

### MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 29 JUNE 2017

TIME: 5:30 pm

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

### Members of the Committee

Councillor Newcombe (Chair) Councillor Cleaver (Vice-Chair)

Councillors Aldred, Chaplin, Dr Chowdhury, Dempster and Thalukdar

One unallocated non-group place

### Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

Harget

For Monitoring Officer

Officer contacts:

Julie Harget (Democratic Support Officer), Tel: 0116 454 6357, e-mail: julie.harget@leicester.gov.uk Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

### Information for members of the public

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- ✓ 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 Officer on 0116 454 6357. Alternatively, email 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

### <u>AGENDA</u>

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### 1. APOLOGIES FOR ABSENCE

### 2. DECLARATIONS OF INTEREST

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

### 3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Adult Social Care Commission held on 4 April 2017 have been circulated and the Commission is asked to confirm them as a correct record.

#### 4. TERMS OF REFERENCE

#### **Appendix A**

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

### 5. COMMITTEE MEMBERSHIP

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

### 6. DATES OF MEETINGS OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION 2017/2018

Members are asked to note the dates of future meetings of the Adult Social Care Scrutiny Commission for 2017/2018 as follows:

Tuesday 5 September 2017 Tuesday 24 October 2017 Tuesday 12 December 2017 Tuesday 23 January 2018 Tuesday 20 March 2018 The times of meetings to be confirmed.

### 7. PETITIONS

The Monitoring Officer to report on any petitions received.

### 8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

### 9. END OF LIFE TASK GROUP REVIEW

During the municipal year 2016 / 2017, it was agreed for the Commission to undertake a Task Group Review into End of Life. The Task Group held their initial meeting into this topic and the Commission is now asked to confirm whether they would like the review to continue.

### 10. ADULT SOCIAL CARE CUSTOMER PORTAL 12 Appendix B MONTH UPDATE Appendix B

The Strategic Director, Adult Social Care submits a report that provides an update on the Adult Social Care Customer Portal which went live in April 2016. The Commission will also receive a demonstration of the ASC Portal.

The Adult Social Care (ASC) Scrutiny Commission is recommended to note the report content and progress made on enhancing the ASC Portal and provide feedback and suggestions for future improvements.

### 11. ADULT SOCIAL CARE STRATEGIC PRIORITIES 2017 Appendix C / 18

The Strategic Director, Adult Social Care submits a report that sets out Adult Social Care's Primary Purpose Statement and Strategic Priorities for 2017/18. The Adult Social Care Commission is asked to note and comment on the Primary Purpose Statement and the revised Strategic Priorities for 2017/18.

### 12. DOMICILIARY SUPPORT SERVICE PROCUREMENT Appendix D

The Strategic Director, Adult Social Care submits a report that provides an update to the Adult Social Care Scrutiny Commission on the procurement of new domiciliary services to be in place from 9 October 2017.

The ASC Scrutiny Commission is asked to note the outcome of the procurement exercise and to provide comment.

### 13. TRANSITIONAL CARE - FROM CHILDREN'S TO ADULT SERVICES

The Commission will receive a verbal update on the programme of work being undertaken over the coming 18 months aimed at supporting children and young people with a disability with the transition into adulthood and the services available to support them and their families.

### 14. ADULT SOCIAL CARE PREVENTION SERVICES Appendix E DELIVERED BY THE VOLUNTARY AND COMMUNITY SECTOR

The Strategic Director, Adult Social Care submits a report that provides the Commission with an overview of the proposed changes to preventative services delivered by the Voluntary and Community Sector (VCS) funded by Adult Social Care. The Commission is recommended to note the report and provide feedback on the proposals in the consultation.

### 15. ADULT AND SOCIAL CARE SCRUTINY COMMISSION Appendix F WORK PROGRAMME

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

### 16. ANY OTHER URGENT BUSINESS

## Appendix A

### SCRUTINY COMMITTEES: TERMS OF REFERENCE

### **INTRODUCTION**

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

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

Scrutiny Committees may:-

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

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

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

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

### SCRUTINY COMMISSIONS

Scrutiny Commissions will:

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

## Appendix B

# Adult Social care Scrutiny Commission

Adult Social Care Customer Portal 12 Month Update

> Lead member: Cllr Rory Palmer Date: 29 June 2017 Lead director: Steven Forbes



### **Useful information**

- Ward(s) affected: All
- Report author: June Morley
- Author contact details: 37 1939
- Report version number: 1

### 1. Purpose

- 1.1 The Adult Social care (ASC) Customer Portal is designed to support the corporate channel shift and 24/7 access to services by enabling anyone who is able (*personally or with support from carers, friends or family*) to access online social care and related services.
- 1.2 The aim is to free up more costly ASC face to face and telephone support for those that are unable to access on line provision through channel shifting the majority to use the portal.

### 2. Summary

- 2.1 The ASC Customer Portal went live in April 2016. It enables new customers to:
  - Establish if they are potentially eligible for ASC social care
  - Access Information, Advice and Guidance (IAG), as well as an online directory of services
  - Utilise an online financial assessment tool to establish the financial contribution customers may need to pay
  - Submit an application for support from

2.2 Since going live, the portal journey has been simplified to improve its userfriendliness (improving the layout, the content and reducing the "number of clicks" required to navigate around the system). Updates were made following discussion with a Healthwatch focus group and from customer and staff feedback.

2.3 The portal has an average of 600 visitors a month. Most visitors finish their visit following accessing an Information, Advice and Guidance report page (providing bespoke support to help them meet their specified needs).

2.4 To support the corporate channel shift strategy the portal has undergone significant enhancements that have opened up a range of online self-serve activity and assessment /referral opportunities.

2.5 Currently the portal is available for new customers only and is integrating with the back office IT system. This reduces the amount of inputting that staff need to complete. Work is in progress to open up use of the portal to current ASC customers. The intention is for ASC staff to be able to upload documents that are currently printed and sent to customers via the post, such as support plans.

2.6 The portal was advertised during the first 6 months of going live to raise awareness within the City.

2.7 Since go live, improvements have been made to the statistical information that can be gained from the system. However, owing to a number of assumptions that still need to be made; the information provided should be viewed as a guide and not actual evidence. Owing to standards relating to tracking individuals we are not able to monitor all aspects of a customer journey at this time. We also don't know how many of these still go on to phone social care to discuss their needs.

2.8 Appendix 1 shows statistical information gathered since go-live with the caveat that during the first couple of months a number of the "users" would be council staff who were viewing or demonstrating the portal.

2.9 A major challenge in updating the portal is to ensure it is robustly tested. Customers will use a range of hardware and a range of internet providers.

### 3. Recommendations

3.1 To note the report content and progress made on enhancing the ASC Portal.

3.2 To provide feedback and suggestions for future improvements.

### 4. Supporting information

4.1 The portal has been successful in directing customers to self-help and enabling them to understand any financial contributions. Of the 600 visits to the portal each month, around 10-15 users will continue to an assessment. The majority cease their online journey once they have received details of what they can do to self-help and establish where they could source services and/or activities to support their health and wellbeing (i.e. they receive IAG and are able to access tools such as AskSara and the My Choice online directory of services).

4.2 The portal has been enhanced to incorporate a full online Carer Assessment. Traditionally these paper based assessments are sent to Carers to complete and return via the post. Enabling online assessments allows:

- Completed assessments to integrate directly into Liquidlogic removing the need for social care staff to input details
- Carers to complete an assessment without having to wait of a form to arrive in the post (and negates the need for a Carer to take time to post it back)
- Reductions in postage and printing costs
- A more expedient service delivery

4.3 A further recent enhancement, which also complements the channel shift strategy, is the ability for portal users to complete an Equipment and Adaptations (occupational therapy related) referral. This referral can negate the need for a home visit and a paper based form being completed and puts the detail directly into Liquidlogic for the occupational therapy team to act upon.

4.4 A new referral form for professional agencies to refer customers directly to the occupational therapy service has also been developed and went live in May 2017. This removes the need for a phone call or email referral and means that social care staff do not need to input details as they are taken directly from the referral form.

4.5 Work is also in progress to enable a wider range of professionals to refer customers via the portal (over and above the occupational therapy referrals). This will reduce the number of phone and email referrals and further support the corporate channel shift strategy as referral information will be populated directly into system reducing the amount of input work required by Social care staff.

4.6 Investigatory work has taken place to establish if the ASC Portal could be accessed directly via a single sign on process, but it has been deemed not possible at this point in time owing to technicalities with integrating the other systems. This will remain under review as technical advancements are made.

4.7 Work is in progress to make the ASC portal easier to locate / more accessible to the public by adding in a link from the Council's homepage.

4.8 The Portal is available 24/7 enabling access at times that suit anyone regardless of their personal circumstance. This is beneficial to a range of customers who may have disabilities, care responsibilities or work commitments that make contacting the council during "office hours" a non-desirable option for them.

4.9 It should be noted that with this move towards self-service IT systems, such as the portal, there are challenges and complexities in relation to robust testing of new releases and enhancements. This is due to the fact that it is not possible to guarantee which IT hardware or internet facilities will be used by the public to access the portal.

4.10 There are a range of ongoing enhancements that are being made to the portal. With future plans including using the portal to receive direct referrals from a range of professionals as well as utilising it as a means of sending correspondence to current customers, it is essential that marketing of the portal is ongoing and sustained. This will be achieved over the next 12 months via a range of activities, including:

- a series of sessions that will be planned with social care teams so that they are confident in promoting the portal to current customers
- promotional work with professional agencies who refer to social care who will also be able to direct people to the portal for self-service assessments and IAG
- a series of sessions with staff from other public facing council teams such as housing, libraries, neighbourhood centres, customer service teams, advising them of the enhancements to the portal and its new functionality
- working with groups, such as Healthwatch, to promote the portal and its new functionality

### 4. Details of Scrutiny

Initial report (6 month progress) was taken to scrutiny committee 12 December 2016

To be discussed at the scrutiny commission meeting on 29 June 2017

### 5. Financial, legal and other implications

### 5.1 Financial implications

No financial implications (Martin Judson, Head of Finance Adult Services/Education and Children Services)

### 5.2 Legal implications

The report is for noting therefore there are no legal implications arising. Emma Horton, Head of Law (Commercial, Property & Planning)

### 5.3 Climate Change and Carbon Reduction implications

No implications

### 5.4 Equalities Implications

Equality impact statement was complete as part of Phase 1 of the project and is due for review towards the end of this year.

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

### 6. Background information and other papers:

### 7. Summary of appendices:

Appendix 1: statistical information (portal usage)

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

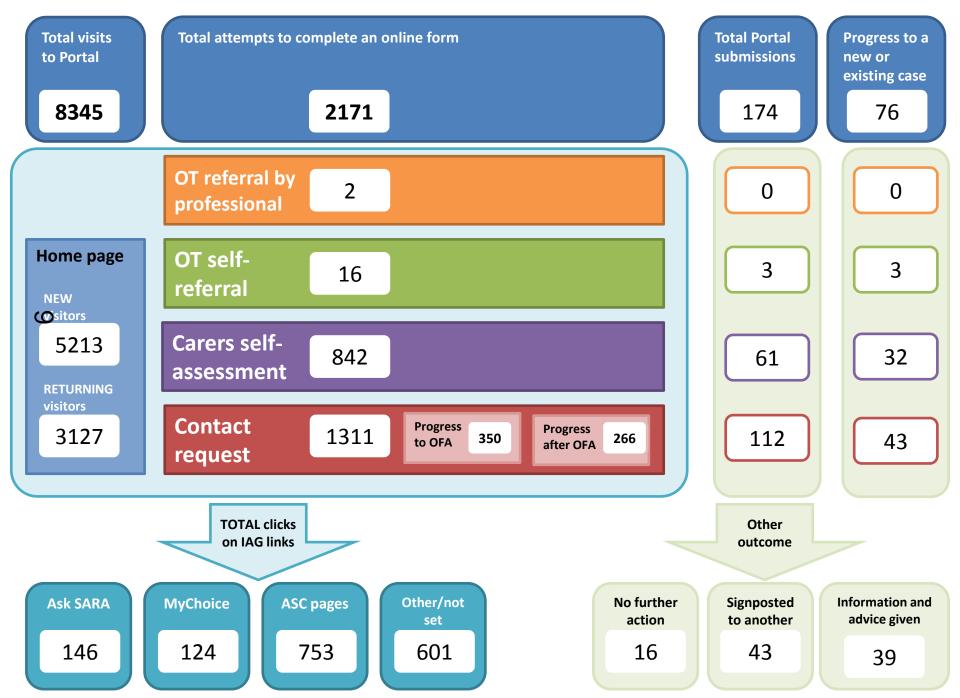
No

### 9. Is this a "key decision"?

No

### 10. If a key decision please explain reason

Appendix 1 – statistical information (ASC Portal)April 2016 – May 2017



Appendix C

# Adult Social Care Scrutiny Commission

# Adult Social Care Strategic Priorities 2017-2018

Date: 29th June 2017 Lead Director: Steven Forbes



### **Useful information**

- Ward(s) affected: All
- Report author: Gwen Doswell
- Author contact details: 454 2302
- Report version: 2

### 1. Purpose of report

1.1 This reports sets out Adult Social Care's primary purpose statement and strategic priorities for 2017/18.

### 2. Summary

- 2.1 Adult Social Care identified six strategic priorities for 2016/17. These were reported to Scrutiny in May 2016. These priorities provided a focus for ensuring that the things we did over the year contributed to the delivery of what is important to us and our service users and carers. We also set out in our annual operating plan what we needed to do to deliver on these priorities and developed performance indicators to measure whether we have been effective in doing so.
- 2.2 This approach laid the ground work for building a more performance focussed behaviour throughout the department, with each of the priorities reflecting the things that would really make a difference to people and would help us to deliver our efficiency targets.
- 2.3 As is the nature of strategic planning/prioritisation, what we set out to achieve will take longer than a single year (although there is evidence to suggest that significant progress towards the delivery of our strategic priorities was made over 2016/17, with 65% of our performance indicators showing improvement).
- 2.4 The proposed strategic priorities for 2017/18, as set out in appendix A of this report, have been developed by Directors, Heads of Service and other colleagues. They are designed to continue the momentum of what we achieved last year and further improving people's outcomes and their experience of dealing with adult social care.
- 2.5 During 2016/17 the department also produced a primary purpose statement, set out in full in appendix B of this report. The primary purpose statement was developed as a response to strong feedback from staff that they needed a clear and simple statement of what we are here to do. This was also a recommendation arising from our Peer Challenge in the spring of 2016.

### 2.6 Our primary purpose is to:

- Enable self-support and independence
- **Support** and protect vulnerable people
- Promote individual wellbeing
- 2.7 For 2017/18 we have changed the order of our six strategic priorities so that they align with the above statement.

### 4. Recommendations

4.1 Adult Social Care Scrutiny Commission are asked to:

Note and comment on the primary purpose statement and revised strategic priorities for 2017-18.

### 5. Summary of appendices:

Appendix A – Strategic Priorities Appendix B – Primary Purpose Statement

### Appendix A

### ASC Strategic Priorities 2017/18

SP1. We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.

SP2. We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.

- SP3. We will work with partners to protect adults who need care and support from harm and abuse.
- SP4. We will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood.
- SP5. We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence.

SP6. We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services.

### Adult Social Care Primary Purpose Statement

Our primary purpose in adult social care in Leicester is to:

- Enable self-support and independence
- Support and protect vulnerable people
- **Promote** individual wellbeing

To support this primary purpose, we will seek to:

- Intervene, when required, at the least intrusive level necessary
- Work co-operatively with people and partner agencies to overcome exclusion and discrimination
- Be effective and efficient in how we operate individually and collectively
- Communicate effectively

At all times, we will:

- Ensure we fulfil our statutory obligations
- Remain person centred and focus on positive outcomes
- Ensure all our professional work is underpinned by compliance with HCPC Standards of Conduct, Performance and Ethics; Standards of Proficiency for professionally registered staff; as well as the Council's Code of Conduct

# Appendix D

# Adult Social Care Scrutiny Commission

# **Domiciliary Support Service Procurement**

Date: 29<sup>th</sup> June 2017 Lead director: Steven Forbes



### **Useful information**

- Ward(s) affected: All
- Report author: Sally Vallance, Joint Integrated Commissioning Board Lead Officer
- Author contact details: sally.vallance@leicester.gov.uk Ext: 37 4122
- Report version number plus Code No from Report Tracking Database:

### 1 Purpose of report

- 1.1 To provide an update to the Adult Social Care Scrutiny Commission on the procurement of new domiciliary services to be in place from 9th October 2017.
- 1.2 The Scrutiny Commission have been provided with regular updates and will be aware that the procurement includes services for both Adult Social Care (ASC) and the Leicester Clinical Commissioning Group (CCG).
- 1.3 The report also details the organisations that have been awarded a contract and the effect of the changes to a number of service users.

### 2 Summary

- 2.1 A recent procurement exercise was carried out to secure providers of domiciliary services for both the local authority and the Leicester City Clinical Commissioning Group (CCG). This followed extensive engagement with providers of services, service users and the ASC Scrutiny Commission.
- 2.2 The procurement exercise resulted in the award of 25 contracts for general support (this will mainly support ASC service users) and 10 contracts offering specialist complex support largely for CCG patients. A list of the new providers are detailed at Appendix 1.
- 2.3 The procurement exercise has resulted in a small amount of change to the current provider organisations, with two not being awarded a contract on the new framework. In addition to many of the existing providers, 15 new organisations have been awarded a contract to provide general domiciliary support.

### 3 Recommendations

3.1 The ASC Scrutiny Commission is asked to note the outcome of the procurement exercise and to provide comment.

### 4 Report/Supporting information including options considered:

#### Procurement approach

4.1 It was agreed in September 2016 that a joint procurement exercise would take place between the Leicester CCG and the local authority to ensure new

	domiciliary services were operational from October 2017. The existing contract is due to end in October 2017, thus the reason for the procurement exercise.			
4.2	<ul> <li>the contract documentation on the following dates leading up to the procurement:</li> <li>12<sup>th</sup> July</li> <li>11<sup>th</sup> August (dedicated session)</li> </ul>			
	<ul> <li>8<sup>th</sup> September</li> <li>20th September (dedicated session)</li> </ul>			
4.3	3 Procurement commenced in November 2016 in accordance with Public Co Regulations 2015. These tender applications have all been assessed and advice sought where necessary. The resulting outcome of this exercise is follows:			
	<ul> <li>The required 35 providers for general care and 10 providers for complex, specialist care with nursing oversight have been secured</li> </ul>			
	<ul> <li>Some providers have been awarded a contract for both services, this represents 26 providers overall</li> </ul>			
	<ul> <li>11 of these providers currently provide domiciliary services via the existing framework, 15 of these providers are new to working with the authority (although some have experience of working with the CCG)</li> </ul>			
	<ul> <li>2 of the Council's current providers have not been awarded a contract on the new framework</li> </ul>			
4.4	The effect on current service users For those in receipt of care from an existing provider, who has been awarded a contract on the new framework, there will be no change (approx. 1,400 people).			
4.5	There are approx. 300 people who receive their support from the two providers who have not been awarded a contract. They have been made aware of the situation and offered a choice of staying with their current provider and taking a direct payment to cover the cost or being transferred to a provider on the new framework.			
4.6	<b>Next steps</b> Regular meetings are being held with the new providers to ensure that support is on offer to those establishing or growing their local base and to carry out early checks on compliance and quality before any service users are placed.			
4.7	Regular contact with outgoing providers is also taking place and this is likely to increase as service users begin to transfer out to new providers.			
4.8	Service users have been contacted and some have already expressed a wish to take a direct payment and stay with their existing provider. For those that haven't been in contact, further engagement will take place from the local authority, the existing provider and potential new provider to ensure they are			

aware of the choices they have and that the transition runs smoothly.

### 5. Financial, legal and other implications

### 5.1 Financial implications

The average hourly rate for LA domiciliary care will increase under the new contract resulting in an increase of approximately 2.8% (£350k) in our current annual domiciliary care expenditure of £12.7m. This has been included in our 2017/18 budget.

Martin Judson, Head of Finance

### 5.2 Legal implications

Legal advice has been given throughout the procurement process and this will be continue post award. The notice of decision will be issued in accordance with the Reg.86 of the Public Contract Regulations 2015 and this will include sufficient reasons why the tenderer was unsuccessful candidates and should it is hoped, prevent unnecessary legal challenges.

The time limit to pursue a challenge in the High Court is 30 days from the date when the tenderer knew or ought to have known the grounds.

Jenis Taylor, Principal Solicitor (Commercial)

### 5.3 Climate Change and Carbon Reduction implications

### 5.3 Climate Change and Carbon Reduction Implications

The most significant climate change impact associated with the domiciliary support service will result from travel by the care staff to visit service users. This was considered during the tender exercise by including and scoring a question on the actions that potential providers would take to reduce the impact (eg. local recruitment, geographical clustering of calls, trip planning, the promotion of walking, car sharing, low emission pool cars etc.)

- Mark Jeffcote, Environment Team (x372251)

### 5.4 Equalities Implications

The EIA was developed prior to the procurement exercise taking place to determine the likely impacts of the service change. It highlighted that the review would be particularly relevant to older people and people with a disability whose needs require additional home support and that they main people to be affected by the new model would be current users.

As detailed within this report the procurement exercise has resulted in a small amount of change to the current provider organisations, and approx. 300 people who receive

their support from the two providers who have not been awarded a contract. These individuals will be directly affected by the service change and as a result the mitigating actions detailed in the EIA are now relevant: to reduce the impact by offering current service users affected a choice of staying with their current provider and taking a direct payment to cover the cost or being transferred to a provider on the new framework.

The service have committed to gather equalities information for all clients which will help to map their journey and can be used to draw out whether there are differences in outcomes for different groups and what further action could be taken by the service to address these.

### Sonya King ext 37 4132

### Appendix A – Providers for award

Lot 1 – General Support providers				
Ark Home Healthcare Limited				
Carers Direct Homecare Ltd				
Carewatch Care Services Ltd				
Castlerock Recruitment Group Ltd (CRG Homecare)				
Direct Health (UK) Limited				
Domiciliary Care Services (UK) Limited				
Fosse Healthcare Ltd				
Mi Life Care Services Limited				
Sevacare (UK) Ltd				
UK Care Team Ltd				
Westminster Homecare Limited				
English Rose Care Ltd				
Family Care Agency Ltd				
Nationwide Care Services Ltd				
Nestor Prime Care Services Ltd ta Allied Healthcare				
Universal Care Services (UK) Limited				

### Lot 1 and 2 Providers

Bluewood Recruitment Ltd

Bonney Care Agency

Private Home Care UK Ltd

City & County Care Services Ltd (trading as Aspire UK)

Choices Care Ltd

**Evolving Care Limited** 

Help at Home (Egerton Lodge) Ltd

Care 4U (Leicestershire) limited

Adaptus Carers Limited

### Lot 2 - Complex/specialist care

HH Care Limited

## Appendix E

### **Adult Social Care Scrutiny Commission**

### Adult Social Care Prevention Services delivered by the Voluntary and Community Sector

Lead Director: Steven Forbes Date: 29<sup>th</sup> June 2017



### **Useful information**

- Ward(s) affected: All
- Report author: Cathy Carter
- Author contact details: <u>cathy.carter@leicester.gov.uk</u> ext. 39 4137
- Report version number: 1

### 1. Summary

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the proposed changes to preventative services delivered by the Voluntary and Community Sector (VCS) funded by Adult Social Care (ASC).
- 1.2 The proposals reflect a reduced level of funding for ASC, which remains acute and is driven by central Government budget cuts to the Council's income. Therefore, the proposals include a reduced level of funding for some services, whilst others will cease all together. However, a new Adult Social Care Prevention & Wellbeing Grant Fund will be created, initially for three years using an ear marked reserve set aside for that purpose in 2016/17.
- 1.3 Whilst the spend on preventative services will reduce by £610,000 per year, the creation of the Adult Social Care Prevention & Wellbeing Grant Fund will mean the Council continue to spend £807,000 per year, compared to the current spend of £1.1m.
- 1.4 It is proposed that the grant will be used to encourage and support local VCS groups to develop and deliver services in local communities which contribute to an effective prevention agenda, helping to keep people healthier, more independent and to help tackle very serious and emerging issues like loneliness and social isolation.
- 1.5 The proposals also include the creation of a new organisation to help represent people who use social care services and to support the effective engagement of people using care services as a positive step forward, building on the idea of Disabled Persons User Led Organisations and taking that principle to other groups of people using care and preventative services.
- 1.6 The consultation commenced on 14<sup>th</sup> June 2017 and is due to close on 28<sup>th</sup> July 2017. If the proposals go ahead the new services will be in place by 1<sup>st</sup> April 2018.

### 2. Recommendations

2.1 The ASC Scrutiny Commission is recommended to note the report and to provide feedback on the proposals in the consultation.

### 3. Report

### Proposed changes to VCS prevention services

- 3.1 Information detailing the proposed changes to VCS prevention services is at Appendix A.
- 3.2 Table 1 shows the proposed financial reductions. Depending on the service, the proposals are to either: re-procure at a lower contract value; stop funding the service; or to retain the service at the current value.

EXISTING SERVICES	CURRENT FUNDING 2017/18	PROPOSED FUNDING 2017/18	SAVING 2018/19
Information, Advice and Guidance (Age UK)	£33,999	£20,739	£13,260
Information, Advice and Guidance (Mosaic)	£61,488	£37,508	£23,980
DPULO (LCIL)	£46,200	£0	£46,200
Carers support (5 contracts)	£252,563	£154,063	£98,500
Lunch clubs (16 grant agreements)	£149,440	£0	£149,440
Stroke (Leicester Stroke Club)	£7,158	£0	£7,158
Asperger's support (The Monday Club)	£10,000	£10,000	£0
Sight loss support (Vista)	£296,259	£148,259	£148,000
Acquired Brain Injury support (Headway)	£30,160	£30,160	£0
Advocacy (6 contracts)	£280,433	£156,433	£124,000
Total	£1,167,700	£557,162	£610,538

### Table 1: VCS Prevention – financial proposals

3.5 Where there are savings or decommissioning plans being considered review work has been undertaken to understand demand, and consider future service design.

3.6 For information and advice services, the Council currently has a number of separate arrangements for welfare advice services and is considering arranging these as a whole in the future. This provides opportunity to remove duplication across services and make efficiencies through back office costs and management overheads.

3.7 The current arrangement's for carers are fragmented across 5 separate contracts. The proposal to consolidate this into a single service contract again provides opportunities for efficiencies, as well as

equity in service provision to all carers in the city.

3.8 For both sight loss support, and advocacy if the proposals are supported the new services will focus solely on statutory requirements. The level of demand for statutory advocacy is far less than had been anticipated further to the introduction of the Care Act, and the proposed budget is adequate to meet that demand within a single contract provision.

### Service User Voice

3.9 In addition, it is proposed to commission a new 'Service User Voice' service from the voluntary sector to help represent people who use social care services and to support the effective engagement of people using care services. This represents a positive step forward, building on the idea of Disabled Persons User Led Organisations and taking that principle to other groups of people using care and preventative services.

3.10 The service would be funded from an ear marked reserve and its role would be to support communication, consultation and co-production with ASC service users

### Proposed new Prevention & Wellbeing Grant Fund

- 3.11 Adult Social Care is also consulting about proposals to set up a new Adult Social Care Prevention & Wellbeing Grant Fund.
- 3.12 Information about the proposed grant fund is shown at Appendix B.
- 3.13 The grant fund would initially be for three years and will be financed from an ear marked reserve
- 3.9 It is intended that the grant fund will provide greater freedom and flexibility for the voluntary and community sector to identify groups at risk of developing social care needs.
- 3.14 VCS organisations whose funding is reduced or ended by the council will be welcome to bid into the grant fund to provide any service that supports ASC prevention.

### **Consultation Approach**

3.15 The consultation exercise consists of two surveys, meetings with providers, and an event for VCS organisations and other partners.

### Timeline

- 3.16 The consultation runs until 28<sup>th</sup> July 2017. When the consultation findings have been analysed, revised commissioning proposals will be made in the summer for decision.
- 3.17 If agreed, the necessary procurement, re-procurement, decommissioning would start in September, with a view to changes taking place from 1<sup>st</sup> April 2018.
- 3.18 In addition, if the proposed grant fund is agreed, organisations will be invited to bid into it in the autumn. Decisions about grant awards would be made in December/January, and



successful projects would start from April 2018.

### 4. Details of Scrutiny

#### 4.1 None to date

### 5. Financial, legal and other implications

### 5.1 Financial implications

- 5.1 Reductions in the budget for preventative services were agreed in 2016 as part of the ongoing savings required from the department. The reduction of £610k per annum from April 2018 will meet the expected savings required.
- 5.2 As part of the 2016/17 revenue out-turn the department transferred £1.5m of funds into an ear marked reserve in order to fund Prevention and Wellbeing Fund. This reserve was expected to service grants totalling up to £250k pa for a three year period initially with the option to extend a further 3 years.

Martin Judson, Head of Finance

### 5.2 Legal implications

5.2 Legal services are engaged in the review and providing advice on all proposals in scope. As this report is for noting there are no legal implications arising from the recommendation.

Emma Horton, Head of Law (Commercial, Property & Planning) ext 371426

### 5.3 Climate Change and Carbon Reduction implications

5.3

#### 5.4 Equalities Implications

5.4 The consultation proposals range from decommissioning some services, reducing funding for others and remodelling services or maintaining as at present, these will have an impact on people from across various protected characteristics as defined by the Equality Act 2010 and these will need to be taken into account when planning for future services.

An EIA will need to be carried out taking into account the outcomes of the consultation and their impacts across protected characteristics.

An EIA will also need to be carried out on the impacts of the new Adult Social Care Prevention & Wellbeing Grant Fund.

Surinder Singh Equalities Tel 37 4148

### 6. Background information and other papers:

### 7. Summary of appendices:

Appendix A: Proposed changes to VCS prevention services Appendix B: Proposed Adult Social Care Prevention & Wellbeing Grant Fund Have your say on

### Changes to adult social care prevention services commissioned from the voluntary sector

### Why are we consulting?

The council wants to do as much as it can to prevent people in Leicester from developing social care needs.

This means trying to help people stay independent and in good health, both physically and mentally.

For most of the time, people stay healthy and independent by helping themselves and by getting support from family, friends and the community. In addition, the council helps people by providing universal services such as leisure facilities and neighbourhood services. However, some people have specific needs, but these needs are not high enough to meet the eligibility criteria for social care support that is set by the government. For these people the council funds social care prevention services to help them reduce, avoid or delay the development of higher levels of need.

The council buys many prevention services from the voluntary and community sector. The voluntary sector has unique strengths in that it is close to communities, often it consists of communities working for themselves. The sector can be very flexible and innovative in understanding people's needs and responding to them effectively.

We want to make more of the ability of the voluntary sector in prevention. This consultation is about how we do that in the future.



### About the consultation

This consultation is intended to find out what people think about our proposals. No decisions have been made at this stage: it is important to us to hear what people think in order to shape the council's way forward in these areas.

The consultation is in two related parts:

- Changes to the way we commission existing prevention services (this survey)
- Setting up a new Prevention and Wellbeing Grant Fund (go to consultations.leicester.gov.uk/ communications/ascgrantfund)

You are welcome to respond to one or both of the consultations.

### Surveys

You can complete the surveys:

- online at consultations.leicester.gov.uk or
- by filling in a paper version and sending it back to us using the freepost address:

Freepost RTRZ-YSJY-BEKH VCS Consultation – Bosworth House 1F West Wing Leicester City Council Leicester LE1 5PH

If you have any other queries about this consultation, you can contact us:

- by email ascconsultations@leicester.gov.uk
- by phone 0116 454 2300

# Responses to the surveys must reach us by Friday 28 July 2017.

### Meetings with current providers

Council officers will be meeting with each of the voluntary sector organisations that currently provide prevention services to discuss the proposals and get their views.

## People who use preventative services

We will ask voluntary sector organisations, including current providers, to tell people who access care or preventative services about the consultation and to support them to take part and/or to feed back views on their behalf. We are happy to attend meetings with people who use preventative services if invited.

## What happens after the consultation?

Both parts of the consultation end on Friday 28 July 2017 and we will provide feedback on the findings on the consultation webpages.

### Why change?

The council currently commissions a range of services from the voluntary sector to prevent people from needing higher levels of social care support.

However:

- we are now having to make difficult decisions about future funding arrangements because of the rising cost of providing adult social care, the fact that needs are rising, and the wider financial pressures on the council;
- the current commissioning model is dominated by procurement rules which do not always help small voluntary and community groups to tender for contracts; and
- we want to empower the voluntary sector to provide flexible, innovative and tailored solutions to support diverse needs and communities in the city.

## Survey

Proposed changes to adult social care prevention services commissioned from the voluntary sector

# Question 1: Please tell us about yourself by ticking and completing all the boxes that apply to you.

	I am completing the survey as an individual and I use these services (please tick all the boxes that apply, or tick the final row if you do not use any of the listed services)	I am completing the survey on behalf of someone who uses these services (please tick all the boxes that apply, or tick the final row if the person does not use any of the listed services)
Information, advice and guidance provided by Age UK or Mosaic		
Services provided by Leicestershire Centre for Integrated Living		
Carers support from CLASP, Age UK or Ansaar		
Lunch clubs		
Stroke support from Leicester Stroke Club		
Advocacy		
Sight Loss support from Vista		
None of the services listed above apply		

If you are completing the survey as a provider of any of the above services, please indicate which and give the name of your organisation.

I am completing the survey on behalf of an organisation that is not a current provider of the voluntary sector prevention services listed above (if so, please give the name of your organisation):

You may not wish to respond to questions about all of the services – you may only be interested in one.

Please go to the relevant page for the service(s) you would like to have your say on.

Service	Page
Information advice and guidance	3
Disabled persons user-led organisation	4
Support for carers	5
Advocacy	6
Lunch clubs	7
Support for people who have had a stroke	8
Support for people with sight loss	9
Your views on the overall approach proposed in this survey	10
Equalities monitoring	11-12

## Information, advice and guidance

#### What happens now?

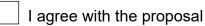
- Adult social care commissions information advice and guidance (IAG) services as part of wider services such as mental health support, carers support and dementia support.
- Stand-alone IAG services for older people and for disabled people are commissioned separately from Age UK (£33,999) and Mosaic (£61,488).

#### What is proposed?

- IAG will continue to form part of adult social care information and advice services such as mental health support, carers support and dementia support.
- Stand-alone IAG for older people and for disabled people will continue until 31 March 2018. However the council is considering arranging welfare advice services across the council as a whole in future, rather than on a department by department basis. It is intended that this new arrangement will start from 1 April 2018.
- We want to make it easier for people to know where to go for the IAG services they need in the future.

## Question 2: Do you agree with the approach for information, advice and guidance services set out here?

Please tick one box:



I disagree with the proposal

I am not sure/don't know

## Disabled persons' user-led organisation (DPULO)

#### What happens now?

The service is provided by Leicestershire Centre for Integrated Living for £46,200. The service provides support for and represents disability groups in the city.

#### What is proposed?

The DPULO service will be ended from 1 April 2018. However we propose to commission a new service for £35,000 to support voluntary and community groups that help people to improve or maintain their health and wellbeing (including groups for disabled people).

We welcome your views on what the key priorities for this new service should be. Please let us know in the box below.

In addition, voluntary and community sector organisations for disabled people can bid directly into the adult social care Prevention and Wellbeing Grant Fund to support disabled people who are at risk of needing high levels of social care support in future.

# Question 3: Do you agree with the approach for the disabled persons' user-led organisation (DPULO) set out here?

Please tick one box:



I agree with the proposal

I disagree with the proposal

I am not sure/don't know

### Support for carers

#### What happens now?

Carers are entitled to an assessment if they appear to have a need for support. If the assessment finds that they are eligible, the council will support them to seek to meet their needs.

However the council also commissions services for carers who may not be eligible for support, in order to help them maintain their health and wellbeing.

This support for carers consists of five contracts with three organisations (CLASP, Age UK and Ansaar) for a total of £252,563.

#### What is proposed?

It is proposed to commission a single one-stop support service for £154,000 for carers that will support a wider diversity of carers and the people they care for. We believe it will be more efficient for prevention services for carers to come from one place.

We will also invite bids for carers support through the adult social care Prevention and Wellbeing Grant Fund.

# Question 4: Do you agree with the approach for carers' prevention services set out here?

Please tick one box:

I agree with the proposal

I disagree with the proposal

I am not sure/don't know

## Advocacy

#### What happens now?

Advocacy services consist of six services at an overall cost of £280,433:

- carers advocacy CLASP
- mental health advocacy LAMP
- prison advocacy LAMP
- · learning disability advocacy /supporting the LD Partnership Board Mosaic
- generic service supporting older people those with a physical disability, vulnerable people and the Independent Complaints Advocacy Service (ICAS) LCPT.
- Independent Mental Capacity Act (IMHA) advocacy LAMP (joint Leicester, Leicester and Rutland contract)

#### What is proposed?

We propose a single delivery model for £124,000 that will consist of Care Act advocacy for all client groups; the ICAS service; and non Care Act Advocacy specific to carers.

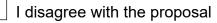
We propose to continue the IMHA service as at present.

# Question 5: Do you agree with the approach for advocacy services set out here?

Please tick one box:



I agree with the proposal





## Lunch clubs

#### What happens now?

16 organisations receive funding to run lunch clubs for specific groups of older people in the city, at a total cost of £149,440.

The councils funding per meal ranges widely – from under £1 to over £9 a meal.

We believe that there are a wider range of people who could benefit from activities like lunch clubs to combat loneliness and isolation.

#### What is proposed?

The council would like to see a broader range of support for people who are lonely and isolated.

Current lunch clubs funding will finish in March 2018, but the adult social care Prevention and Wellbeing Grant Fund can be used to support people who are lonely or isolated and there are a wide range of activities that could do this.

Bids to run lunch clubs – including any from the current lunch club providers – will be welcomed. We would also like to see other proposals for supporting people who are lonely or isolated.

#### Question 6: Do you agree with the approach for lunch clubs set out here?

Please tick one box:

I agree with the proposal

I disagree with the proposal

I am not sure/don't know

If you disagree, please tell us why and/or give alternative proposals:

1

### Support for people who have had a stroke

#### What happens now?

This service is commissioned from Leicester Stroke Club at a cost of £7,158.

#### What is proposed?

The current contract will end as there are very few referrals into the service from adult social care. Bids to support people who have had a stroke will be welcomed to the adult social care Prevention and Wellbeing Grant Fund.

# Question 7: Do you agree with the approach for services for people who have had a stroke set out here?

Please tick one box:

I agree with the proposal

I disagree with the proposal

I am not sure/don't know

## Support for people with sight loss

#### What happens now?

Council commissions a range of services for people with sight loss from Vista at a cost of  $\pounds 296,259$ .

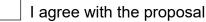
#### What is proposed?

The statutory aspects of services will continue to be commissioned at a cost of £148,259 and a streamlined care pathway will be developed. This will include the maintenance of the city's sight loss register. It is also proposed that a specialist re-ablement service for deafblind people will be individually commissioned via direct payments.

Proposals for further initiatives for people with sight loss can be made into the adult social care Prevention and Wellbeing Grant Fund.

## Question 8: Do you agree with the approach for support for people with sight loss set out here?

Please tick one box:



I disagree with the proposal

I am not sure/don't know

### Your views on the overall approach proposed in this survey

# Question 9: Do you agree with the overall approach set out in the proposals in this survey?

Please tick one box:

Overall, I agree with the proposals

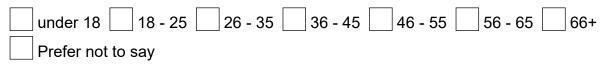
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Overall, I disagree with the proposals

I am not sure/don't know

## **Equalities monitoring**

#### 10. Age:



#### 11. Gender:

Female Male Prefer not to say

#### 12. Ethnic background:

Asian or Asian British: Bangladeshi         Asian or Asian British: Indian         Asian or Asian British: Pakistani         Asian or Asian British: Pakistani         Black or Black British: African         Black or Black British: Caribbean         Black or Black British: Caribbean         Black or Black British: Caribbean         Black or Black British: Somali         Black or Black British: Any other Black background         Chinese Chinese: Any other Chinese background         Dual/Multiple Heritage: White & Asian         Dual/Multiple Heritage: White & Black African         Dual/Multiple Heritage: White & Black Caribbean         Dual/Multiple Heritage: Any other heritage background         White: Biritsh         White: European         White: Irish         White: Irish         White: Any other White background         Other ethnic group: Gypsy/Romany/Irish Traveller         Other ethnic group: Any other ethnic group         Prefer not to say         If you said your ethnic group was one of the 'Other' categories, please tell us what this is:		
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Prefer not to say		Other ethnic group: Gypsy/Romany/Irish Traveller
		Other ethnic group: Any other ethnic group
If you said your ethnic group was one of the 'Other' categories, please tell us what this is:		Prefer not to say
	lf yo	ou said your ethnic group was one of the 'Other' categories, please tell us what this is:

#### 13. How would you define your religion or belief?

Atheist Bahai Buddhist Christian Hindu Jain Jewish	
Muslim Sikh No religion Prefer not to say	
Any other religion (please specify)	

#### 14. Disability

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. Since 2005 people with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are covered by the DDA.

#### Do you consider yourself to be a disabled person?

\_\_\_Yes \_\_\_No \_\_\_Prefer not to say

If you have answered **YES** to the previous above, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of impairment.

	Head Injury
	Hearing (deafness, severe hearing impairment)
	Learning difficulty or disability (e.g. Down's syndrome, dyslexia, autism)
	Mental Health (e.g. depression, schizophrenia)
	Mobility (e.g. using a wheelchair)
	Physical impairment (e.g. difficulty using arms)
	Visual (e.g. blindess, severe visual impairment)
	Long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy)
	Prefer not to say
	Other (please specify)
15	. Sexual orientation. Do you consider yourself to be

Bisexual	Gay / lesbian	Hetrosexual / straight	Prefer not to say
Other (plea	ase specify)		

## **Proposed changes**

#### **Current services**

The council has identified that savings will have to be made. The proposals range from decommissioning some services, reducing funding for others and remodelling services or maintaining as at present.

We will still need to be prescriptive about some of the services we buy for people who are at most at risk of developing higher social care needs and becoming 'eligible' as defined in the Care Act. In addition there are statutory elements to some of the services that we propose to keep, such as some advocacy services and some services for people with sight loss.

These services will continue to be procured by the council or given a direct grant contract. In some cases new service models will be used. If agreed, the new proposals would take effect from April 2018.

#### Prevention and Wellbeing Grant Fund

At the same time we will put funding into the proposed new Prevention and Wellbeing Grant Fund. This will not be funded from the savings we will make from services. It will be funded from some one-off underspends over the next few years.

Many voluntary organisations have said that if they had more freedom to identify issues and develop solutions themselves, it would be more effective than the current system. This is why we want to set up the grant fund.

This will mean that voluntary and community sector organisations can bid to provide support for people based on their own ideas and evidence about what is needed and what works, without having to base their proposals on services specified by the council. Any voluntary sector organisation will be able to bid into the new grant fund, including those who may lose out as a result of the service changes that are proposed in this survey.

We believe that this will:

- allow the council to focus its more prescriptive service on those who are most at risk of developing social care needs; and
- give the voluntary and community sector more flexibility to meet needs differently.

The grant fund would be launched in 2017, with successful projects starting from April 2018.

# Which services are we proposing to change?

The services that are the subject of this consultation are detailed in the survey.

For each service we have set out the current situation, our proposed changes and then a question asking for your views. The proposals range from decommissioning, reducing funding and remodelling, or maintaining as at present.

You may not wish to respond to questions about all of the services. If so please just fill in your responses to the service or services you are interested in.

#### Thank you for completing the survey.

Please hand your completed survey in to any Leicester City Council library, community centre, or the Customer Service Centre, or post it to the following address. You do not need to use a stamp.

Freepost RTRZ-YSJY-BEKH VCS Consultation – Bosworth House 1F West Wing Leicester City Council Leicester LE1 5PH

Responses to the survey must reach us by Friday 28 July 2017.

Have your say on

## Proposals for an adult social care Prevention and Wellbeing Grant Fund

### Why are we consulting?

The council wants to do as much as it can to prevent people in Leicester from developing social care needs.

This means trying to help people stay independent and in good health, both physically and mentally.

For most of the time, people stay healthy and independent by helping themselves and by getting support from family, friends and the community. In addition, the council helps people by providing universal services such as leisure facilities and neighbourhood services. However, some people have specific needs, but these needs are not high enough to meet the eligibility criteria for social care support that is set by the government. For these people the council funds social care prevention services to help them reduce, avoid or delay the development of higher levels of need.

The council buys many prevention services from the voluntary and community sector. The voluntary sector has unique strengths in that it is close to communities, often it consists of communities working for themselves. The sector can be very flexible and innovative in understanding people's needs and responding to them effectively.

We want to make more of the ability of the voluntary sector in prevention. This consultation is about how we do that in the future.



## About the consultation

This consultation is intended to find out what people think about our proposals. No decisions have been made at this stage: it is important to us to hear what people think in order to shape the council's way forward in these areas.

The consultation is in two related parts:

- Setting up a new Prevention and Wellbeing Grant Fund (this survey)
- Changes to the way we commission existing prevention services (go to consultations.leicester.gov.uk/ communications/ ascpreventionservices)

You are welcome to respond to one or both of the consultations.

### Surveys

You can complete the surveys:

- online at **consultations.leicester.gov.uk** or
- by filling in a paper version and sending it back to us using the freepost address:

Freepost RTRZ-YSJY-BEKH VCS Consultation – Bosworth House 1F West Wing Leicester City Council Leicester LE1 5PH

If you have any other queries about this consultation, you can contact us:

- by email ascconsultations@leicester.gov.uk
- by phone 0116 454 2300

# Responses to the surveys must reach us by Friday 28 July 2017.

## What happens after the consultation?

Both parts of the consultation end on Friday 28 July 2017 and we will provide feedback on the findings on the consultation webpages.

# Prevention and Wellbeing Grant Fund

Many voluntary organisations have said that if they had more freedom to identify issues and develop solutions themselves, it would be more effective than the current system.

The proposed new grant fund will mean that voluntary and community sector organisations can bid to provide support for people based on their own ideas and evidence about what is needed and what works, without having to base their proposals on services specified by the council.

Any voluntary sector organisation will be able to bid into the new grant fund, including those who may face reductions as a result of the service changes proposed in our other survey.

We believe that this approach will:

- allow the council to focus its more prescriptive service on those who are most at risk of developing social care needs; and
- give the voluntary and community sector more flexibility to meet needs differently.

## Survey

# Proposed new adult social care Prevention and Wellbeing Grant Fund

# Question 1: Please tell us about yourself by ticking and completing all the boxes that apply to you.

	I am completing the survey as an individual and I use these services (please tick all the boxes that apply, or tick the final row if you do not use any of the listed services)	I am completing the survey on behalf of someone who uses these services (please tick all the boxes that apply, or tick the final row if the person does not use any of the listed services)
Information, advice and guidance provided by Age UK or Mosaic		
Services provided by Leicestershire Centre for Integrated Living		
Carers support from CLASP, Age UK or Ansaar		
Lunch clubs		
Stroke support from Leicester Stroke Club		
Advocacy		
Sight Loss support from Vista		
None of the services listed above apply		

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If you are completing the survey as a provider of any of the above services, please indicate which and give the name of your organisation.

I am completing the survey on behalf of an organisation that is not a current provider of the voluntary sector prevention services listed above (if so, please give the name of your organisation):

# Proposed key features of the Prevention and Wellbeing Grant Fund

The grant fund will be aimed at reducing the risk of people age 18 or over from developing needs for adult social care support.

Set out below are some of the key features of the proposed grant fund:

- 1. The overarching aim of the grant fund will be to enable Leicester's voluntary and community sector to provide activities and services for people who are at risk of developing social care needs.
- 2. Projects will be targeted at helping people who are at risk of developing social care needs to avoid or delay those needs, to maintain or improve their health and wellbeing, and to live as independently as possible.
- 3. The grant fund would be launched in 2017, with successful projects starting delivery from April 2018.
- 4. The overall funding available will be £250,000 a year.
- 5. Organisations will be able to bid for up to £10,000 per project. Each organisation will be able to make up to three bids for up to three different projects.
- 6. Bids can be made for funding for either one or two years (2018-19 and 2019-20). If a bid is made for two years, the funding for the second year will be dependent on whether the project met its objectives in the first year.
- 7. Organisations will be asked how they can make their projects sustainable after council funding ends.
- 8. Successful organisations will be asked to submit an End of Grant report. This report can include case studies, videos, quotes etc.
- 9. The council will run an event in 2019 to showcase successful projects and share learning.
- 10. There will be further rounds of funding in 2019-20 and 2020-21.
- 11. Decisions on bids will be made by a panel of council officers, supported by people who use social care and preventative services.

# Question 2: Overall do you agree with the key features of the proposed grant fund set out here?

Please tick one box:

I agree with all of the key features of the proposal

I agree with some of the key features of the proposal

I don't agree with any of the key features of the proposal

I am not sure/don't know

If you disagree, please tell us why and/or give alternative proposals:

Question 3: Which groups of people (adults 18 and over) should the grant fund seek to support (for example, people with hearing loss, or older people who are lonely and isolated). Please list who you think the main groups should be and why these groups should be included.

Groups of people to support and reasons why:

Question 4: What kinds of projects do you think the fund should seek to fund, and why? Your suggestions can include both existing projects in Leicester or elsewhere that you think work well, or new ideas that you think should be tried out.

Types of projects to fund and reasons why:

# Question 5: Should the grant fund be aimed at funding projects in specific areas of the city as well as having some city wide projects?

Please tick one box and give reasons for your choice.

No

I am not sure/don't know

Please tell us if you have any other comments:

# Question 6: Overall, do you agree or disagree with the proposal to set up a grant fund for adult social care prevention and wellbeing?

Please tick one box.



I agree with the proposal

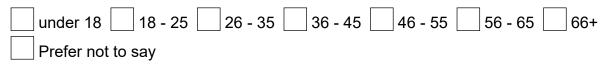
I disagree with the proposal

I am not sure/don't know

Please tell us if you have any other comments:

## **Equalities monitoring**

#### 7. Age:



#### 8. Gender:

Female Male Prefer not to say

#### 9. Ethnic background:

Asian or Asian British: Bangladeshi
Asian or Asian British: Indian
Asian or Asian British: Pakistani
Asian or Asian British: Any other Asian background
Black or Black British: African
Black or Black British: Caribbean
Black or Black British: Somali
Black or Black British: Any other Black background
Chinese Chinese: Any other Chinese background
Dual/Multiple Heritage: White & Asian
Dual/Multiple Heritage: White & Black African
Dual/Multiple Heritage: White & Black Caribbean
Dual/Multiple Heritage: Any other heritage background
White: British
White: European
White: Irish
White: Any other White background
Other ethnic group: Gypsy/Romany/Irish Traveller
Other ethnic group: Any other ethnic group
Prefer not to say
If you said your ethnic group was one of the 'Other' categories, please tell us what this is:

#### 10. How would you define your religion or belief?

Atheist	Bahai Buddhist Christian Hindu Jain Jewish	
Muslim	Sikh No religion Prefer not to say	
Any other relig	igion (please specify)	

#### 11. Disability

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. Since 2005 people with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are covered by the DDA.

#### Do you consider yourself to be a disabled person?

\_\_ Yes \_\_\_ No \_\_\_ Prefer not to say

If you have answered **YES** to the previous above, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of impairment.

Head Injury
Hearing (deafness, severe hearing impairment)
Learning difficulty or disability (e.g. Down's syndrome, dyslexia, autism)
Mental Health (e.g. depression, schizophrenia)
Mobility (e.g. using a wheelchair)
Physical impairment (e.g. difficulty using arms)
Visual (e.g. blindess, severe visual impairment)
Long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy)
Prefer not to say
Other (please specify)

#### 12. Sexual orientation. Do you consider yourself to be ...

🔄 Bisexual 📃 Gay / lesb	ian 🗌 Hetrosexual / straight 🗌 Prefer not to say
Other (please specify)	

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#### Adult Social Care Scrutiny Commission

## Draft Work Programme 2017 – 2018

Meeting Date	Торіс	Actions Arising	Progress
29 <sup>th</sup> June 2017	<ol> <li>Adult Social Care Portal – 1 year implementation update and demonstration</li> <li>Danbury Gardens – Consultation findings and proposals</li> <li>Domiciliary Care – Update following procurement</li> <li>Peer review: Verbal update</li> <li>Update of May 2016 report on strategic priorities</li> <li>End of Life Review</li> </ol>		
5 <sup>th</sup> Sep 2017	<ol> <li>Update on the Enablement Strategy</li> <li>Performance Report – Quarter 4</li> <li>Executive's response to the Commission's Review on Community Screening – Written report to update on progress on actions taken in response to the review's recommendation</li> <li>Peer reviews:         <ul> <li>Sector-led</li> <li>Better outcomes</li> <li>Safeguarding adults board</li> </ul> </li> <li>Procurement plan for 2017/2018</li> <li>Review of residential and nursing home fees</li> </ol>		

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Meeting Date	Торіс	Actions Arising	Progress
24 <sup>th</sup> Oct 2017	<ol> <li>Performance Report – Quarter 1</li> <li>Autism Strategy – Refresh of the strategy</li> <li>Transforming Care (relating to development of STP)</li> </ol>		
	<ul><li>Development of integrated teams relating to</li><li>Hospital discharge</li></ul>		
	Locality; and		
	Points of access		
12 <sup>th</sup> Dec 2017	1) Extra Care Housing Allowance		
23 <sup>rd</sup> Jan 2018	2) Performance Report – Quarter 2		
Final papers	<ol> <li>Integrated discharge team (relating to development of STP)</li> </ol>		
Agenda meeting			
20 <sup>th</sup> March 2018			
Final papers			
Agenda meeting			

#### Forward Plan Items

Торіс	Detail	Proposed Date
Leicester, Leicestershire and Rutland Dementia Strategy	Draft strategy for comment by scrutiny	твс
Continuing Healthcare Funding	Update following the meeting on 4 <sup>th</sup> April 2017	TBC
Extra Care Housing Update once the position on the Housing bene becomes clear.		
END OF LIFE REVIEW	Ongoing	
The future funding of sustainable social care	Subject to government announcement	