provider meetings held at the end of January and throughout February, additionally they received an email with an electronic copy of the questionnaire and presentational slides from the meeting they attended. This email was also sent to current providers who were unable to attend the initial meetings.

Letters and questionnaires to service users

Letters and questionnaires were sent to service users of advocacy and counselling services on 15 January 2014. An information leaflet and questionnaire were also included with the letter. All of these were available in different formats or languages upon request. A prepaid envelope was supplied to allow people to respond as easily as possible. If anyone felt that they would have difficulty in filling in the questionnaire, an officer was available to assist via the customer helpline and easy read and available and translated version where available.

Reminders were not sent out as we had received feedback from providers and service users to say that postal questionnaires were not the best way to receive

feedback. However, we attended additional and pre planned service user/ carer forum meetings, throughout the process to help offer more opportunities to provide feedback and to improve accessibility. This facilitated groups who represented vulnerable people to contribute on behalf of service users e.g. the Learning Disability Partnership Board and the ASC customer group (Discuss). Providers did ask if they could assist service users to complete the questionnaires if asked. This was agreed, to try and make the consultation as accessible as possible.

Provider and stakeholder meetings
In total 19 providers and stakeholder meetings were arranged throughout the consultation period to give an update on the review and to provide an opportunity to receive feedback on the proposals and recommendations. These included wider stakeholders and providers who do not currently hold contracts for these services.

Stakeholders forums and meetings
10 stakeholder meetings were attended to receive feedback on the proposals for advocacy and counselling services.

On line questionnaire
A questionnaire for each of the statutory consultations was made available via the CitizenSpace website (one for advocacy and one for counselling).

Focus groups
Service user meetings were organised and advertised in a leaflet that accompanied the service user letter. A one-to-one meeting was held with a counselling service user to discuss their feedback and possible impacts of the proposal. Due to the nature of the service areas under review, as expected, attendance at the public meetings was limited and other methods of feedback were favoured. This includes additional attendance at events and meetings as and when requested.

Additional support
The documentation was available for translation into different languages on request and where appropriate and requests were made for Gujarati particularly. The information was also converted to Easy Read. One provider requested the easy read format documentation be sent out to all their service users.

Key stakeholders, councillors and MPs
Letters were sent to various groups representing the wider interests of Leicester City, including Healthwatch, inviting them to take part in a meeting and/or respond to the consultation in another way. Various forums were also consulted, such as the 50+ Network; Carers Reference Group; Discuss (disabled customer group); Learning Disability Partnership Board; Voluntary Sector Transformation Forum; Carers Forum; “We Think” learning disability service user group; BME specific mental health service user/ carer group. All the Leicester City councillors and MP’s were also written to about the proposal and invited to a briefing session.

Helpline

A dedicated helpline was available for people to discuss any issues between 9:00am and 4:00pm Monday to Friday.

All calls to this number were logged and responded to appropriately.

Email

A dedicated email address was set up for people to offer an alternative method of contact for people. (ASC-VCSReview@leicester.gov.uk).

PART 3 – SUMMARY

The key findings from the statutory consultation are as follows (a more detailed analysis can be found as part of the appendix):

Advocacy

- Majority support for advocacy option 2 – specialist model
- Against option 1 – generic model
- Support for specialisms – client group specific e.g. Learning Disabilities as well as advocacy trained.
- Support for staff holding an advocacy qualification
- Local knowledge is important

Counselling

- Majority not in favour of proposal to cease funding for counselling
- Negative impact if counselling ceases for health and emotional and physical wellbeing of individuals
- Service users say that they can contribute more effectively and positively to society after receiving counselling for example with work or family life
- It is different from the IAPT services - offering more long term support for people with complex needs deals to support behaviour change
- IAPT services refer to counselling services
- Provide value for money
- Valuing counselling provision within the wider Mental Health provision

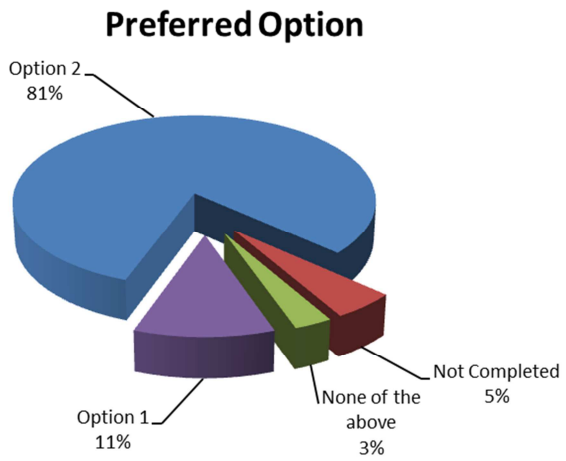
PART 4 - CONSULTATION FINDINGS

Questionnaires – ADVOCACY SERVICES – summary

- Service user questionnaires returned: 75
- Petition received: 29 signatures
- Online questionnaires completed: 21
- Provider questionnaires returned:4
- Total returned questionnaires:129
- Number of letters: 1
- Number of emails:1
- Service user questionnaire response rate: 23%
- Total number of responses: 131

Preferred option

Response	Count
Option 2	**100**
Option 1	14
None of the above	3
Not Completed	8



Service user questionnaires analysis

Reasons for "option 1" - Summary and interpretation of comments

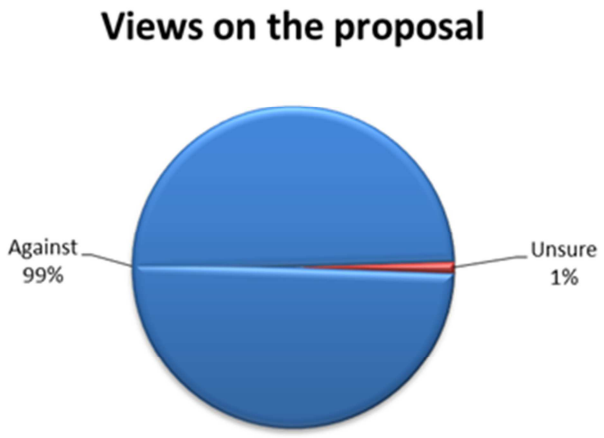
Comments	Count
Ease of access if all in one location	5
I think things should stay as they are	1
Easier for Leicester City Council to regulate services	1

Reasons for "option 2" - Summary and interpretation of comments

Comments	Count
Happy with current service	24
Sceptical one service can specialise	20
More choice for the customer	13
Current services ease of access	7
Cultural reasons e.g. Language barrier	4
Easier for the providers	1
Confidentiality	1

Questionnaires – COUNSELLING SERVICES - Summary

- Number of service users questionnaires returned: 96
- Number of online questionnaires completed:9
- Number of letters: 6
- Number of emails: 3
- 99% of respondents do not support the proposal to stop funding counselling provision
- 1% - unsure of feedback
- 32% service user questionnaire response rate



Other responses

ADVOCACY AND COUNSELLING

VCS PROVIDER MEETINGS

Meeting – Service area	Summary feedback relating to advocacy proposal or counselling proposal Detailed notes of the meetings can be found in the appendix
Advocacy Providers 31st January	• Generic advocacy not supported • One provider option not supported • Consortia could be used if one lead provider was chosen • Issues re conflicts of interest if there is only one provider who could be required to advocate for both a service user and carer • There will be a cost implication for providers of the advocacy qualification • Qualified staff were supported • Information and advice is not the same as advocacy • Local knowledge and contributions to forums and the wider sector is vital • Support for advocacy to be provided beyond issues relating solely to the ASC pathway and issues
Mental Health Providers 31st January	• Befriending doesn't work for some BME communities • Support for befriending as part of a service offering where appropriate e.g. for those with low and moderate needs • Support for counselling as part of the mental health provision • Support for additional community based low level intervention
Carers Providers 7thFebruary	• Provision of counselling should be linked to IAPT provision • IAPT does not meet the needs of carers and need counselling also • Counselling had been provided successfully for providers before using volunteers trained at level 2/3 counselling
Counselling Providers 13th February	• The current health IAPT talking therapies provision is short term and different to the counselling provision • The counselling provision is not a duplication of other services • There is a need/demand for these services • Many of the referrals are from health and complexities of the cases not currently reflected in service specifications and monitoring information and the benefits are not being captured • Carers counselling is an identified need • The benefits are wide reaching and impact on health and ASC priorities

ADVOCACY AND COUNSELLING

INDIVIDUAL MEETINGS WITH VCS PROVIDERS

Meeting	Content of Meeting
BME mental health provider 6th March	• Problem for carers of people with mental health issues in identifying themselves as carers. • Concern over the reduction of investment in advocacy • Some people may not know about advocacy services which may be why there was under delivery. • It is important to understand cultural needs or the person's perception. • Caution needs to be taken on getting one provider only to deliver advocacy. • Talking in your own language with a service user helps the relationship and trust with the service user • Support for option 2

ADVOCACY AND COUNSELLING

FOLLOW UP ENGAGEMENT MEETINGS WITH PROVIDERS AND STAKEHOLDERS

Meeting	Content of Meeting
Advocacy 20th March	• Core skills required in specialist areas and best practice requires knowledge of the law for instance when people do not have capacity and also in mental health advocacy. • No support for generic provision only being adopted across the city for advocacy, due to diverse needs and importance of truly understanding needs within specialisms in order to obtain positive and meaningful outcomes for service users. • Consensus support for need of specialisms to be commissioned such as Mental Health, dementia, Learning Disability and HIV and the equality strands need to be focussed on. • It was highlighted that many specialisms have leading organisations that bring with them a whole range of specialist knowledge • It was felt that overall there was a general lack of understanding of advocacy, it's function and where to access advocacy. • The change in social services from specialist to generic teams was cited as an issue as knowledge has been lost and the specialist advocacy services can assist therefore
Mental Health & Counselling 20th March	• It was highlighted that there is a huge demand for counselling services to be provided in the city and it needs to be part of the offering in the city. "This service keeps families together and keeps people out of the hospital…Carers need counselling and referrals also come from mental health services..." • It was pointed out that there are high levels of complex need in the counselling case load; so it is essential that services are provided by qualified and experienced staff. (One current

	counselling service has more people on the waiting list than they are working with).

OTHER SERVICE AREAS VCS PROVIDER MEETINGS

Counselling provider 22nd January
Counselling provider 23rd January
Older People's Providers 7th February
Dementia, Physical & Sensory Disability, HIV/AIDS, IAG Providers 12th February
IAG provider 20th February
Generic provider 13th February
Physical & sensory disability 19th February
HIV/AIDS provider 26th February
HIV/AIDS provider 3rd March
Older People & Dementia24th March
Carers 25th March
Physical Disability, HIV/AIDS, IAG 26th March

STAKEHOLDER MEETINGS

The proposals were discussed at meetings and responses recorded as follows (extracts of the minutes are included in the appendix 2 of the consultation report):

Meeting	Summary feedback relating to proposals more detailed notes are included below
Learning Disability Partnership Board 22nd January	• Briefing provided. No specific comments made regarding advocacy or counselling services. Attendees invited to respond individually or as an organisation
Advocacy "We Think" – LD advocacy service user group 24th March	• Support for option 2 • Need specialism especially for people with LD • Need to cater for language barriers including those with complex needs • Peer group support required
50+ Network 27th January	• Briefing provided. No specific comments made regarding advocacy or counselling services. Attendees invited to respond individually or as an organisation
Carers Reference Group 3rd February	• Carers did not support just one provider as experience in the county hasn't been positive in some cases. • Acknowledged that carers may need advocacy about

	matters not related to adult social care. • One provider was concerned that people who get continuing health care funding could fall through the net. • Would like counselling not just to be short term (as IAPT is) • Attendees invited to respond individually or as an organisation
VCS Transformation Forum 12th February	• Concerns raised over reduction in funding in advocacy • Attendees invited to respond individually or as an organisation
DISCUSS (Customer Group) 25th February	• Briefing provided. No specific comments made regarding advocacy or counselling services • Attendees invited to respond individually or as an organisation
SUCRAN - Service users & carers research network	• To discuss the research findings undertaken on MH services to help inform the future service specifications • To reference the MH report use analysis to inform future specification
Mental Health Summit – Advocacy Workshop 7th March	• Support for specialisms in advocacy
Carers Forum 27th March	• Carers support option 2 in advocacy • Example given of the County model – with only one provider, not working well
BME Mental Health – Service user and carer group 31st March	• Support for option 2 • Highlighted the need for culturally appropriate services • Need for specialism e.g. MH services for BME communities

HELPLINE, LETTERS, EMAILS

Helpline/ telephone calls	• 8 advocacy – phone calls were primarily about why the person had received the documentation and that they were not aware of any advocacy services they had used. No direct comments provided. • 6 Counselling – phone calls were asking what the consultation was about, and were given more information so they could feedback individually • 19 from providers regarding booking places to meetings • 1 call to log their disapproval of the proposal for counselling services and to discuss the outcomes achieved from receiving the service. Could not attend the service user meeting
Letters	• 9 letters (against/ disapproval/ not in favour/ do not support) relating to the proposed changes of Counselling Services

	• 1 letter regarding the proposed changes to advocacy services- Thanking the council for funding a specialist advocacy service for disabled people which had made a big difference to their life
Emails	• 1 email from a stakeholder to provide feedback on the counselling proposal – funding should come from both Health and ASC

PART 13 – FURTHER INFORMATION

APPENDIX 1

DETAILED ANAYLSIS FROM SERVICE USERS AND ONLINE QUESTIONNAIRES

Advocacy service user questionnaire summary

Number of Questionnaires Received: 75

Name of the service you currently receive:

Response	Count
Mencap	15
LEEAP	13
LAMP	9
Mosaic	6
Akwaaba Ayeh	4
Alzheimer's Society	3
CLASP	1
None currently	2
Not Completed	22
Total	**75**

What type of advocacy service are you receiving?

Response	Count
Mental Health-Services	18
Carers Services	13
Older People Services	12
Learning Disability Services	12
Physical/ Sensory Disability Services	6
Mental Health - Black & Minority Ethnic Services	6
Not Completed	8
Total	**75**

Which of the options do you prefer?

Response - Negative	Count
Option 2	55
Option 1	8
None of the above	3
Not Completed	9

Reason for Option 1

Response	Count
Ease of access if services are in one location	5
I think things should stay as they are	1
Easier for Leicester City Council to regulate services	1

Reason for Option 2

Response	Count
Happy with current service	24
Sceptical one service can specialise	20
More choice for the customer	13
Current services ease of access	7
Cultural reasons e.g. Language barrier	4
Easier for the providers	1
Confidentiality	1

Reason for none of the options

Response	Count
Happy with current service	1
Difficult to decide	1

Gaps in advocacy services

Response	Count
BME & BME Older people	7
Mental health	4
people with disability	3
Advocacy promotion	3
Older People	2
Parents with learning difficulties	2
Severe Learning Disabilities & complex needs	2
Reduce waiting lists	1
Mental Health employment	1
people with learning difficulties living with parents/guardians	1
Carers and those they care for	1
Legal Advice	1

Any other suggestions and comments

Response	Count
Happy with current service - Maintain current funding	34

The forms and paperwork are confusing/upsetting/ need translating - needed help to complete it	20
The council should speak to the service users face to face	4
Consultation findings should be widely published	4
I didn't even get a letter - I got this at a group meeting	2
Happy for the opportunity to be heard	2
Less assessments	1
I don't know enough about advocacy services	1
Make services more accessible	1

If after the consultation, recommendations are accepted and implemented, what could the potential impact be on you and others?

Potential Impact - Option 1 Chosen

Adult social care would arrange for advocacy services to be provided by a single organisation in the city.

Response	Count
Confusion and distress	1
It depends which option is chosen	1
Not sure there will be any	1
Quality of service may go down	1
Unsure currently	1
Knowledge and experience of services will be lost	1

Potential Impact - Option 2 Chosen

Adult social care would arrange for advocacy services to be provided by a number of organisations.

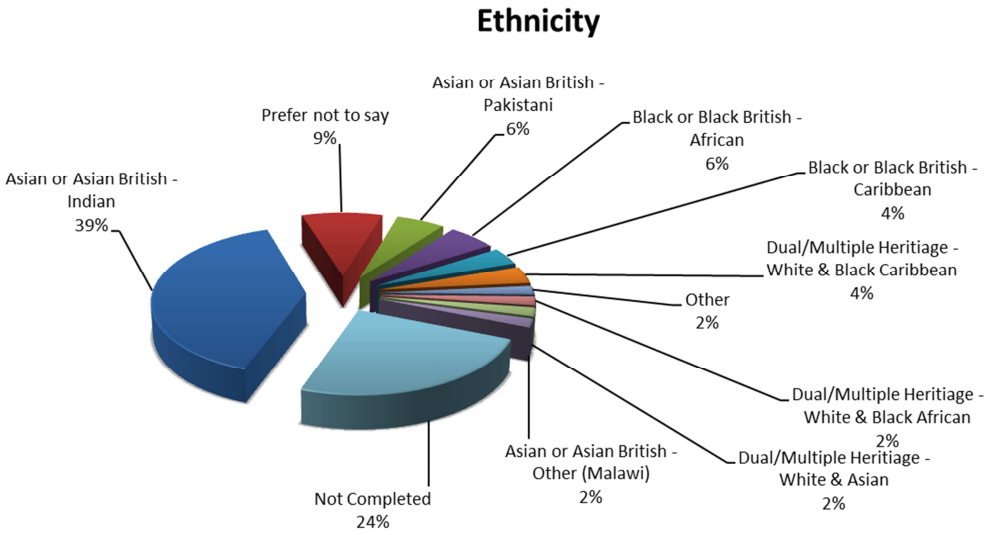
Categorised summarised responses	Count
I will not be able to manage the change - Impact on health, job etc.	11
Quality of service may go down if services are merged	7
I would find it difficult to access Advocacy services if things changed	7
I want things to stay the same	3
More choice for the customer if there's more than 1 provider	3
It depends which option is chosen	3
I would be upset if I lose my current service	2
Confusion and distress if things change	1

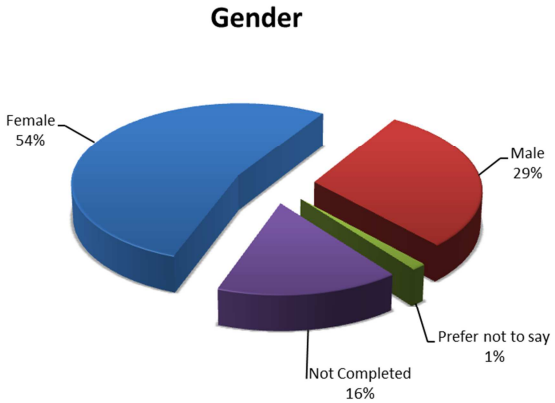
Continuity throughout service provision	1
Young people would be better informed about advocacy	1

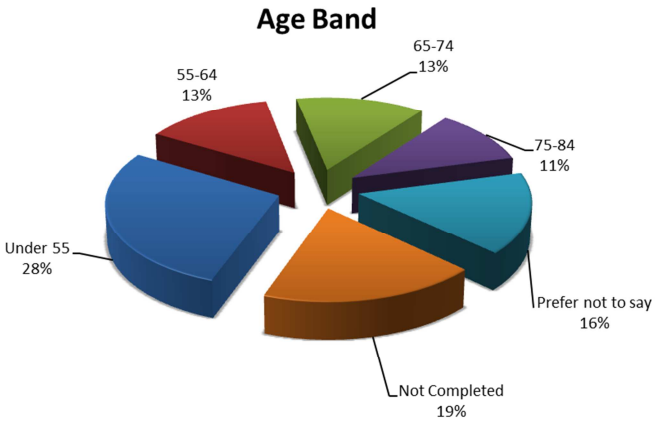
Potential Impact - 'None of the above' Chosen

Response	Count
Confusion and distress	1
It depends which option is chosen	1
Not sure there will be any	1
Quality of service may go down	1
Unsure currently	1
Knowledge and experience of services will be lost	1

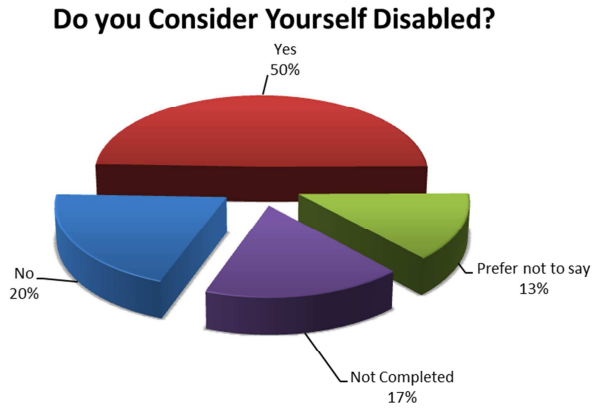
Equalities Monitoring

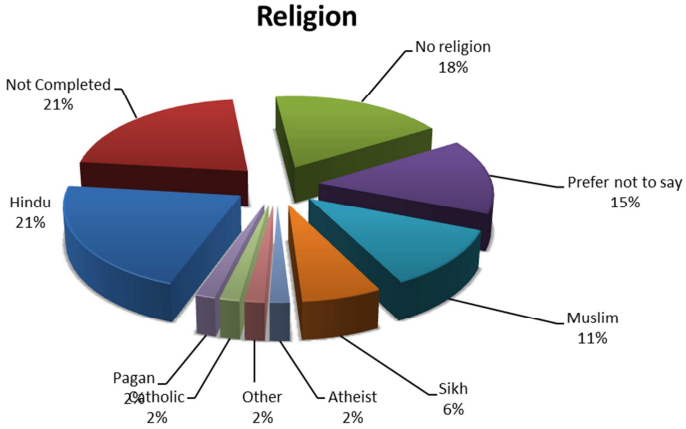





Age Band
65-74
13%
55-64
13%
75-84
11%
Under 55
28%
Prefer not to say
16%
Not Completed
19%

Disability


Do you Consider Yourself Disabled?
Yes
50%
No
20%
Prefer not to say
13%
Not Completed
17%


Religion
No religion
18%
Not Completed
21%
Prefer not to say
15%
Hindu
21%
Muslim
11%
Sikh
6%
Atheist
2%
Other
2%
Catholic
2%
Pagan

Advocacy Online Questionnaire Summary

21 responses received

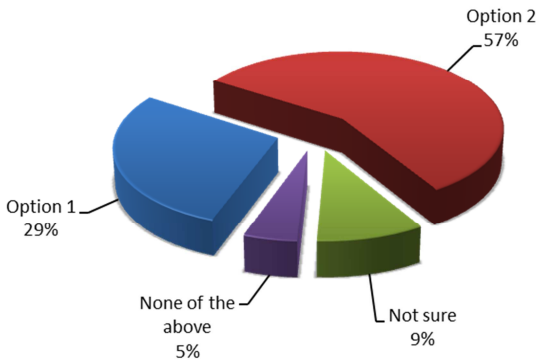
1. **Are you a resident of Leicester?**

Response	Count
Yes	18
No	3
Grand Total	**21**

2. **Are you completing this on behalf of an organisation?**

Response	Count
No	19
Yes	2
Grand Total	**21**

3. **Which of the options for delivering advocacy services do you prefer?**



4. **Reasons for your choice**

Reason for 'None of the Above'
• Advocacy services are restrictive to use and they are selective in their choosing to represent. • Other advocacy services are available so your system is flawed for consultation. • Work carried out by these bodies cannot be scrutinised they do not represent any issues if they do not publicised their services so how do I know if they are representing my views if I find them unusable how does anyone know. • How do I know if what I am wanting help is unique to me, this further isolates me, no responsibility on services complaining about if no feedback of complaint

Reason for 'Not Sure'
• I'm very unhappy with the current services because I am unhappy with the current providers

Reason for 'Option 1'
• Because there is too many of them
• Easy to ask for if only one place. • How they can use/find these services and they are often sent from pillar to post
• Having Option is important • It allows service delivery to be conducted by one organisation, thereby saving cost from commissioners and councils. • It also allows information and support to be received in one place, by clients, instead of the stress to contact other services.
• It is disjointed and uncoordinated
• One of the organisations that provide Advocacy Services is not fit for purpose.

Reason for 'Option 2'
• Allows for specialist provision dependant on different needs of clients
• Community based Project for minority ethnic elders such as LEEAP, helps to improve wellbeing as well as independence, reduce isolation, provide for a sense of connectives and a place to meet, enable people to find out what is going on, communicate local people's views to public sector consultations and help to identify service gaps. • The organisations network and partnerships they work with e.g. Businesses, statutory bodies and voluntary agencies etc. are and invaluable resources, enabling neighbourhood /community participation, help to empower communities and shape services for the future and identify needs.
• Because some projects do not help and you have to go elsewhere
• I think the expertise from a variety of organisation is needed.
• I think there should be choice. • However I am not impressed with the current lot of advocacy providers. • What significant improvement have they made?
• I work with self-advocacy disability groups in NWL so understanding the issues they face and am working to overcome them. • If you are to cut funding to projects/ organisations which help these people, you will need to do it slowly, carefully in small amounts initially and at the same time put schemes in place to help self-advocates to take running things themselves more. • This can take quite some time
• No organisation has expertise in depth enough with such a diverse population and would be inadequate or biased outside of their expertise.
• Option 2, but Care has to be taken to ensure that competent organisation contracted to render a professional service
• Service users have a variety of needs that cannot be met by one service. Diversity and choice is essential in Advocacy.

• There is a need for a specialist Advocacy Service for Deaf people who use British Sign Language • There is also a need for specialist workers who have BSL to communicate with Deaf people or there is a budget in place to book NRCPD registered qualified BSL/English • There is a need that the local Deaf communities have a choice of who they can book as an Advocate

5. Which specialist advocacy services would you like to see provided and why?

Response	Count
Mental Health	5
Older People	3
Schemes where self-advocates are encouraged to remain, become more independent, run groups and organise events themselves.	3
Not Completed	2
Advocacy services that are regulated	1
All	1
BME	1
BME - Mental Health	1
Continue to fund the good services that are already out there	1
Deaf Community - including male, female, gay, straight, single parents, families, race and religion, disability etc.	1
Lesbian, Gay, Bisexual and Transgender	1
No 'Specialist' - If you restrict it by one/race/'equality it restricts who can use the service	1
Older People with Mental Health problems	1
The ones available are already offering a great service but all need more funding to ensure advocacy is more widely available.	1
Young parents	1

6. Do you have any other suggestions or proposals you would like to put forward which could help shape advocacy services?

Response
• Advocacy should not be commissioned on an hours based basis. • Providers should be asked to support a minimum number of people. • This encourages efficiencies in provision and prevents dependency. • Providers should be asked to report on the outcomes they support people to achieve, not just outputs. • Advocacy should be delivered from a single point of contact and access; people should only have to call one number to get the support they need.
• An advocacy service ran by professional with integrity
• Deaf BSL users do have a preference for being able to communicate directly in BSL with Advocacy professionals without having to wait weeks on end for an Interpreter to be made available. • Consider looking at employing a Deaf BSL appropriately trained and qualified Advocate could be considered or a Deaf person who has the potential and trained up accordingly.
• Some people are not getting support, projects are not helping and give leaflets and don't speak to you and direct you away

• Broaden services to include services for those over the age 50.
• Care has to be taken to ensure that competent organisation contracted to render a professional service.
• DETAIL ALL SERVICES AVAILABLE excluding them how do I know who they are? You are suggesting that you target certain communities but the consultation is backwards. AS an isolated person what services have used? Find them helpful? Need to be able to go to one place if have complex needs who can do everything. Splitting one service and other have come across services by accident nature where they are restricts access not in my community or one I have access to. Unprofessional using people have no confidence in they just ' gaining experience' for a proper job!
• I work for NWLDC so appreciate that budget cuts are needed. Engagement events with service providers and service users could be used to shape advocacy services. You have to start by asking self-advocates, people with learning difficulties, etc., what they need from us.
• I would like to see an organisation like Age UK offering a broader advocacy service for older people
• I would like to see new service provider for black mental health
• If services mainstream best practice across the full population the need for advocacy will be reduced.
• Involve the groups that require advocacy in informing and designing the new service
• It is disjointed and uncoordinated which leaves room for a lot of upstart to provide mickey mouse services
• Linking advocacy and art services. Art services/engagement can improve wellbeing.
• The Model adopted by Nottingham City council would work best in Leicester. Leicester had always provided advocacy service by small and different organisation, who tried to focus on their own community, but do not deliver appropriate services. Some services are self-run services, by individuals who are there for personal gain, rather than for the community.
• The right people who run can tackle this best if/when they get chosen to run the service!
• Yes! The ones listed have been around for years but still people with mental health problems are not even second class citizens. They are treated lower than the low.
• Yes! You should undertake a re-tendering of the advocacy because all the ones that are listed not very good

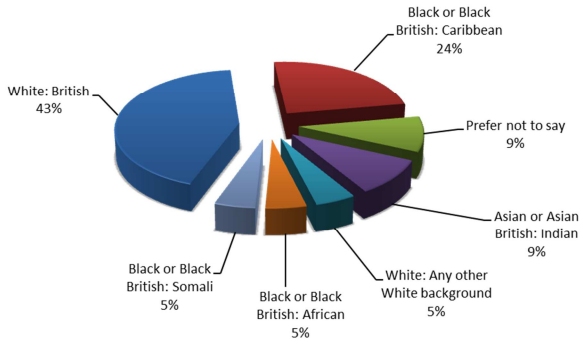
7. Do you have any other comments about this consultation?

Response
• I'm glad you are considering vulnerable people's needs.
• Whilst I don't live in Leicester but in NW Leicestershire, people with physical and learning disabilities, from this area rely on services within Leicester and Council's to help and encourage them to live independently.
• The local Deaf Community will more than likely be unaware that this consultation is taking place as English is not their first language. • It may be useful to contact the British Deaf Association and/or local Deaf Communities to let them know you are seeking their opinions regarding this much needed service. • If this is possible, the BDA can assist with producing a BSL video clip and make it known through a range of mediums including Deaf related Social Media networks.
• It's good that you are asking people's opinions
• I hope this is not a route to funding cuts rather than a transparent and honest

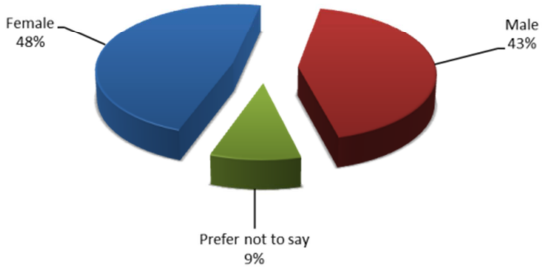
consultation
• It is not clear what the impact of the 2 options would be.
• Hope they will do the right thing by the people
• Care has to be taken to ensure that competent organisation contracted to render a professional service.
• I think the council should listen to a service user like me. • I'm doing this so I don't get victimised
• Came across this consultation by accident. Where you advertising? Not through generally used places GP surgeries joined up thinking priorities? Asked a number of people know about 'consultation' no Remit, out patients only giving quarterly appointments. Complicated in the system county get different service in city. Cities foul in comparison.
• To be informed about the outcome of this consultation
• I was turned away from services and it had negative impacts on my health and wellbeing

Equalities

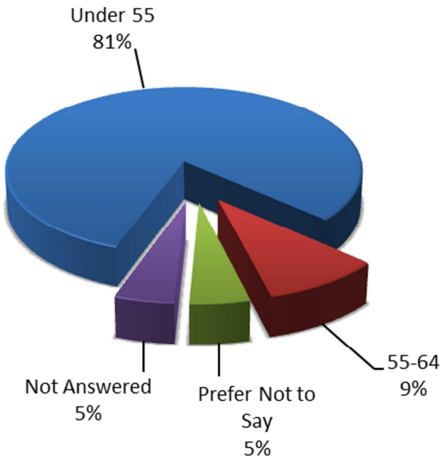
Ethnicity



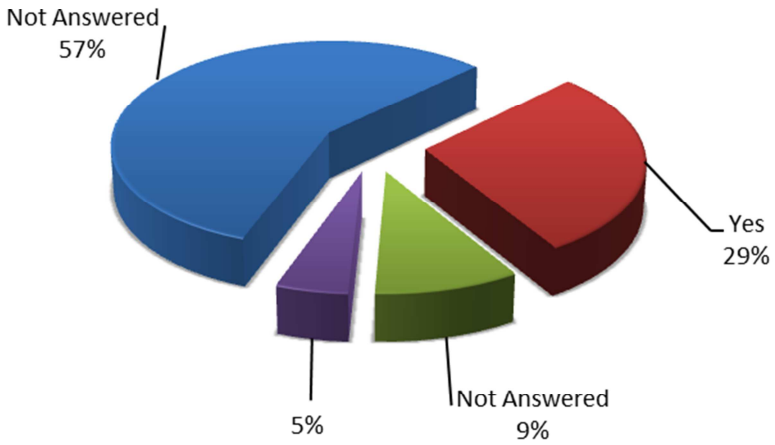
Gender



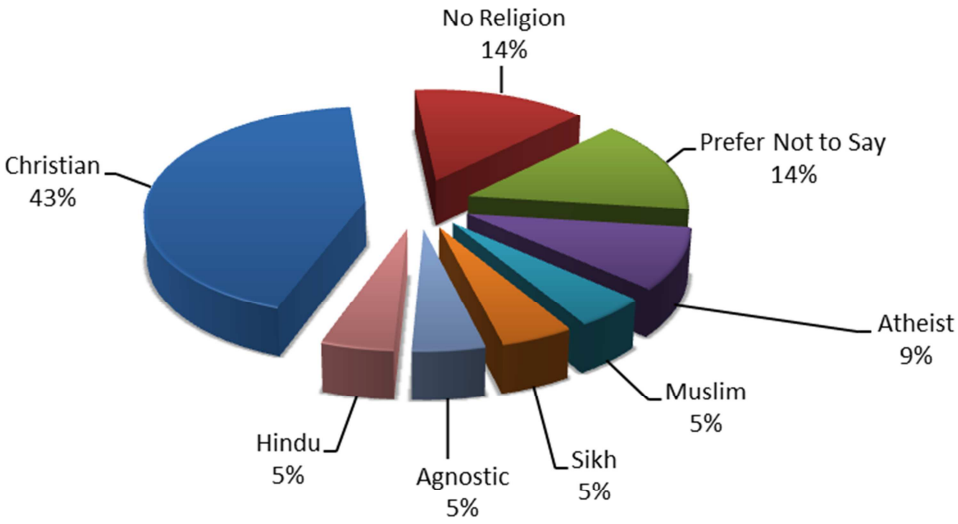
Age



Do you consider yourself Disabled?



Religion


No Religion
14%
Prefer Not to Say
14%
Atheist
9%
Muslim
5%
Sikh
5%
Agnostic
5%
Hindu
5%
Christian
43%

Counselling service user questionnaire summary

Number of questionnaires received: 96

Name of the service you currently receive:

Response	Count
Leicester Counselling Centre	47
Relate	30
Not Completed	18
Leicester Counselling Centre & Relate	1
Total	**96**

What are your views on the proposed changes?

Summary response – not in support of proposal	Count
Does not support the proposal	54
Invaluable Service	53
NHS Counselling is not suitable e.g. length of provision & waiting lists	19
Worried about the impact it will have on me e.g. Health issues, Cost	15
Current services are easily accessible and affordable for anyone to use	11
Potentially ending an important service	5
Not Completed	8
Summary response – support of the proposal	**Count**
I consider proposal to be fair	1

If the consultation proposal was accepted, what could the potential impact be on you?

Response – Negative impacts	Count
Potentially ending an important service	44
Outcomes could have impacts on my health	29
Impact on waiting lists elsewhere/ time to start new counselling	17
Difficult to find a similar service	17
They provide a very good service	11
NHS does not provide a similar type of service	7
Cost may increase, cannot afford private counselling	5
Sceptical about the new system	2
Service quality may decrease	2
No impact on me - however it deprives others of the opportunity	2
New services might not be as accessible	1

Response - Positive/ Neutral	Count
No impact	3

Helpful	1
Like the idea of peer support (only after counselling)	1

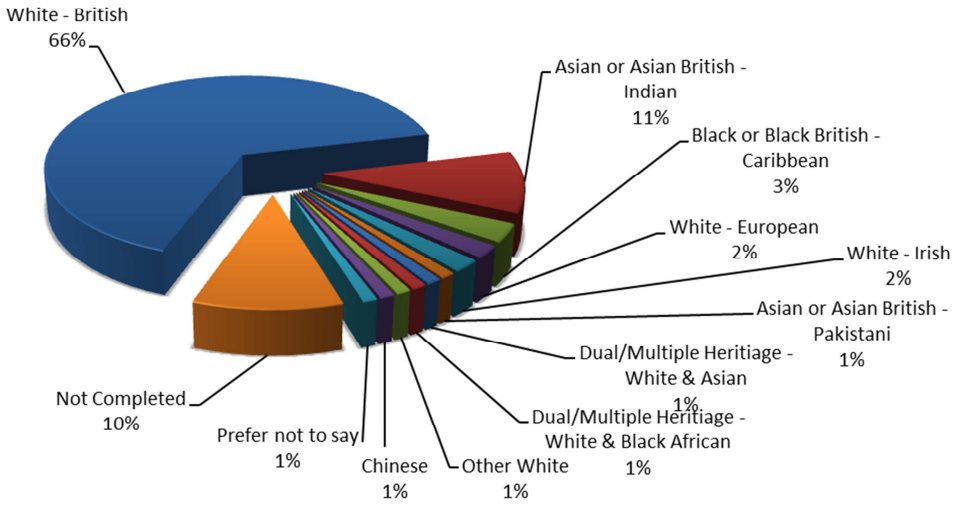
Do you have any other suggestions or proposals you would like to put forward?

Response	Count
Invaluable service	35
NHS cannot provide this level of service	9
Private counselling is too costly	8
Negative impacts on health/family etc.	7
Similar services are hard to find	6
Don't understand the consultation	2
Maintain the funding	2
I do not agree with the purpose of this consultation	2
I'm glad that you are asking my opinion.	2
Sceptical about the new system	2
The more choices about which service they want to use the better	1
Not completed	48

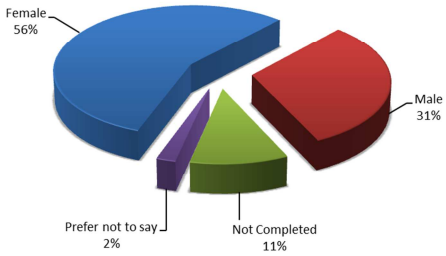
Equalities Monitoring

Response	Count
White – British	63
Asian or Asian British – Indian	10
Black or Black British – Caribbean	3
White – European	2
White – Irish	2
Asian or Asian British – Pakistani	1
Dual/Multiple Heritage - White & Asian	1
Dual/Multiple Heritage - White & Black African	1
Other White	1
Chinese	1
Prefer not to say	1
Not Completed	10
Grand Total	**96**

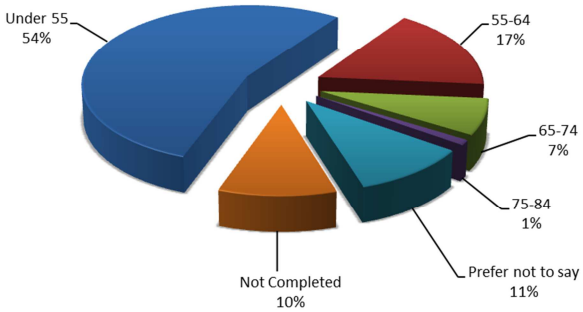
Ethnicity



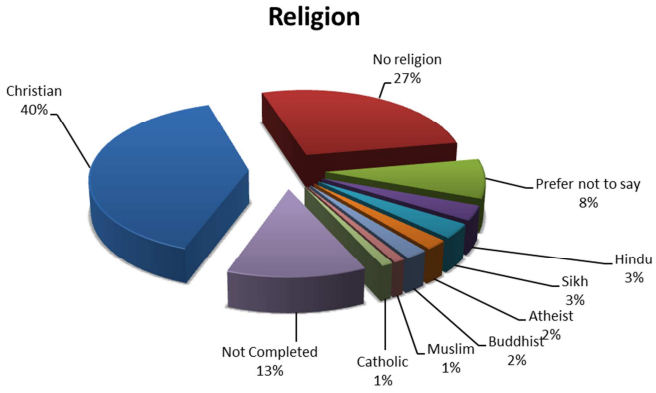
Gender



Age Band




Do you Consider Yourself Disabled?
No
62%
Yes
20%
Prefer not to say
8%
Not Completed
10%


Religion
No religion
27%
Christian
40%
Prefer not to say
8%
Hindu
3%
Sikh
3%
Atheist
2%
Buddhist
2%
Muslim
1%
Catholic
1%
Not Completed
13%

Counselling Online Questionnaire Summary
9 Responses

1. **Are you a resident of Leicester?**

Response	Count
Yes	8
No	1
Grand Total	**9**

2. **Are you completing this on behalf of an organisation?**

Response	Count
No	9
Grand Total	**9**

3. **Do you support the proposed change to counselling services?**

Response	Count
No	9
Grand Total	**9**

4. **Reasons for your choice**

What are your views on the proposed change to counselling services?
• The proposal is not specific enough. • It does not say how much money has been spent and how much money is going to be moved and to what services. • NHS counselling is not comparable
• The proposals are a bad idea. • Not all GP's have access to counselling services. • GP's & NHS is short term therapy (CBT). This works well for some and not for others. • NHS does not provide a regular income stream • Schools also use Relate Leicester - potentially jeopardise the emotional wellbeing of a group of 10-14 year olds for example • The number of sessions you receive from Leicester Counselling Centre and Leicester Relate are much higher than that through GP's
• I am against the decision to stop funding the two counselling services as they are vital to the residents of Leicester City. • Counselling services within the NHS are not easily accessible • Waiting lists for these services can very long. • Very limited amount of sessions through GP's and they cannot guarantee to see you every week. • A high cost to private counselling which means it's not accessible and the GP service is not good enough. • If you remove these services, you will leave a lot of people without support in the community
• I feel very strongly that counselling service should remain.

- Leicester Counselling Centre service provided is exceptional in that
- it provides low cost counselling to individuals who would otherwise be unable to access it,
- One of the only counselling agencies who allow long term counselling for those with complex and deep rooted issues.
- 5000 counselling hours per annum are delivered. Were this funding to be utilized elsewhere it would barely cover the cost of employing one person
- Please re-consider this decision
- from cost-effective perspective it makes no sense
- Hundreds of vulnerable people will be left with nowhere to turn.
- Were these individuals to be treated within the NHS it would cost hundreds of thousands of pounds.

- I am very concerned that despite the emphasis on the involvement of voluntary organisations and mental health issues that Leicester City council wishes to withdraw it's funding for the Counselling Centre
- The centre,(which is staffed by professionally trained volunteer counsellors and gives people with mental health issues up to two years counselling, with them only paying what they can afford) without the means to pay their rent and overheads and unable to carry on.
- I was offered only 8 sessions by my GP, and then after a lengthy wait but even this is no longer offered
- The counselling centre does not have such a strict time limit on services and the sessions continue for as long as is clinically necessary.
- They have a waiting list as there is nothing else for people who can't afford private counselling.
- As a result the centre deals with many difficult cases and the clients are even referred there by GPs.
- Why can't the mental health money currently given by the councils, both county and city, be used to pay for clients to continue to use this service and be offered mental health treatment?
- There could be a referral fee paid by GPs for the service or the centre paid by the number of clients dealt with successfully.
- With so much mental health distress these days which can't all be dealt with by people being offered CBT
- It seems we are getting rid of a valuable resource instead of encouraging it.
- I would far rather see my taxes going to keep a highly professional service which does not make a profit obtain funding than the private businesses which have an eye on their profits the whole time.

- The counselling services are a need and would go as far as saying are a requirement,
- More and more people are facing various forms of health or physical mental health issues.
- This team and the support network are an essential part of care and management of any employer.
- These facilities should be in operation and be available to members of public.

- The voluntary organizations in question are well established in their respective areas.
- Marriage / partnership counselling, in particular can be a very significant journey to enable couples to work out their differences and stay together - with very significant benefits for families.
- Leicester Counselling Centre has a good track record in offering in depth counselling of the kind that most GP practices are not able to provide.
- At this time of tight budgets we in Leicester need to support the voluntary sector even more - because they offer immense value for money.

5. **Do you have any other suggestions or proposals you would like to put forward which could help shape advocacy services?**

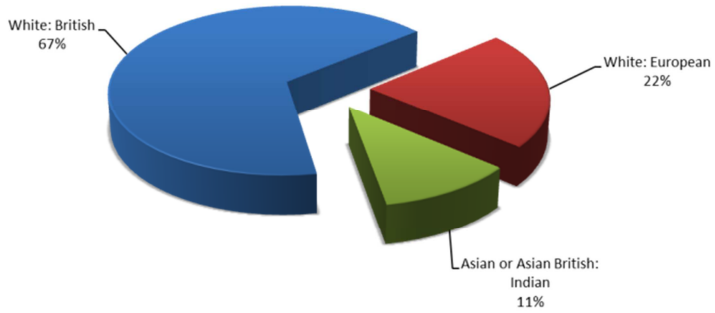
Do you have any other suggestions or proposals you would like to put forward with regards to how counselling services are provided in the City?
• You should be open about what budget you have • Consider how/whether the existing services can be continued in a different form. • You should be more explicit about how you are engaging with the providers and the clients about the changes
• Keep the services and expand them • There are a large number of volunteer counsellors working in voluntary and statutory organisations across the city as part of the 'Big Society' model. • It is devaluing to their contribution to suggest cutting the service they deliver and believe in. • Counselling takes time - there are no shortcuts • What consideration is being made for the effectiveness of these services?
• Keep Relate and the Leicester Counselling Centre open • work in partnership with the private and voluntary sector
• Raise the profile of the organisations • Explain that they are part funded by the council and encourage people to volunteer or donate to them. • The Leicester Counselling Centre has a volunteer program that many people may not know of. • Council funding should still stay in place.
• Funding should not be diluted into the general mix of mental health services • General services do not have the expertise of a central counselling centre, where people with acute distress can obtain the help they need. • GPs should fund referrals to the Leicester Counselling centre • City Council should waive its rental of the Victoria Park Gatehouse
• Via work place support or Doctor referrals.
• Counselling services need to be available to all sectors • Many people are more than willing to contribute to costs (and indeed it improves motivation to engage with counselling). • Some do not have means to pay more than £5 per hour.

6. Do you have any other comments about this consultation?

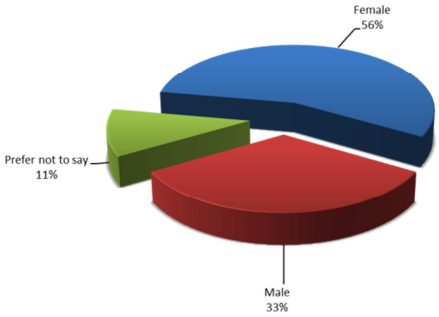
Do you have any other comments about this consultation?
• It is a very poor exercise • You just want to demonstrate that you are consulting • You have already made up your minds
• In Wales and Scotland all young people have access to a school counsellor. This is not so in England. • The link between counselling and improved mental health is documented, • It is disappointing that these services are under threat. • GP coverage is not wide enough and the services on offer are too narrow (predominantly CBT and time limited). • There is a desperate shortage of counselling services for young people in the city, made worse by the demise of Open Door. • I have been in the position in my workplace of having nowhere to refer a troubled young person to for support (not many meet the criteria for CAMHS). • These young people are tomorrow's adults • I know first-hand the demand for counsellors and do not accept it is a good option to cut these services when waiting lists are so high already. • Replacing a counselling service by a drop in service may seem more cost effective but may not tackle the root cause. • It is disappointing to feel that the consultation is a paper exercise - stating you do not need to fund the same type of service as GP's suggests you have already made up your mind • You do need to fund the same type of services if there is not enough of them available • Why is it acceptable for clients to wait 6 months to a year for help • More money can employ more staff in settings like Leicester counselling service. • Waiting 6 months to a year for help may well have a knock on effect to health services, benefits and the workforce as a whole.
• I view counselling services as essential services that should remain.
• Having counselling services available to people who cannot afford to pay for private help, and need more than the brief intervention therapy offered currently to a minority by the GP practice nurses or mental health trust is a great benefit to the City and the health of its citizens. • This impacts on not only the healthcare services but also on policing and benefits the local economy by helping people to gain or remain in work when they are well.
• If it isn't broke why change it?
• Please coordinate closely with VAL when making spending decisions for voluntary sector organisations. They are well placed to give information about what services are available and utilized most.

Equalities

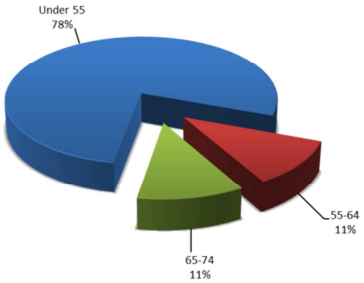
Ethnicity



Gender

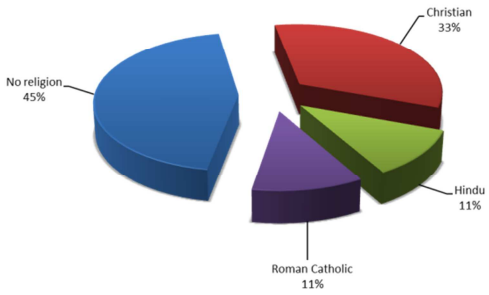


Age



Do you consider yourself disabled?	Count
No	9
Grand Total	**9**

Religion



APPENDIX 2

SUMMARY NOTES FROM THE ADVOCACY AND COUNSELLING PROVIDER MEETINGS

Notes of the ASC VCS Preventative (VCS) Services Review - Follow up Meeting

Monday 24th March – Adult Education Centre
Advocacy services

MLC opened the meeting, welcomed all and thanked participants for their attendance and time to contribute to the review process.

MLC explained that the meeting was part of the consultation process and feedback will be considered to inform possible future services.

MLC added that this meeting is in addition to earlier provider meetings, service user consultation events and that final recommendation or decisions have not been made as yet.

MLC informed the meeting that all the feedback during the consultation period will be considered before the Executive agree a final decision.

MLC outlined the proposals for the advocacy services as such:

Group Work – Discussions on:

What could VCS services for Advocacy look like.

Participants were split into two groups and copies of all flipchart notes are available with list of all the summarised comments from participants in. The following is a summary of information that formed the discussions.

Summary comments on Advocacy Consultation:

The key issue highlighted was the core skills required in specialist areas and best practice requires experience of law for instance when people do not have capacity and also in mental health advocacy need.

There was no support for a generic provision being adopted across the city for advocacy. This was due to diverse needs and the importance of truly understanding needs within specialisms in order to obtain positive and meaningful outcomes for service users.

There was a consensus support for the need of specialisms to be commissioned such as Mental Health, Alzheimer's, Learning Disability and HIV and the equality strands need to be focussed on.

It was highlighted that many specialisms have leading organisations that bring with them a whole range of specialist knowledge, such as LD provider.

It was felt that overall there was a general lack of understanding of advocacy, it's function and where to access advocacy.

The change in social services from specialist to generic was cited as an issue for good links into the VCS voluntary services.

The meeting focused on group service area improvements and discussed the following areas:

- What services could look like for Advocacy services,
- Outcome measurements – how to measure success

Notes on the ASC VCS Preventative (VCS) Services Review – Follow up Meeting

Thursday 20th March – Adult Education Centre

Mental Health and Counselling

MLC opened the meeting, welcomed all and thanked participants for their attendance and time to contribute to the review process.

MLC outlined explained that the session today is part of the consultation process and feedback will be considered to inform possible future services.

MLC added that this meeting is in addition to earlier provider meetings, service user consultation events and that final recommendation or decisions have not been made as yet.

MLC informed the meeting that all the feedback during the consultation period will be considered before the Executive agree a final decision.

Group Work – Discussions on:

What could VCS services for Mental Health/Counselling look like.

Participants were split into two groups and copies of all flipchart notes are available with list of all comments from participants in appendix 1. The following is a summary of information that formed the discussions.

What could VCS services for Mental Health look like:

Mental Health

The demand currently on the mental health VCS services was discussed and issues such as waiting lists and need for more specialist provision for BME communities was highlighted.

Concern was expressed regarding waiting lists as the impact is increased anxiety and isolation for the service user and can cause deterioration.

It was felt that the role of the mental health VSC services was early intervention; reaching out to people, reducing isolation; increase joint working across voluntary and statutory sector. Concern was expressed in relation to need for better links with primary care and awareness being raised on the role the VSC has in providing a service for people who are presenting to GP's with mental health issues.

Counselling

There was a consensus in the groups of the essential nature of a counselling service that is available to people. It was felt that the service required 'pump priming' and was cost effective currently.

It was highlighted that there is a huge demand for counselling services to be provided in the city and it needs to be part of the offering in the city.

"This service keeps families together and keeps people out of the hospital…Carers need counselling and referrals also come from mental health services..."

It was pointed out that there are high levels of complex need in the case load; so it is essential that services are provided by qualified and experienced staff. (The current counselling service has 135 in service and 140 on waiting list).

Close

MLC thanked all for attending and informed meeting that the consultation closes on 8th April 2014 and gave details to participants of email and telephone contact details.

SUMMARY NOTES FROM OTHER SOURCES

STAKEHOLDER MEETINGS

50+ NETWORK - 27th January 2014

Summary extract from the minutes of a meeting on 27th January 2014 full extract can be found in appendix

a. **Kalpana Patel** gave attendees a presentation about this consultation that is now open to the public which runs from 14th January until 8th April.
b. Kalpana took questions from attendees.
SV/SW: Can you make sure all groups are included and there are problems with languages that need addressing. How will you ensure this happens?
KP: We certainly take this on board. We will also try and ensure all our material is accessible. Telephone calls can be put through to a speaker using a community language if that helps. We can also have translations version of the documents for anyone that uses these services.
The aim of the VCS review is to see service improvements and overall it is good news we have managed to maintain the overall investment for ASC preventative service.
KP: All groups are getting informed about these proposals and we're holding various meetings during the next three months consultation period. We always welcome feedback and I want to stress that nothing has been decided about these services. This is the start of the consultation process; services will remain as they are before any changes are announced later in the year.
There are hard copies of the questionnaire which you can take and complete and return relating to the public consultation.
SW: Thanked Kalpana for her presentation.

Learning Disabilities Partnership Board – 22nd January 2014

Summary extract from the minutes of a meeting on 22nd January 2014 full extract can be founded in appendix 1

Adult Social Care Preventative Services Voluntary & Community Sector (VCS) Review

Mercy Lett-Charnock said that Leicester City Council is carrying out a review of services provided by voluntary and community organisations that are paid by adult social care. This does not include day services provided by voluntary and community organisations.

We are asking the public about advocacy and counselling services.

The new advocacy services will need to cost the council less money than it costs now. We are looking for a new way to provide advocacy services and we would like to know what you think about 2 ideas:

1. Adult social care would arrange for all advocacy services to be provided by a 1 organisation in the city.

2. Adult social care would arrange for advocacy services to be provided by a number of organisations.

We are also planning to stop funding the counselling services and talking to Health about counselling provision as they currently fund other similar services. This is because most of the people using the counselling services are referred by health. If this is agreed, the council will use that money to pay for others other mental health services based in the voluntary sector.

We will be talking to people to find out what they think about the changes the Council wants to make to advocacy and to counselling services. This will happen over 12 weeks, which will start on 14 January and finish on 8 April 2014.

Feedback

Questionnaires are not easy to understand for people with learning disabilities. Response: the questionnaires and letters are available in easy read.

There should be more than 2 ideas to choose from. Response: there is a section in the questionnaire that invites people to make any other comments and other ideas will be considered.

Query if the review includes Statutory Services. Response: these are non-statutory services. Statutory services are services that have to be provided by law. These are not being reviewed here.

VCS TRANSFORMATION FORUM – 12th February 2014

MLC provided information regarding the VCS review undertaken by Leicester City Council. MLC confirmed that the consultation went live on 14 January relating to advocacy and counselling services and was now in progress.

Advocacy proposals contradict the recommendations of ADASS (Association of Directors of Adult Social Services) in terms of the funding reduction. MLC commented that LCC were not getting enough advocacy provision for the level of investment.

MLC confirmed that LCC are recommending that they cease funding Counselling services as all the referrals are from health, not social care and should be commissioned by CCG's.

Commented - that Voluntary Action LeicesterShire had been contacted by one of the service providers with concerns over their ability to continue to provide services. BS requested that LCC consider the impact on VCS services when taking these decisions / communicating with providers

MENTAL HEALTH SUMMIT- advocacy workshop – 7th March 2014

Headline findings from the mental health summit advocacy workshop session held on 7th March

Advocacy

Accessibility- there needs to be:

- specific mental health advocacy rather than being referred to a generic service.
- specific advocacy services for different ethnic backgrounds & languages.
- specific advocacy services for young people.
- specific advocacy services for carers and young carers.
- specific advocacy services about personalisation.

Education – there needs to be:

- Education for local advocates about what is available so they can signpost effectively and appropriately.
- Education for GPs about how advocacy services can enhance treatments options when advocacy is intervention not signposting. As the first port of call they should understand the pathways to advocacy.
- Schools educated as to how advocacy can support young people and young carers.
- Education for service users as to what advocacy is and what it can do for you 'advocacy doesn't mean anything to people'
- All healthcare professionals should be educated in rights to advocacy.

'Advocacy in principle is excellent however unless it is turned from words on paper to actual availability as a right across the board then it can't help.'

Other comments:

- Value of peer advocacy
- Voluntary sector has a strong role in advocacy provision. 'Voluntary sector is lifeline for service users.'
- Only have legal entitlement to an advocate on a section, so people admitted informally have no entitlement – need to develop peer advocacy to fill this gap. There is pressure not to section therefore some of the most vulnerable people are left without a voice.
- Credibility and authenticity of peer advocates must be maintained through ongoing training, supervision and support otherwise peer advocacy will be discredited.
- Advocacy empowers service users.

CARERS REFERENCE GROUP – 3rd February 2014

Summary extract from the minutes held on 3rd February

VCS review

Mercy outlined what is happening with the preventative services in the voluntary sector.

Mercy outlined the proposals for carer's services and stressed that some services are likely to be grant funded. Mercy is consulting with current providers and then is meeting the wider

voluntary sector in March. There is a meeting on Friday in regard to carers services for current providers.
Advocacy and counselling require changes so there is a 12 week statutory consultation about this. It finishes on the 8th April.
There will engagement meetings about the consultations. The recommendation in relation to counselling is that the money is withdrawn from the 2 current services and is re invested in other mental health services in the VCS. The recommendation is that it is more appropriate for Health to deliver counselling services.

Carer - asked for an email about meeting dates.
Carer - asked if counselling would be long term and not time limited.
Mercy thought this would be the case.
Carer- said LPT have a service user lead but not a carer lead.

Mercy informed that in relation to advocacy it currently accounts for 24% of the funding and to help meet other priorities in future this funding needs to be used more widely.
Carers highlighted that they are not keen on having just one provider as is the case in the county. Mercy acknowledged that carers may need advocacy about matters not related to adult social care.
Provider - was concerned that people who get continuing health care funding could fall through the net.

There is a carers forum on the advocacy consultation on the 27th March.
Mercy is happy for people to call her to talk about the review.

CARERS FORUM - 27th March 2014

Summary notes from the meeting held on 27th March

There was a definite preference to an advocacy model that was specialist which included choice. Carers also felt that they need an advocacy service that understands carers needs which can be very different to the service users needs. Advocacy is highly valued as it helps some carers particularly when they are stressed to navigate a system which they struggle to understand. It helps carers get the service they need for themselves and the person they care for.
It was felt that if advocacy services don't understand specialisms it would not be helpful and carers could be stuck if only one option if it didn't meet need.
It was pointed out by a Carer that if option 1 is chosen the specialist services that provide advocacy (as well as also providing other types of support for carers) – they could lose more money and the wider service would be impacted on if one advocacy service takes all the resources
There was concern around carers being 'lost' in a bigger system where there is only one provider. There was a preference to having an advocacy service that understands particular disability or cultural needs, therefore it needs to be specialist.

DISCUSS Meeting - Disabled service user group – 25th February 2014

Adult Social Care Preventative Services Voluntary & Community Sector Review - Mercy Lett-Charnock

Mercy Lett-Charnock said that Leicester City Council is carrying out a review of services provided by voluntary and community organisations that are paid by adult social care. This does not include day services provided by voluntary and community organisations.

We will be talking to people to find out what they think about the changes the Council wants to make to advocacy and to counselling services. This will happen over 12 weeks, which will start on 14 January and finish on 8 April 2014.

SU question - Asked if people are being asked for qualitative feedback and not quantitative. Mercy said that Contracts and Assurance team are involved and there are spaces on the questionnaire for comments about services.

SU question - asked how people at the GP surgeries are involved. The information about the consultation can be posted to them.

SU question - asked about making sure that that answers are not biased.

Mercy said that questions are asked are not about good providers specifically. It's about what makes a good service.

"We Think"– Learning Disabilities service user group - 24th March

Feedback summary notes covering the main points taken by Kalpana Patel at the meeting held on 24th March

- Feedback from a number of group members that one provider option a big risk "you get lost in it"
- Quote: No important to get someone we trust I think it works well now because we get a leaflet from Mencap magazine. I work for Mencap.
- Many of the group fed back and preferred option 2
- SU- does not need to be one provider?- ? attended
- SU- Different areas for different services. Different services for different groups.
- SU- I like doing these makes me happy to come to groups like this.
- SU- Important to have group advocacy also
- SU- nice to have a qualification
- SU- does not matter if they have qualifications
- qualifications important but they need to specialism to work with people with LD and special needs
- Important to be culturally appropriate incl. language needs
- Some people need group advocacy
- Appropriate translation for language
- *Definitely need specialism for advocacy for LD – this was conveyed in the meeting*
- SU's like the current provision and want it to stay as it is

BME Mental Health service user/ carer group - 31st March 2014

Summary notes of the main points.

Adult Social Care Voluntary Community Sector Preventative (VCS) Services Review

KP provided a presentation which included an introductions, background and proposal relating to the VCS advocacy services review

The main headings relate to the main areas of comments and feedback regarding the VCS advocacy service consultation following areas.

Against option 1 and in favour of option 2

Summary of some main comments:

- One organisation does not work from a cultural perspective.
- One does not work so why re - invent the wheel.
- If people are sent to different places, it causes distress
- Reducing the service to 1 organisation would not give quality.
- Option 2 is the best option for Black people. We need a Black organisation to stand up for us. We want our fair share of the cake.
- ***KP asked the group*** if she was correct in thinking there was a consensus view from the group that they preferred option 2. The group said yes they did prefer option 2.

Specialist Provision/Cultural Understanding and Appropriate Response to need

A central feature of the meeting with service users were that they had specific needs that needed to be met by provision that explicitly understands and can respond effectively.

Summary of the main comments:

- Option 2 serves specific needs, meets cultural needs as well as mental health needs and it is important that someone from their own culture provides the advocacy service in order to understand need and be able to effectively communicate.
- People from the African Caribbean have specific needs particularly when getting older or if unwell
- Leicester is very diverse. It means that some communities could get missed.

Comments about other provision:

- A service user also stated that they have tried all other advocacy services and they do not meet needs like my current provider (BME MH specialist
- A participant stated they had dealt with other advocacy providers over the past 6 to 7 years and aid they are not as good as their current provider (a BME MH specialist) when they are in crisis. They also stated that they do not want a waiting list when in crisis and that they need help quickly.

There was also concern around the specialist MH BME provision being closed and the impact this would have on service users? (This was related to the other issue)

I refer to locality teams and prefer specialist teams. With locality teams the service is diluted and carers get less service as the teams can't provide the service like specialist teams can.

Support for current service:

The majority of the service users were appreciative of the service they had received from their service.

Some of main comments:

- They are only organisation that can deliver a quick response. They will go to meetings at short notice.
- Carer- I was in crisis and was put on a waiting list for an advocate but my current provider could give me an advocate when needed.
- Current provider goes beyond the line of duty. They put on courses for people
- All other services are no comparison.
- It takes time to build trust.

There was concern that decisions had already been made but KP stated that this is a consultation process and a report will be written for the Executive to make the decision about future procurement.

The service users were concerned that the current provision would change and the following comments were recorded:

- Feels like Black people are at the bottom of the queue.
- I won't use another project due to anxiety. I don't want to have to make an appointment. This is a barrier
- I don't want to stay at home and stare at 4 walls.

The following concerns were also noted:

- Funding for advocacy has not been reviewed previously but there have been other budget consultations. Government are making cuts in LA budgets.
- Research in 1989 showed over representation of Black people in the MH system and this is still happening.
- Older Black people are not ready to go to day services, they want something more active.

Concluding Remarks

A service provider asked how needs of the client group would be met. KP stated that a formal process would be undertaken to procure the services and needs of BME groups will be part of the service specifications developed.

KP explained that a report will be presented to the Executive in June or July and then the procurement process will start from there. KP thanked everyone for their comments and views and making the time to come to the meeting and let everyone know what happens next.

KP asked people to send comments into the Council website if they want to add anything else.

Equality Impact Assessment for service changes / budget proposals

The EIA should be read in conjunction with the report and other appendix

Name of service	**VCS Preventative Services Review**

Lead officer and Contact details	Mercy Lett-Charnock 0116 454 2377
List of other(s) involved	**Equality officer:** Irene Kszyk **Finance officer:** Rohit Rughani/Yogesh Patel **Commissioning Officer:** Kalpana Patel

What is this EIA about?

(Please tick✓)

Budget proposal for existing service or service contract to achieve savings	✓
Budget proposal for new or additional service expenditure	
Commissioning a new service or service contract	✓
Changing or removing an existing service or service contract	✓

Step 1 of this equality impact assessment was completed in July 2013.

Step 2 and 3 have now been completed incorporating the results of the consultation that has been undertaken on the proposal.

Step 1: The proposal (how you propose to change the service)

Question 1:

What is the proposal/proposed change?
The overarching proposals, which will be subject to appropriate engagement and/or consultation during 2013, will result in some changes in the delivery of preventative services provided by the voluntary and community sector. Preventative services provide low level interventions to enable people to remain living independently. Services will be targeted to meet ASC priorities and to complement ASC provision in order to help avoid the need for more intensive ASC support. Available funding will be more closely aligned to priorities. Services that do not meet these criteria will be decommissioned. A strategic review of a wide range of ASC preventative services across the voluntary and community sector has been undertaken and recommendations have been made in relation to these services which are non-statutory and often used my people who do not meet ASC eligibility criteria. Implementation of the review recommendations will allow the department to align future services to strategic priorities and ensure they offer value for money, taking into account

efficiencies required from prevention services and enabling people to live independently.

Services will be remodelled or repackaged and move to an outcome based model of delivery. This will include the renegotiation of individual contract specifications where possible as well as procuring or grant funding new services.

This will mean some service areas will get more money, but others will get a reduced investment, including advocacy services. Overall, additional funding is being invested into these services.

The review has identified the need for a series of preventative services aimed at promoting independence and avoiding the need for statutory provision. Services will be targeted at hard to reach groups and will be designed to be more flexible and therefore beneficial to service users. Services will also be designed to promote independence and empower service users to develop their skills and circles of support which will provide positive outcomes.

In order to implement new services, some existing services will need decommissioning. Service users who have been using services for some time may therefore notice a change to provision as some of the existing services may be provided slightly differently in future or be delivered by a different provider or have a different outcome focus.

Who will it affect and how will they likely be affected?

During 2011/12 approximately 3,000 received 1-1 or group services, including:

900 Older People
250 People with a Learning Disability
850 People with a Mental Health Difficulties
500 People with a Physical or Sensory Disability
436 People with HIV/AIDS
Of these there were 1,200 BME service users who used a BME specific service provider

Advice and information services have spoken to people via telephone helplines or drop ins in addition to this but these will have been one-off contacts and the people are unlikely therefore to be affected by any future changes.

In most cases service users are unlikely to experience any effects as similar types of services will still be available. Where service users are aware of change, the likely effect may be a negative perception particularly if services are decommissioned and no 'replacement' service is put in place. In this instance some service users may find it harder to access services as there may be a longer waiting list for example.

Where current service types are to be continued but are subject to open market competition via either a tender exercise or competitive grant funding exercise, this could be perceived negatively by the service user particularly if their current provider is unsuccessful. Many service users however, will be transient and will have no on-going relationship with a provider.

It is anticipated that very few services will be completely decommissioned; most services will be repackaged or newly commissioned. Any changes should have limited negative impact on service users and any impact is likely to be positive as the service will be remodelled to better meet their needs.

Additional funding is being invested into many areas so in most cases services are likely to be enhanced rather than reduced. However, services such as advocacy where funding is being reduced may experience some changes. However, in this instance although funding is being reduced, contract monitoring tells us that these providers are not using all the funding in the delivery of advocacy at present (as they are providing information and advice instead) so a funding reduction would not necessarily lead to an equal service reduction. Likewise as some services are under-utilised this would potentially indicate the same thing.

It is recognised that many of the services affected by this review support the role of informal carers, either directly or indirectly and changes to any services they access may cause anxiety, however recommendations which make a significant impact to service design would be consulted on. Additionally the revenue monies from the NHS will enhance services for both users and carers across the sector.

Different services collect different types of data and service user information to capture the service they deliver and the outcome service users receive. The aim of the profile below is to capture what you already collect, not to make your information fit a standard template. List the equality profile of your service users. Where you find you do not address a particular characteristic, ask yourself why. You may need to follow up any information gaps as an action point. If this is the case, add it to the action plan at the end of the template.

Question 2:

What is the equality profile of current service users?
There is insufficient information at this time to give a detailed equality profile due to the nature of current monitoring information. However, the 11/12 figures (above) give some information about users during the year. It should be noted however, that it is likely many of these people no longer use services or do not have an on-going relationship with a service or provider. As these are non-statutory service, many of these users will not be eligible for ASC services.
Do you anticipate any changes to your service user profile as a result of your proposal/proposed change? If yes, how will it change?
Where additional funding has been invested e.g. OP, MH and dementia these groups may have more access to services and therefore make up more of our profile. However, information, advice and guidance has also been increased as has carer provision and these services can be accessed by people of any age, ethnicity etc. In addition, as services will be focused more on outcomes and targeted at hard to reach groups in the community, it is possible that the profile will change.

Think about the diversity of your service users and the specific needs they may have that you need to address. For example: School aged children having differing school meal requirements due to their ethnic or religious background.

What are the main service needs and/or issues for those receiving the service because of their protected characteristic?	
	Service needs and/or issues by protected characteristic
Age	Age – The review includes a number of services for older people and their carers to help prevent social isolation, support hospital discharge and deliver "good neighbour" type services that help people live independently
Disability	Disability – The review includes a number of services for people with disabilities and their carers (this includes learning disability, mental health, physical and sensory disability as well as people with long term health conditions). This involves services such as peer support, advice and information as well as equipment and reablement type services. Disabled women are particularly vulnerable to domestic abuse and service availability needs to reflect this.
Gender reassignment	Unknown
Pregnancy and maternity	Unknown
Race	Race – The review includes a number of services that support BME service users and their carers These services offer things such as advice and information, peer support and drop-ins and in many cases are based within the communities they serve to enable them to reach otherwise hard to reach groups. Language and cultural needs need to be met by these services.
Religion or belief	Religion – The review includes a number of culturally appropriate services that may cater for specific faith needs. Services in future will still need to be responsive to these needs in future.
Sex (gender)	Gender – This review includes services that are gender specific in order to provide an appropriate safe environment for groups to happen.
Sexual orientation	Unknown

Question 3:

Will the proposal have an impact on people because of their protected characteristic? Tick the anticipated impact for those likely to be affected and describe that impact in the questions 4 & 5 below.

	No impact [1]	Positive impact [2]	Negative impact [3]	Impact not known [4]
Age		✓	✓	
Disability		✓	✓	
Gender reassignment				✓
Pregnancy and maternity				✓
Race		✓	✓	
Religion or belief		✓	✓	
Sex (gender)		✓	✓	
Sexual orientation				✓

Question 4:

Where there is a positive impact, describe the impact for each group sharing a protected characteristic. How many people are likely to be affected?
The proposed services should deliver better outcomes to help people to maintain their independence, based on their personal needs which could be related to their protected characteristic(s), enabling them to live fulfilled lives in the community for longer, in line with the vision for adult social care. Where services are remodelled service users will benefit from being able to access quality services that meet their needs. In addition new and previously hard to reach service users should find access to services easier. For example people who are deaf do not currently have access to specific advocacy but this is being recommended for the future. Services are also being designed to be more flexible – so out of hours and at weekends where possible. As there is greater investment in the sector as a whole service users should have greater access and more innovative services.

Question 5:

Where there is a negative impact, describe the adverse impact for each group sharing a protected characteristic. How many people are likely to be affected?
Some services users may be affected by either re-tendering or decommissioning of a service they access. Service users who are averse to change may experience anxiety particularly as they may no longer be able to continue using the same service they had previously. Where it is identified that services may no longer continue or service users may be displaced from a service, if service users have a need, alternative service provision will be signposted. Provision has been remodelled to better meet users' needs either by the same provider in a different way, or by a different provider and for many people an alternative will be available even if their existing service ceases. There are very few services that are being decommissioned entirely and not replaced with something similar or suitable and these are not statutory provision. In the case of these services any remaining users will be given information about other provision. Where there is a service reduction service users will be

[1] The proposal has no impact (positive or negative) on the group sharing a protected characteristic.
[2] The proposal addresses an existing inequality experienced by the group sharing a protected characteristic (related to provision of services or facilities).

[3] The proposal disadvantages one or more of the group sharing a protected characteristic.
[4] There is insufficient information available to identify if the group sharing a protected characteristic will be affected by the proposal.

supported through a transition period if necessary as there will be a 3 month notice period and that will happen with any services being decommissioned entirely. There will potentially be times where service users wanting a service may find it harder to access or have longer to wait. Service users in services that are to be decommissioned entirely (as they don't meet ASC priorities) will not be guaranteed an alternative service as these are not statutory services.

It is anticipated that as only a few services will be decommissioned the impact on service users will be limited.

The section below provides more detail of the service areas where there is a greater potential for service users to be impacted upon. The broad overview includes information (on usage and user profile information). This will continue to be refreshed as the profile may change over time.

Advocacy services

It is being recommended that services are delivered in a more effective way. Current contracts for advocacy do not always deliver advocacy – offering information, advice and guidance instead. There is limited access for some client groups due to the nature of specialist contracts which have been set up (so for example there is a specialist service for people with LD but not for OP and some BME services reach certain communities more easily than others). Although it is planned to continue with some specialist areas there will also be a generic advocacy service which should give access to a wider range of people. This proposal means reducing investment in these services by £134,690 to £230,000 (from current value of £364,690). This is a reduction from 24% of the VCS spend to 14%. This investment profile better reflects the work of the department and the needs of those that present to it.

As some contracts do not currently deliver advocacy to the level specified, whilst funding is being removed it is not anticipated that access will reduce accordingly.

If the recommendations are accepted, there will be an impact on providers as services will be procured and therefore existing providers could lose their contract and if they "win" the new contract need to ensure their services are offered by trained staff which will have a financial impact (if not trained already), plus services will need to reach out to hard to reach groups which they haven't all done in the past.

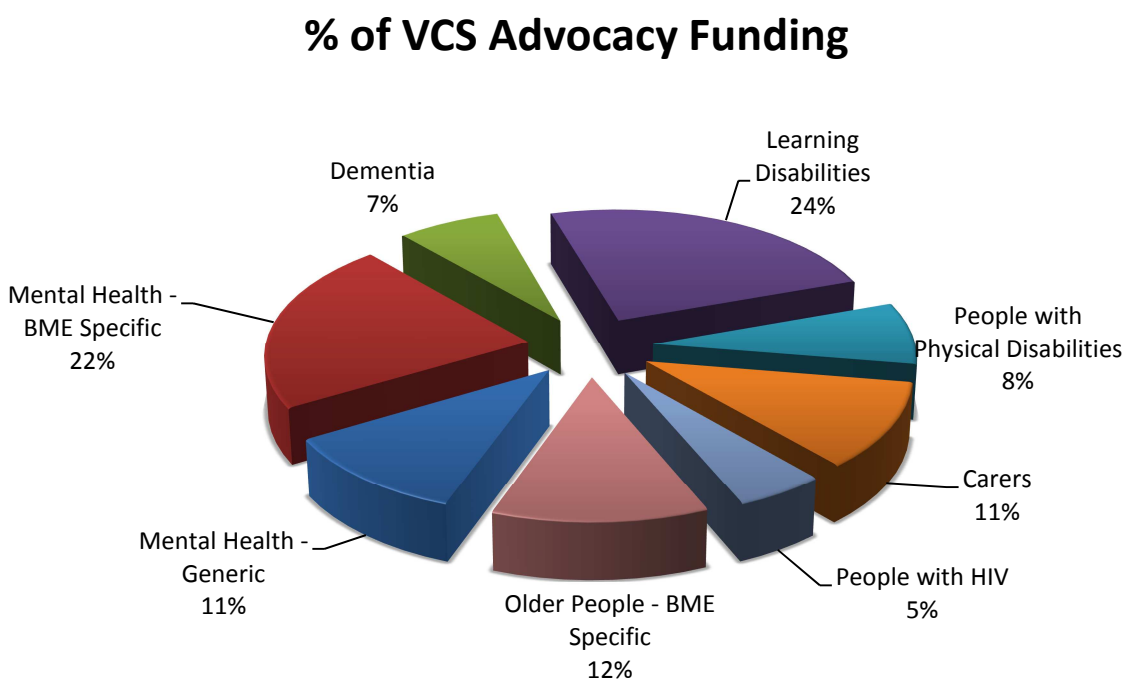
Service users will still be able to access a service but possibly with a new provider. However, in most cases advocacy is a short term service so new service users wouldn't experience any reduced/altered service. Existing service users with a relationship with a provider. e.g. in an LD service may experience a change of provider. We do not know at this stage whether TUPE will apply – so it is possible staff could transfer.
It is likely that some new users will have improved access to services as new contracts will be designed to increase access to groups who currently aren't targeted. This could be groups such as Eastern European communities for example as well as older people and deaf people who don't have many services currently targeted at them. In many cases currently only people already known to, or using other services delivered by the advocacy providers are accessing advocacy and therefore more generic provision should help new

users find/access services.

We also know some groups currently access specific services which will be decommissioned and so may be affected. Therefore race and religion characteristics have been highlighted because we know there are some services that reach out for example to African Caribbean service users as a target group and also some of the services which are accessed by people from particular religious groups. We hope to see access improved generally and services decommissioned will be replaced by alternative provision but for on-going/long term service users they may have a change of providers or not have a service specifically targeted at their user group.

In addition we are aware that many current providers are providing information, advice and guidance as part of their advocacy contract as well as some not meeting targets or working under capacity. Whilst not widespread, in some cases this means the money being reduced in services more accurately reflects the current level of delivery so people should not experience a significant reduction on current service levels.

Current breakdown of funding is as follows:



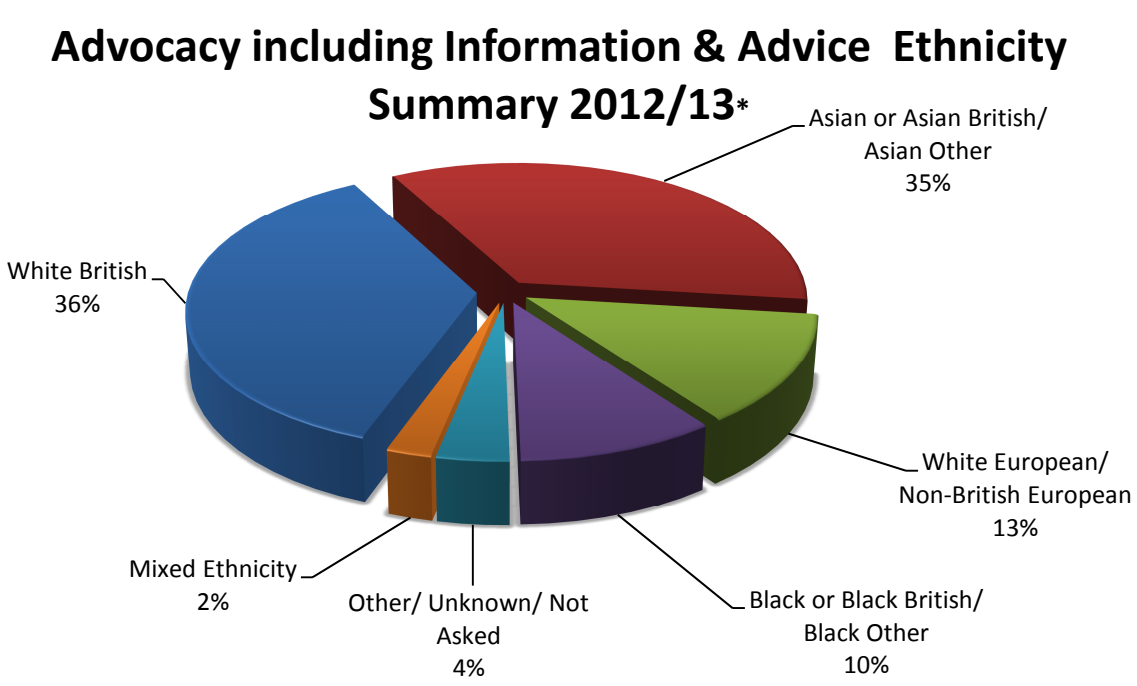
BME specific services account for 34% of funding.

Actual usage of services (based on information from 2012/13) is as follows:

Service Users Ethnicity			
	Male	**Female**	**Total**
White British	506	992	1,498
Asian or Asian British/ Asian Other	459	971	1,430
White European/ Non-British European	210	321	531
Black or Black British/ Black Other	126	279	405
Other/ Unknown/ Not Asked	86	62	148
Mixed Ethnicity	42	51	93
TOTAL	**1,429**	**2,676**	
Grand Total*	**4,105**		

*Incomplete data for additional 84 users

Of the 4,105 users of the advocacy services, only 48% (1,968) were recorded as having accessed advocacy with the rest provided with information or advice only. The number is actually likely to be lower than that as we are aware from monitoring visits that providers are not all using staff with a recognised advocacy qualification or providing true advocacy, even where this is recorded as such.

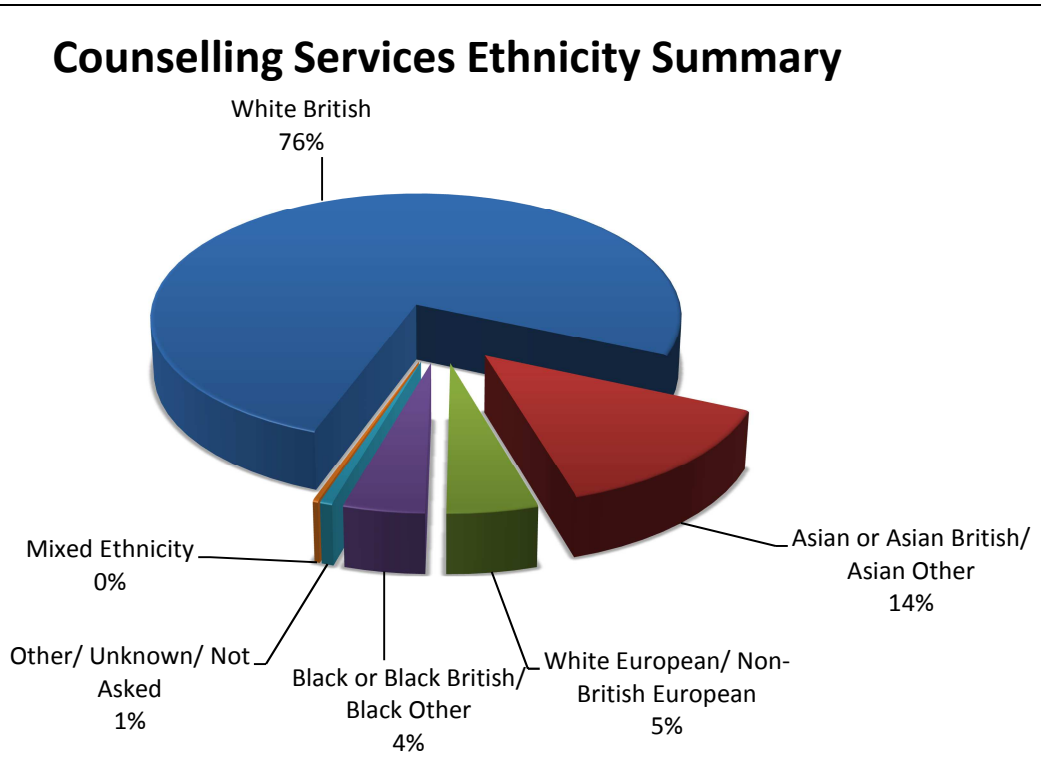


* Incomplete data for an additional 84 users

Providers who are unable to deliver services that align with the adult social care vision for service users may have difficulty in sustaining business. Where providers are unsuccessful in acquiring future contracts, they may face redundancy costs for staff displaced as a result of lost funding. However, providers are often well placed to deliver services and could develop their business to do this.

Counselling Services

Service Users Ethnicity			
	Male	**Female**	**Total**
White British	507	525	1,032
Asian or Asian British/ Asian Other	82	106	188
White European/ Non-British European	31	35	66
Black or Black British/ Black Other	26	33	59
Other/ Unknown/ Not Asked	3	6	9
Mixed Ethnicity	2	2	4
TOTAL	**651**	**707**	
Grand Total	**1,358**		



Investment in mental health provision is increasing overall but counselling services are not an ASC priority. The department is working closely with Health colleagues as these type of services are more closely aligned to their Improving Access to Psychological Therapies (IAPT) services and there is potential for investment from that source. In addition that provision could be utilised by service users from this area in future.

How can the negative impact for each group sharing a protected characteristic be reduced or removed?

Any substantial changes to services which are likely to impact on service users will follow engagement (or consultation where appropriate) with service users and their carers as well as with current service providers. We will ensure there is a robust communication plan to support this process so that service users understand at each stage what is going to happen, where possible service users will inform such change. As part of any new contracts transition plans will be assessed and it will be anticipated a smooth handover will take place.

It is anticipated that there is a low likelihood of many services being withdrawn with no replacement. Furthermore it is also anticipated very few service users who had used the services previously would be affected negatively both because the changes are positive in many cases but also because many of the users are transitory.

In order to help maintain stability in the VCS and support individual organisations who may be adversely affected by any changes, work is being funded by the council to help providers develop sustainable business models in order to limit the impact on the sector and service users.

Where services are identified for decommissioning, providers will receive early notification to ensure appropriate time is available for them to follow due process should any redundancy notices be required.

Services will be specifically targeted at hard to reach groups where this has been identified and so those with protected characteristics will be considered at each stage of the development of new services. The department will monitor requests for the services and actual users of the services over time, identifying trends across the city, and within specific areas, as they develop over time.

Question 6:

Which relevant stakeholders were involved in proposing the actions recommended for reducing or removing adverse impacts arising from the proposal?
Finance and Legal Services
What data/information/analysis have you used to inform your equality impact findings?
JSNA Data, Provider performance and monitoring information, Carefirst data

Supplementary information

Question 7:

Is there other alternative or comparable provision available in the city? Who provides it and where is it provided?
Health funds some services independently and there is some VCS provision which is jointly funded by Health.
Can this alternative or comparable provision help reduce or remove the negative impacts identified in Question 5? If not, why not?
There is potential to help remove negative impacts through the development of service specifications.
Would service users negatively affected by the proposal be eligible to use this alternative or comparable provision? Would it meet their identified needs?
As these are not statutory services it is unlikely be will be “eligible” to use alternatives, however there may be other provision they can tap into which is open access or meets their needs. The Council has a duty to meet the assessed needs of people eligible for ASC.

Question 8:

Will any particular area of the city be more affected by the proposal than other parts of the city? What area and why?
No, city-wide

For example, Government policies, proposals or other types of changes to current provision by public agencies; external economic impacts such as the recession continuing and the economic down turn increasing.

Question 9:

Is it likely that there may be other sources of negative impacts affecting service users over the next three years that need to be considered? What might compound the negative effects of this proposal? Describe any additional negative impacts over time

that could realistically occur.
If further efficiencies are required it is likely to have a detrimental effect upon the sustainability of the market. Changes are being proposed to other services such as the former housing related support services and day services which may impact on some of the same service users or carers.

Question 10:

Will staff providing the service be affected by the proposal/proposed changes? If yes, which posts and in what way?
This proposal may affect staff in some of the services. Some staff **may** be eligible for TUPE however this is not yet known. Following the remodelling of services where existing providers are unsuccessful in securing funding, this may result in potential redundancies. For the sector as a whole because there is growth/investment it should not mean a reduction in staffing.

Date completed ……15/7/13……..

Step 2: Consultation on the proposal

Consulting potential service users on the proposal will provide you with an opportunity to collect information from them on the equality impacts they think may occur as a result of the proposed change, positive as well as negative. For negative impacts, this is an opportunity for them to identify how best to mitigate any negative impacts on them that they think may occur.

Question1:

What consultation on the final proposal has taken place? When, where and who with?
Public consultation took place between 14th January to 8th April 2014 in relation to advocacy and counselling services. Additional stakeholder consultation was undertaken in relation to the other preventative service areas during the same period. Consultation was undertaken using various methods and stakeholder groups. The consultation included the following:- Stakeholders and provider meetings; postal questionnaires sent to current service users and providers; online questionnaires- LCC consultation webpage - citizens space for members of the public; telephone line; email; existing stakeholder and service user group meetings Consultation has taken place with existing service users; current VCS providers and other provider organisations; stakeholders; members of the public; Members; MP's.

Question 2:

What potential impacts did consultation stakeholders identify?
Advocacy services The consultation feedback identified a number of issues and potential impacts: • The need for specialist advocacy provision - highlighting the potential impacts if

option two was not the preferred option.

- Having no access to specialist advocacy services which fully understood the specific needs of that client group would be detrimental to service users.
- There would be a negative impact if the providers did not have the necessary skills and client knowledge required to establish an effective working relationship and trust with a particular client group to deliver an effective, accessible advocacy service.
- Having BME provision with the necessary cultural understanding and language skills where appropriate to deliver the advocacy service. (Support for option 2). See section two of the main executive report for details of the options.

Counselling service

The feedback highlighted the following:

- The need for counselling provision within the mental health services as this is different to the Health IAPT (short term) provision. Feedback from service users and providers suggested there would be a significant impact on people's health and wellbeing if counselling services were not funded in future. Details of the consultation feedback can be found in the appendix 2 - Consultation report

What positive equality impacts were identified? For people with which protected characteristics?

Advocacy services

- Majority of the stakeholders (includes; service users; VCS providers other stakeholders such as user groups and the public. Details included in appendix 2 - Consultation report) supported option 2 – specialist advocacy provision. The positive equality impact would be that the specialist provision will still be commissioned and provided which would cater for individual need.
- Staff being trained in both advocacy and subject area would support the needs of those with protected characteristics.

Counselling services

- The continued funding for counselling services would allow vulnerable adults including those with mental health needs, low income people / families/ women to carry on receiving a counselling service

What negative equality impacts were identified? For people with which protected characteristics?

No negative equality impacts with the recommended option.

Question 3:

Did stakeholders indicate how positive impacts could be further promoted? How?
It was stakeholders that highlighted subject area knowledge and local knowledge were relevant as well as an advocacy qualification. Option 2 was felt to widen accessibility for

advocacy.
Did stakeholders indicate how negative impacts could be reduced or removed? How?
In relation to advocacy support for option 2 would reduce impacts raised. In relation to counselling a continuation of funding would reduce the impacts.

Date completed ……21/5/14……..

Step 3: The recommendation (the recommended decision on how to change the service)

Question 1:
Has your recommended proposal changed from the proposal in Step 1 as a result of consultation and further consideration?

Yes X No ☐ If 'no', go to Question 2.

If yes, describe the revised proposal and how it will affect current service users?
Counselling services The original consultation proposal was to stop funding the current counselling services; The money would be reinvested into other mental health services**.** This is no longer being recommended as a result of the consultation feedback. We are proposing to continue to fund the counselling services. Service users should therefore still have access to counselling provision. The only impact would be about a potential change of provider as procurement is a legal requirement. **Advocacy** Whilst not changing the proposal, the recommended option is the one which stakeholders (including service users; VCS providers; service users groups; the public details included in appendix 2 – consultation report) supported.
What are the equality implications of these changes? Identify the likely positive and negative impacts of the final proposal and the protected characteristic affected. Go back to the initial exercise you carried out at the beginning, on understanding your equality profile. Re-visit each characteristic and what has changed as a result of amending your recommendation. Revise potential positive and negative equality impacts accordingly.

Advocacy There will be positive equality impacts for advocacy service users who will continue to have access to a specialist advocacy service and also some generic provision available, which will broaden the options for individuals. We will also continue to provide BME specific services. Advocacy service users are usually transient, so current service users will be unlikely to be affected by the proposal. As some contracts do not currently deliver advocacy to the level specified, whilst funding is being removed it is not anticipated that access will reduce accordingly. **Counselling** Positive equality impact will be that service users will still have counselling support available to them in the future.
How can any negative impacts be reduced or removed?
n/a

Question 2:
Are there any actions[5] required as a result of this EIA?

Yes ☐ No X

If yes, complete the action plan on the next page.

Date completed ……22/5/14……..

Step 4: Sign-off

This EIA completed by	Name	Signature	Date
Lead officer			
Countersigned by Equalities Officer	Irene Kszyk		
Signed off by Divisional Director			

Completion - Keep a copy for your records, and **send an electronic copy** of the completed and signed form to the Corporate Equalities Lead for audit purposes

[5] Actions could include improving equality information collected or identifying the actions required to mitigate adverse impacts identified in the EIA.

Appx 3 - Recommended provision

Service Area	Service Priorities for VCS preventative services	WHAT WE WILL BUY	NEW VALUE	CURRENT VALUE	(SAVINGS)/ INVESTMENT	Benefits & Outcomes
IAG	**Quality advice and information**	Advice and information services across priority client groups - Provider/s to hold recognised quality standard - Outreach Services - providing quality advice, information & assessments in community settings - Drop-in advice sessions - Signposting	£ 171,531	£ 171,531		To advise and enable people (including those with moderate and low level needs) to receive support before they reach crisis, reducing pressure on statutory services. It will divert people from the care pathway by signposting for welfare benefits, equipment and community provision and other appropriate preventative services. To reach those who do not have internet access or who have a low literacy levels. Advice will be targetted at priority areas for ASC and areas where there is high demand for ASC services such as dementia but should also be open to other client issues including things such as stroke, head injury etc to help reduce pressure on statutory services.
ADVOCACY	**Advocacy services which enable people to navigate the social care pathway and access appropriate services**	Advocacy services meeting the needs of the following client group specialisms: - MH/Autism - LD - Dementia - Physical & Sensory Disability/head injury - Carers - OP Service users who don't fit into one of the specialisms will be able to access generic advocacy provision HIV advocacy will sit within HIV provision although generic services can be used Agreed qualifications & quality standards will be required. Peer advocacy for relevant groups.	£ 230,000	£ 364,690	(£134,690)	Ensures fair access to services for all vulnerable people. In response to the increasing take up of direct payments, advocacy involvement in resolving employer issues and conflicts will be available, advocacy will be focused on enabling access to services and continuing care as a priority but can work on other issues. Support for groups who currently have no focused provision at present. ICAS and IMHA advocacy will be commissioned at the same time - although that is additional investment not realted to the VCS review but enabling advocacy to be commissioned in a co-ordinated way. Access issues relating to equalities such as BME issues and disability will be addressed via the procurement.
GENERIC	**Low level prevention services**	Specialist service to access charitable funding in order to provide grant aid or equipment to vulnerable people to enable them to remain in their own home.	£ 47,000	£ 46,818	£182	Supports people in times of crisis and reduces the need for costly crisis intervention. The grants raised by the charity will enable the purchase of essential items, which would otherwise have to be provided by the Local Authority.
OP	**Low level prevention services**	Good Neighbour scheme - Support that enables people to stay in their own homes including form filling, shopping, odd jobs, support when people come home from hospital, support with pets, gardening and other non-care tasks. Supported by volunteers.	£ 63,737	£ 52,064	£11,673	Supports people to stay in their own home and reduces social isolation and improves emotional wellbeing. Delivery of service through use of volunteers. Links well to Health risk stratification work. Referrals will be limited to statutory services.
		Social groups, for example book clubs, local history clubs to reduce social isolation and improve memory				Reduces social isolation and provides emotional support.

Service Area	Service Priorities for VCS preventative services	WHAT WE WILL BUY	NEW VALUE	CURRENT VALUE	(SAVINGS)/ INVESTMENT	Benefits & Outcomes
OP	**Community Opportunities - to reduce isolation, improve mobility/memory, increase confidence & motivation, provide emotional support.**	Peer support - to provide practical and emotional support and to increase skills, confidence and motivation. Asset based approach.	£ 228,328	£ 188,328	£40,000	Reduces social isolation and provides emotional support. Supports improved memory and concentration. Increases and improves mobility and stability which in turn can reduce trips or falls. Increases confidence and motivation and general wellbeing. Builds on the skills older people can offer to others in the community though intergenerational work. Grant fund these services.
		Leisure and social activities eg gentle exercise, yoga, swimming, armchair exercises - to improve mobility, lunch clubs, coffee mornings, cook and eat sessions to reduce social isolation and increase confidence				
SENS DISABILITY	**Reablement (process of regaining skills, confidence and independence)**	Support to develop life skills to help people live independently (eg: personal care, meal preparation, mobility)	£ 164,118	£ 164,118	(£0)	Unlike traditional social care approaches where someone visits services users in their home and does these tasks for them, with reablement, work is done with service users to help them learn or re-learn important tasks needed everyday life. This reduces service dependency and supports people to be more independent. Ensure no over lap with services funded by PB's.
		Low level equipment	£ 22,000	£ 22,000	(£0)	
SENS DISABILITY	**Rehabilitation Register**	Maintaining a Register of Blind and Partially Sighted People is a legal requirement (statutory function) for Local Authorities, which LCC (and County and Rutland) has delegated to one provider.	£ 11,001	£ 11,001	(£0)	Statutory Function - forms part of a wider service offering and will negotiate over contract value to ensure VFM
DEMENTIA	**Specialist support for early onset dementia for service users and their families/carers**	Volunteer Befriending services	£ 15,198	£ 15,198		Trained volunteers to support younger and older people living with dementia, enabling them to continue to access ordinary services, prevent crisis, hospital admission and carer breakdown
		Support that enables people to stay in their own homes, form filling, shopping and other non-care tasks. - Good Neighbour Scheme	N/A	N/A		To give carers additional support; prevent crisis situations; help carers maintain their own health and well being and maintain relationships with friends/family etc.
		Flexible carer breaks for people with dementia	£ 10,000	£ -	£10,000	
MH / ASD	**Interventions that address the needs of service users/carers with complex and/or multiple needs**	Specialist Asperger's service - Peer support Groups	£ 10,000	£ 8,058	£1,942	Reduces the social isolation typically experienced by these groups which has a detrimental affect on their mental health and well being. It also increases community capacity through the recruitment of trained volunteers who develop an understanding of the conditions and are able to offer low level support, often avoiding escalation of issues.
	Community Opportunities - to reduce isolation, increase confidence & motivation, provide emotional support.	A range of low level support including IAG, peer support groups, self-help groups, drop-ins, befriending. Grant funding will be considered as a procurment option.	£ 130,000	£ 110,116	£19,884	Offers quick access to support at times of crisis or when people are feeling low which can avert escalation and the need to access support from statutory services. Reduces the social isolation typically experienced by these groups which has a detrimental affect on their mental health and well being.

Service Area	Service Priorities for VCS preventative services	WHAT WE WILL BUY	NEW VALUE	CURRENT VALUE	(SAVINGS)/ INVESTMENT	Benefits & Outcomes
MH	**Interventions that address the needs of service users/carers with complex and/or multiple needs**	Counselling support - grant funded	£ 40,000	£ 39,576	£424	Work continues with Clinical Commissioning Group colleagues to look at the issues relating to access to IAPT and counselling services. The consultation showed how important these services are and the Council will therefore continue to commission at this stage as part of its commitment to joint working and supporting the mental health needs of those in the city.
MH	**Promoting inclusion and participation in wider service design at a strategic level**	Strategic infrastructure service to support and enable people who have experienced MH problems and their carers to be meaningfully involved in influencing local service planning, development and delivery and evaluation and to influence decision-making processes on mental health issues	£ 40,000	£ 41,606	(£1,606)	Empowers and supports people to have a say and be involved in how services are designed, delivered and evaluated.
CARERS	**Promoting inclusion and participation in wider service design at a strategic level**	Partnership working to promote early identification and recognition of carers and to involve carers in shaping service design and delivery via empowerment, carer forums and engagement	£ 15,000	£ 14,990	£10	Promotes carer identification and recognition and by working with service providers carer needs can be appropriately identified
	Early Identification and Recognition of carers Quality Advice & Information	Specialist Carers Advice & Information including outreach provision	£ 35,000	£ 70,800	(£800)	To advise and enable people with moderate and low level needs to receive support before they reach crisis, reducing pressure on statutory services. It will divert people from the care pathway by signposting for welfare benefits, equipment and community provision and other appropriate preventative services. To reach those who do not have internet access or who have literacy issues.
		Carer outreach service in GP and hospitals/hospital discharge providing information, advice and signposting.	£ 35,000			
	A Life Outside Caring & Supporting Carers to Stay Healthy - Flexible and varied short break opportunities for carers	Carer training and support - including targeted training eg: coping with responsibilities, planning for emergencies	£ 65,000	£ 52,976	£12,024	To give carers more confidence in their role. Training in basic first aid and handling will also prevent injury to the service user and the carer. In the case of the service user this could prevent potential safeguarding issues
		Carer Counselling	£ 20,000	£ -	£20,000	To enable carers under extreme pressure to continue their role.
		Carer Break Schemes	£ 177,037	£ -	£112,076	To reduce placement breakdown and support carer health and wellbeing. Reduce the need for service users to go into residential care and/or need emergency social care. Services will vary to suit need.
		A range of peer support groups and drop-ins. Consider grant funding.		£ 64,961		
		Awareness raising and partnership working to ensure wider service provision doesn't discriminate and is aware of issues around disclosure of HIV status				Need to ensure other services understand and accommodate the needs of those with HIV/AIDS - promoting inclusion

Service Area	Service Priorities for VCS preventative services	WHAT WE WILL BUY	NEW VALUE	CURRENT VALUE	(SAVINGS)/ INVESTMENT	Benefits & Outcomes
People with HIV/AIDS	**Work to reduce the stigma of HIV/AIDS and support people to live healthy lives.**	Practical sessions to help people maintain a healthy lifestyle	£ 107,732	£ 107,732		Service to promote wellbeing will continue to be commisisoned to avoid need for other services
		Peer support groups, befriending groups, self-help groups, drop-ins to provide emotional support				Peer groups, self-help, befriending and drop-in provision will continue as a good way of supporting people to remain independent
		Quality advice and information - generalist and specialist - providers to hold recognised quality standard				Advice and outreach for hard to reach communities will be commissioned as there are many vulnerable groups in Leicester who may find it hard to access services
		HIV/AIDS Advocacy				Specialist provision will be beneficial as this service user group values confidentiality.
TOTAL TO BE INVESTED			**£ 1,637,682**	**£ 1,546,563**		

Appendix C

Report to the Adult Social Care Scrutiny Commission

Date: 26th June 2014

Elderly Persons Homes Update

Lead Director: Tracie Rees

Useful Information:

- Ward(s) affected: New Parks, Western Park, Latimer, Eyres Monsell
- Author: Tracie Rees
- Author contact details Ext 2301

1. Summary

1.1 This report provides an update to the Adult Social Care Scrutiny Commission on the timetable for supporting residents living in the Council's Elderly Persons Homes that are due to be closed. Of the three homes due to close in Phase 1 of the re-provision programme only Herrick Lodge remains open. There are 5 permanent residents in Herrick Lodge, one of whom is likely to move to an alternative placement in the next 10 days.

1.2 All residents have now moved from Elizabeth House and Nuffield House and these homes are now closed. Both homes have been deregistered with CQC. Elizabeth House closed on 15th April 2014 and a property guardian service is in place at Elizabeth House. Nuffield House closed on 4th June 2014 and 24 hour security is in place at Nuffield House with the property guardian due to be in place by 20th June 2014.

1.3 The property guardian service is being used as a cost effective option for securing the homes. A separate note has been provided to the Scrutiny Commission outlining the use of the guardian service.

1.4 Appendix 1 provides an anonymised summary of the progress of individual residents moving to alternative accommodation. The provision of this information has been agreed by the Council's Information Governance service.

1.5 The information details progress against the 7 steps in the "My Moving Plan" process. A total of 25 residents have now been supported to move to other accommodation. Anonymised information detailing the residents experience of their new home will be presented separately to the Scrutiny Commission. This data is currently being collated.

1.6 Consideration is still being given to the disposal of Elizabeth and Nuffield House and no decision has yet been made. However, they will be disposed of in the most appropriate manner depending on the market conditions.

1.7 A procurement exercise to sell Abbey House and Cooper House as a going concern. An invitation to tender document has been issued to short-listed organisations, and the closing date for submission of formal bids is July 3rd 2014. The table below shows the key milestones following the submission of the bids.

	Activity	Duration	Start	Finish
1	Receipt of Tender		03/07/14	03/07/14
2	Review and Evaluate -	4 weeks	03/07/14	31/07/14
3	Presentation to Panel		17/07/14	21/07/14
4	ASC Lead Member Update		w/c 04/08/14	
5	Executive Update		w/c 11/08/14	
6	Issue intention letters		TBC	
7	TUPE transfer / legal formalities from report date CQC registration	Approx 3 months	TBC	
8	Contract start date		TBC	

1.8 Once the sale of Abbey House and Cooper House is complete then the evaluation of phase I can be completed. This will include an overview of the closure process, the availability of alterative placements, the 7 step moving process, the sale of Abbey House and Cooper House and the outcome for residents.

PHASE 1 REPROVISION PROGRESS – Report to ASC Scrutiny- Appendix 1

DATE: (Data as at 16th June 2014)

Key:

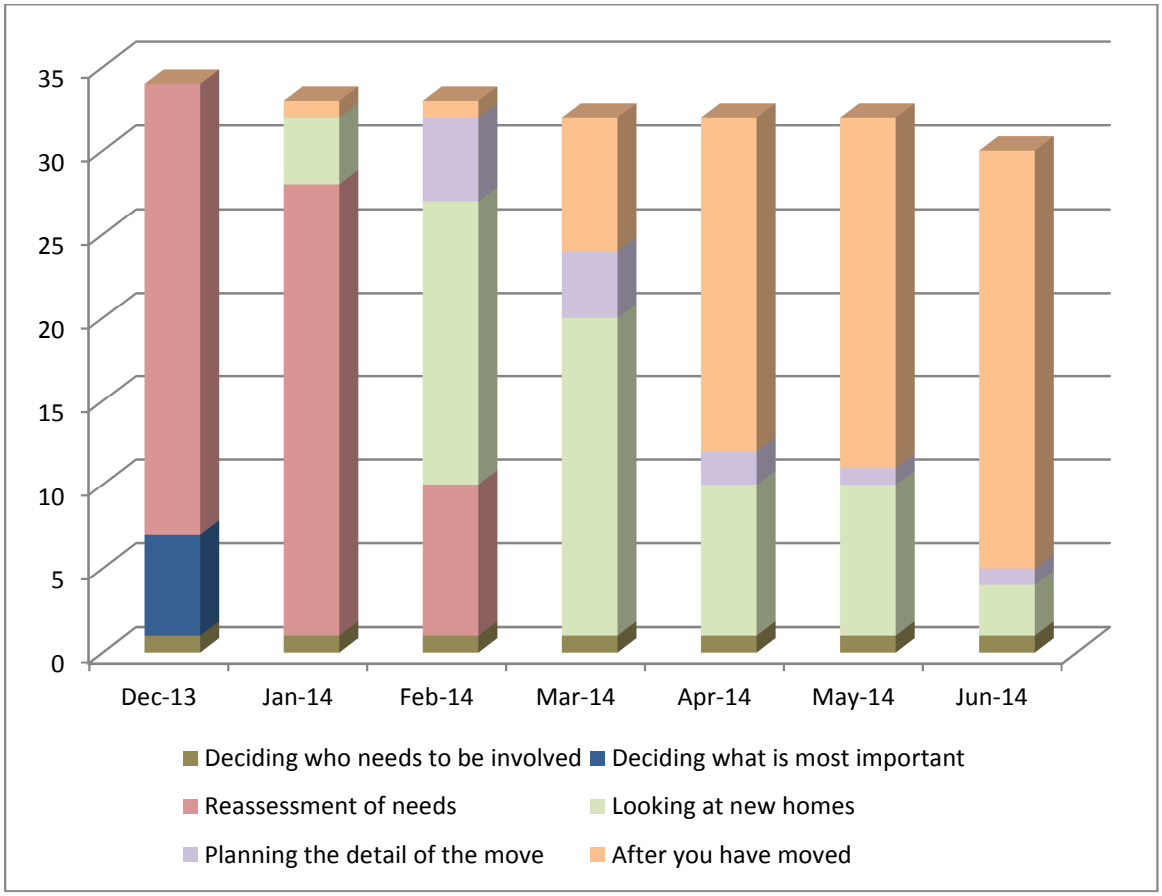
Step 1	Deciding who needs to be involved in your moving plan
Step 2	Meeting to look at what is most important to you in a new home
Step 3	Your social worker carries out a new assessment of your needs
Step 4	Meeting to review your moving plan and agree what will happen next
Step 5	Planning your move
Step 6	The day you move
Step 7	After you move

RESIDENT NO	STATUS	STEP ON MOVING PLAN	NOTES AND TARGET MOVING DATE
1	Resident	**Step 7**	Moved to home of choice. 4 week review complete.
2	Resident	**N/A**	Deceased.
3	Resident	**Step 7**	Moved to home of choice. 4 week review complete and resident has settled in well.
4	Resident	**N/A**	Deceased.
5	Resident	**Step 7**	Moved to home of choice. 4 week review completed and resident has settled in well.
6	Resident	**Step 7**	Moved to nursing care. Awaiting 4 week review.
7	Resident	**Step 7**	Resident has moved to home of choice. 4 week review has taken place and resident is now settled.
8	Resident	**n/a**	Deceased
9	Resident	**Step 7**	Resident moved. 4 week review complete and resident has settled.
10	Resident	**Step 7**	Moved to home of choice. 4 week review has taken place and resident has settled in well.
11	Resident	**n/a**	Deceased
12	Resident	**Step 1**	Awaiting involvement from relative

13	Resident	**Step 4**	Assessment complete. Has not yet identified homes to visit.
14	Resident	**Step 4**	Assessment complete. Has not yet identified homes to visit.
15	Resident	**Step 4**	Assessment complete. Has identified some homes for consideration.
16	Resident	**Step 6**	Due to move shortly to home of choice.
17	Resident	**Step 7**	Moved to nursing care. 4 week review complete.
18	Deceased	**n/a**	Deceased
19	Resident	**Step 7**	Moved to new home.4 week review due soon. Resident is in process of settling in
20	Resident	**Step 7**	Moved to home of choice. 4 week review complete and resident has settled well.
21	Resident	**Step 7**	Resident moved. 4 week review due soon. Resident is in process of settling in.
22	Resident	**Step 7**	Has moved to home of choice. 4 week review complete and resident settled in well.
23	Resident	**Step 7**	Resident has moved and is settling in. 4 week review due soon.
24	Resident	**Step 7**	Resident has moved and settled well. 4 week review due soon.
25	Resident	**Step 7**	Has moved to home of choice. 4 week assessment complete. Resident has settled in well.
26	Resident	**Step 7**	Resident has moved to new home and is settling in. 4 week review complete.
27	Resident	**Step 7**	Resident has moved. Awaiting 4 week review.
28	Resident	**Step 7**	Has moved to home of choice. 4 week review taken place. Resident settling in well.
29	Resident	**Step 7**	Has moved to home of choice. 4 week review complete. Resident settled in well.
30	Resident	**Step 7**	Moved to nursing care. 4 week review complete.
31	Resident	**Step 7**	Moved to home of choice. 4 week review complete.
32	Resident	**Step 7**	Moved to home of choice and

			has settled in well. 4 week review complete.
33	Resident	**Step 7**	Moved to home of choice and has settled in. 4 week review complete.
34	Resident	**Step 7**	Moved to home of choice. Is in process of settling in. 4 week review complete.
35	Resident	**Step 7**	Moved to home of choice. Is in process of settling in. 4 week review complete.

The following diagram shows an overview of how residents have progressed through the various steps of the moving plan process in the past few months.



Appendix D

Leicester City Council

Report to Scrutiny Commission

Adult Social Care Scrutiny Commission

Date of Commission meeting: 26th June 2014

Provision of Intermediate Care and Short Term Residential Beds Facilities

Report of the Director of Adult Social Care and Safeguarding

Useful Information:

- Ward(s) affected: All
- Report author: Ruth Lake, Director, Adult Social Care and Safeguarding
- Author contact details 454 5551 ruth.lake@leicester.gov.uk
- Date of Exec meeting N/A

1. Summary

1.1 On 15th October 2013, the Assistant Mayor for Adult Social Care took a number of decisions regarding the future of the Councils Elderly Persons Homes and the provision of Intermediate and Short Term Care Facilities.

1.2 To progress the Intermediate and Short Term Care element, an Executive report explores the options and makes a recommendation for the creation of a 60 bedded Intermediate and Short Term Care Facility.

1.3 The following recommendations are presented in the Executive report:

i) Consider the options explored.
ii) Confirm agreement to proceed with the development of a 60 bedded Intermediate Care and Short Term Care Facility in accordance with the Intermediate Care and Short Term Residential Care Commissioning Strategy.
iii) Agree to the proposal to construct the facility on the site at Tilling Road, Beaumont Leys subject to favourable site surveys.
iv) Agree the procurement and project governance arrangements outlined in para's 3.41- 3.46 of the Executive report.
v) Agree to the release of £200,000 capital funding to enable the project to proceed to tender stage.
vi) Request further reports at key stages of the project.

2. Recommendation(s) to scrutiny

2.1 Scrutiny are recommended to note the report and make any comments

3. Supporting Information

3.1 All supporting information is contained within the associated Executive Decision report, which is attached.

4. Financial, legal and other implications

4.1 Financial implications

4.1.1 Financial implications are outlined in the Executive report at section 5.1

4.2 Legal implications

4.2.1 Legal implications are outlined in the Executive report at section 5.2

4.3. Climate Change implications

4.3.1 Climate change implications are outlined in the Executive report at section 5.3

4.4 Equality Impact Assessment

4.4.1 Equality implications are outlined in the Executive report at section 5.4

4.5 Other Implications

4.5.1 Procurement implications are set out in section 5.5 of the Executive report

5. Background information and other papers:

Intermediate Care and Short Term Residential Care Commissioning Strategy 2013-2016

http://www.cabinet.leicester.gov.uk/documents/s54578/Elderly%20Persons%20Homes%20-%20Appendix%20A%20Intermediate%20Care%20Strategy.pdf

6. Summary of appendices:

6.1 Executive report and its appendices, as described in that report

7. Is this a private report?

7.1 No

Executive Decision Report

Provision of Intermediate Care and Short Term Residential Beds Facilities

Decision to be taken by: Assistant Mayor, Adult Social Care

Decision to be taken on: tbc

Lead director: Ruth Lake

Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version number: 007

1. Summary

1.1 On 15th October 2013, the Assistant Mayor for Adult Social Care took a number of decisions regarding the future of the Councils Elderly Persons Homes and the provision of Intermediate and Short Term Care Facilities.

1.2 To progress the Intermediate and Short Term Care element, this report explores the options and makes a recommendation for the creation of a 60 bedded Intermediate and Short Term Care Facility.

2. Recommendations

It is recommended that Assistant Mayor;

i) Consider the options explored.
ii) Confirm agreement to proceed with the development of a 60 bedded Intermediate Care and Short Term Care Facility in accordance with the Intermediate Care and Short Term Residential Care Commissioning Strategy.
iii) Agree to the proposal to construct the facility on the site at Tilling Road, Beaumont Leys subject to favourable site surveys.
iv) Agree the procurement and project governance arrangements outlined in para's 3.41- 3.46.
v) Agree to the release of £200,000 capital funding to enable the project to proceed to tender stage.
vi) Request further reports at key stages of the project.

3. Supporting information including options considered:

3.1 Leicester City Council has identified Intermediate Care and the provision of Short Term Residential Beds as a key priority within the overarching transformation of adult social care services.

Intermediate Care and Short Term Beds

3.2 The term 'Intermediate Care' covers a wide range of services which are characterised by the following features:

- It is aimed at helping people avoid prolonged stays or inappropriate admission to acute hospital settings or residential care.
- It features comprehensive assessment and outcome-focused rehabilitation support, aimed at maximising independence and enabling people to resume normal living.
- It typically comprises multi-professional, multi-agency working.
- It is time-limited, usually between 1-6 weeks.
- These services are central to the delivery of a number of key national policies, including the National Dementia Strategy and the Intermediate Care 'Halfway Home' guidance. They are also integral to working to reduce acute care demand, in line with the Better Care Together strategy for Leicester, Leicestershire and Rutland.

3.3 There will be occasions when Short Term care beds are needed for a period of time. This is not specifically about rehabilitation and can usually be characterised as the following:

- Assessment – An on-going assessment to determine the future need of an individual. Often a crisis can occur and an individual cannot stay at or return home because it may not be safe and an assessment is required to determine the long terms needs.
- Interim – After an assessment, an individual may need to move to alternative accommodation or receive a package of community support including major adaptations in their home; they may need to wait for a short period for suitable/alternative care or housing to become available.
- Respite – Can be planned or unplanned. Planned respite is where a person is going into a residential placement to enable their family carer to have a break. Unplanned respite can occur when a crisis situation arises; often this happens where a carer becomes unwell or is temporarily unavailable.

3.4 In terms of current provision, the Council has one dedicated Intermediate Care Unit at Brookside Court, which has 27 beds, of which 12 receive active physiotherapy and occupational therapy support; 15 are for assessment purposes. In additional there are 10 short term assessment beds at the Kingfisher Unit within Preston Lodge Elderly Persons Home, utilising existing vacant capacity at that home pending the development of new facilities.

3.5 Short term interim and respite care is currently provided in a variety of residential and nursing care homes, including the Council's own homes. Pending the delivery of the new unit, individual placements will continue to be made, utilising capacity in local homes.

Proposed Model for Delivery of Improved Services

3.6 The proposed model for future care provision is outlined in the Intermediate Care and Short Term Residential Care Commissioning Strategy, already approved by the Council.

3.7 Demographic information highlights that the need for these types of services will increase as the population of the city grows older. Evidence also shows that the use of Intermediate Care Services reduces the likelihood of individuals being admitted to long term residential care prematurely, which will reduce the cost to adult social care.

3.8 There will also be occasions when a sudden change of needs may occur and an individual will need to move into short term residential care, to enable their needs to be fully managed and assessed. The provision of flexible respite care is also important to give carers a break from their caring responsibilities or to respond to an unplanned situation e.g. if the carer is unwell.

3.9 There is no single model for intermediate care services and the research has highlighted the wide variation in approaches. In most areas, intermediate care has developed over time, opportunistically and depending on local need, service configurations and the nature of partnerships with health services. This has led to a conclusion that;

Fragmentation and poor integration with other services remain features of current provision and continues to have an impact upon the ability of intermediate care to deliver patient-centred care and contribute towards health and social care systems as a whole.

A national evaluation of the costs and outcomes of intermediate care services for older people : final report.
Leicester : Leicester Nuffield Research Unit, 2006

3.10 The current intermediate and short term residential bed service provided by Leicester City Council has some positive aspects but the model of delivery is inconsistent and fragmented. This can be attributed to the differing access and referral processes linked to the delivery of the services across several sites. With the exception of Brookside, the homes do not provide the most suitable environment to effectively rehabilitate and support individuals to regain their independence. The existing approach leads to inefficiencies and reduces the extent to which individuals are able to reach their potential, affecting unit costs and outcomes.

3.11 Therefore a new model is required that will provide a holistic service; this would be integrated with NHS therapy services and support maximised independence to prevent premature admissions to long-term residential care. Ideally the service should be flexible and delivered in a consolidated way, to maximise the opportunity to provide rehabilitation, therapy and other services to all short term residents, in a way that will support their long term independence.

3.12 The proposed model in the Intermediate Care and Short Term Residential Care Commissioning Strategy is therefore to create a single integrated new build resource delivering 60 beds. Once constructed and operational the existing Brookside Court facility will be able to close, in line with previous Executive decisions.

Progress to Date

3.12 In order to provide sufficient information to enable decision making, progress has already been made in a number of areas. These include initial scheme design, site options appraisal, project planning and governance, and capital and revenue funding.

Initial Scheme Design

Scheme options

3.13 Work to develop the commissioning proposals to deliver the Intermediate Care and Short Term Residential Care Commissioning Strategy concluded that a new build unit on a single site was financially and operationally the preferred model, subject to further work.

3.14 As part of the dialogue about the decisions for the Elderly Persons Homes (EPH) and intermediate care, work has already been undertaken to explore a multiple site solution. This work concentrated on comparing a new build 60 bedded facility on a single site against four lots of fifteen beds in four of the existing EPHs. The analysis showed considerable capital and revenue advantages for the single site option. It was noted that the capital plan for the project also assumed capital receipts from the sale of vacated EPHs.

3.15 During this dialogue some specific areas of interest emerged in relation to ensuring accessibility, links with local communities and the 'homeliness' of a scheme. Two main options have now been explored in more detail in developing this proposal; to create a single 60 bedded unit or to create two 30 bedded units.

Operational Considerations

3.16 The operational advantages and disadvantages of the options have been considered.

3.17 Effective Intermediate care models require

- a clear pathway between acute and community health and social care services
- integrated working between health and social care
- the input of enhanced health services in a coordinated and timely way, to manage more unwell patients than would otherwise be possible in a social care setting
- a focus on moving without delay towards the home setting, or as close to this as possible

- flexible use of beds to allow for maximum usage and to accommodate future growth in demand

3.18 Consolidating all Intermediate care and assessment beds onto a single site will allow for more effective management of bed numbers across the types of beds required. A suitable single site, with adjacent development land, would also allow for the opportunity of service collaboration with an extra care scheme, in line with the Council's wish to enable the development of further extra care housing.

Accessibility

3.19 The facility is not intended to be a permanent service offer but to assist with a therapeutic intervention, a temporary transition or with short term care provision. It is therefore important that it is well located and accessible by public transport. Accessibility by public transport and ease of access by car has therefore been given a high weighting in the site options appraisal. It is less important that it is located close to the individual's usual home. The city is geographically compact and therefore all distances are minimal, unlike in shire authorities. It should be noted that in a dispersed model there would be no assurance that a placement would be offered closest to an individual's home, this being based on availability of beds in smaller units.

Community location

3.20 This is a functional, independence-focussed unit and the aim is to provide a therapeutic intervention to return someone to their own home. Maintaining links with the customer's usual community is less of a challenge when the stay is short term and when there is good public / private transport access for visitors. It is important that there are local facilities, such as health services, but it should be noted that the majority of people staying at the scheme will not be independently able to access community services – were that the case, they would likely have been supported with community-based reablement services in their own home.

3.21 An opportunity to develop a unit which encourages the community to 'come to it' (for example through the dementia café or assistive technology demonstration suite) would help to maintain a sense of connection with the community. The development of extra care housing alongside the scheme, site permitting, would give rise to opportunities for connections between tenants and intermediate care unit residents to be made, normalising some activities within a linked community setting.

Homeliness

3.22 It is important that the scheme be attractive, comfortable and supportive to people who may only be staying for a very short time. There is a balance to be struck between creating an environment which mimics home and one which is independence-focussed, as this scheme is not intended to be 'home'. It is important that people maintain their desire / aspirations to return to their own home environment.

3.23 Small households within a scheme would also accommodate the provision of culturally appropriate facilities, such as prayer rooms and vegetarian kitchenettes and enable a reflection of the diversity of Leicester, for example though decorative styling. The specification for the scheme will include the provision of 'household' style units, for example providing clusters of 10 residential bedrooms arranged around one of 6 smaller shared living and outdoor spaces. This also enables the service to support clients in a small grouping together with people who have similar needs; for example people with dementia or people receiving reablement who have physical needs but high levels of mental functioning. This helps to ensure that people feel comfortable, appropriately stimulated and in an environment that enables peer support.

National developments

3.24 A high level trawl of new developments elsewhere in the UK has been completed, to understand any typical models for this type of facility. This identified that there are a variety of schemes, none directly comparable, but which give a sense of the general size and scope of care developments. A summary of recent schemes is attached at Appendix A. This indicates that the proposal for a single scheme of this size, with the service specification ensuring a homely feel to the units, is in keeping with developments across the UK.

3.25 In relation to the overall size of the unit, it is further noted that extra care schemes, which deliver high quality, homely environments with reassuring rather than intimidating public spaces, are typically 50 – 80 unit schemes.

Capital Cost Comparison

3.26 Through the Council's framework contract, Pick Everard were asked to estimate the cost of a two x 30 bedded unit scheme as well as the singe site option. They also provided a cost for an enhanced single scheme, with greater floor space. This identifies that the additional cost of enhanced floor space on a single site is 5.5% higher than the standard specification. The build costs of a standard two-site scheme are projected to be 34% higher than a standard single site.

Scheme	Comparative costs
Standard Single Site x 60 bed	baseline
Enhanced Single Site x 60 bed	baseline + 5.5%
Standard Two Site x 30 bed	Baseline + 34%

3.27 This relates only to build costs. There would be increased costs in the two-site option from the duplication of fixtures and fittings, for example kitchen, therapy and assistive technology equipment.

Revenue Cost Comparison

3.28 The revenue costs for staffing have been modelled, in line with Care Quality Commission requirements. These are detailed at Appendix B. In summary the staffing for a single site 60 bedded unit would cost £1,284,572 per annum. The staffing costs for 2 x 30 bedded units would cost £1,635,836 per annum, 27% higher than for a single site.

3.29 On the basis of the above evaluations, it is proposed that a single scheme offers a clear opportunity for ensuring a good experience and good outcomes for people using these services and also the greatest value for money.

Scheme requirements

3.30 Adult Social Care Operational Managers and Client Liaison staff in Property Division have worked together to determine the facilities required to deliver effective care. These facilities can be broken down into five main groups as follows:

- Intermediate Care and Short Term Care: to include 60 en-suite bedrooms, lounges, dining rooms, reablement therapy facilities.
- Day/Emergency facilities, enabling access to lounges, sensory provision and rest areas without overnight accommodation.
- Resource unit: to include front of house, dementia café, Assistive Technology suite, hairdressers.
- Staff/back of house: staff areas, visiting staff drop in, kitchens, laundry.
- External: to include dementia friendly gardens, parking, service yards.

3.31 Managers have worked together to estimate both the number and size of these required facilities, and to provide an initial "Accommodation Schedule". Contractors were appointed to turn this schedule into a very initial design for a single scheme. Although outline in nature, this initial design suggested an overall two storey building size approaching 3500 square metres, and a minimum site size of around 6000 square metres.

3.32 The initial design also provided some early build cost information, to which was added an estimate for items such as furniture and equipment and IT provision. This figure has been used for initial budget setting.

3.33 The figures do not include an allowance for specialist equipment e.g. hoist systems, or costs associated with achieving either a Building Research establishment Environmental Assessment Methodology (BREEAM) rating or University of Stirling Dementia Design Accreditation. An estimated cost for these requirements is between 5 and 7.5% of the total build cost.

3.34 One of the first tasks for the new project would be to review the specification with the aim of ensuring an affordable project within the resources available. The approach to procurement would set a financial envelope which was affordable to the Council, allowing for contingency.

Site Options Appraisal

3.35 A site option appraisal has also been undertaken using Council sites identified as being available for sale or development.

3.36 Initial design work for a single scheme, as indicated above, had already

suggested a minimum site size of 6000 square metres and this was therefore a critical factor in appraising the options, as was the accessibility of the site.

3.37 Further criteria were used to appraise the shortlisted sites including location, ease of travel access, proximity to health care, the site environment. Each of these criteria was weighted in terms of overall importance to the scheme, and each site then scored against those criteria.

3.38 A total of nine sites were evaluated and a copy of the options appraisal is attached Appendix C. The exercise produced a preferential site on Tilling Road, Beaumont Leys, which scored considerably higher than the other sites.

3.39 An additional benefit to the Tilling Road site is the opportunity to work with a housing provider to develop extra care on the adjacent site. Discussions are underway as part of the Extra Care Strategy and this site has been identified as a preferred location. This would enable cross-service opportunities, similar to those being developed between the Wolsey and Abbey Mills schemes.

3.40 It is therefore recommended that subject to necessary site surveys, the Tilling Road site is selected for construction of a single 60 bedded Intermediate Care and Short Term Beds facility. It can be noted that this would be consistent with the decisions in 2009, to use this site for the development of a single city intermediate care unit, for which part of the capital funding now available was granted by the Cabinet at that time.

Procurement Issues/ Procurement Plan

3.41 Initial thoughts on a Procurement Strategy have been provided by the Council's Procurement Section. They recommend a design and build construction strategy and procuring the contractor via competitive tender.

3.42 An important aspect of this will be architectural support. With the assistance of Faithful and Gould a mini- competition for Architect support had already been run, which particularly tested key areas such as experience of delivering care facilities, dementia design awareness and sustainability awareness.

3.43 The Council will secure expert advice to the design and build procurement process, through the engagement of a dementia specialist client advisor.

Project Governance

3.44 Once it has been formally authorised by the Executive the project will be entered onto the Corporate Project Register as a project within the Adult Social Care Transformation Programme, and will report on a monthly basis to the Adult Social Care Programme Board (which reports to the Corporate Programme Management Office). Additional governance will be provided by the corporate Capital Projects Board.

3.45 The Divisional Director, Adult Social Care and Safeguarding, will act as Project Director. The Client Liaison Manager in Investment Division will act as overall Project Manager with input from the relevant senior operational managers. Property services will provide a dedicated capital development project manager.

3.46 Relevant project documentation will be developed as the project moves through Gateway 0 into Start- Up, Planning and Design.

Delivery Timeline

3.47 An indicative timeline of 138 weeks has been prepared but this is subject to refinement. It is possible that procurement timelines can be reduced.

Stage	Activity	Indicative completion date
Approval to proceed	• Executive Decision	End June 2014
Feasibility (21 weeks)	• Site Risk Assessments • Stakeholder meetings • Site surveys • Agree Project Brief • Develop Scheme Feasibility • BREEAM Pre Assessment	Mid November 2014
Planning and procurement (47 weeks)	• Submit Planning Application • Issue PQQ for OJEU • Prepare ITT documentation • Finalise tendering information/specifications/ drawn information • Planning Approval • OJEU Tender process • Identify contractor • Contract Signature	End Oct 2015
Site (70 weeks)	• Mobilisation period • Contract commencement on site • Practical Completion	Early March 2017

4. Details of Scrutiny

4.1 The future of the Council's Elderly Persons Homes and provision of Intermediate Care Facilities has been the subject of regular scrutiny at the Adults and Housing / Adult Social care Scrutiny Committee over the last 2 years. There has been extensive public consultation.

4.2 This project has also been scrutinised by the corporate Capital Projects Board

on two occasions prior to this report coming forward for consideration. This is to ensure that the business case and proposed methodology is likely to result in a successful capital development. The Board supported the report progressing to a decision and will continue to provide scrutiny and support to the project as it is taken forward.

5. Financial, legal and other implications

5.1 Financial Implications

5.1.1 Capital funding of £6.7m for a new facility has been earmarked (£3.7m from the Council's capital programme, £1.8m from capital receipts, and £1.2m NHS funding). The risk of the capital costs exceeding this amount have been considered. Proceeding to tender stage will require the release of capital monies.

5.1.2 Budgeted revenue savings of £880k are associated with the development of the facility.

Rod Pearson, Head of Finance

5.2 Legal implications

5.2. There will be legal implications in respect of the matters outlined in paragraphs 3.35 – 3.40 above as well as any consents required, and early legal advice should be taken.

As highlighted in 5.5.1, the Council must procure services and works in accordance its Contract Procedure Rules and EU Procurement law. The Corporate Procurement team will assist with the procurement process and early legal advice should be taken with regard to the procurement route, procurement law and form of contract, prior to going out to tender.

It is noted that architects will be appointed, and the appointment should be confirmed in a written contract.

Beena Adatia – Principal Solicitor (Commercial, Contracts and Capital)

5.3 Climate Change and Carbon Reduction implications

5.3.1 The Council has a corporate carbon dioxide (CO2) reduction target of 50% of the 2008/09 level by 2025/26. The addition of a new building to the Council's property portfolio will increase emissions. However, the emissions will be partly off-set through the closure of the current intermediate care and short-term

residential bed provision. The scheme could consider the option of BREEAM certification if funding were available, but should consider BREEAM guidance on best practice where applicable. Particularly where there will be no additional cost to the project.

5.3.2 As a major development the building will also be subject to planning policy CS2, incorporating retained policy BE16:

1. Retained policy BE16 would require on-site renewable energy generation. In 2014, the requirement will be for 18%. The % would be calculated based on the predicted total annual operational energy demand of the development for both regulated and non-regulated energy uses.

2. Core Strategy Policy 2 contains CS2.2 covering best practice in energy efficiency and CS2.3 covering decentralised energy. Decentralised energy includes possible provision on site or connection to an existing system, such as the Leicester District Energy Company. A whole-life assessment would be required. CS2.4 is also relevant and is similar in its objectives to CS2.3.

5.3. Any client brief should contain the Council's climate change and carbon reduction aspirations, as well as considering other opportunities to incorporate Sustainable Urban Drainage and climate change adaptation measures should also be considered.

5.3.4 Once occupied, the building's energy usage should be actively managed to ensure that the actual emissions performance of the building meets the potential of the design.

Mark Jeffcote, Environment Team (x37 2251)

5.4 Equality Impact Assessment

5.4.1 An Equalities Impact Assessment (EIA) has been developed to identify specific groups accessing intermediate care and short term residential beds that would benefit or be detrimentally affected by any change to the service. The following issues have been highlighted during consultation:

- People with dementia will require specialist support and care.
- A higher proportion of White British currently access the service.
- Those over 85 appear to benefit the most.
- People with a need for physical intervention benefit more that those with mental health.
- The existing provision does not cater for all religious and race needs.
- Mental health and dementia must be catered for in future provision.
- Data on equality needs improving.

5.4.2 In order to address these areas of concern, the following will be addressed:

- All relevant protected characteristics will be fully considered when developing and planning the service.
- The new model will provide a consistent and coordinated approach and access to a range of services to promote independence. In turn, this will improve overall quality of support.
- A robust performance management system will be able to demonstrate value for money, an equality service and effective service.
- A comprehensive learning and development programme will be delivered to ensure staff are competent in all areas of quality and equality.

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

5.5.1 Procurement Implications

The size of the scheme is such that both services and works procurements will exceed the threshold values above which the EU Procurement Regulations apply

Accordingly all procurements must comply with the regulations. Additionally as the value of the works exceed £3.5 million the scheme is subject to the requirements of the Council's Employment and Skills strategy in relation to meeting objectives around employment training, apprenticeships and skills training.

Programmes should reflect the timescales needed to comply with the regulations.

Given the nature of the works, the recommendation and intention is to undertake a two stage restricted procedures procurement process, using a standard form of contract to appoint experienced high quality contractors who have a track record of undertaking the design and building of similar type of projects.

The project and opportunity to tender will be fully advertised in accordance with the requirement of the regulations.

6. Background information and other papers:

Intermediate Care and Short Term Residential Care Commissioning Strategy 2013-2016

http://www.cabinet.leicester.gov.uk/documents/s54578/Elderly%20Persons%20Homes%20-%20Appendix%20A%20Intermediate%20Care%20Strategy.pdf

7. Summary of appendices:

Appendix A National Schemes summary

Appendix B	Staffing Costs Analysis
Appendix C	Site Options Appraisal

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

No

9. Is this a "key decision"?

Yes

10. If a key decision please explain reason

10.1 The proposed Intermediate Care Centre will result in the Council incurring expenditure which is, and the making of savings which are, significant having regard to the Council's budget for Adult Social Care Services.

Appendix A

Recently Constructed Adult Social Care Schemes

Project	Date	Details
Belong Wigan	2010	66 residential care beds in 6 households with communal facilities.
Belong Atherton	Recent	72 bed care home organised in households with 26 extra care apartments and communal facilities.
Each Step Blackley Manchester	2012	60 bed dementia residential in 5 households plus 12 bed respite accommodation and support facilities.
Jubilee Court Stevenage	Recent	90 bed care home in 6 households with communal facilities
Pickmere Court Crewe	2012	85 extra care apartments with communal facilities.
Chartered Towers East Grinstead	2011	60 bed residential home with 85 extra care units and communal facilities
Bericot Way Welwyn Garden City	ongoing	75 care bedrooms, 10 bedrooms for young people with physical disabilities, 4 independent living facilities, 20 place elderly day centre, an enablement suite and support facilities.
Drovers House Rugby	2013	75 bed care home
Wimbourne House Gravesend	On site 2013	70 bed extra care facility with communal facilities.
Aigburth Dementia Care Home Oadby Leicestershire	2012	56 bed care home with support facilities
Avon Lodge Bristol	2008	62 bedrooms including a younger adults unit.
Oakland Residential Care Centre Derbyshire	2012	32 bed residential, 88 extra care apartments and communal facilities

Appendix A

Project	Date	Cost	Details
Perry Tree Centre Birmingham (and 3 other similar developments for Birmingham CC)	2007	£8m	32 residential, 16 respite and 16 intermediate care beds in households of 8 plus extensive community facilities.
Brown Edge Road Buxton	Completion in 2015	£8.5m	18 dementia care beds, 64 extra care apartments and communal facilities

Appendix B

Staffing costs of a 30 bedded IC Unit

			Single Integrated Unit	
	Grade	**Salary (incl. on-cost) mid band**	**FTE's**	**Annual Cost**
CQC Registered Managers	Grade 10	£47,457	1	£47,457
Assistant Managers	Grade 8	£38,102	2	£76,204
Senior Care Assistants - IC	Grade 7	£34,245	3.5	£119,857
Care Assistants	Grade 4	£23,040	17	£391,68
Night Care Staff	Grade 4	£23,040	4	£92,160
Cooks	Grade 5	£26,255	1	£26,255
Assistant Cooks	Grade 4	£23,040	1	£23,040
Kitchen Assistants	Grade 1	£17,090	2	£34,180
Domestics	Grade 1	£17,090	2	£34,180
Laundry	Grade 1	£17,090	1	£17,090
Handy Person	Grade 2	£19,629	0.5	£9,815
				£871,918
				TOTAL for 2 units
				£1,635,836

Staffing costs of a 60 bedded IC Unit

			Single Integrated Unit	
	Grade	**Salary (incl. on-cost) mid band**	**FTE's**	**Annual Cost**
CQC Registered Managers	Grade 10	£47,457	1	£47,457
Assistant Managers	Grade 8	£38,102	2.5	£95,255
Senior Care Assistants - IC	Grade 7	£34,245	7	£239,715
Care Assistants	Grade 4	£23,040	23	£529,920
Night Care Staff	Grade 4	£23,040	8	£184,320
Cooks	Grade 5	£26,255	2	£52,510
Assistant Cooks	Grade 4	£23,040	1	£23,040
Kitchen Assistants	Grade 1	£17,090	3	£51,270
Domestics	Grade 1	£17,090	2	£34,180
Laundry	Grade 1	£17,090	1	£17,090
Handy Person	Grade 2	£19,629	0.5	£9,815
				£1,284,572

Intermediate Care
Site options appraisal

	Property		Benbow III	Martin House	Queensmead II	Southfields / Newry	Tilling Road
1	**Shape & size of site** *Minimum 6,000 m²*	Comments	12,498 m² remaining for phases II and III. Phase II will utilise approx 4,000 m² leaving approx 8,000 m² for dementia. Regularity of phase III site will be dependent on layout for phase II.	6147 m² without cottage, 6416 m² with. Irregular shape.	15,840 m² in total. Phase I development likely to take up one third of site leaving approximately 10,000 m². Regular shape but design and layout of phase I currently unknown.	Southfields 6,525 m². Newry 5,772 m². Both regular shape.	6,073 m² of regular shape with Goodacre offering more capacity (6,644 m²).
		Initial score	4	3	5	4	4
		Weighting	5	5	5	5	5
		Weighted score	**20**	**15**	**25**	**20**	**20**
2	**Room for possible future expansion**	Comments	No.	Very limited room for expansion if Cottage can be secured.	Yes.	Yes, if both sites available.	Yes, adjoining council owned land.
		Initial score	2	3	3	3	5
		Weighting	3	3	3	3	3
		Weighted score	**6**	**9**	**9**	**9**	**15**
3	**Location** *Distance from City Centre (Clocktower)*	Comments					
		Initial score	1	2	3	1	2
		Weighting	5	5	5	5	5
		Weighted score	**5**	**10**	**15**	**5**	**10**
4	**Ease of access** *Main road & bus routes / stops* *Score mimimum 3*	Comments					
		Initial score	4	5	4	5	4
		Weighting	5	5	5	5	5
		Weighted score	**20**	**25**	**20**	**25**	**20**
5	**Access to healthcare - 1** *Distance to nearest GP*	Comments					
		Initial score	2	2	2	3	5
		Weighting	2	2	2	2	2
		Weighted score	**4**	**4**	**4**	**6**	**10**
6	**Access to healthcare - 2** *Distance to nearest Pharmacy*	Comments					
		Initial score	2	3	1	5	4

		Weighting	2	2	2	2	2
		Weighted score	**4**	**6**	**2**	**10**	**8**
7	**Site environment** *Neighbouring use & noise*	Comments	Residential area. Limited local services.	Residential area close to existing facilities for older people and the Allandale Rd / Francis St shopping area. Very quiet with pleasant grounds.	Residential area. Limited local services.	Residential area, close to local shops and facilities.	Residential area in close proximity to services at Home Farm Square. Adjacent land likely to be future residential development. Quiet.
		Initial score	3	5	3	5	5
		Weighting	5	5	5	5	5
		Weighted score	**15**	**25**	**15**	**25**	**25**
8	**Availability/other interest**	Comments	The first phase of Benbow was provided by an RSL putting in infrastructure and affordable housing. Potential for remainder to be sold for private housing but no market interest. Recently funding approved for RSL to build a second phase comprising 17 units. Remainder of site available.	Existing Day Centre closed in 2013 but occupiers of first floor office accommodation would need to be relocated.	Former school site, now cleared and recently an RSL has been funded to provide a first phase of development on the site of 20 houses. Required to be completed by March 2015. Remainder of site available for development, assumption would be sale for housing.	The Southfields site is currently vacant and has been through school closure process. It is currently not being looked at for future school provision. The Newry is occupied by S BSS (Secondary Behavioural Support Service) and use would require their relocation. Formal school closure would also be needed.	Former Butterwick EPH demolished some years ago leaving cleared site. This option assumes utilisation of adjacent Goodacre House site/properties which are on the ASC portfolio but currently being used by Housing for short term lets. This arrangement can cease on a maximum of six months notice leaving current buildings requiring demolition.
		Initial score	4	4	4	3	5
		Weighting	3	3	3	3	3
		Weighted score	**12**	**12**	**12**	**9**	**15**

9	**Restrictions on development**	Comments	Site has had outline consent for residential development, 47 units in phases II and III in total. Underground holding tank on frontage to be incorporated as part of green space.	Site in conservation area with known TPO's. Tenant with secure tenancy in the Cottage.	The development would need to link into first phase above and pay a share of infrastructure costs.	Existing user in the Newry.	None
		Initial score	4	2	3	3	5
		Weighting	4	4	4	4	4
		Weighted score	**16**	**8**	**12**	**12**	**20**
10	**Site Valuation**	Comments	Restricted information	Restricted information	Restricted information	Restricted information	Restricted information
		Initial score	5	1	3	4	3
		Weighting	2	2	2	2	2
		Weighted score	**10**	**2**	**6**	**8**	**6**
11	**Deliverability risks**	Comments	Main risk is whether there will be sufficient land left in phase III, and if so whether it will be the right shape for the development as second phase design and layout not yet in place.	Requires closure of existing Day Centre and office accommodation. May also require negotiations with secure tenant if Cottage is to be included.	Need to link with phase I development for which design and layout not yet determined.	Part occupied site. Demolition required.	Site is cleared (apart from Goodacre) and available for development.
		Initial score	2	3	3	2	4
		Weighting	5	5	5	5	5
		Weighted score	**10**	**15**	**15**	**10**	**20**

	Benbow III	**Martin House**	**Queensmead II**	**Southfields / Newry**	**Tilling Road**
Total	**122**	**131**	**135**	**139**	**169**

Tilling Road	**169**	0
Southfields / Newry	139	30

Queensmead II	135	34
Martin House	131	38
Benbow III	122	47

Critical criteria

Sites included in original appraisal but later ruled out as failed to meet critical criteria

1. Herrick Lodge — Failed critical criteria for "site size" of 6 000m2 (only 5,210m^2) and "ease of access" minimum standard of 3 (scored 2)
2. Manor Farm — Failed criteria for "ease of access" minimum standard of 3 (scored 2)
3. John Ellis — Failed criteria for "ease of access" minimum standard of 3 (scored 2)
4. Douglas Bader — Failed critical criteria for "site size" minimum standard of 6,000m2 (only 4,359m^2)

Appendix E

Report to the Adult Social Care Scrutiny Commission

Date: 26 June 2014

Implementation of the Adult Social Care Commission

Councillor Rita Patel

---

1. Summary

1.1 This report provides an update on the implementation of the Adult Social Care Commission and provides an overview of the objectives as detailed at Appendix 1.

Appendix 1

Leicester's Independent Adult Social Care Commission on Aging Well

Background

The concept of an independent Adult Social Care Commission in Leicester stemmed from a range of discussions that took place towards the end of 2013 as the Council consulted on and considered the future of its elderly persons' homes.

As the Council approached the decision to close and sell its elderly persons' homes, the issues that were debated included the nature of personalised social care, independence and empowerment of older people, the quality of social care services provided by private and other independent organisations, issues of loneliness of isolation of older people, the possibilities of partnership approaches to both the provision of care services and work to maintain wellbeing and prevent the deterioration of older people's health.

As a result of these discussions it was proposed that Leicester would establish an Independent Adult Social Care Commission to consider a range of the issues outlined above, particularly in relation to social care for older people and ageing well.

Purpose

The overarching role of Leicester's Independent Adult Social Care Commission on Ageing Well is to provide expert advice on national and local policy developments and to stimulate creative thinking in relation to Adult Social Care and the wider issues that affect older people.

This differs from the remit of the Adult Social Care Scrutiny Commission, which provides the political challenge by holding the Executive, partners and officers accountable by reviewing policy and practice's and scrutinising decisions.

As the suggested development of the Independent Adult Social Care Commission arose following the review on the future of the Council's Elderly Persons Homes, it was felt that an independent and specialist group would add value to existing mechanisms already in place.

The Independent Adult Social Care Commission will look at a range of relevant cross cutting themes and provide recommendations on policy, strategy and practice as appropriate, informed by evidence and best practice from elsewhere, both nationally

and internationally. It will initially be established for an 18 months and will structure its considerations in the development of recommendations in 6 meetings, covering the following proposed themes:

Meeting Themes

Meeting 1 – Making a start (July 2014)

- Introduction to Leicester – the changing demographics of Leicester, the challenges and opportunities of this including for Social Care
- Terms of Reference for the Commission,
- Discussion of the scope and direction of the Independent Adult Social Care Commission

Meeting 2 (November 2014)
Personalisation, independence and empowerment

Meeting 3 (February 2015)
Nature and quality of adult social care services

Meeting 4 (June 2015)
Tackling loneliness and isolation – unlocking the potential of the community

Meeting 5 (September 2015)
Integration and collaboration – the power of relationship relating to health, housing, employment

Meeting 6 (December 2015)
Maintaining health, wellbeing, intervening early and preventing deterioration

The themes to be explored (during the first 18 months) by the commission will be focussed on issues relating to support for older people and Ageing Well in Leicester. This is because the needs of an ageing population are not just restricted to services provided or commissioned by the Council's Adult Social Care department, but consideration also needs to be undertaken relating to the wider population and the services that are needed to enhance and support people as they grow older in our city.

Objectives

1. The Independent Adult Social Care Commission will consider *specific* challenges in relation to Adult Social Care policy and practice.

2. The Independent Adult Social Care Commission will identify best practice and support the department to develop creative policy solutions, providing advice based on expert knowledge.

3. The Independent Adult Social Care Commission will evaluate the effectiveness in Leicester of current national and international Ageing Well policies and advise upon the required changes.

4. The Independent Adult Social Care Commission will commission authoritative analysis, as required to support the development of policy solutions to enhance and support the diverse population and communities within the city as they grow older.

5. The Independent Adult Social Care Commission will identify new approaches to improving the life chances of an ageing population through the deployment of public services and public, private and voluntary sector partnerships

6. The Independent Adult Social Care Commission will advise upon best practice examples of evidence-based initiatives to enable the development of an Ageing Well strategy for the city for the next 25 years. The strategy will need to encompass a range of issues including housing, transport, leisure and health and well-being.

Members of the Independent Adult Social Care Commission will not be remunerated, but expenses will be paid where necessary. It is expected that the Independent Adult Social Care Commission will meet in full session up to four times a year and that an initial work programme will be for 18 months, before producing an interim report. Further meetings may be necessary linking to specific pieces of work emerging from the Independent Adult Social Care Commission.

Commission Membership

Membership of the Independent Adult Social Care Commission will be drawn from local and national experts by experience and academics with key roles in Leicester and national policy advisors relating to Adult Social Care. The commission will consist of up to 10 key advisors, including the lead for Adult Social Care for Leicester City Council.

Individuals will be approached and agreed to ensure that the final membership of the Independent Adult Social Care Commission reflects an appropriate agenda and ethnicity balance.

Officers supporting the Independent Adult Social Care Commission
Deb Watson - Strategic Director for Adult Social Care and Health
Tracie Rees - Divisional Director for Care Services and Commissioning
Ivan Browne - Consultant in Public Health

Taking Local Evidence
It is anticipated that, in addition to considering independent expert advice provided by commission members, the commission will also take evidence from relevant local organisations, including voluntary and community sector organisations and the Forum for Older People amongst others.

Relationship to the Council's development of an Aging Well Strategy for the city

The development of a strategy will set out how Leicester will work towards being an age friendly city and will be undertaken in parallel with the work of the Independent Adult Social Care Commission. The Commission will act as an advisor to the strategy group whose work will take into account the Commission's findings. Key features of the strategy are that it will:

1. Be shaped by older people and informed by the changing aspirations of Leicester citizens
2. Recognise older people as a resource for families, communities and economies
3. Identify advantages and barriers
4. Go beyond the traditional health and social care agenda and include a collective response from the City Council, other public sector partners, the private sector and the voluntary and community sector, covering issues such as those identified in the World Health Organisation's Age Friendly Cities programme which are:

    a. Outdoor spaces and buildings
    b. Transportation
    c. Housing
    d. Social participation
    e. Respect and social inclusion
    f. Civic participation and employment
    g. Communication and information
    h. Community support and health services

5. Be implemented by a series of detailed, measurable and regularly reviewed delivery plans.

Appendix F

Report to the Adult Social Care Scrutiny Commission

Date: 26 June 2014

Closure of Douglas Bader Day Centre Update

Lead Director: Tracie Rees

Useful Information:

- Ward(s) affected: Spinney Hills
- Author: Tracie Rees
- Author contact details Ext 2301

1. Summary

1.1 This report provides an indicative timetable for the actions needed to support existing service users attending the Douglas Bader Day Centre to find alternative services before the centre closes.

1.2 Appendix 1 provides an anonymised summary of the progress of individual service users moving to alternative provision. The provision of this information has been agreed by the Council's Information Governance service.

1.3 The information details progress against a 7 step programme to support individuals to move to alternative provision. The criteria relating to each step is detailed in Appendix 1.

1.4 A graph shows movement from May to June against the 7 steps for each individual in Appendix 2.

1.5 A two phase approach has been adopted to manage the closure process. Those in the first phase are individuals with less complex needs and who attend fewer days at Douglas Bader, whereas those in the second phase have more complex needs and attend for more days per week.

1.6 All of the 45 service users attending Douglas Bader have now been allocated a social worker; this includes the last 17 service users from phase two.

- 7 service users are currently in the process of having an assessment that will allow them to move onto Step 5
- 4 service users have their support planning in progress (Step 5)
- 7 service users are in the process of exploring options and agreeing their support plan (Step 6)
- 9 service users have found alternative provision that meets their needs and no longer attend the day centre (Step 7)

REPROVISION PROGRESS – Report to ASC Scrutiny- Appendix 1

In order to track the progress of each service user moving on from Douglas Bader Day Centre a 7 step approach has been developed. Each step relates to a different part of the moving on process and these are explained below.

Step 1: Awaiting allocation – This is the beginning of the process and the person is waiting to be allocated a worker from care management.

Step 2: Allocated Social Worker – The person will have a named worker who will begin making contact with the service user to introduce themselves and explain the process of gathering information.

Step 3: Assessment meeting arranged – The worker has agreed a date, time and place to have the initial assessment meeting. This could be at the day centre or at the person's home. Family or carers may also attend if the service user chooses.

Step 4: Assessment in progress – The worker has made contact with the service user and is in the process of talking and gathering information to find out the service users' needs and check if they meet the eligibility criteria.

Step 5: Support plan in progress – A support plan has started and being developed based on the service users' needs and the outcomes the person wants to achieve.

Step 6: Explore options and agree final support plan – The service user is being supported to consider the different options available to them, visit different services and agree the final content of their support plan.

Step 7: Moved on and no longer attending Douglas Bader day centre – The service user has chosen the options that best suits their needs and have moved on to their new service or provision.

A dedicated care management team have been assigned to complete the reassessment process with each person, in order to manage their workload and capacity, the service users have been split in to two groups, 21 people in phase 1 and 24 people in phase 2. Now that the majority of phase 1 people are either being assessed or moving on, Care Management officers have been allocated to the individuals in phase 2. However, during the process some individuals have chosen to exercise their choice and control and ask for a review to take place earlier, in these circumstances this was undertaken by one of the locality care management teams.

DATE: 26 June 2014 (Data as at 12 June 2014)

Key:

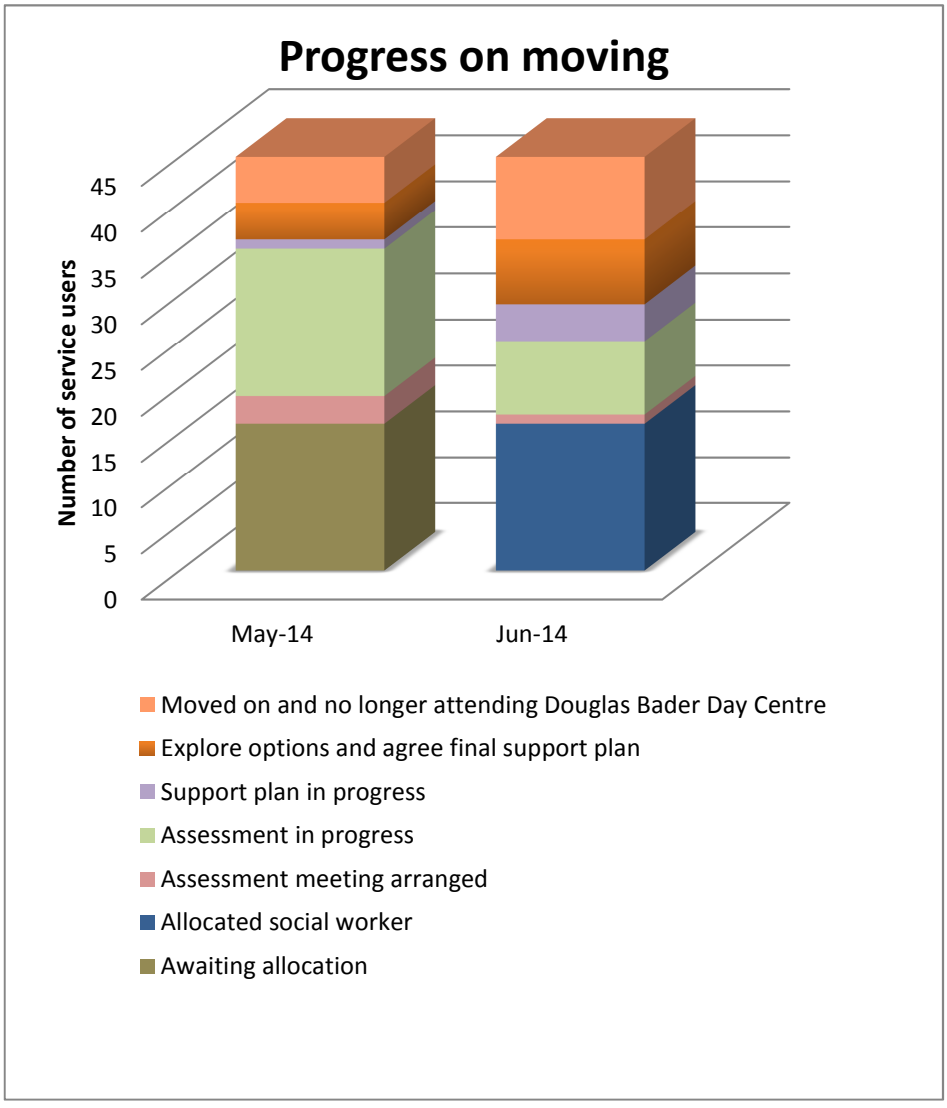
Step 1	Awaiting allocation
Step 2	Allocated Social Worker
Step 3	Assessment meeting arranged
Step 4	Assessment in progress
Step 5	Support plan in progress
Step 6	Explore options and agree final support plan
Step 7	Moved on and no longer attending Douglas Bader Day Centre

Service user NO	**STATUS**	**STEP ON MOVING PLAN**	**NOTES AND TARGET MOVING DATE**
Phase 1			
1	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the Voluntary sector
2	Service User	6	Alternative being explored
3	Service User	6	Reduction in days attended at Douglas Bader
4	Service User	6	Alternative being explored
5	Service User	6	Alternative being explored
6	Service User	7	No longer attends the day centre
7	Service User	4	Assessment in progress
8	Service User	6	Alternative being explored
9	Service User	4	Assessment in progress. Service user has been in hospital
10	Service User	6	Alternative being explored
11	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the voluntary sector
12	Service User	3	Assessment date being arranged. Assessment meeting cancelled by service user
13	Service User	4	Assessment in progress
14	Service User	5	Support plan in progress. Delay due to family bereavement
15	Service User	7	Moved on and no longer attending Douglas Bader. supported by the voluntary sector
16	Service User	5	Alternative being explored

17	Service User	4	Assessment in progress
18	Service User	5	Support plan in progress
19	Service User	4	Assessment in progress
20	Service User	5	Support plan in progress
21	Service User	4	Assessment in progress
Phase 2			
22	Service user	7	No longer attends the service. service user supported through a personal assistant on a direct payment
23	Service user	2	Allocated social worker
24	Service user	2	Allocated social worker
25	Service user	4	Assessment in progress
26	Service user	2	Allocated social worker
27	Service user	7	Moved on and no longer attending Douglas Bader due to terminal illness
28	Service user	2	Allocated social worker
29	Service user	2	Allocated social worker
30	Service user	2	Allocated social worker
31	Service user	2	Allocated social worker
32	Service user	2	Allocated social worker
33	Service user	2	Allocated social worker
34	Service user	2	Allocated social worker
35	Service user	2	Allocated social worker
36	Service user	2	Allocated social worker
37	Service user	7	Moved on and no longer attending Douglas Bader. supported by the voluntary sector
38	Service user	2	Allocated social worker
39	Service user	7	Moved on and no longer attending Douglas Bader. Taking part in activities in the community
40	Service user	2	Allocated social worker
41	Service user	2	Allocated social worker
42	Service user	2	Allocated social worker
43	Service user	4	Assessment in progress
44	Service user	7	Moved on and no longer attending Douglas Bader. supported by the residential care provider
45	Service user	6	Alternatives are being explored

REPROVISION PROGRESS – Report to ASC Scrutiny- Appendix 2

Stage	Description	May-14	Jun-14
1	Awaiting allocation	16	0
2	Allocated social worker	0	16
3	Assessment meeting arranged	3	1
4	Assessment in progress	16	8
5	Support plan in progress	1	4
6	Explore options and agree final support plan	4	7
7	Moved on and no longer attending Douglas Bader Day Centre	5	9
		45	45



Adult Social Care Scrutiny Commission

Work Programme 2014 – 2015

Meeting Date	Topic	Actions Arising	Progress
26th June 2014	• VCS Preventative Services – Update on the findings of the consultation and proposals • Elderly Persons Homes – Update report • Intermediate Care Facility – Options for developing the facility • Older Persons Commission – Verbal update • Douglas Bader Day Centre – Update report		
14th August 2014			
25th September 2014			
20th November 2014			
8th January 2015			
5th March 2015			

Appendix G

Adult Social Care Scrutiny Commission

Forward Plan 2014 -2015

Topic	Detail	Proposed Date
Internal Day Care for People with a Learning Disability Review	What is being changed and what will the review involve?	Later in 2014
Better Care Fund	Update on the preventative elements of the plan	August 2014
Care Act 2014	What does it entail? What are the implications on local services	August 2014
ASC Peer Review	Findings	August 2014

Outstanding 2013 – 2014

Winter Care Plan	Response from the Executive and CCG to the report recommendations and Evaluation of last winter's care.	Cllr Patel
Alternative Care for Elderly People	Response from the Executive to the report recommendations	Cllr Patel
Dementia Care for Elderly People	Verbal updates on progress of objectives to come to the commission when appropriate. Further work to be completed by officers to look at more sophisticated demographic data of dementia sufferers.	Tracie Rees
Non-statutory Support Services	Agreed to receive an update on the take-up of the Leicester for Care Service at the appropriate time.	Tracie Rees
Domiciliary Care	Response from the Executive to the report recommendations	Cllr Patel