



Leicester  
City Council

## **MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION**

**DATE: TUESDAY, 8 MARCH 2016**  
**TIME: 5:30 pm**  
**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

### **Members of the Committee**

Councillor Cleaver (Chair)  
Councillor Bajaj (Vice-Chair)

Councillors Cutkelvin, Dawood, Halford, Joshi and Khote

(One unallocated non-group place)

### **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.

for the Monitoring Officer

#### **Officer contacts:**

**Julie.Harget (Democratic Support Officer):**

Tel: 0116 454 6357, e-mail: [julie.harget@leicester.gov.uk](mailto:julie.harget@leicester.gov.uk)

**Kalvaran Sandhu (Scrutiny Support Officer):**

Tel: 0116 454 6344, e-mail: [Kalvaran.Sandhu@leicester.gov.uk](mailto:Kalvaran.Sandhu@leicester.gov.uk)

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

## Information for members of the public

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You have the right to attend formal meetings such as full Council, committee meetings & 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](http://www.cabinet.leicester.gov.uk), from the Council's Customer Service Centre or by contacting us using the details below.

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Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

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If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public 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 and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

### Further information

If you have any queries about any of the above or the business to be discussed, please contact **Julie Harget, Democratic Support on 0116 454 6357 or email [julie.harget@leicester.gov.uk](mailto:julie.harget@leicester.gov.uk)** or call in at City Hall.

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

# **PUBLIC SESSION**

## **AGENDA**

### **FIRE / EMERGENCY EVACUATION**

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

#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

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

#### **3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 3 November 2015 have been circulated and the Commission is asked to confirm them as a correct record.

The Commission is also asked to note that the minute extract of the budget discussion from the meeting held with the Health and Wellbeing Scrutiny Commission on 14 January 2016, was considered at the meeting of Full Council on 24 February 2016.

#### **4. PETITIONS**

The Monitoring Officer to report on any petitions received.

#### **5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

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

#### **6. ADULT SOCIAL CARE SERVICE USER GROUP: [Appendix A](#) EQUALITIES OVERVIEW**

The Strategic Director, Adult Social Care and Health, submits a report that presents an overview of equalities issues relating to Adult Social Care in Leicester.

Members are recommended to note the contents of this report and feedback on any further information they would like the Commission to receive.

**7. ADULT SOCIAL CARE - CARE PATHWAY AND CARE ACT IMPLEMENTATION [Appendix B](#)**

The Strategic Director of Adult Social Care and Health, submits a report that describes the care pathway for people who may be in need of care and support. It outlines how people are assessed and supported, in line with the Care Act 2014, introduced in April 2015.

The Adult Social Care Scrutiny Commission is recommended to note the report and make any comments.

**8. LEICESTER CITY BETTER CARE FUND 2016/17 UPDATE [Appendix C](#)**

Members will receive an update on the Leicester City Better Care Fund 2016/17. Members are recommended to note the update and make any comments.

**9. LOCAL AREA ACTION PLAN OF SUPPORT FOR PEOPLE WITH AUTISM [Appendix D](#)**

Members are asked to consider a progress report in response to the National Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy.

The commission is asked to note the progress that has been made against the recommendations from the National Strategy, and support the recommendations for future work to ensure the Council along with the partner agencies are able to meet their legal responsibilities and raise standards.

**10. IMPLEMENTING "BUILDING THE RIGHT SUPPORT - THE TRANSFORMING CARE PARTNERSHIP [Appendix E](#)**

Members are asked to consider a briefing note which presents an overview of the Transforming Care Partnership and the work that is taking place locally to support this.

The commission is asked to note the progress against the expectations set out by NHS England, and the Pathways that are in development to avoid admission and offer enhanced support to people in the community.

**11. COMMUNITY SCREENING AND ASSESSMENT REVIEW**

The Commission will receive a verbal update on the Task Group Report on the Community Screening and Assessment Review.

**12. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME [Appendix F](#)**

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.

**13. ANY OTHER URGENT BUSINESS**



# Adult Social Care Scrutiny Commission

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## **Adult Social Care Service User Group Equalities Overview**

Date: 8 March 2016

Lead Director: Steven Forbes

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Leicester  
City Council

## Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

## 1. Summary

- 1.1 This report presents an overview of equalities issues relating to Adult Social Care (ASC) in Leicester. Taking the profile of Leicester’s population as a baseline, the report provides information on the profile of people making contact with and going to receive services from ASC and the outcomes for those service users.
- 1.2 This information helps us understand how we are meeting our Public Sector Equality Duty, as created under the Equality Act 2010. The Act places a duty on public bodies to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
- 1.3 The equality duty covers the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.
- 1.4 This report focusses on the protected characteristics of age, disability, sex, religion or belief and race. The vast majority of service users choose not to disclose other protected characteristics.

## 2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and feedback on any further information the Commission would like to receive.



### 3. Report

#### 3.1 Background

- 3.1.1 The Council's commitment to equalities is set out in our 'Equality and Diversity Strategy'.
- 3.1.2 It states that Leicester City Council is committed to equality of opportunity, elimination of discrimination, and promotion of good relations between all people, regardless of age, disability, race, ethnic or national origin, gender, gender identity, religion or belief, sexual orientation, pregnancy or maternity, marital or civil partnership status, or trade union membership.
- 3.1.3 Our aim is to ensure that people can fully participate in and benefit from the social, cultural, economic and environmental quality of life in Leicester. We will make sure that the way we meet individual and community needs is fair, equitable and helps ensure that limited resources are targeted at those most in need.
- 3.1.4 This means that in our day-to-day practice we will treat all people with respect. We will provide accessible information on our services, community activities and events we support. We will ensure that our services are accessible and culturally appropriate to meet the needs of those using them. We will engage with local residents and the city's diverse communities, with young and older people, to get their views and understand their needs as well as their concerns.
- 3.1.5 The strategy also explains how we will meet our legal duties as described in the summary of this report. In short, we will meet our equality duties by: Assessing the impact of our decisions on different groups of people; being clear about how we assess and meet individual need; and not tolerating any form of discrimination that affects our employees, our service users or our communities.
- 3.1.6 This report aims to follow the customer journey from contact, through assessment, the provision of support and outcomes achieved, and any subsequent review of that support.

#### 3.2 Leicester's Population

- 3.2.1 Leicester is a growing city; large population growth was recorded between the most recent Census in 2011 and the previous one, from 2001. It is clear from population estimates that have been made annually since the latest census year that this trend continues.
- 3.2.2 In 2011, the recorded population of Leicester was 329,839, of whom 251,952 were aged over 18 years. In 2001, the recorded population was 279,921, of whom 209,812 were aged over 18 years. Between the census years this represents a 17.8% rise in the total population, and a 20% rise in the population aged over 18.
- 3.2.3 A further rise since the most recent census has been estimated. The most recent mid-year population estimate (for 2014) was published in June 2015. It shows the population of Leicester rising further, to 337,653, of whom 256,903 were aged over 18.
- 3.2.4 Leicester's population is ethnically very diverse, and a far higher proportion of residents come from backgrounds other than white British than is the case nationally. In 2011, half of the population were white British, 50.6% with those of South Asian backgrounds the next largest group at 31.8%.

3.2.5 Leicester is also a young city, with 214,736 adult residents aged 18-64 and 37,216 aged 65 and over. It is notable how the ethnic makeup of Leicester's population varies by age group, with white British people comprising 65.2% of those aged over 65, compared to just 44.3% of those aged 18-64

### **3.3 ASC Profile: Contacts Received**

3.3.1 During 2014/15 a total of almost 19,900 contacts were received by Adult Social Care. A majority came from women, 11,536 of the total.

3.3.2 Of all contacts received where the ethnicity of the person is known, 56.2% came from white residents, 30.3% from Asian's and 4.1% from black residents.

### **3.4 ASC Profile: Cases Awaiting Allocation**

3.4.1 A total of 243 cases are currently in allocation or duty tray at team level, having excluded those receiving reablement and those currently with SPOC or in Reassessment. Of these 243 cases, 54.7% are female and 45.3% are male. This is close to the overall gender breakdowns for contacts received and for those receiving Long Term support, where the proportion of women is 59% and men 41%. The ethnic and age breakdowns of unallocated cases also broadly reflect the same breakdowns of all assessments undertaken.

### **3.5 ASC Profile: Assessments Completed**

3.5.1 During 2014/15 a total of 6,822 assessments were completed by Adult Social Care. 63% related to those aged 65 and over.

3.5.2 Of all assessments completed, 61.6% were for white ethnic group, 31.9% for Asian's and 4.3% for other ethnic groups.

### **3.6 ASC Profile: Services and Support**

3.6.1 As of 31<sup>st</sup> March 2015 over 5,000 people received Long Term Support from us. Of those where the ethnicity of the service user is known, 62.8% were white British. Service users from an Asian background were 31.3% of the total. 59% of our service users were female with 41% male. The Primary Support Reason for accessing services was: 49% for Physical Support; 2% for Sensory Support; 7% for memory and cognition; 19% for mental health; 17% Learning Disability support and 5% for Social Support.

3.6.2 The higher proportion of contacts and long term service users identified as white British is in keeping with the higher proportion of white British people among the older population of Leicester, i.e. those aged 65 and over.

3.6.3 A total of 476 safeguarding referrals were received during 2014/15. Of these, 72.9% involved an 'at risk individual' (the subject of the referral) from a white British background, 21.6% involved an Asian/Asian British alleged victim and 3.4% a black/black British at risk individual. The Adult Safeguarding Board identified this apparent under-representation of people from an Asian background in their annual report. While there is a possibility of under reporting one issue is thought to be linked to setting from which referrals arise (about 50% of all referrals relate to a residential care setting where Asians are under-represented). In 60% of cases, the at-risk individual was female, in 40% of cases this person was male.

3.6.4 During 2014/15 over 1,100 carers received services from ASC (usually a one-off carers grant). Of

these 777 were female and 386 male. 543 carers in receipt of services were of a white ethnicity, with 516 Asian and 64 black. This shows us that there are a disproportionately high number of Asian carers receiving support and suggests that people of Asian ethnicity are more likely to assume an unpaid caring role.

### **3.7 ASC Profile: Outstanding Reviews**

- 3.7.1 A total of 2347 reviews that have been outstanding for more than 1 year were recorded on a snapshot date of 15<sup>th</sup> December 2015. Of these 1131 have been outstanding for more than 2 years.
- 3.7.2 When broken down by age, gender and ethnicity, the proportions of overdue reviews broadly reflect the profile of all assessments undertaken. There is a 60/40 split between women and men (2,078 and 1,400 respectively). Among the ethnic groups, White and Asian service users are by far the largest proportions of the total (2,249 and 1,011 respectively).

### **3.8 ASC Profile: Outcomes and satisfaction**

- 3.8.1 Across all demographic groupings, service users with Learning disabilities (LD) report higher levels of satisfaction with the care and support they receive than other service users (70% of LD service users compared to 54.2% of other users). A slightly higher proportion of female service users report that they are extremely or very satisfied, 61%, compared to 59% of male service users whom say the same.
- 3.8.2 Looking at the satisfaction with care and support by ethnicity for non LD service users. The proportion of white British service users saying that they are extremely or very satisfied is slightly higher, 62% than for Asian service users 57% and black service users, 55%. The same pattern is seen for users with LD.
- 3.8.3 It is pleasing to report that commendations outnumber complaints for both male and female service users and in every age group (78 complaints against 183 commendations). Older service users make more commendations than younger users, and women offer nearly twice as many as men, though they also comprise a higher proportion of service users overall.

### **3.9 ASC Profile: Our workforce**

- 3.9.1 Leicester City Council considers it is important that our workforce represents the communities whom we serve. In Adult Social Care a very high proportion of our workforce at all levels is female, 77.2% of the total. 39.9% of our workforce are from a BME back ground and 7.4% are disabled.

## **4. Financial, legal and other implications**

### **4.1 Financial implications**

There is no direct financial implication arising from this report.

Rohit Rughani, Principal Accountant, Ext 37 4003

### **4.2 Legal implications**

There are no direct legal implications arising from the contents of this report. Paragraph 1.2 clearly sets out the Local Authorities Public law duties as stipulated under section 149 of the Equality Act 2010.

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

#### 4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report

Louise Buckley, Senior Environmental Consultant, 37 2293

#### 4.4 Equalities Implications

As the report explains, Leicester's population is becoming more diverse over time and there is every indication that this trend will continue. ASC because of the nature of its provision, must be attuned to the social aspects of its users in order to ensure the optimum outcome of their service input. Therefore, understanding and responding appropriately to the range of diverse needs that they must accommodate on an individual basis is crucial. This is in keeping with our Public Sector Equality Duty (PSED) which requires us to demonstrate that we do understand our local population, the impact of our decisions regarding service provision, and who is affected how (based on their protected characteristics). A key flag that highlights where we may not be meeting our PSED is over or under-representation of services users of a particular protected characteristic sub-group, contrary to expectation of overall population trends. Although equality monitoring statistics as presented in the report enable us to start asking questions, the ability of the service to present its story as to how it is responding to the diversity of needs of its service users provides us with the required detail to assess the extent to which we are meeting our PSED.

Irene Kszyk, Corporate Equalities Lead, ext 374147

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

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

6. **Summary of appendices:**

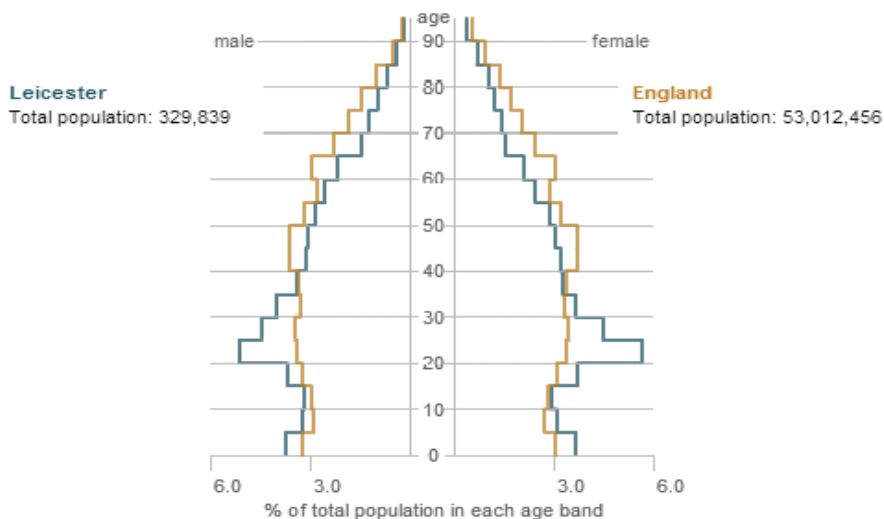
Appendix 1: Supporting Graphs

Supporting Graphs

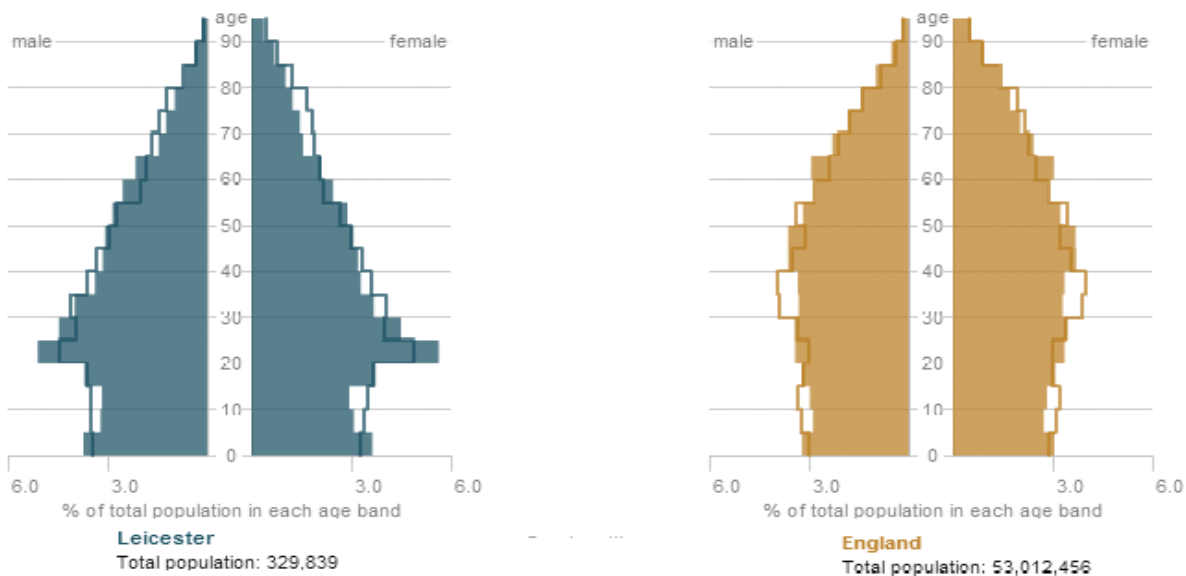
**The Population of Leicester**

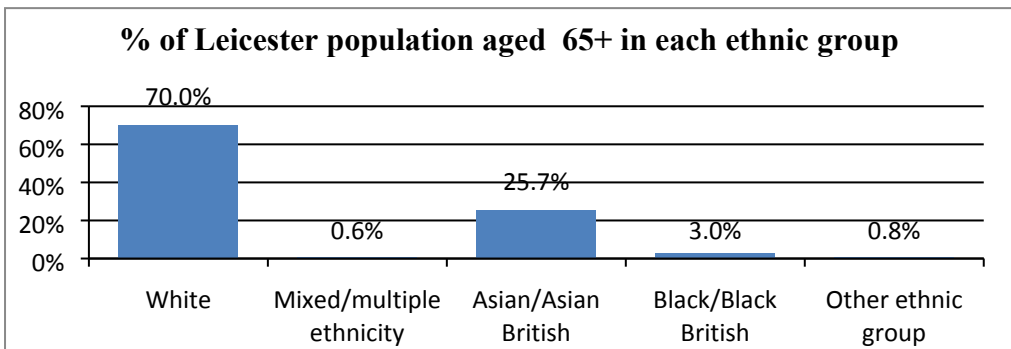
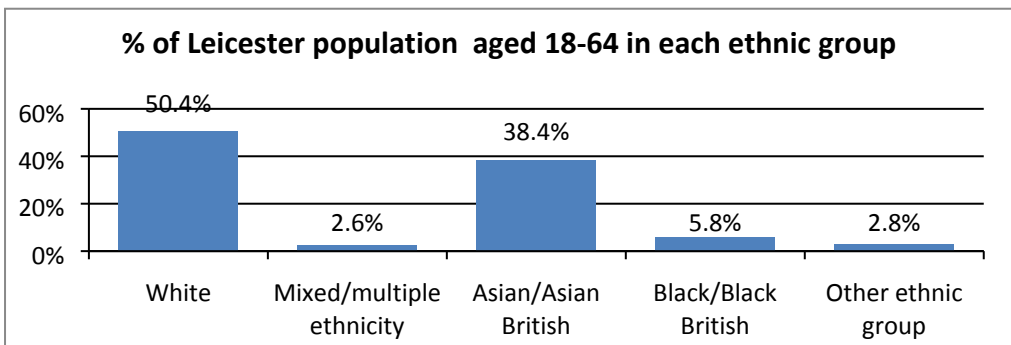
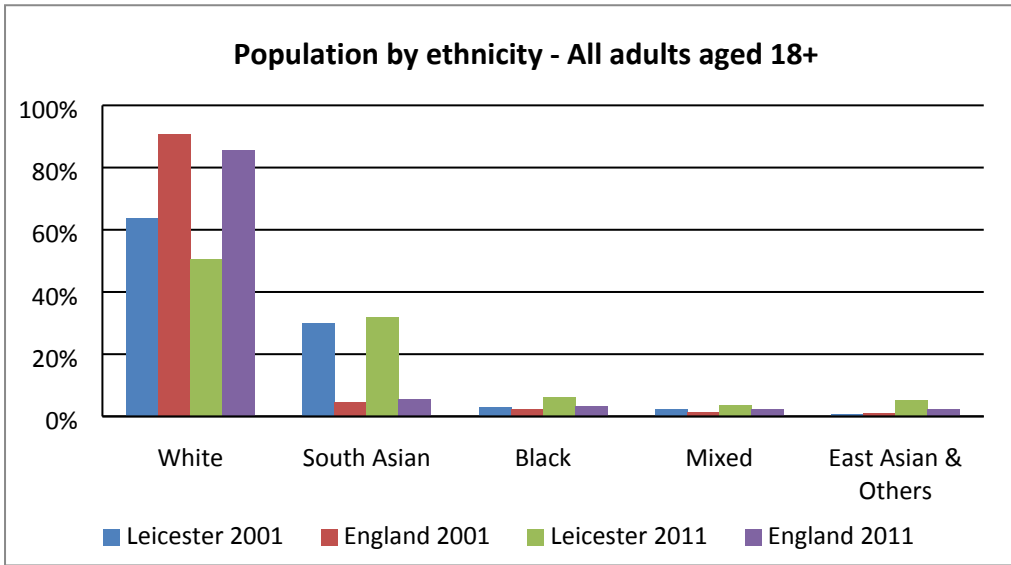
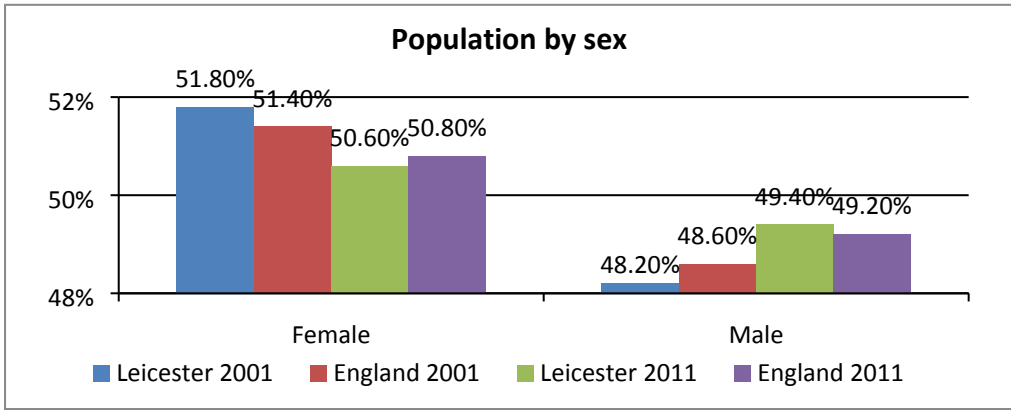
Population Profile of Leicester City: 2001 Census and 2011 Census

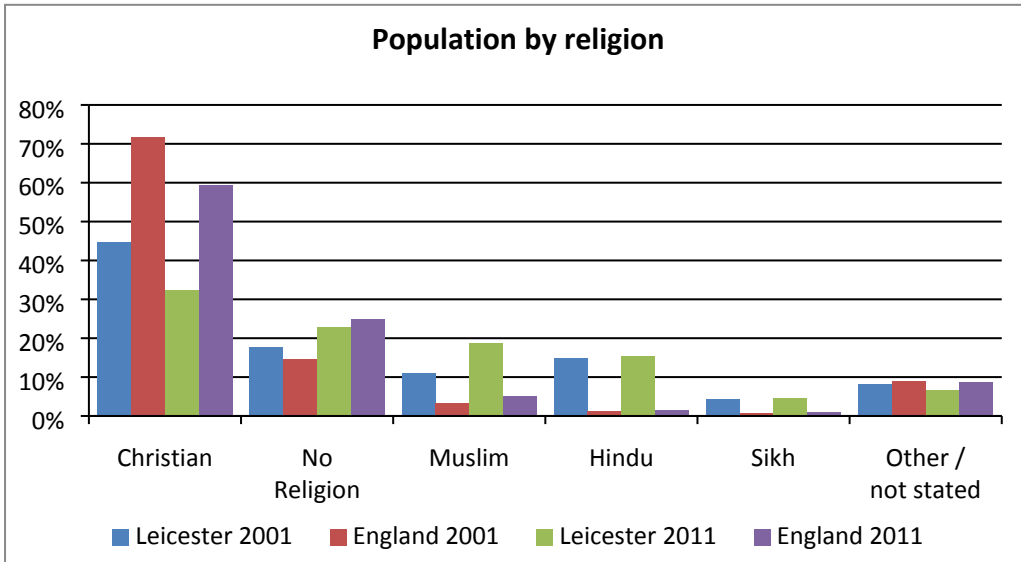
**Population comparison between England & Leicester Census 2011**



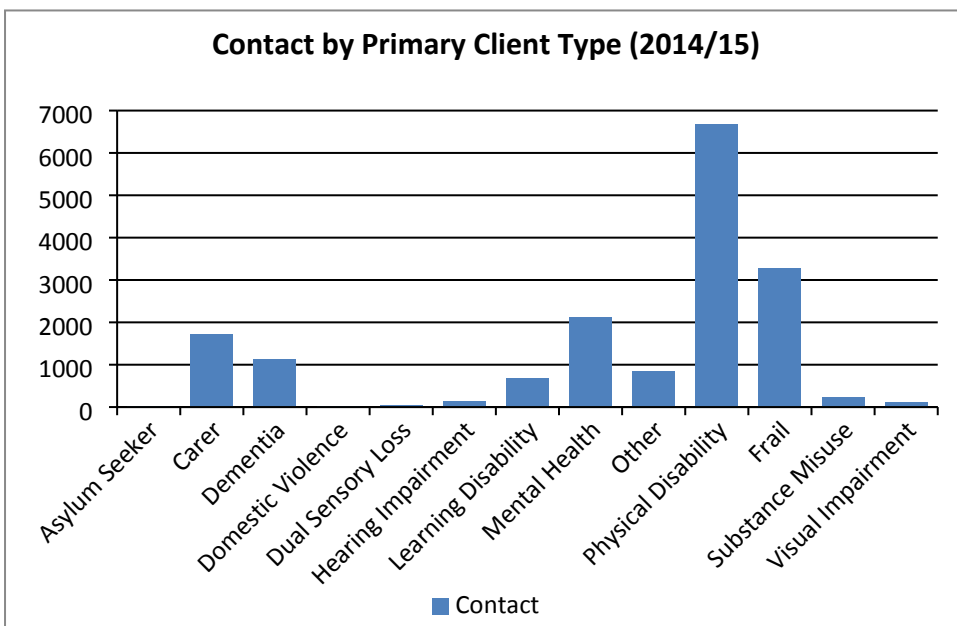
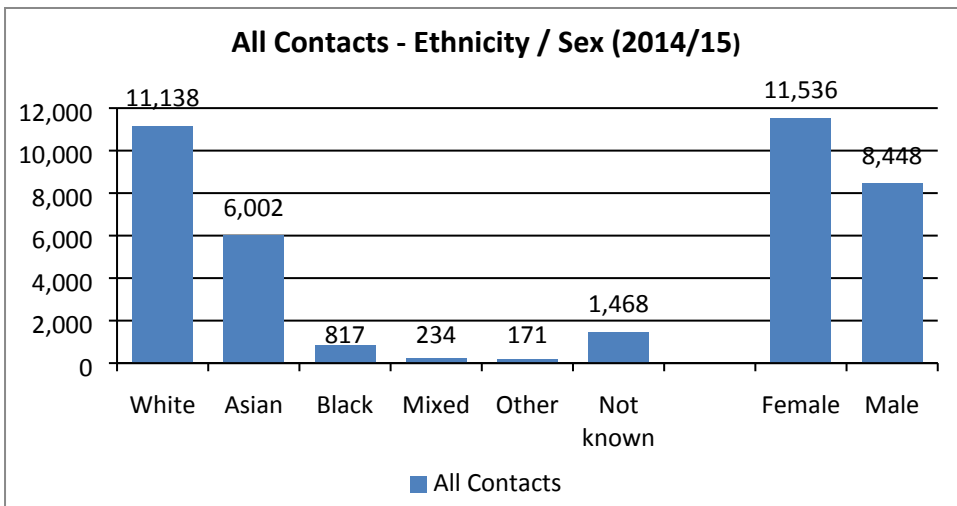
**Population change 2001 - 2011 (outline shows 2001)**

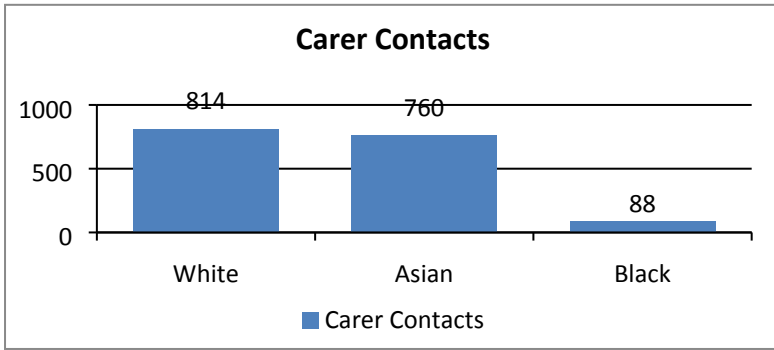




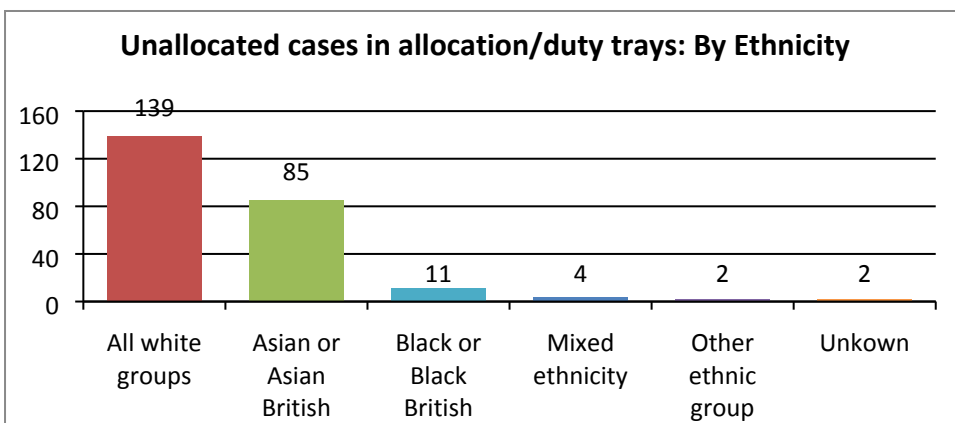
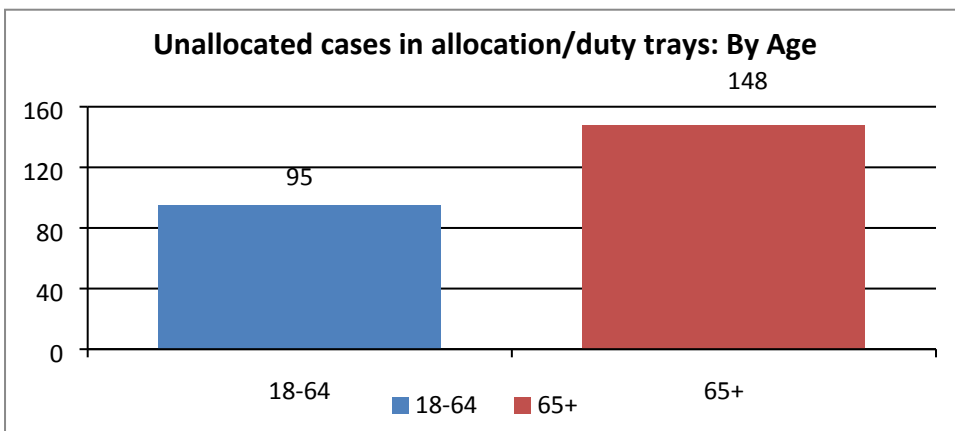
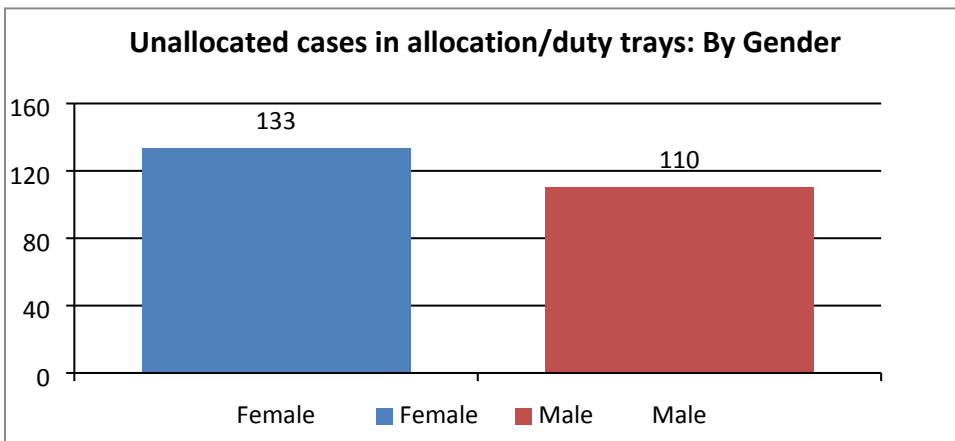


## Adult Social Care – Contacts



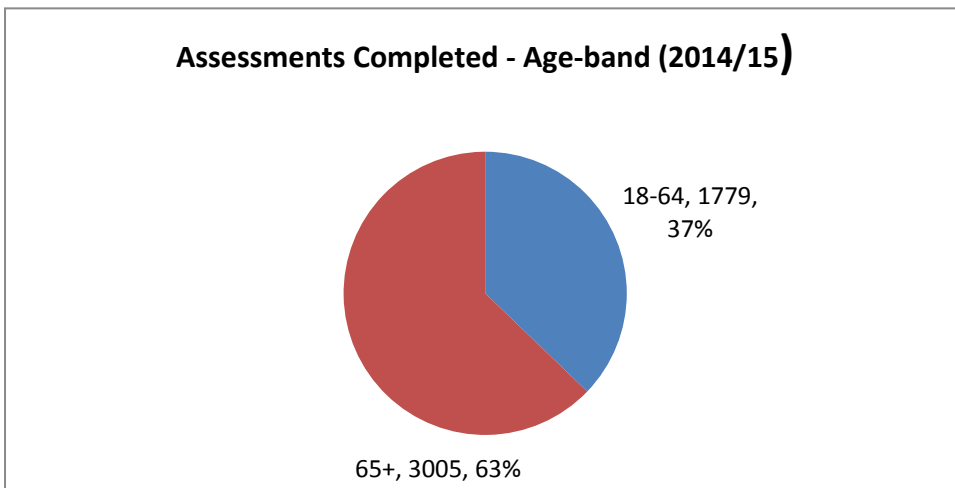
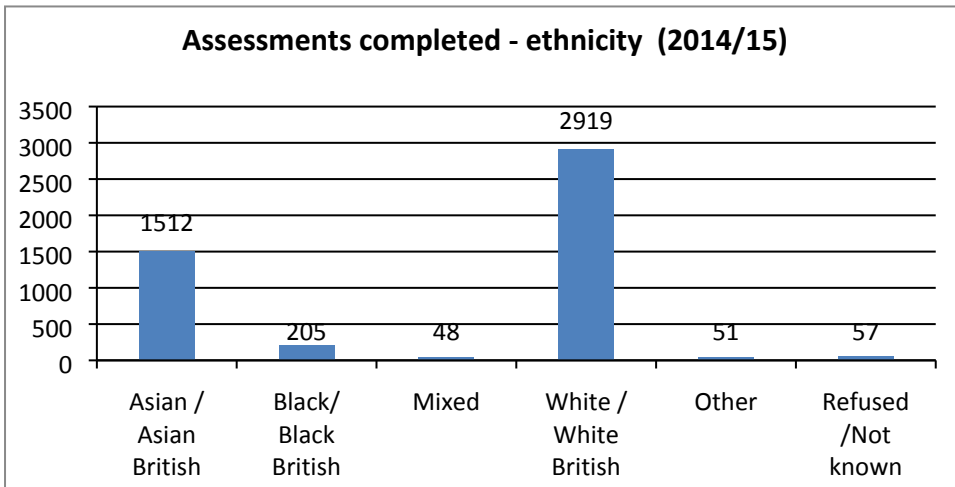


## Adult Social Care – Unallocated Cases

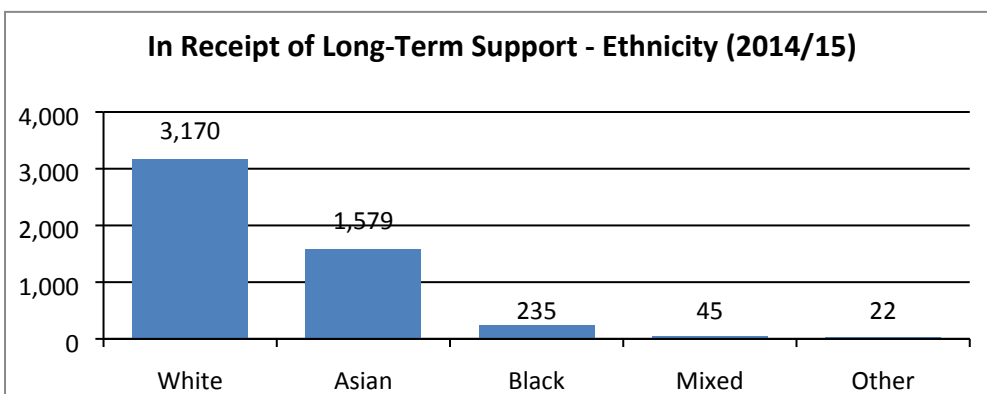




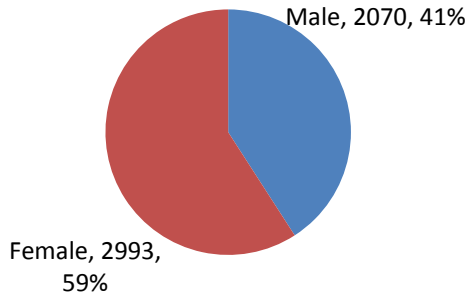
## Adult Social Care – Completed Assessments



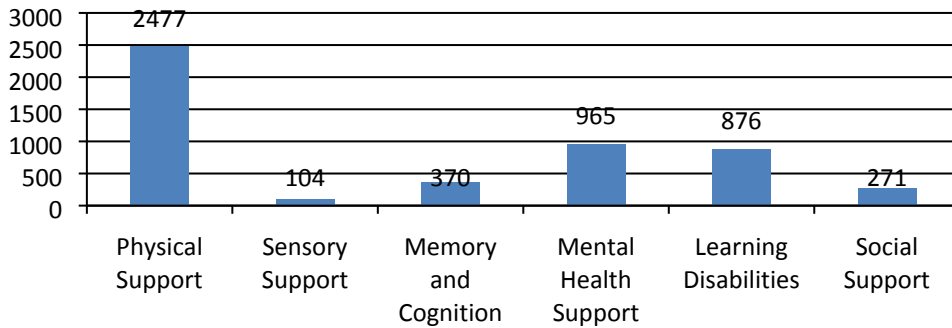
## Adult Social Care – People receiving services and support



**In receipt of Long-Term Support as at 31/3/2015 - Gender**

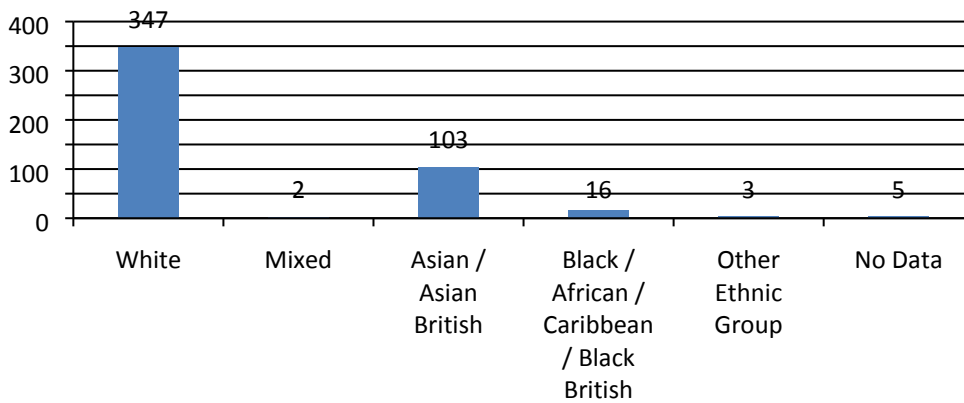


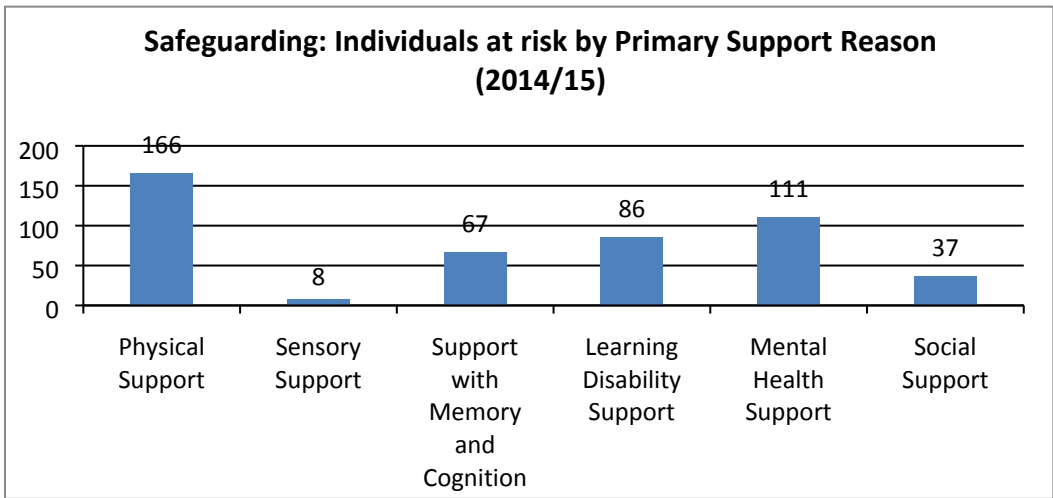
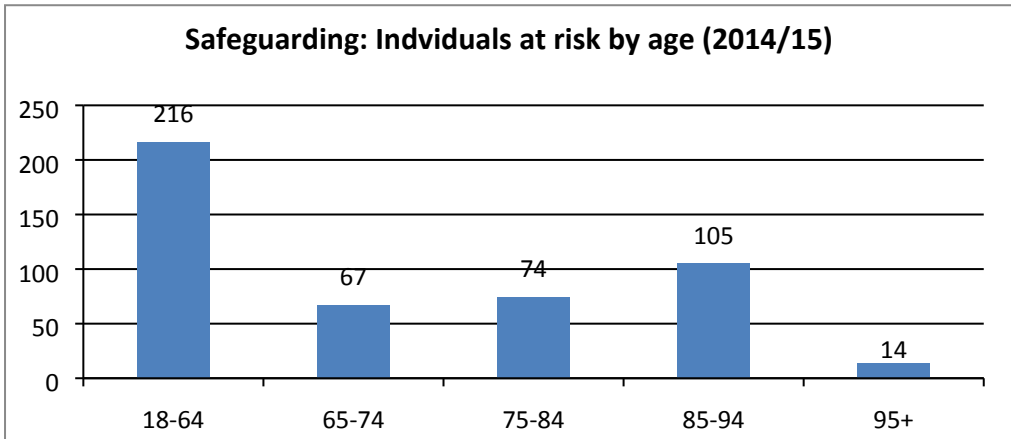
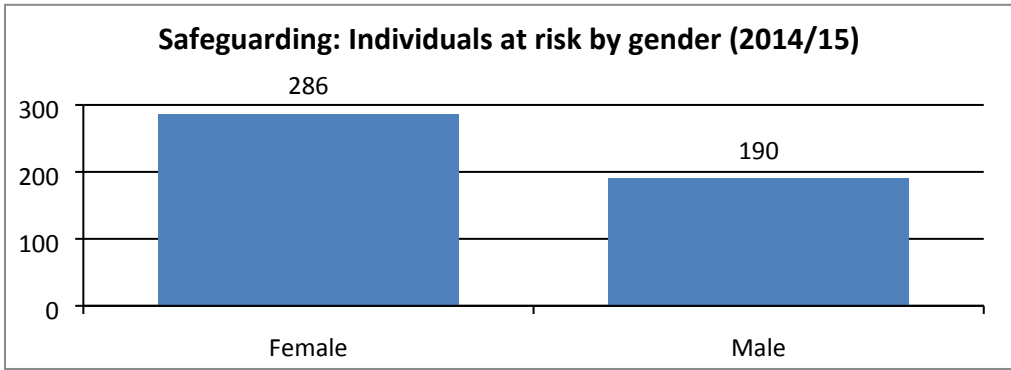
**In Support of Long-Term Support as at 31/3/2015 - Primary Support Reason**



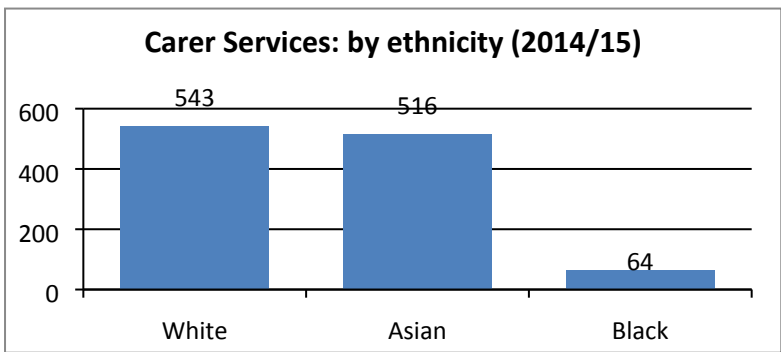
**Adult Social Care - Safeguarding**

**Safeguarding: Individuals at risk by ethnicity (2014/15)**

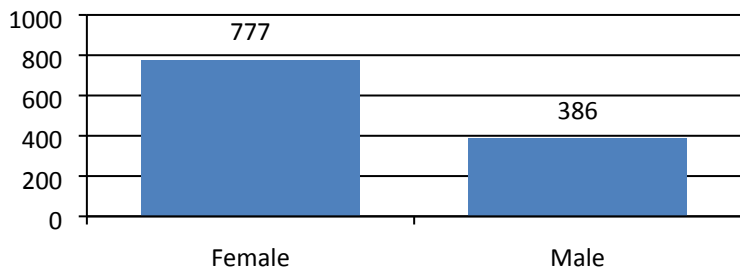




**Adult Social Care - Carers**

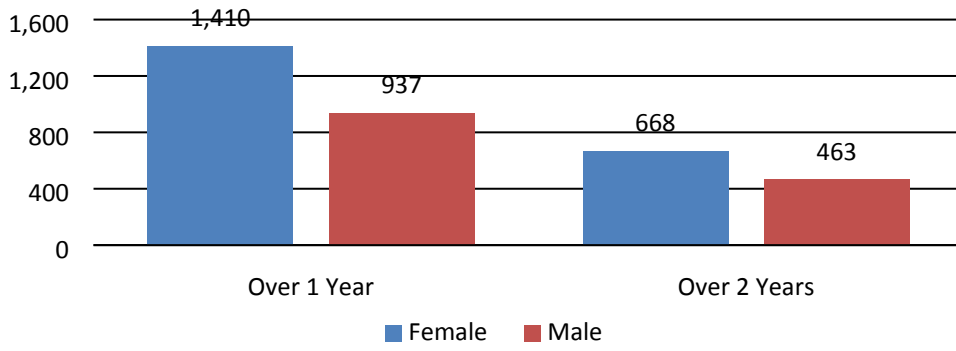


**Carer Services: by sex (2014/15)**

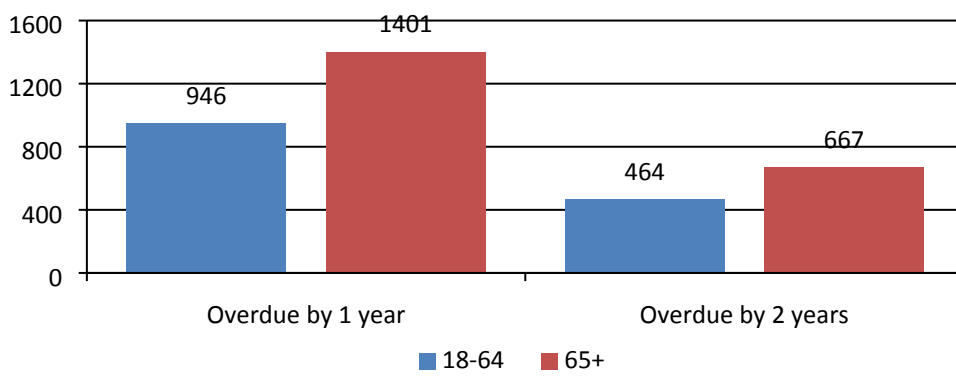


**Adult Social Care – Overdue Reviews**

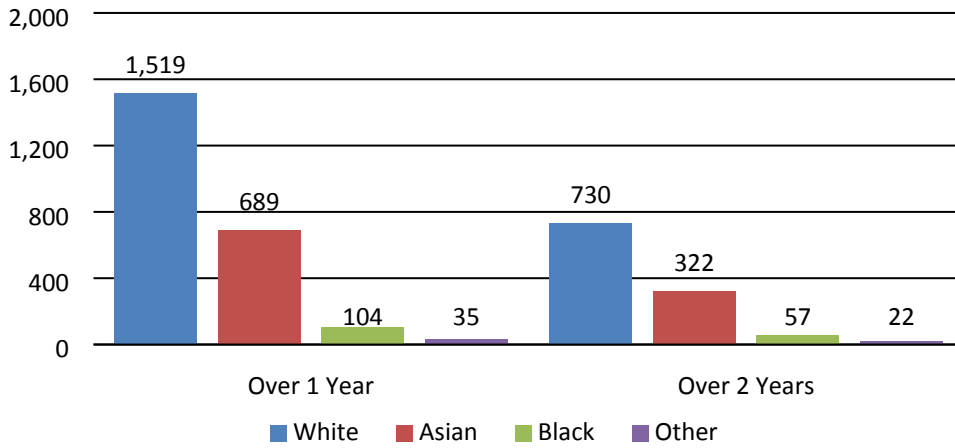
**Overdue reviews: By Gender**



**Overdue reviews: By Age**

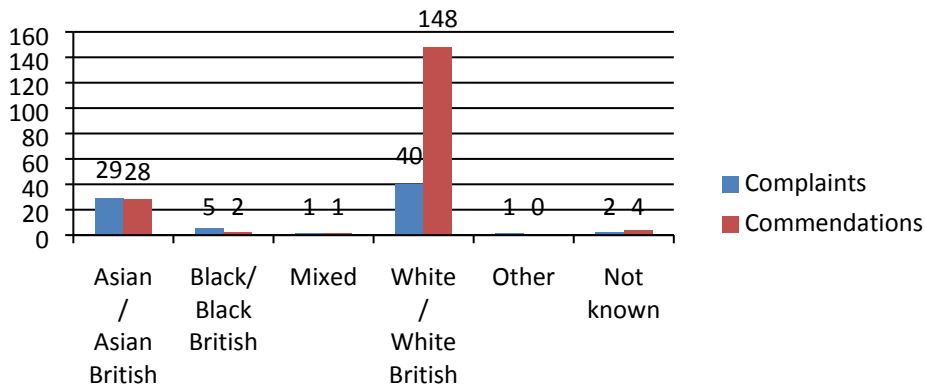


### Overdue Reviews: By Ethnicity

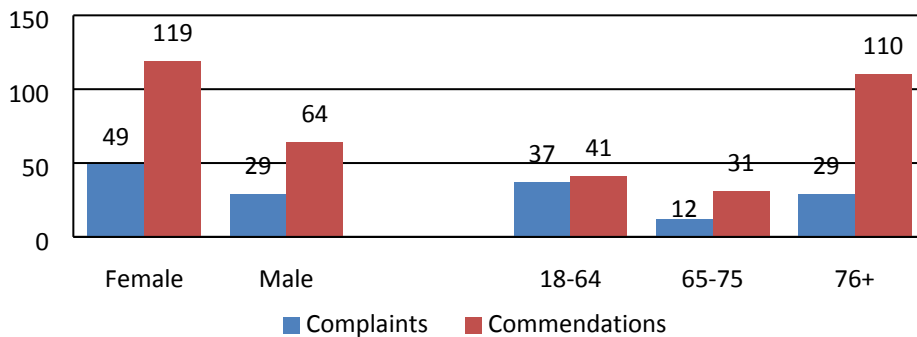


### Adult Social Care – Outcomes and satisfaction

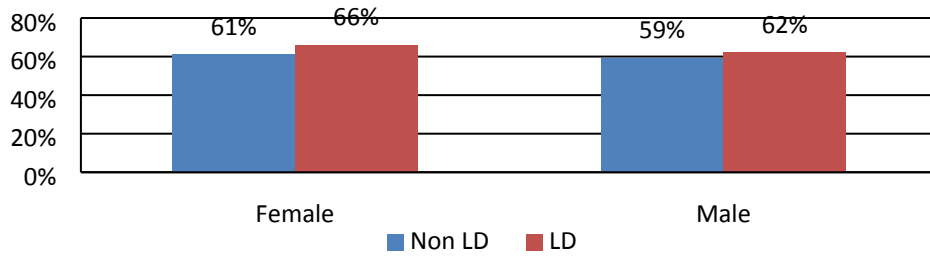
#### Complaints & Commendations by Ethnicity (2014/15)



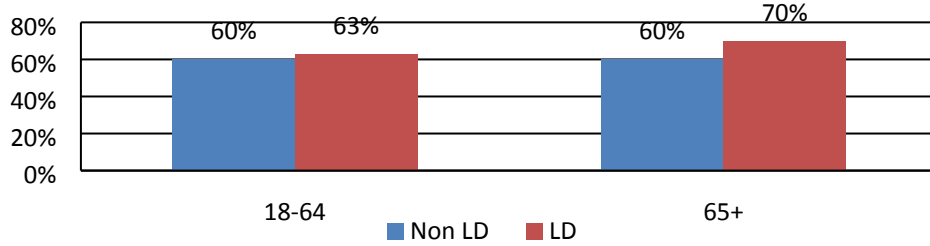
#### Complaints & Commendations by Sex & Age (2014/15)



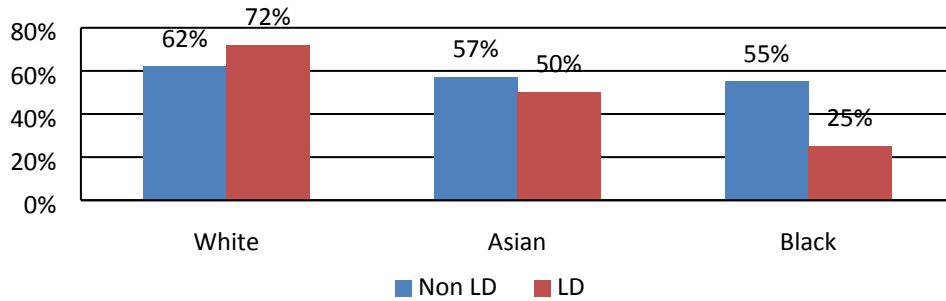
**Extremely and very satisfied with care and support: by sex  
(2013/14)**



**Extremely and very satisfied with care and support: by age  
(2013/14)**



**Extremely and very satisfied with care and support: by ethnicity  
(2013/14)**





## Report to Scrutiny Commission

Adult Social Care Scrutiny Commission

Date of Commission meeting: 8<sup>th</sup> March 2016

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### **ASC Care Pathway and Care Act Implementation**

Report of the Strategic Director of Adult Social Care

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**Useful Information:**

- Ward(s) affected:

All

- Report author: Ruth Lake
- Author contact details 37-5551
- Date of Exec meeting N/A

## 1. Summary

- 1.1 This report describes the care pathway for people who may be in need of care and support. It outlines how people are assessed and supported, in line with the Care Act 2014, introduced in April 2015.

## 2. Recommendation(s) to scrutiny

- 2.1 The Adult Social Care Scrutiny Commission is recommended to note the report and make any comments.

## 3. Report

- 3.1 The Care Act 2014 was the most significant reform of the statutory basis for the provision of adult social care (ASC) since the Community Care Act 1990. The previous legal landscape was piecemeal and relied heavily upon historic Acts, case law and guidance. It was also the case that there was significant national variation in the thresholds that Councils applied for the provision of statutory support to individuals, leading to a 'postcode lottery' and a lack of equity. The Care Act has therefore consolidated the law into a single act, with some exceptions (Mental Health legislation remains separate) and has introduced new duties for councils, for example in relation to prevention, carers and safeguarding.

- 3.2 The Care Act also introduces the concept of the wellbeing principle; although lacking definition this requires Councils to consider the impact of an individual's needs on their wellbeing.

- 3.3 A summary of the requirements of the Care Act is attached at appendix 1. This report focuses specifically on the elements that relate to an individual's interaction with ASC rather than the commissioning / market duties.

- 3.4 To illustrate the Care Act in practice and describe an individual's journey through ASC in Leicester, this report will walk the reader through the Care Pathway.

### 3.5 Information, Advice and Guidance

The Care Act requires Councils to ensure that all citizens, not just those eligible for statutory social care, have access to information, advice and



guidance (IAG). IAG should help people to identify their needs, identify how they might manage and reduce their needs and to find out about local services that might address their needs.

In Leicester this is achieved in a variety of ways and a new tool for people to access IAG will be available shortly (*or is now available*) with the introduction of a customer portal. IAG is available via:

- LCC website: the ASC web content and accessibility has recently been independently audited via an East Midlands project and adjustments made to improve ease of use.
- Commissioned local services which provide IAG generally or to specific groups
- Leaflets and other written material
- Single Point of Contact: our 'front door' staff offer IAG to all people approaching us for care and support as a first step.
- Customer portal: this is just launching and enables people to self-assess against the Care Act eligibility threshold, access relevant IAG based on their presenting needs and find care and support services locally. It also allows people to identify what level of financial contribution they would be required to make towards the cost of any care services that might be provided. Where people are identified as likely to be eligible **and** they accept the financial contribution that will be expected of them, they are able to submit this information to us and this initiates a further assessment of their needs by ASC staff.

We aim to support a greater number of people who approach us through the provision of IAG, so that they are enabled to remain independent using local universal or targeted services.

### **3.6 Advocacy**

The Care Act introduced a requirement for Councils to make available advocacy, specifically for people who would have substantial difficulty in taking part in the assessment process. This includes advocacy for carers who are unable to understand or participate in their own assessment. In Leicester we commission a number of advocacy services and make these available for people who meet the Care Act definition (of not being able to understand / participate in our processes) but also more generally for people who would benefit from support in representing their views.

### **3.7 Contact Assessment**

Assessment processes are required by the Care Act to be proportionate to need. Our starting point for many people who appear to have care and support needs is to undertake a contact assessment. This is a short assessment, completed with the individual and any family / carers, which aims to assess people against the eligibility threshold and determine what further steps might be required.

The eligibility threshold is appended to this report (appendix 2). It is a functional test, aimed at determining whether people are able to carry out everyday tasks and if they are **19** able to complete tasks in two or more

areas, whether that restriction has a significant impact on their wellbeing.

Contact assessments can be completed face to face or via the telephone; they are used for people leaving hospital and for people in the community that are not already in receipt of care services from ASC.

A contact assessment might result in:

- The provision of IAG
- Access to a preventative service such as equipment or assistive technology
- Access to targeted service such as reablement or enablement, for a period of intervention to reduce needs and further assess eligibility at the end of that process
- A fuller assessment of need, where people appear to have complex needs that cannot be met through the provision of the above.

Contact assessments are sufficiently detailed for the Council to provide services immediately if the presenting needs are urgent, pending further assessment.

### **3.8 Reablement and enablement**

Councils are expected to make services available that reduce people's needs and promote their independence. We have had an established reablement offer for many years. This is a service that provides practical care and support in a therapeutic way, with the input of physiotherapy and occupational therapy. A programme of therapy is set to assist people to reach independence goals during a period of up to 6 weeks. The service is aimed at people who have physical / functional restrictions such as mobility limitations or recovery from a fall, period of hospitalisation.

The new care pathway is introducing an enablement service, which will focus on supporting people with learning disabilities and mental health issues. This service will aim to support people to be more independent in accessing community services, being involved with others, managing routines, travel training and accessing work, college or building confidence to participate in everyday activities. As a new service, outcomes will be monitored as part of an enablement performance framework.

Where people require short term support and this cannot safely be provided in their own home, intermediate care beds are available. These are now consolidated at the Kingfisher Unit and ASC will be reviewing the future approach to intermediate care, with a view to supporting more people at home, with more intensive services if required.

### **3.9 Supported Assessment**

If, having utilised all other services described above, there is a residual level of need that appears to meet the eligibility threshold, or where people clearly

have no further reablement / enablement potential, a full assessment will be completed using a Supported Assessment Questionnaire. This links directly to the domains within the Care Act, establishes people's eligibility and provides an indicative personal budget.

The indicative personal budget is a financial sum, which is the starting point for the development of a care and support plan. The amount relates directly to the assessed needs and support available to people, as captured in their assessment questionnaire. The process is designed to allocate resources based on need, not condition, health problem or client group, so that is fair and transparent.

### **3.10 Support Planning**

People with eligible needs are assisted, if required, to develop a support plan that describes their needs and which of these are eligible; the outcomes they wish to achieve and the nature of support that will be arranged to meet the outcomes attached to eligible needs.

Support plans aim to be creative, maximising people's use of universal services and to arrange support in a way that focuses on promoting independence rather than fostering reliance. This plan is developed within the financial envelope of the indicative personal budget unless there are exceptional circumstances; in those cases a Quality Assurance Panel currently reviews the assessment and proposed support plan and grants additional funding, where this is evidenced as being necessary to meet eligible need.

The agreed support plan confirms the final personal budget available to the individual. People can take their personal budget as a direct payment or can ask the council to manage it on their behalf, or by a combination of these options. People are required to make a contribution towards the cost of their services, based on an individual financial assessment of their ability to pay; this is set out in the Council's own Fairer Charging Policy (for non-residential services) and the national Charging for Residential Accommodation Guide (for residential / nursing care).

### **3.11 Direct Payments**

Councils have been required by law to offer direct payments for many years. In Leicester we offer this as the primary option, as it provides the greatest control for people over their own lives. We have introduced a pre-payment card, so that people can have a simple debit card which can be uploaded monthly by the council with their personal budget allowance. There are also support services available to people who might require assistance with issues such as becoming an employer.

People who have a direct payment, or manage one on behalf of a service user, are responsible for the care and support arrangements. The Council has legal obligations regarding the payment and the oversight of how a direct payment is used, but is not responsible for making the care arrangement, for defining the quality of service purchased using a direct payment or for liabilities arising from these arrangements.

### **3.11 Reassessments and reviews**

People receiving care and support, whether via a direct payment or through Council arranged services, are required within the Care Act to receive regular reviews. We have previously noted to the Scrutiny Commission that undertaking reviews where people's circumstances are seemingly stable has been a challenge, given other pressures.

Our new care pathway has created planned care teams, that will focus on reviews of people in receipt of care services, as well as a Supported Residents Care Team, which will focus on reviews of older people in residential care or extra care / supported living. Additionally the newly created Learning Disability teams will concentrate on support to this client group, so that their complex needs and opportunities for independent living are maximised.

Reassessment and reviews should also be proportionate and we are currently looking at how we might improve this experience for customers and to reduce bureaucracy for staff.

Reassessments and reviews are focussed on exploring whether services are meeting the outcomes described in the support plan, whether there are new opportunities to reduce reliance on statutory care and taking account of any changed circumstances. Outcomes from reassessments and reviews could include the removal of services that are no longer needed, reductions in services and changes to services where they are not achieving the required outcomes. As we are transitioning to a new eligibility threshold under the Care Act, we will be revising people's support plans and eligibility decisions in light of that new framework; this will result in changes for some people, even where their levels of need have not changed.

### **3.12 Carers**

The Care Act introduced new rights for carers, placing them on the same footing as people with care and support needs; they are entitled to an assessment; there is a carer-specific eligibility threshold; carers should receive a personal budget to meet any eligible needs.

All Councils are adapting to this new framework. In Leicester, where we previously had a one-off payment for carers through the Carers Personal Budget scheme, we have now moved to a new process of individual support planning. We commission a range of services that should meet many carers needs, such as IAG, carers networks, Caring with Confidence training courses and opportunities for peer support.

We also provide services to the cared for person in order to reduce the caring burden, such as respite care, sitting services or domiciliary care. These services are reflected in the cared for persons support plan rather than the carers, as the individual must agree to accept them. In some situations it will not be possible to meet eligible needs in these ways and carers are provided with additional support through a personal budget. We do not currently charge carers for any services.

Our early learning from the Care Act is that more carers are being assessed and are being supported using either contracted carers services or via

services provided to the cared for person. Only a small number of carers require an additional carer's personal budget to meet their eligible needs. As this is a new area of work, we are monitoring the impact of the changes and working with staff to ensure that there is a consistent application the eligibility criteria.

### **3.13 Safeguarding**

Safeguarding underpins all ASC activity. However the Care Act introduced a specific requirement of Councils to establish a Safeguarding Adults Board. This has previously been described to the Scrutiny Commission when the independent chair of the Local Safeguarding Adults board presented the boards Annual Report (November 2015).

ASC is currently implementing the national Making Safeguarding Personal approach which focuses on the outcomes that individuals wish to achieve from a safeguarding intervention, rather than whether or not a particular allegation was substantiated. This is important in ensuring that people are placed at the centre of the safeguarding process rather than having a 'make safe' process done to them.

- 3.14 The above describes the pathway and outcomes for people being supported by ASC. A pictorial description of the care pathway is attached at appendix 3. There is currently work underway to reorganise the staffing structure to create this new pathway, for example establish a learning disability services, and this should be fully operational by April 2016.

## **4. Financial, legal and other implications**

### 4.1 Financial implications

One off funding was received in 2015/16 in the form of the Carers and Care Act Implementation Grant totalling £364k. This was to cover additional carer related costs and general Care Act implementation cost pressures.

*Martin Judson, Head of Finance*

### 4.2 Legal implications

This report outlines the care pathway for Adults and Carers in Leicester and provides a summary of the pertinent changes brought about by the Care Act 2014 and the Care and Support Statutory Guidance 2014. In order to comply with its statutory

obligations the Council has adapted and reconfigured services and will continue to promote change where necessary to ensure that the needs of vulnerable adults and their carers continue to be met within Leicester City.

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

#### 4.3. Climate Change implications

None to note

#### 4.4 Equality Impact Assessment

As stated in paragraph 3.3, the report focuses on how individual service users interact with ASC: the types of services the council provides and the basis on which an individual would receive a service (the eligibility criteria for their support based upon our assessment of their individual needs).

Our Public Sector Equality Duty focuses on the process of how we develop and deliver those services: that we have sufficient knowledge and information of local need across the diverse range of people supported by the department (reflective of their different protected characteristics of age, gender/gender identity, disability, race, religion or belief, and sexual orientation) to ensure that we do not discriminate against any particular protected characteristic by not understanding or addressing their needs; that we effectively deliver our services to achieve their intended outcomes and in so doing ensure that we are promoting equality of opportunity in shared outcomes such as improved health, quality of life, personal identity and participation in community life – addressing gaps in personal outcomes that some service users may experience; that when delivering our services, we foster good relations between groups of people with different protected characteristics, ensuring an inclusive approach to and outcomes for those who receive our services and where applicable, the carers who support them.

This report provides a useful framework for capturing the range of services in place and how people access them. It offers too broad a perspective to consider more specific equalities implications other than the achievement of the broad aims of the Public Sector Equality Duty referred to above.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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

**6. Summary of appendices:**

Appendix 1 – Summary outline of Care Act 2014 duties

Appendix 2 – Eligibility definition from Care Act guidance

Appendix 3 – Illustration of the Care Pathway

**7. Is this a private report ? No**





## **The Care Act – Outline of Duties and Responsibilities**

### **1. General responsibilities and universal services**

Under the Care Act, local authorities will take on new functions.

- It makes clear that local authorities must arrange services that help **prevent** or delay people deteriorating
- Local authorities will need to provide **comprehensive information and advice** about care and support services in their local area. This will help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services.
- Requires local authorities to help **develop a market** that delivers a wide range of sustainable high-quality care and support services that will be available to their communities.

When buying and arranging services, local authorities must consider how they might affect an individual's wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services undermine the wellbeing of people receiving those services. Local authorities should also work with local providers, to help each other understand what services are likely to be needed in the future, and what new types of support should be developed. To do this, authorities should engage with local people about their needs and wishes. Local authorities should publish information on how they plan to do this.

A wider range of good quality services will give people more control and help them to make more personalised choices over their care. They should therefore get better care that works for them.

### **2. Entitlements to care and support**

The Act creates a **single, consistent route** to establishing an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers, on a similar basis.

### **3. Assessment & Eligibility**

At the moment, each local authority sets its own **eligibility threshold** based on guidance. The Care Act sets out a new the national minimum threshold for eligibility, which will be consistent across England.

#### **4. Care & Support Planning**

The Act gives local authorities a new legal responsibility to provide a **care and support plan** (or a support plan in the case of a carer).

For the first time, the Act provides people with a legal entitlement to a **personal budget**, which is an important part of the care and support plan. This adds to a person's right to ask for a direct payment to meet some or all of their needs.

Even when an assessment says that someone does not have needs that the local authority should meet, the local authority **must advise people** about what needs they do have, and how to meet them or prevent further needs from developing.

It must also provide an **independent advocate** to help the person take part in the planning and review process, if that person would otherwise have substantial difficulty in doing so.

The local authority also has a legal responsibility to **review the plan** to make sure that the adult's needs and outcomes continue to be met over time.

#### **5. Charging and Financial Assessments**

The new law for adult care and support sets out a **clearer approach to charging and financial assessment**.

Not all types of care and support involve a cost for the person. Whilst the Act gives local authorities the power to **charge** for care and support, they may not charge for services which the regulations say must always be free.

The Act also expands an existing **deferred payment scheme** to make this available universally across England

#### **6. Safeguarding**

The Act requires local authorities to set up a **Safeguarding Adults Board** (SAB) in their area, giving these boards a clear basis in law for the first time. The act also outlines the conditions for the SAB.

The Act also requires local authorities to make **enquires**, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed.

This applies whether or not the authority is actually providing any care and support services to that adult.

The Act says that SABs must arrange a **Safeguarding Adults Review** in some circumstances.

## Appendix 1

The local authority will arrange for an **independent advocate** to represent and support a person who is the subject of a Safeguarding Enquiry or a Safeguarding Adult Review, if they need help to understand and take part in the enquiry or review and to express their views, wishes, or feelings.

The Act is clear that if an SAB **requests information** from an organisation or individual who is likely to have information which is relevant to SAB's functions, they must share what they know with the SAB.

The Act does not give local authorities any **new powers to enter** a person's property.

### **7. Carers**

The Bill gives local authorities a responsibility to assess a carer's needs for support. This replaces the existing law, which says that the carer must be providing "a substantial amount of care on a regular basis" in order to qualify for an assessment. This will mean more carers are able to have an **assessment**, comparable to the right of the people they care for.

The local authority and the carer will agree a **support plan**, which sets out how the carer's needs will be met.

In most cases local authorities do not **charge** for providing support to carers, in recognition of the valuable contribution that carers make to their local community. However, this is something that the local authority can decide.

Carers should receive a **personal budget**. Carers have a right to request that the local authority meets some or all of such needs by giving them a direct payment, which will give them control over how their support is provided.

### **8. Continuity between areas**

The Act describes a **process** to be followed so that local authorities know when someone wants to move areas, and what must happen to make sure that their needs are met when they arrive in the new area.

If on the day of the move the local authority has not carried out the assessments, then the "**continuity duty**" is triggered. This requires the second authority to meet any of the needs that were being met by the previous (first) authority, from the day that the person arrives in the new area.

The continuity duty continues until the second authority has carried out its own assessment and put in place all necessary care and support on the basis of that assessment.

## **9. Market Oversight & Provider Failure**

### Managing provider failure locally

The Act imposes clear legal responsibilities on local authorities where a care **provider fails**. The Act makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met if a provider fails, no matter what type of care they are receiving.

Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves or whether the local authority pays for it.

In these circumstances, the local authority must ensure that the person does not experience a gap in the care they need as a result of the provider failing.

This duty applies temporarily, until the local authority is satisfied that the person's needs will be met by the new provider.

### Market oversight

The Act establishes that the **Care Quality Commission (CQC)** will take on a new responsibility for assessing the financial sustainability of certain “hard-to-replace” care providers.

To assess financial sustainability, the Act gives the CQC the power to request information from any provider in the regime.

The CQC will share this information with relevant local authorities where it believes a provider is about to fail, to help minimise the negative effects of the provider failing, and to ensure a smooth process that provides continuing care to individuals.

## **10. Transition**

The Act says that if a child, young carer or an adult caring for a child is likely to have needs when they, or the child they care for, turns 18, the local authority must **assess** them if it considers there is “significant benefit” to the individual in doing so. This is regardless of whether the child or individual currently receives any services.

When either a child or a young carer approaches their 18th birthday, they may ask for an assessment. A parent or carer may also ask for an assessment as the child they are caring for approaches 18.

The Act does not say that the child or young person has to be a certain age to be able to ask for an assessment. It says that local authorities must consider, in all cases, whether there would be a “**significant benefit**” to the individual in doing an assessment.

The Act gives local authorities a **legal responsibility to cooperate**, and to ensure that all the correct people work together to get the transition right.

### **11. Integration Cooperation & Partnerships**

The Act requires:

- local authorities to carry out their care and support responsibilities with the aim of promoting greater **integration** with NHS and other health-related services
- local authorities and their relevant partners must cooperate generally in performing their **functions related to care and support**
- local authorities and their partners must cooperate where this is needed in the case of **specific individuals** who have care and support needs.

### **12. Key Themes**

There are several key themes that run through the Act and underpin the proposed changes. These include:

- More choice and control over care and support
- Clarifies what they can expect from the care system
- Promotion of independence and wellbeing
- Preventing or delaying care and support needs from becoming more serious
- Role of market shaping to ensure a good range of services and providers
- Promoting co-operation and integration across health & social care
- Equal rights for carers

### **13. Outline of Changes**

The Act includes fundamental changes and reform to how social care is funded. The key proposals include:

- Duty to provide comprehensive advice and information to allow people to make the right decisions about their care and support
- A new national eligibility framework and entitlements
- New rights for carers, including right to an assessment and right to get support if meet eligibility criteria
- Puts personal budgets on a statutory footing for the first time
- A duty on councils to consider the physical, mental and emotional wellbeing of individuals
- A new duty to provide preventative services to maintain people's health

## Appendix 1

- Streamlined and more effective working across adults and children's services during transition
- Gives Safeguarding Adult Boards a legal basis for the first time
- Requirement to integrate services with health and any health related services such as housing
- An up to date and accessible Market Position Statement
- Clearer approach to charging and financial assessments
- Transparent and visible quality management for the whole market
- Powers for chief inspector of social care to hold poor-performing providers to account

## What is the eligibility criteria for support?

The Care Act 2014 introduced a national eligibility criteria, which is consistent across England. There is an eligibility framework for adults and a different one for carers.

### Adults with Care and Support Needs

To establish whether adults with care and support needs meet this threshold, we have to look at how their needs affect their ability to carry out tasks (achieve outcomes) such as eating properly, dressing themselves and maintaining personal hygiene. We will also look at how this impacts on their wellbeing.

The tasks we consider include:

- managing and maintaining nutrition, such as being able to prepare and eat food and drink
- maintaining personal hygiene, such as being able to wash themselves and their clothes
- managing toilet needs
- being able to dress appropriately, for example during cold weather
- being able to move around the home safely, including accessing the home from outside
- keeping the home sufficiently clean and safe
- being able to develop and maintain family or other personal relationships, in order to avoid loneliness or isolation
- accessing and engaging in work, training, education or volunteering, including physical access
- being able to safely use necessary facilities or services in the local community including public transport and recreational facilities or services
- carrying out any caring responsibilities, such as for a child.

We must then consider:

- If the person's needs arise from, or are related to, a physical or mental impairment or illness
- If the person's needs make them unable to achieve **two or more** of the above tasks (outcomes)
- If there is likely to be a significant impact on the person's wellbeing as a result of being unable to carry out these tasks.

An adult is only eligible where they meet all three of these conditions.

### Carers

There are three questions that we need to consider when making our decision about carers eligibility. If the answer is yes to all three questions, then the carer will meet the eligibility criteria.

#### **What will we ask carers?**

The three questions a carer will be asked are:

- is the need a consequence of providing necessary care to an adult?
- does the effect of the caring role impact on the ability to achieve any of the specific outcomes (below)?
- is there a significant impact on the carer's wellbeing as a consequence of the above?

We will assess if the carer's physical or mental health is, or is at risk of, deteriorating or the carer is unable to achieve any of the following outcomes:

- carrying out any caring responsibilities the carer has for a child
- providing care to other persons for whom the carer provides care
- maintaining a habitable home environment
- managing and maintaining nutrition
- developing and maintaining family or other significant personal relationships
- accessing and engaging in work, training, education or volunteering
- making use of necessary facilities or services in the local community including recreational facilities or services
- engaging in recreational facilities.



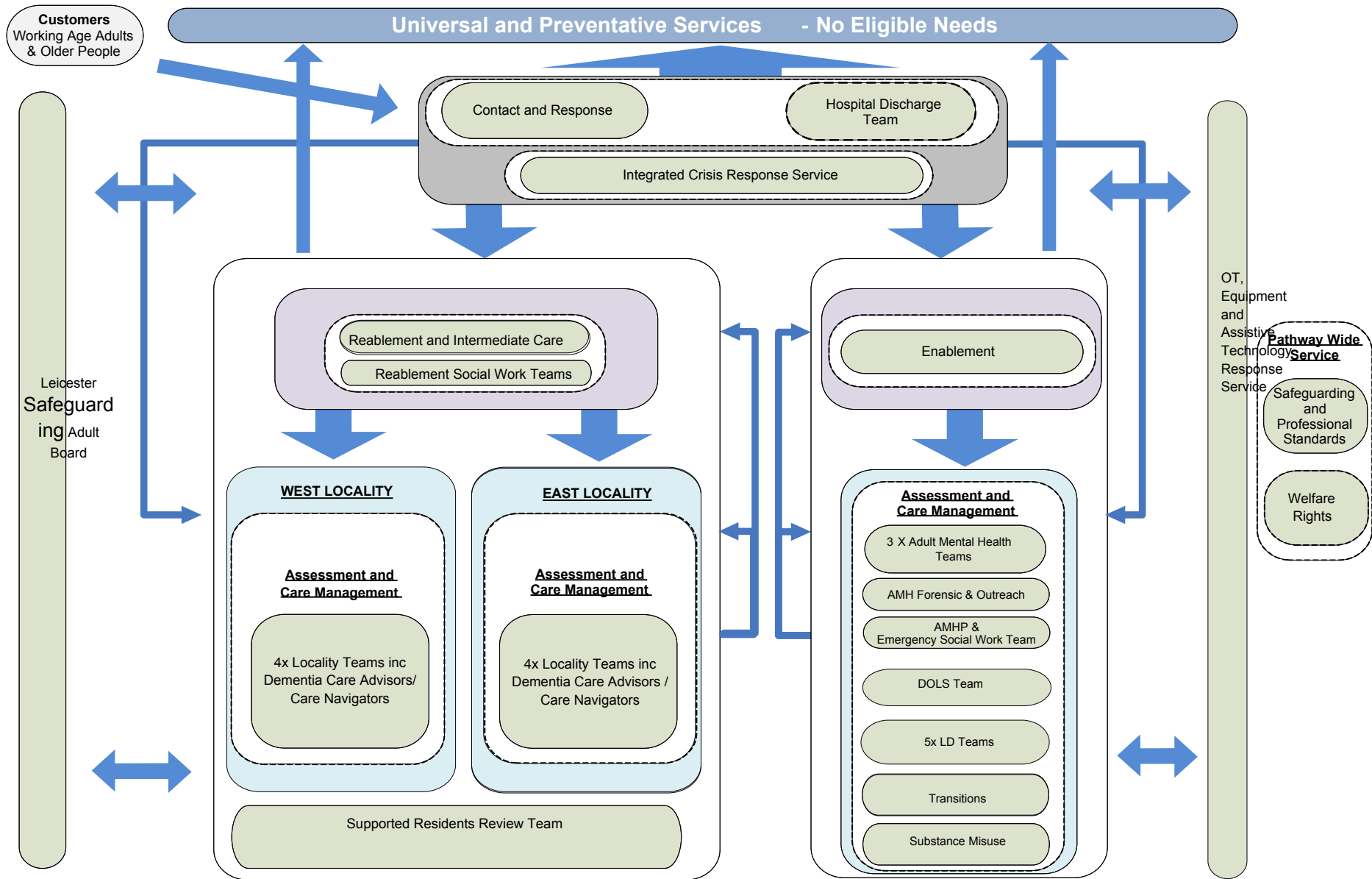
## Appendix 2

Wellbeing is a broad concept, and it is described as relating to the following areas:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it provided)
- participation in work, education, training or recreation
- social and economic well-being
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society.



APPENDIX 3 Revised Care Pathway Illustration



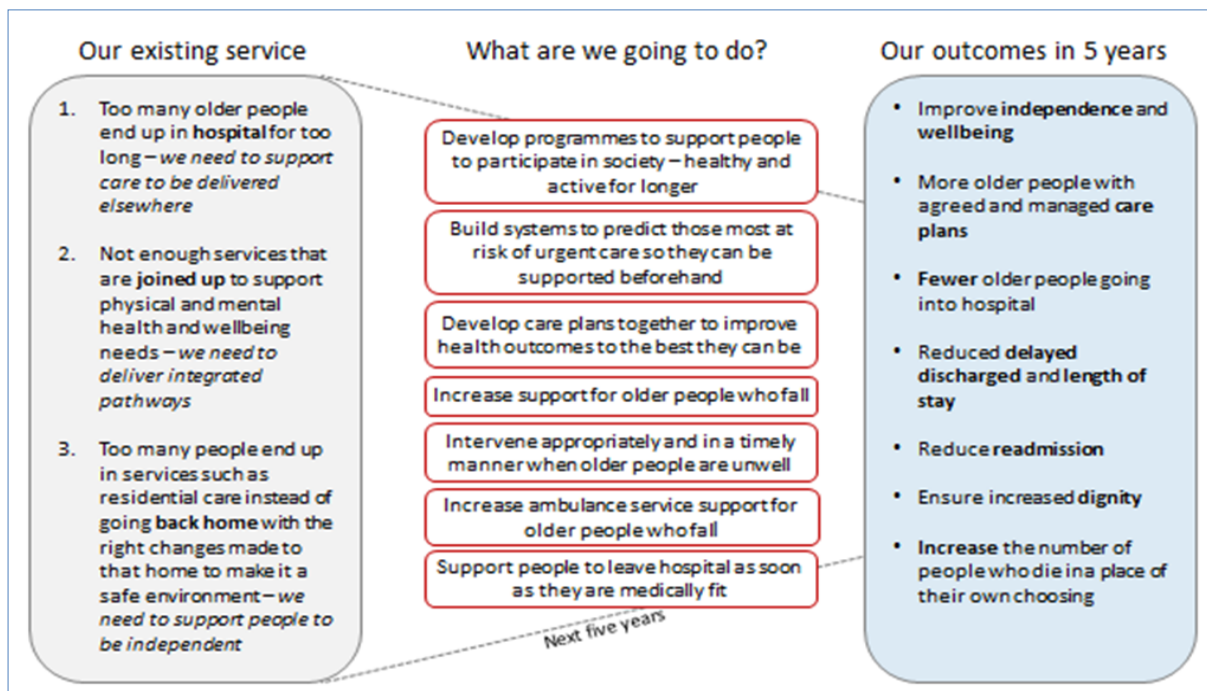


**Leicester City Better Care Fund 2016/17  
Update for ASC Scrutiny Commission  
8<sup>th</sup> March 2016**

## Strategic context

Within Leicester City we have agreed jointly to use the opportunities presented by the Better Care Fund to drive a clinically-led, patient-centred transformative change programme. This will harness the collective views, innovations and ideas of many experienced health and social care professionals as well as the views of our patients and carers.

The programme is purposefully aligned with longer-term strategic planned change in our acute sector, including the plans of Leicester, Leicestershire and Rutland *Better Care Together* programme. The figure below depicts our plans at a strategic level:



## Our Better Care Fund 2016/17

Our vision for a healthier population goes much further than just ensuring people get the right care from integrated, individual services. We set out to create a holistic service delivery mechanism so that every Leicester citizen benefits from a positive experience and better quality of care during the first two years of our BCF and we have delivered tangible improvements across all 5 of the nationally mandated metrics. We have, however, struggled to achieve a sustainable reduction in emergency admissions during the first 2 years of the BCF and so have placed more emphasis on delivery of this standard in 2016/17 – we know that our patients who do not require hospital admission could be better cared for in their own homes and we will strive to ensure that this happens through 2016.

In looking ahead to 2016-17, it is important that Better Care Fund plans are aligned to other programmes of work within the Better Care Together programme, including the new models of care as set out in the NHS Five Year Forward View and delivery of 7-day services as well as our Vanguard programme for urgent care.

We have adapted our plans for 16/17 in line with the guidance outlined in the Better Care Fund Policy Framework (Dec 2015) and will continue to deliver schemes designed to either prevent acute activity (and avoidable emergency admissions), release acute activity (and continue to decrease our rate of delayed transfers of care) or enable independence (and reduce dependence on social care). Our plans will fulfil the two new national conditions, requiring local areas to fund NHS commissioned out-of-hospital services and to develop a clear, focused action plan for managing delayed transfers of care (DTOC), including locally agreed targets.

Our priority areas continue to be:



Figure 2: The Leicester City model of integrated care

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



Figure 3: The Leicester City pre- and post-hospital pathway

This integrated model of delivery will enable us to achieve what we set out originally to do: work together with communities to improve health and reduce inequalities, enabling children, adults and families to enjoy a healthy, safe and fulfilling life.

### **Plans for BCF in 2016/17**

Our plans continue to develop the programme of work delivered in 2015/16 as therefore many schemes are rolled over into this year's funding programme or enhanced.

#### **Work stream 1: Prevention**

We will continue to use the Better Care Fund to:

- Invest in preventative services, such as our Leicester City Lifestyle Hub, empowering people in our target population to access services such as weight management, STOP smoking services, reduction of social isolation and exercise programmes. This will be directly linked to our hugely popular and successful NHS Health Check programme.
- Commit to integrating health and social care systems and data around the NHS number to ensure that all health and social care staff who need access to the data can access it to provide better holistic care to our population.
- Increase our offer of assistive technologies, particularly for falls and specific conditions such as COPD and hypertension, so that patients feel safe and remain independent and manage their own health proactively.
- Extend our routine patient and service-user satisfaction surveys to include a wider range of services in health and social care to ensure that any service change we implement is increasing patient and service-user satisfaction.

We will also:

- Begin the process of integrating our community health 'single point of access' and our local authority 'single point of contact'.
- Improve our ability to manage and track outcomes for our population, ensuring that every pound spent on the services described above increase outcomes for our target population as well as returns the most value for our patients.

#### **Work stream 2: Integrated Crisis Management**

We will continue to use the Better Care Fund to:

- Invest in GP services to ensure that our population of the most complex patients are cared for proactively by a named GP and supported within their Health Needs Neighbourhoods as appropriate.
- Commission virtual team of six local ECPs who will respond to GP referred and 999 calls deemed clinically appropriate, seven days a week between 8am and 8pm. These ECP's will assess and stabilise the patient and, where clinically appropriate, not-convey the patient the hospital but treat them in their own home. Basic diagnostic equipment will be part of the service, with access to on-call consultants at the acute site should further consultation be required. If more

complex diagnostics are required, the patient will directly access ambulatory pathways at the Leicester Royal Infirmary and be discharged home, rather than via a base ward.

- Commission a proactive element to the team detailed above, providing services directly to our care home population – this team will proactively target those patients most at need in our care home population. This will include, for example, baseline observations & care plan review and also includes training on usage of community services to care home staff as an alternative to 999.
- Commission a joint co-located Unscheduled Care Team, bringing together traditionally separate health and social care teams to provide one service, 24 hours a day, seven days a week. These teams will provide care for patients (and carers, where appropriate) in their own homes for up to 72 hours following a crisis call out with the aim of preventing admissions to hospital and promote independence at home. This will cover both physical and mental health and work on an HNN level. The services will include both an admission prevention and a discharge element.
- Create a network of 10 new Joint Planned Care Teams covering all of Leicester City, and mapped onto HNN's. These teams will offer holistic planned interventions, keeping people independent at home as well as preventing both physical and mental health crises. These teams will refer into all core offers of health and social care services as well actively link with the voluntary sector services in the city.

We will also:

- Ensure that specific condition-management plans will be drawn up for our target population, ensuring that our patients know how to manage their conditions but also know who to call when they feel the need for additional support, other than 999. This will start with our resident care home population and move onto prioritised population segments using our risk stratification model.

### **Work stream 3: Enabling independence**

We will continue to use the Better Care Fund to:

- Invest in the current Intensive Community Support service which discharges patients home into one of 36 virtual beds.

We will also:

- Review and then strengthen our reablement offer across both health and social care providers to patients to promote independence and reduce admissions to care homes.



**Other planned activity:**

We plan to review all existing services provided under our Joint Integrated Commissioning Programme (including those in Section 256 agreements) to ensure true value is being released by any investments. This includes services covered by:

- ASC Capital Grants
- Disabled Facilities Grant
- Carers Funding
- Reablement funds

We will also scope the joint commissioning of aligned services with our Local Authority, including provision of domiciliary care, therapy and specific mental health and learning disability provision.

**Report Authors**

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Ruth Lake, Director, Adult Social Care and Safeguarding, Leicester City Council



## LEICESTER CITY ADULT SOCIAL CARE SCRUTINY DATE 8<sup>th</sup> March 2016

<b>Subject:</b>	Progress report in response to the National Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy
<b>Presented to the Adult Social Care Scrutiny Committee by:</b>	Tracie Rees Strategic Director, Adult Social Care
<b>Author:</b>	Yasmin Surti - Lead Commissioner LD and MH

### EXECUTIVE SUMMARY:

#### National Context

The Autism Act became law in 2009, and a National Strategy, *Fulfilling and Rewarding Lives* was published 2010. This was followed up with *Implementing Fulfilling and Rewarding Lives* (DH 2010), which gave a set of mandatory recommendations regarding what action CCG's and Local authorities should take to develop services for people with Autistic Spectrum Disorder (ASD). This was refreshed by a National Strategy published in April 2014 - *Think Autism Fulfilling and Rewarding Lives, the strategy for adults with Autism in England: an update*.

Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy was published in March 2015.

The guidance refers to the legal duties imposed upon local authorities and NHS bodies by the Autism Act 2009. It includes the Care Act 2014, and the Children and Families Act 2014.

#### Local Context

This places a legal requirement on Clinical Commissioning Group's, under Section 7 of the Local Authority Social Service Act (1970). If local services are not in line with statutory guidance, service users could request a judicial review.

The guidance not only refers to what "must" be done to comply with legislation but also says what local authorities and NHS bodies "should" do with regard to the way in which they exercise their functions with a view to securing the implementation of the autism strategy.

The last Autism Self-Assessment Framework was completed in 2014. RAG ratings indicate green in seven areas where we exceed the requirements, amber in ten areas where there is work in progress and red in three areas, which are future priorities. The red areas are:

1. Improved working with the Criminal Justice System

2. Understanding the needs of different groups, e.g. BME, Women, Older people
3. Post diagnostic support

Self-advocate stories provided evidence of progress.

Responding to the national recommendations are addressed through a Leicester, Leicestershire & Rutland Delivery Action plan based on the revised national guidance. (Appendix 1)

### **Statutory Guidance 2015**

The statutory guidance has been published to ensure the implementation of the adult autism strategy. This guidance tells local authorities, NHS bodies and NHS Foundation Trusts what actions should be taken to meet the needs of people with autism living in their area.

The Government published this new statutory guidance in March 2015, which replaced the guidance published in 2010.

It clearly states that local authorities and the NHS:

- should provide autism awareness training for all staff
- must provide specialist autism training for key staff, such as GPs and community care assessors
- cannot refuse a community care assessment for adults with autism based solely on IQ
- must appoint an autism lead in their area
- have to develop a clear pathway to diagnosis and assessment for adults with autism
- need to commission services based on adequate population data.

As the guidance is statutory, local councils and local health bodies have a legal duty to implement it.

The 2015 guidance includes a lot more information than the 2010 version, with five new chapters on:

- Preventative support and safeguarding
- Reasonable adjustments and equality
- Supporting people with autism and complex needs
- Employment
- Criminal justice

In addition, some of the duties have been strengthened to things that local authorities and NHS bodies "must" do. This is because new duties have been brought in by other laws (particularly the Care Act). The new guidance gives more information about how these new duties can lead to improvements for people with autism. This is particularly true of duties around training, which have been improved to give much clearer guidance on which professionals should have what levels of training.

### **Progress since the Autism Self-Assessment 2014 and the Autism Strategy Guidance 2015**

#### **Over arching**

- The formation of a multi-agency LLR Autism Board from the previously long running Autism Planning group, to oversee the work undertaken as detailed in the delivery action plan and supported by a number of work streams. The Board is chaired by Yasmin Surti who is also the Autism Lead for the City.

## **Diagnosis**

- A Multi-disciplinary Autism Diagnostic and Support Pathway was one of the first in the country to be developed for Children, Transition and Adults with partners across health and social care in Leicester, Leicestershire and Rutland. This is due for review in March 2016, and will include the enhanced support services.

## **Training**

- A comprehensive training programme is currently available for professionals, VCS providers, users and carers, some of which is mandatory for ASC staff. This is currently being refreshed and will include more specific training for certain professional groups, and the tracking and monitoring of training take up will be more robust.

## **Accommodation**

- A new 'step through' project has been developed jointly with local partners as part of the NHS England Transforming Care programme. A property has been developed into four self-contained flats. The tenancies for these flats will offer individualised supported living accommodation for people leaving hospital, many of whom are on the autistic spectrum both with and without a learning disability.

## **Employment & Education**

- New links have been made with Leicester and Demontfort Universities to provide support for students on the Autistic Spectrum who come into the area for Higher Education. Diagnosis and non-educational support are particular issues, particularly for young people who may not wish to disclose they are struggling.
- Education, Health Care-plans (EHC) should raise the profile of people on the spectrum. The outcomes need monitoring to ensure reasonable adjusts are being made to enable people to access employment.

## **Planning**

- A multi-agency Information Sharing Agreement has been developed and details of this demonstrating good practice are included in the Department of Health Progress Report on *Think Autism: the updated strategy for adults with autism in England*, published in January 2016. The information-sharing agreement has made a tremendous difference in our ability to gather and cross reference data for the most recent self-assessment exercises and therefore provide evidence to support the development of services.
- A number of resources have come to fruition through the commissioning process, including some bespoke supported living accommodation with a focus on young people.
- An Autism Carers support group has developed with the Carers Centre from the last SAF consultation. They meet on a bi-monthly basis with planned topics, and they are able to comment and feedback on issues and practice. A number of carers have said that the support of the group has enabled either them or their offspring to seek diagnosis, which has brought a new perspective to their lives.

### **Areas for development**

- Data collection is still difficult from a range of sources that do not cross reference easily, therefore the quality and quantity affects the ability to analyse it. However the local Information sharing protocol has been refreshed and is assisting in this work.
- Further work is required to enable more timely diagnosis; there are currently long waiting lists. There is also very little post diagnostic support in Adult Mental Health – a business plan has been worked on by LPT and the CCG, as to how this service may be best delivered. There are currently no health services, and limited social care support for those without a learning disability.
- Further work is required to assist students in further and higher education both local and incoming to have the right support to to enable them maintain daily living whilst accessing and completing their education.
- Further work needs to be undertaken to understand how Autism affects different groups in society, women, older people and people from different BME groups.
- Contacts have now been made with the local Criminal Justice System –and there needs to be significant awareness raising across the whole system to recognise Autism, and then to respond appropriately across the courts, prison and probation services.

### **Links to Documents**

Think Autism: -

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/299866/Autism\\_Strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)

Statutory Guidance: -

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/422338/autism-guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf)

### **RECOMMENDATIONS:**

The Scrutiny Commission is requested to:

- Note the progress that has been made against the recommendations from the National Strategy
- Support the recommendations for future work to ensure the Council along with partner agencies are able to meet their legal responsibilities and raise standards.

LLR Autism Strategy 2014 – 2019							Delivery Action Plan		
As at 30/12/15 Version 7									
<b>RAG Guide</b>									
On target - no concerns									
On target - possible delays									
Behind target									
Not yet started									
HEADLINE ACTION	Domain	KEY ACTIONS	RESP Officer	TIMESCALE completion and review	PROGRESS REPORT & MEASURES	RAG for Outcome			
						City	County	Rutland	
<b>Training</b>									
Prevention	Personalisation	Expand & enhance preventative and early intervention support for people with Autism or suspected Autism.	LA/LPT	Ongoing	Maintenance of Autism hub web pages				
Training	Personalisation	Develop a workforce plan for the Autism specific work being undertaken across all professions which will then increase and cascade knowledge of Autism in the wider community.	All	Ongoing	Current work force plan under review & refresh to ensure correct focus for professions & tracking of take up. ASD training not currently being picked up as a need in health appraisals.				
Planning	Personalisation	Work with the provider market to develop a range of support options (informed by user feedback) available to eligible individuals with Autism to choose using their personal budget.	CCG LPT LA	Ongoing	Market position statement User feed back Uptake of personal budgets health & social care				
<b>Accommodation</b>	<b>Domain</b>	<b>KEY ACTIONS</b>	<b>RESP Officer</b>	<b>TIMESCALE completion and review</b>	<b>PROGRESS REPORT &amp; MEASURES</b>	<b>City</b>	<b>County</b>	<b>Rutland</b>	
Planning	Accommodation	Increase the range of accommodation. Support people to live in mainstream housing & provide information about housing and support options to people with Autism and their carers.	LA District Councils	Long term	Measure where young people move to when leaving family home, education settings, MH wards.				
Planning	Accommodation	Support people living at home with their families where this is their choice to enable them to plan for their future housing needs.	LA District Councils	Medium term	Numbers of providers (specialist) on framework. Evidence of PB Evidence from WBV list				
Planning	Accommodation	Ensure more people are owning their own home or living in rented accommodation with tenancies	LA District Councils	Long term	Percentage range - later				
planning	Accommodation	Ensure housing departments know about the housing needs of people with Autism and include this in their local plans	LA District Councils	Medium term	Market Position Statement				
<b>Diagnosis</b>	<b>Domain</b>	<b>KEY ACTIONS</b>	<b>RESP Officer</b>	<b>TIMESCALE completion and review</b>	<b>PROGRESS REPORT &amp; MEASURES</b>	<b>City</b>	<b>County</b>	<b>Rutland</b>	
Diagnosis	All sections	Robust systems in place to identify and flag people with Autism across Health, Local Authorities and other statutory and voluntary agencies (where appropriate) to enable Reasonable adjustments to be made	CCG/ LPT/ LA	Medium term	Increased numbers of people with Autism identified through the SAF process				
Diagnosis	Partnership working	Commission a multi-disciplinary post diagnostic support service for those people without an intellectual disability	LPT/CCG Avinash Hiremath/ Megan D'Silva	Ongoing	Business case being completed by LPT for presentation to CCG				
Training	personalisation	Ensure training is provided for all staff across primary care to recognise, adapt and respond appropriately to need.	CCG/ Simon Baker	Medium term	GP have access to online training through the Autism Hub				
Criminal Justice System	Partnership working	Work with the criminal justice system, police, prison and probation services, to improve knowledge and access to assessment and support.	LPT Andy Watson / LA/ Pronation CRC / Police	Ongoing	Met with Victim First to discuss training required. LPT now provide mental-health input to local prisons (except Stocken-Rutland making alternative arrangements) so are collating data. Probation service (CRC) & Police are now represented on the Autism Board.				
Prevention	Health	Improve people's experience of Hospital Admission by developing/adapting an Alert card/Passport to take to hospital.	LPT	Short term	Monitor via SAF returns & user experience				
<b>Employment</b>	<b>Domain</b>	<b>KEY ACTIONS</b>	<b>RESP Officer</b>	<b>TIMESCALE completion and review</b>	<b>PROGRESS REPORT &amp; MEASURES</b>				
Employment	Personalisation	Ensure all actions under personalisation include people accessing employment, education and social activities.	LA	Medium term	Monitor via SAF returns, review outcomes & user experience.-				
Training	Reasonable adjustments	Raise awareness /provide guidance on making reasonable adjustments under Equality Act guidance specifically to people with Autism.	LA Health	Short term	Autism Alert card, all commissioning staff do tier 1 training				
Employment	Reasonable adjustments	Raising awareness with employers & ensure workers have a good understanding of the needs of people with Autism.	Employment services (Job Centre)	Long term					
Training	Employment	Raise awareness with Voluntary groups to encourage those with Autism to volunteer.	Vol sector	Long term					
Training	Preparing for Adulthood	Engage with local Colleges of Further Education and Universities on the needs of people with Autism.	Education Board	Long term	Information sharing with Universities on student disclosure of diagnosis for Freshers				

Planning	Personalisation	Need to address the issues for those who wish to access education but may not be able to improve their level of education.	LA	Long term				
Planning	Domain	KEY ACTIONS	RESP Officer	TIMESCALE completion and review	PROGRESS REPORT & MEASURES	City	County	Rutland
Planning	Preparing for Adulthood	Ensure the Local Offer is reflective of the needs of young people with Autism	LA / CCG Simon Baker/ LPT	Short term				
Planning	Preparing for Adulthood	Ensure the changes with the Education, Health and Social Care Plan are inclusive of Autism needs	LA / CCG Simon Baker LPT	Short term				
Planning	Preparing for Adulthood	Refresh the Transition pathway for young people as the new processes evolve	LA / CCG Simon Baker / LPT	Medium term	Ongoing process through wider transitions pathway work			
Planning	Health	Ensure the review of Child Mental Health services links with the Autism Pathway	CCG Simon Baker/Mel Thwaites	Short term				
Prevention	Reasonable adjustments	Ensure that information is available in a range of accessible options	All	Ongoing	Autism Hub			
Planning	Carers	Continue to meet with and listen to carers on a bi-monthly basis	LLR Board	Ongoing	Carer feed back			
Diagnosis	Carers	Involve carers in the development of the Autism strategy & Autism Pathway	LLR Board	Ongoing	Carer feed back			
Prevention	Reasonable adjustments	Ensure the needs of older people with Autism are identified. The Autism Strategy is not just about young adults with autism. It is critical that local services and communities think autism in relation to older people. A key challenge for older adults with autism is they will have had significant support from their families, but as families age, this becomes less possible.	LA / CCG Simon Baker/ LPT	Ongoing	Map and track			
Prevention	Reasonable adjustments	Adult commissioning teams in both health and social care will ensure people with Autism over the age of 65, and those with dementia are supported to access, through existing pathways (e.g. Dementia pathway), a range of services that best meet their assessed needs.	LA / CCG Simon Baker / LPT	Ongoing	To commence once needs of older people with Autism are identified			
Planning	Carers	Encourage the market development of a range of short break services to include: Over-night stays away from home Activities at home Activities in the community individually or in a group Ensure health needs are met appropriately wherever an individual wants to have their short break	LA	Long term	User /carer feedback User /carer feedback City reprocurment of flexible short breaks in progress			
Planning	Reasonable adjustments	Develop, maintain, share and publish information on the needs of people with Autism across Leicestershire, including women, older people and people from BME communities	LA Public Health	Ongoing	Use Web sites			
Diagnosis	Health	Build on the Autism pathway to ensure there is sufficient data available about people who are known or referred to social care	LA	Short term	Working with Childrens data and improve flagging of adults with LD			
Training	Criminal Justice system	Raise awareness of the needs of people with Autism with the Criminal Justice system	LA LPT	Medium term	Map and track			
Diagnosis	Criminal Justice system	Increase understanding and use of the Autism Diagnostic pathway by the Criminal Justice system	CCG Simon Baker / LPT Probation Police Prisons	Long term	Links made with Liason and diversion services, nursing services available in prisons,			
Diagnosis	Health	Provide access to therapeutic services - OT, physio, SLT etc following a diagnosis for those non Learning disabled.	LPT/CCG Avinash Hiremath/ Megan D'Silva/Simon Baker	Medium term	Business case completed for presentation to clinical forum & CCG			
Planning	Personalisation	Ensure there is appropriate and effective reporting, investigation and feedback of Safeguarding incidences	LA	Medium term	Map and track			
Planning	Health	Ensure Transforming Care plans incorporate the needs of people with Autism who are inpatients in MH hospitals or alternative hopstial settings	LA / CCG Simon Baker/ Specialised Commissioning	Short term	Specialised commissioning now providing information on non LD autism patients in MH placements.			



# Appendix E

## Adult Social Care Scrutiny Commission Briefing Note

15<sup>TH</sup> FEBRUARY 2016

<b>Title of the report:</b>	<b>Implementing ‘Building the right support – A national plan to develop community services and close inpatient facilities’ for people with learning disabilities and Autism who display behaviour that challenges.</b>
<b>Authors:</b>	Yasmin Surti, Lead Commissioner, Mental Health, Learning Disabilities & Autism
<b>Presenter:</b>	Tracie Rees, Director, Care Services and Commissioning
<b>Purpose of briefing note:</b> <ul style="list-style-type: none"><li>• To present an overview of the Transforming Care Partnership and the work that is taking place locally to support this.</li><li>• To highlight key points from recently released guidance underpinning to this work.</li><li>• To broadly describe pathways that are in development to support Transforming Care</li></ul>	
<b>Background:</b> <ol style="list-style-type: none"><li>1. Following on from the Winterbourne view Concordat, In October 2015 NHS England, ADASS and the LGA published a Transforming Care national implementation plan and associated service model “Building the Right Support”.</li><li>2. Building the Right Support is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.</li><li>3. The plan outlines 3 key expectations from Commissioners; implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.</li><li>4. The national plan described the expectation of the development of area based Transforming Care Partnerships consisting of CCGs, NHS England’s specialised commissioners and local authorities to work together to develop and implement local plans. Our Partnership includes Leicester City Council, Leicestershire County Council, Rutland County Council and the 3 Clinical Commissioning Groups that cover this sub region.</li><li>5. To support local areas with transitional costs, NHS England will make available up to £30 million of transformation funding over three years, with national funding conditional on match-funding from local commissioners. In addition to this, £15 million capital funding will be made available over three years. Transformational funding will be awarded based on a bidding process.</li></ol>	
<b>Current Situation:</b> <ol style="list-style-type: none"><li>1. The draft LLR plan was submitted to NHSE on the 8<sup>th</sup> February 2016 and the final plan is due to be submitted on 11<sup>th</sup> April 2016.</li><li>2. Key outcomes identified within the plan are:<ul style="list-style-type: none"><li>• Strengthen community crisis response services and reduce use of commissioned inpatient beds</li><li>• Increase community based accommodation</li></ul></li></ol>	

- Develop personal health budgets and integrated budgets offer
  - Redesign Short break provision
  - Strengthen the Autism pathway
  - Develop the workforce
3. The plan is LLR wide, but a group continues to meet in the City to ensure we have a full understanding of our cohort, and to ensure that plans for those individuals either in hospital or at risk of admission are progressing either to discharge them or avoid admission.
  4. The national plan outlined key planning assumptions including the expectation that no area should need more inpatient capacity than is necessary to cater for:
    - 10-15 inpatients in CCG commissioned beds (such as those in assessment and treatment units) per million population;
    - 20-25 inpatients in NHS England-commissioned beds (such as those in low, medium or high-secure units) per million population
  5. A total of £1.2 million has been requested from the national programme to support the implementation of the plan across LLR.
  6. A meeting between health and social care professionals is being held on 4<sup>th</sup> March 2016 to agree pathways and protocols to support individuals and their families who come under the umbrella of Transforming Care.
  7. Work is being undertaken to learn lessons about what could/can have been done differently to avoid admission and understand the pathway that led to admission.

### **The Transforming Care Plan**

1. We plan to reduce the inpatient beds on the local Assessment and Treatment Unit, The Agnes Unit, from the current level of 16 to 12 beds by March 2019.
2. To support this, work has already begun to strengthen community based admission avoidance services and to target Care and Treatment Review (CTR's) for both inpatients and those deemed at risk of admission.
3. The plans include:
  - a) Develop an "Admissions Avoidance" register that identifies both adults and young people who may be at risk of admission and require additional support or intervention to maintain their current arrangements.
  - b) Enhance the Outreach Support Team based in LPT from a 5 day to 7 day a week service. The team currently comprises nurses and will become a multi-disciplinary team to aid speedier discharge and preventing admissions.
  - c) Develop Step Through facilities to offer intensive support that is tapered over a 6 month period as people are transitioned out of hospital and into the community. The first service went live in January of this year.
  - d) Reduce the beds on the Agnes Unit from 16 to 12 beds. This has been deemed clinically safe by clinicians.
  - e) Scope the development of a crisis service as a responsive and time limited means of avoiding residential care and hospital admission.
  - f) Redesign short break (respite) services that support carers to make them more flexible, easier to access and more cost effective
  - g) Commission voluntary and community groups to provide support around physical health and wellbeing alongside the health facilitators.
  - h) Develop a CAMHS outreach service to support young people and their families in the community.

- i) Expand the Specialist Autism Service to provide more ongoing support pre and post diagnosis
- j) Increase the take up of Personal Budgets across Health and Social Care to better meet the needs of groups that are less engaged with current services.

**Actions required by ASC Scrutiny Commission:**

1. To **Note** progress against the expectations set out by NHS England
2. To **NOTE** the Pathways that are in development to avoid admission and offer enhanced support to people in the community.



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To:

Clinical Commissioning Group Accountable Officers  
Local Authority Directors of Adult Social Services  
NHS England: Regional Directors, Transformation  
Leads, Directors of Commissioning Operations,  
Directors of Specialised Commissioning

17<sup>th</sup> November 2015

Dear Colleagues,

**Re: Implementing 'Building the right support – A national plan to develop community services and close inpatient facilities'**

For a minority of people with a learning disability and/or autism, we remain too reliant on inpatient care. As good and necessary as some inpatient care can be, people are clear they want homes, not hospitals.

To implement this change on Friday 30<sup>th</sup> October 2015 NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) published [Building the right support](#) and a new [service model](#)<sup>1</sup>.

Taken together, these documents have asked Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services and close unnecessary inpatient provisions over the next 3 years and by March 2019.

This letter outlines what commissioners are now required to do, by when, broad planning assumptions, and details of regional briefing events for commissioners, where we will provide more information.

**Planning assumptions**

Based on national planning assumptions, it is expected that no area should need more inpatient capacity than is necessary at any time to care for:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units) per million population

We know that for some local areas, the use of in-patient beds is lower than these planning assumptions. All partnerships will need, however, to work through the complexities of planning for the whole pathway and transfer of commissioning responsibilities for the specialised pathway. It will be important for TCPs to work with their regional leads to ensure that the end states meet the required ambition and that there are no overlaps or gaps between TCPs.

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<sup>1</sup> As well as [supplementary guidance for commissioners](#)  
*High quality care for all, now and for future generations*

The four NHS England regional transforming care leads are;

- North – Clare Duggan
- Midlands and East – Lynne Wiggins
- London – Matthew Trainer
- South – Sarah Elliott

To deliver on these planning assumptions it is essential that areas build up capacity in communities and redesign pathways in order to better support people at home. An important component of partnership preparations will be analysis to inform plans for commissioning intensive community support services. Plans will need to evidence clear early milestones where such services are not yet fully in place.

To support local areas with transitional costs, NHS England will make available up to £30 million of transformation funding over three years, with national funding conditional on *match-funding* from local commissioners.

In addition to this, £15 million capital funding will be made available over three years.

### **What we are asking of you**

CCGs have been working with NHS England's regions and with Local Authority colleagues to identify the footprint of each TCP and the proposed footprints were published in the plan ([Annex 1](#)). However we are aware that some strategic alliances are already being formed that may differ from those proposed. Final arrangements for these clusters are expected to be in place by 15<sup>th</sup> December 2015.

TCPs should allow for areas to commission at sufficient scale to manage risk, develop commissioning expertise and commission strategically for the relatively small number of individuals whose packages of care can be very expensive.

We are asking all TCPs to draw up a joint transformation plan by 8<sup>th</sup> February 2016. This plan will have to be jointly agreed by all partners in the TCP, including Local Authorities and NHS England specialised commissioning teams and involve people with lived experience of inpatient services and their families/carers<sup>2</sup>.

A template for this plan will be shared shortly and further guidance on what the plan should cover is included in [Building the right support](#).

Each plan will be reviewed by local panels, including expert clinical input, in order to provide useful feedback. Panels will include NHS England and LGA/ADASS representatives - as well as people with a learning disability and/or autism, their families/carers - looking at:

- Whether the plans fit with national principles and the approach set out in [Building the right support](#)
- Proposals for a share of the £30 million transition funding and, if appropriate, a share of the capital funding to supplement local match funding and sustainable investment into new service models

Panels may want to probe some areas of the plan in more detail, via calls/meeting with key individuals in February 2016.

To support you to deliver these changes, a bespoke package of support will be put in place to help areas plan for transformation. Each package of support will be discussed with NHS England regional teams. This exercise will also provide further detail on the financial arrangements, including setting out the indicative budget for each TCP to inform the regional team about their expected share of transition funding.

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<sup>2</sup> Two tools looking at how areas can assess levels of co-production can be accessed [here](#) and [here](#).

We will work to ensure that the process for submitting and assuring plans will align with other planning processes across Local Authorities and the NHS, including the process for assuring CCGs' annual plans. Further guidance will be provided later in the year.

### **Key Milestones**

There are a number of key milestones for 2015/16 which are essential to ensure the effective delivery of Phase 1 of the 'mobilisation' of the programme.

#### **November 2015:**

- Agree and confirm organisational / governance arrangements (mobilise 'partnerships')
- Appoint Senior Responsible Officer SRO and deputy from health and social care.
- Agree Lead CCG (for host finance arrangements)
- Agree involvement and engagement with NHS England specialised commissioners;
- Agree launch or 'go-live' date for partnership (where not already working together formally)
- Transformation planning approach formalised, including workforce and financial modelling and the approach to workforce development especially in relation to positive behavioural support and leadership of change across the system

#### **December 2015:**

- Agree outline scope of transformation plan and timescale for local delivery (includes publishing meeting dates for governing board)

#### **January to March 2016:**

- First governing board meeting (if not already in train)
- Drafting of transformation plans
- First cut transformation plan by 8<sup>th</sup> February 2016
- Local assurance of plan coordinated through NHS England with stakeholders
- Finalise plan following regional and national moderation and feedback within March 2016

#### **April 2016**

- Begin to implement plans
- Final plan due 11<sup>th</sup> April

### **Dialogue Events**

We will be holding multiple dialogue events across the country to bring TCPs and all stakeholders together commencing on the 7<sup>th</sup> December 2015 wherein we will provide more detail of the support available, timescales and expectations. All events will be held 10am – 1pm at the following venues

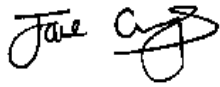
- Monday 7<sup>th</sup> December 2015 – Leicestershire County Cricket Club, LE2 8AD
- Tuesday 8<sup>th</sup> December 2015 – Gateway Conference Centre, Liverpool, L3 8HY
- Wednesday 9<sup>th</sup> December 2015 – Cambridge United Football Club, Cambridge, CB5 8LN
- Friday 11<sup>th</sup> December 2015 – Venue to be confirmed
- Monday 14<sup>th</sup> December 2015 – Radisson Blu Hotel, Leeds city centre, LS1 8TL
- Wednesday 16<sup>th</sup> December – The Wesley, 81-103 Euston Street, London, NW1 2EZ
- Thursday 17<sup>th</sup> December 2015 – Holiday Inn, Regents Park, London, W1 5EE

Booking details for these events will be confirmed. Further events will be held in January 2016 to discuss the implementation of plans and details of these will follow.

*High quality care for all, now and for future generations*

Once again, thank you for your involvement so far and we look forward to working with you over the coming weeks.

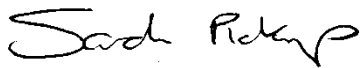
Yours sincerely,




Jane Cummings  
**Chief Nursing Officer for England**  
**National Director, Nursing**  
**NHS England**



Ray James  
**President**  
**Association of Directors of Adult Social Services**



Sarah Pickup  
**Deputy Chief Executive**  
**Local Government Association**



Barbara Hakin  
**National Director, Commissioning Operations**  
**NHS England**



## Annex A - Summary of Key Actions

Please review actions below and TCPs to confirm arrangements with [jenny.butler6@nhs.net](mailto:jenny.butler6@nhs.net) in line with the timescales below.

### Transforming Care Partnerships

	What	Who	When
1	Confirm final partnership organisations and population coverage	TCP	15 <sup>th</sup> December 2015
2	Confirm SRO and deputy	TCP	15 <sup>th</sup> December 2015
3	Confirm lead CCG	TCP	15 <sup>th</sup> December 2015
4	Confirm governance arrangements and board meeting schedule	TCP	15 <sup>th</sup> December 2015
5	First TCP board meeting	TCP	January 2016
6	Draft Plan	TCP	8 <sup>th</sup> February 2016
7	Revise plan	TCP	March 2016
8	Final Plan	TCP	11 <sup>th</sup> April 2016

### NHS England

	What	Who	When
1	Confirm Planning template and additional supporting materials	NHS England	December 2015
2	Organise dialogue events	NHS England	December 2015
3	NHS England specialised commissioning hubs to identify named relationship manager for each partnership	NHS England	15 <sup>th</sup> December 2015
4	Confirm Assurance approach	NHS England	December 2015
5	Undertake assurance of TCP plans	NHS England and stakeholders	February 2016

## Annex B

<b>Transforming Care Partnership</b>	<b>Clinical Commissioning Group (CCG)</b>
South Worcestershire, Redditch, Bromsgrove & Wyre Forest	NHS South Worcestershire CCG
	NHS Wyre Forest CCG
	NHS Redditch and Bromsgrove CCG
Hereford	NHS Herefordshire CCG
Coventry, Rugby, South Warwickshire & Warwickshire North	NHS Coventry and Rugby CCG
	NHS South Warwickshire CCG
	NHS Warwickshire North CCG
Birmingham CrossCity, Birmingham South Central & Solihull	NHS Birmingham CrossCity CCG
	NHS Birmingham South and Central CCG
	NHS Solihull CCG
Walsall	NHS Walsall CCG
Black Country	NHS Dudley CCG
	NHS Sandwell and West Birmingham CCG
	NHS Wolverhampton CCG
Derbyshire	NHS Erewash CCG
	NHS Southern Derbyshire CCG
	NHS Hardwick CCG
	NHS North Derbyshire CCG
Nottinghamshire	NHS Mansfield and Ashfield CCG
	NHS Bassetlaw CCG
	NHS Newark and Sherwood CCG
	NHS Nottingham City CCG
	NHS Nottingham North and East CCG
	NHS Nottingham West CCG
Suffolk	NHS Ipswich and East Suffolk CCG
	NHS West Suffolk CCG
Norfolk	NHS North Norfolk CCG
	NHS Norwich CCG

	NHS South Norfolk CCG
	NHS West Norfolk CCG
	NHS Great Yarmouth and Waveney CCG
Cambridge and Peterborough	NHS Cambridgeshire and Peterborough CCG
Essex	NHS Basildon and Brentwood CCG
	NHS Castle Point and Rochford CCG
	NHS Mid Essex CCG
	NHS North East Essex CCG
	NHS Southend CCG
	NHS Thurrock CCG
Bedford, Luton and Milton Keynes	NHS West Essex CCG
	NHS Bedfordshire CCG
	NHS Luton CCG
Hertfordshire	NHS Milton Keynes CCG
	NHS East and North Hertfordshire CCG
Nene and Corby	NHS Herts Valleys CCG
	NHS Nene CCG
Lincolnshire	NHS Corby CCG
	NHS Lincolnshire East CCG
	NHS Lincolnshire West CCG
	NHS South Lincolnshire CCG
Leicestershire	NHS South West Lincolnshire CCG
	NHS East Leicestershire and Rutland CCG
	NHS Leicester City CCG
Shropshire	NHS West Leicestershire CCG
	NHS Shropshire CCG
Staffordshire	NHS Telford and Wrekin CCG
	NHS East Staffordshire CCG
	NHS North Staffordshire CCG
	NHS South East Staffordshire and Seisdon Peninsular CCG
	NHS Stafford and Surrounds CCG
	NHS Cannock Chase CCG
Gloucestershire	NHS Stoke-on-Trent CCG
Wiltshire and Swindon	NHS Gloucestershire CCG
	NHS Swindon CCG
Bristol, Bane and South Gloucestershire	NHS Wiltshire CCG
	NHS Bristol CCG
	NHS South Gloucestershire CCG

	NHS Bath and North East Somerset CCG
Somerset and North Somerset	NHS North Somerset CCG
	NHS Somerset CCG
Cornwall	NHS Kernow CCG
Devon	NHS North, East, West Devon CCG
	NHS South Devon and Torbay CCG
Kent and Medway	NHS Ashford CCG
	NHS Canterbury and Coastal CCG
	NHS Dartford, Gravesham and Swanley CCG
	NHS Medway CCG
	NHS South Kent Coast CCG
	NHS Swale CCG
	NHS Thanet CCG
	NHS West Kent CCG
Sussex	NHS Brighton and Hove CCG
	NHS High Weald Lewes Havens CCG
	NHS Eastbourne, Hailsham and Seaford CCG
	NHS Hastings and Rother CCG
	NHS Coastal West Sussex CCG
	NHS Crawley CCG
	NHS Horsham and Mid Sussex CCG
Surrey	NHS Guildford and Waverley CCG
	NHS North West Surrey CCG
	NHS Surrey Downs CCG
	NHS East Surrey CCG
	NHS Surrey Heath CCG
Buckinghamshire	NHS Aylesbury Vale CCG
	NHS Chiltern CCG
Berkshire	NHS Bracknell and Ascot CCG
	NHS Slough CCG
	NHS Windsor Ascot and Maidenhead CCG
	NHS Newbury and District CCG
	NHS North and West Reading CCG
	NHS South Reading CCG
	NHS Wokingham CCG
Hampshire & Isle of Wight	NHS North East Hampshire and Farnham CCG
	NHS North Hampshire CCG
	NHS Portsmouth CCG

	NHS South Eastern Hampshire CCG
	NHS Southampton CCG
	NHS West Hampshire CCG
	NHS Fareham and Gosport CCG
	NHS Isle of Wight CCG
Dorset	NHS Dorset CCG
Wirral, Cheshire & Chester Halton, St Helens, Warrington, Knowsley, Liverpool, Sefton, Southport & Formby	NHS Wirral CCG
	NHS West Cheshire CCG
	NHS Eastern Cheshire CCG
	NHS South Cheshire CCG
	NHS Vale Royal CCG
	NHS Halton CCG
	NHS St Helens CCG
	NHS Warrington CCG
	NHS Knowsley CCG
	NHS South Sefton CCG
	NHS Southport and Formby CCG
	NHS Liverpool CCG
	Greater Manchester
NHS Bury CCG	
NHS Central Manchester CCG	
NHS Heywood, Middleton and Rochdale CCG	
NHS North Manchester CCG	
NHS Oldham CCG	
NHS Salford CCG	
NHS South Manchester CCG	
NHS Stockport CCG	
NHS Tameside and Glossop CCG	
NHS Trafford CCG	
NHS Wigan Borough CCG	
Lancashire	NHS Blackburn with Darwen CCG
	NHS Blackpool CCG
	NHS Chorley and South Ribble CCG
	NHS East Lancashire CCG
	NHS Fylde and Wyre CCG
	NHS Greater Preston CCG
	NHS Lancashire North CCG
	NHS West Lancashire CCG
	NHS Cumbria CCG
	NHS Newcastle Gateshead CCG
	NHS North Tyneside CCG

Cumbria and North East	NHS Northumberland CCG
	NHS South Tyneside CCG
	NHS Sunderland CCG
	NHS Darlington CCG
	NHS Durham Dales, Easington and Sedgefield
	NHS Newcastle North and East CCG
	NHS Newcastle West CCG
	NHS Hartlepool and Stockton-on-Tees CCG
	NHS North Durham CCG
	NHS South Tees CCG
North Yorkshire	NHS Hambleton, Richmondshire and Whitby
	NHS Harrogate and Rural District CCG
	NHS Scarborough and Ryedale CCG
Barnsley, Wakefield, Kirklees, Huddersfield & Calderdale	NHS Vale of York CCG
	NHS Barnsley CCG
	NHS Wakefield CCG
	NHS North Kirklees CCG
	NHS Greater Huddersfield CCG
Bradford	NHS Calderdale CCG
	NHS Bradford Districts CCG
	NHS Bradford City CCG
Leeds	NHS Airedale, Wharfedale and Craven CCG
	NHS Leeds North CCG
	NHS Leeds South and East CCG
Sheffield, Doncaster, Rotherham, North Lincolnshire	NHS Leeds West CCG
	NHS Doncaster CCG
	NHS Rotherham CCG
	NHS North East Lincolnshire CCG
	NHS North Lincolnshire CCG
East Riding & Hull	NHS Sheffield CCG
	NHS East Riding of Yorkshire CCG
London North West	NHS Hull CCG
	NHS Brent CCG
	NHS Central London CCG
	NHS Ealing CCG
	NHS Hammersmith and Fulham CCG
NHS Harrow CCG	

	NHS Hillingdon CCG
	NHS Hounslow CCG
	NHS West London CCG
London North, Central & East	NHS Barking and Dagenham CCG
	NHS Barnet CCG
	NHS Camden CCG
	NHS City and Hackney CCG
	NHS Enfield CCG
	NHS Haringey CCG
	NHS Havering CCG
	NHS Islington CCG
	NHS Newham CCG
	NHS Redbridge CCG
	NHS Tower Hamlets CCG
	NHS Waltham Forest CCG
	London South East
NHS Bromley CCG	
NHS Greenwich CCG	
NHS Lambeth CCG	
NHS Lewisham CCG	
NHS Southwark CCG	
London South West	NHS Croydon CCG
	NHS Kingston CCG
	NHS Merton CCG
	NHS Richmond CCG
	NHS Sutton CCG
	NHS Wandsworth CCG
Oxfordshire	NHS Oxfordshire CCG





## Adult Social Care Scrutiny Commission

### Draft Work Programme 2015 – 2016

Meeting Date	Topic	Actions Arising	Progress
4 <sup>th</sup> Aug 15	<ol style="list-style-type: none"> <li>1) ASC Revenue Budget – outturn and budget for 2015/16</li> <li>2) Better Care Fund – issues relating to ASC</li> <li>3) Adult Social Care Local Account</li> <li>4) Herrick Lodge – update on progress</li> </ol>	<ol style="list-style-type: none"> <li>2) Progress report be brought back to the commission in six months' time.</li> <li>3) Performance framework is brought to a future meeting including concerns raised relating to the review of care packages.</li> <li>4) An anonymised version of the seven step moving plan is brought to the commission throughout the phase two process.</li> </ol>	<ol style="list-style-type: none"> <li>2) Added to work prog – 08/03/16</li> <li>3) Added to work prog – 03/11/15</li> <li>4) Added to work prog – 22/09/15</li> </ol>
22 <sup>nd</sup> Sep 15	<ol style="list-style-type: none"> <li>1) Leicester Ageing Together Initiative (Vista) - progress after a year</li> <li>2) Leicester Safeguarding Board – Annual Report</li> <li>3) VCS Advocacy and Carers Spending Review - Update</li> <li>4) Elderly Persons Homes Update - progress of residents' moves</li> <li>5) Community Models of Screening and Assessment – Scoping Document</li> </ol>	<ol style="list-style-type: none"> <li>1) Item deferred</li> <li>2) Clarification requested of the numbers detailed in para 5.8 of the report relating to the findings of completed safeguarding referrals and for the future reports to have more sophisticated data.</li> <li>3) Findings of the consultation and the full EIA to come to the next meeting of the commission.</li> <li>5) Scoping document agreed and task group to be set up.</li> </ol>	<ol style="list-style-type: none"> <li>1) Added to work prog – 03/11/15</li> <li>2) Still awaiting</li> <li>3) Added to work prog – 03/11/15</li> </ol>
3 <sup>rd</sup> Nov 15	<ol style="list-style-type: none"> <li>1) Leicester Ageing Together Initiative (Vista) - progress after a year</li> <li>2) Performance Framework</li> <li>3) Update on the Development of a Specialist Dementia Care Scheme</li> <li>4) Elderly Persons Homes Update - progress of residents' moves</li> <li>5) Screening and Assessment Task Group Review – Update</li> </ol>	<ol style="list-style-type: none"> <li>2) A paper on the demographic profile of service users be circulated to members of the commission.</li> <li>3) A visit to The New Wycliffe Home be organised for members of the commission.</li> </ol>	<ol style="list-style-type: none"> <li>2)</li> <li>3) Visit on 20/11/15</li> </ol>
14 <sup>th</sup> Jan 16 (Items joint with Health Scrutiny)	<ol style="list-style-type: none"> <li>1) Intermediate Care</li> <li>2) Budget</li> <li>3) Ambulance to Hospital handovers- Update of measures put in place to reduce the impact upon patients.</li> </ol>	<ol style="list-style-type: none"> <li>1) Monitoring of budgets to continue as review progresses by Chair and ASC scrutiny Chair.</li> </ol>	

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Appendix F

Meeting Date	Topic	Actions Arising	Progress
8 <sup>th</sup> Mar 16	1) Demographic Profile of Service Users 2) The Care Pathway – Review of Implementation of Care Act 3) Better Care Fund – update 4) Local Area Action Plan of support for people with Autism 5) Transforming Care programme 6) Community Screening and Assessment Review – Update		
3 <sup>rd</sup> May 16	1) ASC Peer Review – Outcome 2) Independent Living – Moving Away from Residential Care (Extra Care Unit and Shared Lives) 3) Adult Social Care Service Annual Operating Plan 2016/17 (a new plan, compiled to show the key operational objectives for the coming year) 4) Adult Social Care Commissioning Intentions 2016/17 5) Annual Quality Statement for 2015		

### Forward Plan Items

Topic	Detail	Proposed Date
Enablement	Progress against the strategy	
Specialist Dementia Care	Update on what the centre will be providing.	Sept/Oct 2016
VCS Advocacy and Carers Review	Update on the services that are being provided.	Sept/Oct 2016