Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 16 OCTOBER 2018
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Cleaver (Chair)
Councillor Joshi (Vice-Chair)

Councillors Aldred, Chaplin, Osman, Thalukdar and Unsworth

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

For Monitoring Officer

Officer contacts:

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

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PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING **Appendix A**

The minutes of the meetings of the Adult Social Care Scrutiny Commission held on 28th August 2018 and the Special meeting held on 25th September 2018 are attached and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. CALL-IN OF EXECUTIVE DECISIONS **Appendix B**

The Monitoring Officers submits a report that enables the Commission to consider the call-in of four Executive decisions taken by the Assistant City Mayor – Adult Social Care and Wellbeing relating to Adult Social Care funding for the following:

- Future Funding for Lunch Clubs
- Future of Carers Support Services
- Future Funding of the Leicester Stroke Club
- Future of Visual and Dual Sensory Impaired Services

7. DEMENTIA STRATEGY

The Lead Commissioner for Adult Social Care and Commissioning will deliver a presentation on the outcome of consultation and the emerging action plan.

8. DEMENTIA ACTION ALLIANCE: UPDATE

The Lead Commissioner for Adult Social Care and Commissioning will provide a verbal update.

9. AUTISM SELF-ASSESSMENT

The Business Change Commissioning Manager for Adult Social Care and Commissioning will deliver a presentation.

10. DOMICILIARY SUPPORT SERVICES - UPDATE REPORT — Appendix C

The Strategic Director for Social Care and Education submits a report which provides the Adult Social Care Scrutiny Commission with an update on the delivery of domiciliary support services since October 2017, which were jointly procured with the Leicester City Clinical Commissioning Group. The Commission is recommended to note the report and provide any comments to the Strategic Director of Adult Social Care and Education / and/or the Lead Executive Member.

11. OUTCOME OF GOVERNMENT CONSULTATION OF THE LOCAL HOUSING ALLOWANCE (LHA)

The Director for Adult Social Care and Commissioning will provide a verbal update on recent consultation.

12. ADULT SOCIAL CARE PERFORMANCE 2017/18 YEAR-END REPORT — Appendix D

The Strategic Director for Social Care and Education submits a report which provides the Adult Social Care Scrutiny Commission with information on various dimensions of adult social care performance in 2017/18. The Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in the report.

13. END OF LIFE TASK GROUP REVIEW — Appendix E

The Chair of the Adult Social Care Scrutiny Commission submits a draft Task Group report on End of Life.

14. 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.

15. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 28 AUGUST 2018 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Chair)
Councillor Joshi (Vice Chair)

Councillor Chaplin Councillor Unsworth

In Attendance

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

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15. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Aldred, and from Mr Michael Smith, Healthwatch (Standing Invitee).

16. DECLARATIONS OF INTEREST

Members were asked to declare any interest they may have in the business to be discussed on the agenda.

Clr Joshi declared an Other Disclosable Interest in that his wife was an employee of Leicester City Council in Adult Social Care.

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

17. MINUTES OF THE PREVIOUS MEETING

AGREED:

that the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 19th June 2018 be confirmed as a correct record.

18. PETITIONS

The Monitoring Officer reported that no petitions had been received.

19. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

20. DELIVERING GOOD SOCIAL WORK PRACTICE

The Strategic Director for Social Care and Education submitted a report which summarised the key findings from four key activities undertaken to explore social work practice, namely Healthy Workplace Survey, Employee Engagement Survey, My Time Peer Review and Annual Health Check. The Commission was asked to note the content of the report and comment on and endorse the progress made in improving the approach to social care practice within Adult Social Care (ASC), express its support to the continued progress and change in practice and culture that had occurred in ASC, and consider what further information could be provided which would assure the Commission that a positive change in social care practice continued to be embedded in adult social care services.

The Chair commended all employees in adult social care, and the challenging roles they undertook.

The Assistant Mayor noted that the report was about support for a range of staff. It was noted there were issues around money, but social care was down to the quality of staff, having the right supervision and support for staff, so they could work effectively for the residents of the city. Reports stated the section was going in the right direction, and were important for staff and the service.

A presentation was delivered on Social Care Practice (attached for information), and the following points were made:

- Findings showed how views and opinions on social care had changed over the last few years.
- Social work was challenging and emotional, and management visibility was paramount.

Councillor Chaplin joined the meeting at this point.

- Officers explained how an environment of trust, supervision time and team meetings had allowed staff to raise issues and concerns. Staff morale and confidence had increased over the past two years.
- Liquid Logic had been introduced a number of years ago, and processes that were initially difficult have improved over time. People had now got used to it, and it was considered better than the previous system, though more work could still be done to further streamline the system.

- Generic social work teams had now moved into a specialist team structure, which was better for staff and service users.
- The self-assessment pilot had allowed practitioners to work autonomously, and relationships to evolve with service users. Case file audits had been introduced.
- During the pilot, staff told managers that they were more engaged and implemented self-monitoring skills, felt more empowered and responsible. The pilot would now be rolled out in all service areas.
- Data on staff time was useful, to assure that people were doing what was expected of them, and staff had welcomed the change.
- Lots of positives had been gained from the My Time Peer Review with Nottingham City Council. Various things identified included LCC management supported workers, there were regular opportunities for supervision, reflective practice, positive risk taking and decision making, which gave a focus on moving forward with improved working. Areas to consider were how practitioners could develop further, and how lessons learned could be implemented into practice.

The Chair said it was clear a couple of years ago that staff needed to be given opportunities, and that the information presented at the meeting was very positive. The Strategic Director said it was important the Commission heard the information from staff, to talk about what practitioners do in social care was difficult to articulate, and credit should be given to the staff who had volunteered to come and speak about the impact they had on peoples' lives, which was the driver for most officers. He added it was important to hear staff say they were more confident, with the ability to challenge one another, and to feel they had done a good job.

- There were numerous different methods of support, both formal and informal, such as support from colleagues, divisional meetings, reflective practice where difficult cases and topics could be discussed, regular supervision, and the opportunity to approach the managers to discuss pressing urgent concerns. People were encouraged to reflect on their practice before they went home.
- It had been reported there was a lack of continued professional development for unqualified staff. The new Learning and Development Manager was developing support across the service, for example, an apprentice scheme for unqualified staff working in social work-type roles. There would be commitment for them to go to university, but a lot of training would be on site. Work would also continue with the corporate OD Team to look at leadership, with 360 Degree appraisal, and a bespoke development programme for leaders. The Chair invited the Learning and Development Manager to a future meeting of the Commission to discuss her work, and for a report to be brought back to the Commission in six months time.
- Comments following the Healthy Workplace Survey, of having no significant improvement of choice in what staff could decide to do in their work were from a specific team, i.e. the Contact and Response Team and was due to the nature of the work. Other teams had greater ability on the control of what they could do; more freedom and creativity.

- The focus was on trying to achieve a consistency in quality in how the service interacted with people, and staff would always be supported in the decision making. There used to be lots of complaints, for example, with regards to officers not getting back to people. The nature of complaints has shifted towards people not liking the outcome of decisions, for example eligibility. It was noted the frequency of complaints had reduced.
- Some areas would never be free of the demand for telephone services, but there was flexibility for those that manned the phones to undertake other roles.
- It was noted that whilst new managers wold be expected to cover the full range of tasks, such as difficult HR conversations with staff, the Heads of Service or colleague managers would support a new manager as they made the transition from practitioner to management. A coaching programme for team leaders would be repeated, as people got a lot out of it and became confident team managers.
- Only a very small number of the people surveyed were bank staff, and information on this would be provided to the Commission Members.
- The combined department was new. Apprenticeships were a joint decision between management in discussion of temporary staff, and there would be 15 apprentices sponsored. An exercise on governance arrangements would be undertaken, and conversation would be held with children's colleagues to see if there were opportunities to develop practice.
- The levels of sickness had gone down substantially in the last year and were under target. Information on sickness levels would be provided at a future meeting. Managers worked on the assumption that if people were confident and supported in their job, it had a positive impact on their health and stress levels.

The Chair thanked everyone for their input, and asked that a message be delivered to staff to say the Commission was pleased with what they had heard at the meeting.

It was AGREED that:

1. The report be noted;
2. The Learning and Development Manager be invited to a future meeting of the Commission to discuss her work;
3. A report to be brought back to the Commission in six months time on professional development opportunities;
4. Information on the number of bank staff to be provided to the Commission Members;
5. Information on improved sickness levels to be provided at a future meeting;
6. A report on how social workers were supported to be provided at a future meeting.

21. STRENGTH AND ASSETS BASED APPROACH UPDATE

The Director for Adult Social Care and Safeguarding provided a verbal update on a strengths and asset based approach within social work practice.

The following points were made:

- Strengths based practice was a term used for building support within social care, and putting the person looking for support at the centre of social work, not just by focussing on their needs, but by really enabling them to identify the things they wanted to be different and to work up solutions about how they could achieve that.
- The practice focussed on an individual's strengths, which might be, families, communities, networks. The approach did not diminish Adult Social Care's statutory duties, nor did it take away things like eligibility for service provision. But it required Adult Social Care to get to those matters in a different way, to help people resolve their own situations, with Adult Social Care support as needed.
- The asset based approach was about how Adult Social Care helped people to make the best use of local assets, where they could use them to meet a need or desired outcome, for example, community services, informal networks. A pilot was run for about a year within the front door service, to test out what it meant for staff and customers in practice. Some of the key learning points were:
    - **Time** – staff spending more time with people in conversations aimed at finding sustainable solutions;
    - **Trust** – managers allowing staff to be more self-directing in how they help a customer achieve their outcomes;
    - **Sustainability** – solutions could take a little extra time to achieve but were sustainable for the longer term, meaning people were not coming back for support on a repeated basis;
    - **Confidence and satisfaction** – staff loved this way of working and customers found it beneficial;
    - **Training** – there were some extra skills that staff needed, for example in motivational interview techniques;
    - **Culture** – there was work still to do to support all staff to understand how they could adopt the strengths based practice;
    - **Assets** – people were able to use what was available but there was a limited amount of community capacity building resources within Leicester. Any solution to that was wider than Adult Social Care.
- Next steps – the Department would take the following three actions over the remainder of the financial year:
    - Defining strengths and asset based approaches to help staff understand the two.
    - Investment in training – developing a skills programme for staff to enable them to take a different approach to conversations with people who approach us for support and also with long-term clients;
    - Process – need to continually learn and develop processes, using customer outcome as a basis for forms.

- The Department hoped that the first three steps would support staff to work in a way the pilot identified was good for customers and good for the Department. A report on progress would be brought to a future meeting of the Commission.

The Chair queried that with continued government cuts, what would happen in a ward without buildings available and where would people go. It was explained that as part of the approach, things might take place in buildings, and it was acknowledged that it would vary in different areas. Assets could take the form of individuals, street level, families, connecting neighbours, as well as moving out to physical locations. Ensuring assets were available was a corporate issue and were being mapped along with health colleagues.

The Chair asked that the Department 'tapped into' gardening projects and allotments across the city, and to map the information. Also, that based on children going into local care homes, older persons should be encouraged to link up with the care homes.

The Strategic Director for Social Care and Education informed the meeting about the Mychoice directory, an online map for care and support products and services for people. It was described as being resource intensive, requiring input and keeping up to date. He explained there were dozens of schools across the city not in the control of the local authority, but could be approached and encouraged to connect to the service.

Members put forward that a report be compiled on the strength and asset based approach, and what made it a corporate concern. They suggested going to other authorities to see how they dealt with it and encapsulate it into a report to be taken to the Executive and then to OSC. They expressed concern that the Department would rely on small, intangible voluntary support, the issues around buildings availability, issues with schools, and the need for the Executive to look at the issue thoroughly.

Members added they would like to have more paper-based information in the future rather than verbal updates. It was unclear how this information differed to the report presented to a prior meeting. They asked how the approach would be monitored and evaluated, what mechanisms were in place to scrutinise and report positive outcomes.

The Director for Adult Social Care and Safeguarding explained that part of the work being undertaken was to see if the strengths and asset based approach was beneficial and sustainable, for example, by looking at repeat referrals. She clarified that there hadn't been a report at the previous Commission meeting, but a discussion about strengths and asset based approaches had been prompted by the Strategic Director's report on the ASC proprieties for 2018/19.

Members said there was no general parity of wealth, experience, education, or business to build on a material asset to benefit everyone, and that the procedure was also potentially an asset failure, and it was unlikely it could be provided equally across the city, as there were some patches of the city that

had less resources than others.

The Assistant Mayor for Adult Social Care and Health stated that resources had be placed in Adult Social Care to meet statutory requirements, to help those in dreadful circumstances. She added that what was trying to be achieved using the strength and assets based approach was to intervene before people got into crisis. Also, the model did not rely on building new buildings, but by using what was in existence in a better way. It was evolving in other parts of the country and there was no reason why it would not work here.

With regards to schools, many of them were collaborating with each other in the city, 60% of which were not academies or free schools. It was noted that if a tenth of primary schools wanted to be a part of the scheme, there would be a spread across the city, but again it would require a corporate approach.

In response to a question from the Chair, the Director for Adult Social Care and Safeguarding explained how the council already worked with partners in health across neighbourhoods. Work had already commenced to develop a local asset map, and by capturing information on the local community, working in a multi-disciplinary way, and by talking with partners on how to support individuals' positive outcomes could be achieved. An example given was small groups of people reaching out to each other, which would reduce isolation and improve mental health.

After discussion between Members it was suggested that a recommendation be made to the Executive. Having considered the approach, it was believed that the outcomes would be best achieved by a corporate approach, and would therefore ask the Assistant Mayor for Adult Social Care and Health to take a report to the Executive and feedback on the response to OSC.

The Chair thanked the officers for the update.

It was AGREED that:

1. The update be noted;
2. The Chair asked that the Department 'tapped into' gardening projects and allotments across the city, and to map the information;
3. A report be compiled on the approach of what made it a corporate concern, to go to the Executive, and feedback of the response to go to OSC.

22. CARERS STRATEGY: OUTCOME OF CONSULTATION AND EMERGING ACTION PLAN

The Strategic Director for Social Care and Education submitted a report which provided the Adult Social Care Scrutiny Commission with an update on the outcome of the recent consultation exercise for the Carers' Strategy. The Scrutiny Commission was asked to note the report and provide any comments on the overarching consultation findings to the Strategic Director of Social Care and Education and/or the Lead Executive Member.

The report provided a summary of the findings of a public consultation exercise undertaken between 28 February 2018 and 22nd April 2018, on the draft Joint Leicester, Leicestershire and Rutland Carers Strategy 2018-2021 appended to the report.

The Lead Commissioner, Adult Social Care and Commissioning, provided the following information:

- There were 230 respondents, 62 of which lived within Leicester.
- Consultation was hosted by County Council, following which each authority was given its own data to analyse. Some themes identified during consultation were:
    - The draft strategy was well received by the majority of respondents who believed it reflected carers' issues, though more detail was needed.
    - People were a little unhappy on how health and social care worked with organisations.
    - More respite and services were needed.
    - Young carers in the city felt their needs were not recognised in the strategy.
    - Parent carers were underrepresented and their needs not understood.
    - Some of the language could be clearer.
- It was felt that the strategy itself could not be wholeheartedly accepted because of the number of young carers who felt their needs weren't reflected. Therefore, County had been informed the City could not sign off the strategy as yet to allow time for young carers' issues to be addressed.
- The next step would be to meet with young carers and to defer the launch of the strategy until further developed.

The Chair said there were significant concerns around young carers and how the strategy could be moved forward. She added it was something that should not be rushed into to avoid mistakes and ensure young carers were looked after.

The Vice-Chair asked that of the 230 responses received, what were the demographics; how many were carers and how many were service users. The Commission was informed that information was available and a breakdown by district and how people identified themselves, for example, carer, professional, would be provided to Members of the Scrutiny Commission by officers.

Further information was provided, as follows:

- Significant progress had been made through approaching Barnardos, to enable recognising carers in schools, helping under 18s with adulthood approaching, who wanted help with their future lives / to go to college / university, but wanted assurance that their parent / sibling would be looked after. It was recognised there was work to be done before a refreshed strategy could be signed off.

- Post-consultation the strategy would be revisited. Officers were confident that through a cohesive approach, the strategy would be delivered by the end of the year, to include young carer and parent carer issues raised.
- There were carers groups in the city supported by the council. Through new contracts, more peer group support would be introduced. Members suggested that communities should be advised on where to get funding to support community groups, for example, Health Lottery money, ward funding.
- Nothing had changed in the support to carers whilst the draft strategy was being updated. Whilst developing the strategy, carers should not have noticed any difference.
- Once the strategy was approved, there would be an increased focus on some of the comments, with increased support. There would be procurement of new services. Carers would be worked with using the strengths based approach. There would also be increased emphasis on recruiting volunteers.
- Through children's services' processes, carers needed to be able to fulfil their lives as children primarily, and not carers.
- If someone was identified as a carer, the council was under obligation to support them, and the strategy did not change that obligation to meet that need.
- There were some people across the service who met the threshold for support, but who continued to provide care themselves because they believed they had an obligation and duty to carry out care.
- There was no direct requirement for a person to tell a GP they were a carer. A piece of work looked at carer friendly GP practices to identify 'Carers Champions', people who would recognise when a carer presented at surgery, and this had seen an increase in the numbers of carers identified.
- It was confirmed that the services specifically for carers of people with mental health needs and learning disabilities from BAME backgrounds would still be in place.

The Chair noted there was a good support system for foster carers, and wondered if that group of people could offer respite care to carers in between fostering. It was noted that the Shared Lives services already offered short-term respite.

The Chair requested that the Commission receive an update when Adult Social Care had spoken with Barnardo's and amended the strategy.

The Chair also asked that an update report, including the Key Performance Indicators (KPIs) within the strategy and information on their success, be brought to a meeting of the Commission, six months after confirmation of the strategy.

The Chair discussed with Members of the Commission, and suggested that once the strategy had been amended, that Members of Children, Young People and Schools Scrutiny Commission be invited to attend a pre-meeting to be held prior to the next Adult Social Care Scrutiny Commission main meeting.

The Chair thanked the officer for the report.

It was AGREED that:

1. The update report be noted;
2. The Commission would receive an update after Adult Social Care had spoken with Barnardo's and amended the strategy following young and parent carer concerns;
3. An update report on the KPIs within the strategy and information on their success be brought to a meeting of the Commission six months after confirmation of the Strategy;
4. The update would be brought to a pre-meeting of the next main meeting, where Members of the Children, Young People and Schools Scrutiny Commission would be invited to attend.
5. A demographic breakdown of the 230 responders to be provided to the Commission Members.

23. OUTCOME OF VCS PHASE 1

The Director for Adult Social Care and Commissioning provided a verbal update on recent consultation on three areas as part of Adult Social Care's requirement to find £790k from its VCS budget for 2018/19.

The following information was provided by the Assistant City Mayor for Adult Social Care and Wellbeing:

- Visual and Dual Sensory Impairment Support – currently Vista provide the service.
- The total contract value is £296,525, and the proposal was to reduce the budget to £188,129.
- For 2017/18 the contract value was reduced from £296,525 to £279,000 with agreement with Vista as they could not achieve the required contractual outputs due to lack of demand.
- The current contract was due to end on 31 March 2019. The proposal was to reduce the contract value and to fund only the statutory elements of the service.
- 244 people responded to the survey. 107 people (44%) disagreed with the proposal. 63 people (26%) agreed and 58 people (24%) did not know / not sure, and 16 people (6%) did not answer the question.
- The consultation proposed funding of £148,129, but as a result of feedback it was proposed to increase the funding to £188,129 (£40k increase). The additional £40k would cover the £35k for a specialist work for deafblind reablement and £5k for specialist equipment.
- Though the budget would be reduced, there would still be a significant service available.

Members noted that Vista was a long-established organisation. They asked that with the cutbacks recently, would Vista be able to deliver the services needed, were they going to be centrally located, or would someone go out to

see people individually. In response, it was noted that the contract with Vista had been in place for many years. With agreement the budget had been reduced from the previous financial year as not many people had used the service. As a statutory provision, it had been discussed in detail what was required. Vista would have a central point and outreach as part of the contract. It had been agreed the original proposed budget reduction was not sufficient and it had been agreed to increase from £144,129 pa to £188,129 pa to include reablement for deaf/blind users and monies for equipment. It was noted that other organisations would be able to apply for the contract.

The Strategic Director, Adult Social Care and Education informed the meeting that the decision had been reviewed, and the Assistant City Mayor for Adult Social Care and Wellbeing had made the decision to increase the proposed budget from £144,129 pa to £188,129 pa. The Chair added it was important that staff and the community were looked after, and to make it clear there were no consultations with a pre-set decision, but that results were analysed.

The Assistant City Mayor for Adult Social Care and Wellbeing, then provided an overview of the proposed changes to carers support services.

- There were current five contracts with three organisations (Carers Centre, Age UK, Ansaar). Consultation had been undertaken on the proposal to reduce funding from a total contract value of £252,562 to £154,063
- Current contracts were due to end on 31 March 2019, and it was a non-statutory service.
- The proposal was to reduce the five contracts to one from 1 April 2019.
- Three months consultation had taken place. Only 43 people responded, although there were several responses from The Carers Centre and feedback from meetings. 24 people (56%) did not agree with the proposal, whilst 19 people (44%) either agreed, weren't sure or did not answer.
- The main concern was about the level of demand on the services provided by the existing carers organisations and not be able to cope with a reduced contract value, which was contradictory to the monitoring information received from the existing organisations which showed some of the services were under-utilised.
- The new model was considered to be the most cost-effective way of providing support with the funding that was available, with no duplication of roles.
- The proposal supported the fact that the City was increasingly diverse and therefore having separate contracts for different demographic groups was no longer effective.

The Chair asked how could it be ensured that older people were not left socially isolated, and how would the needs of BME people be addressed by moving from five contracts to one. In response it was noted that the current five contracts did not reflect the reality of the diversity of the city, and it was preferable to have one contract that the carer could get access and support in one place. Also, the vast amount of carers initially presented themselves as such in a GP surgery, and a place to steer people to one place was required, and not dozens of organisations.

The Vice-Chair asked that if the contract was given to one organisation, that it be stipulated that BME groups be catered for. He added that £1.1billion was left unclaimed by carers, and carers were not informed of carers allowance and support. He said he understood the reasoning of reducing the contract to one supplier, but wanted reassurance that whoever got the contract would take those concerns on board.

The Strategic Director, Adult Social Care and Education responded that with regards to access to benefits, it would not be expected of the contractor to be the main adviser of benefits and carers would be signposted to Welfare Benefits Advice.

It was suggested that the Commission put forward a recommendation to the City Mayor that the needs of the carers and appropriate information and guidance to be provided by Welfare Advice as a recommendation by the City Mayor, but did not need to be specific in the contract. Members were informed that they would no longer be able to go to Welfare Advice as the Team would be changing in the way it was working, and would only be working on high-level appeals work. Members in future would have to go to the external contractors as first port of call.

Members stated it would be an appropriate matter for training on Welfare Rights updates be organised as part of the Member Development Programme.

The Assistant City Mayor for Adult Social Care and Wellbeing, then provided an overview of the proposed changes to Lunch Clubs funded by Adult Social Care.

- The Council paid a subsidy of £139,719pa to 13 organisations.
- Most were inner city and BME / faith-based organisations.
- There was no rationale to the amounts paid or the organisations supported, and was a non-statutory service.
- The proposal to cease funding on a tapering basis over a three-year period, as it had been recognised that people were concerned – Year 1 by 25%, Year 2 by 50%, Year 3 by 75%, and Year 4 by 100%.
- Three months consultation took placed between 9th April to 29th June 2018, and included one-to-one meetings with several of the providers and meetings with service users.
- There were 172 responses to the survey. Concerns were mainly focused around the likelihood of social isolation rather than the issue of older people not receiving a meal.
- A review of local groups for older people operating out of the council's libraries and community rooms showed there were alternative activities that people could go to.
- There are also likely to be many more facilities provided by non-funded community groups and religious organisations.
- Support will be given by Adult Social Care officers and VAL to develop sustainable plans with the clubs to become self-sufficient. The Director of Delivery, Communications and Political Governance will write to VAL asking them to assist the VCS with the development of plans.

Members queried what the funding was used for at lunch clubs, whether on wages or premises. They also raised concerns over the nutritional quality of the food, whether it was prepared in hygienic conditions and health and safety adhered to, and how it was monitored. It was explained that regulations under environmental health would be followed. It was noted however, that clubs could be inspired to provide a healthy option on their menus.

The Assistant City Mayor explained that there needed to be more of a shift to address isolation, and provide alternative places for people to meet other than lunch clubs.

An example was given by Members of how an allotment site in Western Ward had taught people about home grown produce and cooking. This in turn had evolved into a self-funded group of people, with a chef and premises to provide lunches. The Chair noted there was a lot of information across the city that could be shared.

The Chair thanked officers for the reports, and recommended that a full report on all the items discussed, with Equalities Impact Assessment attached be brought to the next meeting of the Commission.

It was AGREED that:

1. The update be noted;
2. Training on Welfare Rights updates be organised as part of the Member Development Programme;
3. A full report on all the items discussed, with Equalities Impact Assessment attached be brought to the next meeting of the Commission.

24. DISABILITY RELATED EXPENDITURE (DRE) CONSULTATION

The Director for Adult Social Care and Safeguarding provided a verbal update on consultation undertaken.

It was noted that:

1. It was proposed to bring the standard allowance into line with what people actually spent on disability costs.
2. The consultation was still live online.
3. An Equalities Impact Assessment would be brought to a future meeting of the Commission.

In response to a question, Members were informed that changes did not affect the services that service users or their carers received.

The Chair noted that a full report and Equalities Impact Assessment would be brought to a future meeting of the Commission.

The Chair thanked the officer for the update.

It was AGREED that:

1. The update be noted;
2. A full report with the Equalities Impact Assessment attached be brought to a future meeting of the Commission.

25. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

The Commission's Work programme was submitted and noted.

Task and finish group meetings on the Government's Adult Social Care Green Paper would be arranged ahead of publication.

26. ANY OTHER URGENT BUSINESS

- Under Member Development Training, the Scrutiny Skills training to include an item on forming recommendations.
- The Chair took the opportunity to thank Members for their involvement with the briefing on changes to advocacy services and reminded the Commission of the second briefing on Wednesday 12th September, and for attendance confirmation to be sent to the Scrutiny Policy Officer.

There being no other items of urgent business, the meeting closed at 9.05pm.

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Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 25 SEPTEMBER 2018 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Chair)
Councillor Joshi (Vice Chair)

Councillor Aldred
Councillor Osman
Councillor Thalukdar
Councillor Unsworth

In Attendance

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

* * * * * * * *

27. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Chaplin.

28. DECLARATIONS OF INTEREST

Members were asked to declare any interest they may have in the business to be discussed on the agenda.

There were no declarations of interest made.

29. VCS REVIEW PHASE 1: CARERS' SUPPORT, LUNCH CLUBS AND VISUAL & DUAL SENSORY SUPPORT

The Strategic Director for Social Care and Education submitted a report and Equality Impact Assessments which updated the Adult Social Care (ASC) Scrutiny Commission on the outcome of Phase 1 of the Voluntary and Community Sector (VCS) Review as reported at the ASC Scrutiny Commission meeting on 28th August 2018. The Commission was recommended to note the report and provide comments.

The Chair stated it was important to note the services affected were non-statutory, and could not be run in the same way due to government funding cuts, and that it was essential to prioritise the provision of statutory services. She added the authority had difficult decisions to make.

It was noted that at the previous ASC Scrutiny Commission meeting held on 28th August 2018, a verbal update had been received on the VCS Review Phase 1, and detailed discussion had taken place. Members had requested a report to expand on the information received verbally, alongside an EIA for each affected service area.

The Strategic Director for Social Care and Education said that the ASC Department had looked at non-statutory services to consider whether they could evidence whether they prevented or delayed individuals requiring statutory support. Therefore, in the current financial climate, difficult decisions had to be made to deliver the overall savings of £790k for 2018/19. He added that an annual growth pressure of £5million a year also needed to be met. He reminded those present that whilst the Department had been efficient over the previous three years, there had been no change in the Government's position with regards to funding. It was noted that the Green Paper on care and support for older people had not yet come forward. However, communication from central Government indicated that it would not be available for at least another couple of months. The Department had moved on with the savings put in place, and the reports presented to the meeting related to non-statutory spend.

The Chair stated she sympathised with the position faced by the Department, and felt it was important that the Commission were able to seek reassurance that with the services being changed, service users and carers would be reassured and signposted adequately.

The Strategic Director for Social Care and Education responded the Members' questions with the following information:

- Carers support offered advice and guidance, but not practical care. Carers support would continue through advice, guidance and signposting to appropriate support.
- Lunch clubs were predominantly used by older people, or occasionally younger people with a disability or other need.
- The visual and dual sensory impairment support was a service which commissioned a range of sub-services with some statutory provision, for example, it was a statutory requirement to maintain a register of individuals using the service. Vista support service also guided people as to what equipment was available, and offered reablement support.
- Some advocacy support contracts provided a combination of statutory (as defined by the Care Act 2014) and non-statutory advocacy, for example, supporting individuals with the engagement with the DWP, housing, etc. It was noted that there were other services that offered that support and guidance, for example, the Council's own Housing Department. The Council's Welfare Advice section was being re-procured and restructured to deal with lower level cases at Tier 1, through to more complex tribunal cases at Tier 3.
- Stroke support was a long-running service with a small investment. Predominantly used by older people, the city residents who attended for support could be assessed for statutory support if necessary.

- The Disabled Persons' Support service was an infrastructure service and previously driven by disabled user organisations, but the contract had now served its time. Therefore, it was proposed to cease the service and to create a Service User Participation service so enable the Council to engage directly to arrange, which is a requirement of the Care Act 2014.
- The organisations affected by phased reductions in lunch club funding as listed in the report were:
    - Provider A – Age UK
    - Provider B – Asian Towers
    - Provider C – Belgrave Neighbourhood Centre
    - Provider D – East West
    - Provider E – Guru Nanak
    - Provider F – Guru Tegh
    - Provider G – Hindu Centre
    - Provider H – Chinese Group
    - Provider I – Wisp
    - Provider J – Shalom
    - Provider K – Sikh Group
    - Provider L – Ramgarhia
    - Provider M – Silver Strand
    - Provider N – St Peters Group
- It was noted that during the consultation, concern was more about social interaction being lost, rather than the loss of the meal. The groups would be assisted over the phased 3-year period to enable them to become self-sufficient, for example, look at cheaper accommodation, different menus, charging attendees the full cost for the food etc.

The Chair noted that the lunch clubs were not a statutory service, and rather than being cut brutally, VAL and officers would work with the groups to support them to seek other funding opportunities so they can become self-sufficient to ensure they are in line with other groups around the city that did not receive funding.

She added individuals could request to have an ASC assessment to see if they required support. Five years ago, the Council was receiving sufficient funding to enable the Department to provide the small support and extra services for users. This was no longer possible as funding cuts meant non-statutory services could not be maintained alongside the provision of statutory services.

The Vice-Chair echoed the Chair's comments, saying he appreciated the three-year time-period to enable the lunch clubs to prepare themselves and reduce anxiety for them. He added there were many groups in Leicester that already operated on a private basis, with people contributing towards the club for a good, nutritional meal. He noted that the funding had been given ad hoc historically, and the time had come whereby funding could not continue. He agreed with the report, and recommended the groups receive help and support over the coming years so the service could continue to ensure older people who were isolated continued to receive good nutritional food, and reduce social isolation.

Members supported the comments that had been made, though concern was raised that over a long time the resources had been provided in some areas, and outer estates had not benefitted. The reasoning behind the cuts outlined in the report were supported, and it was hoped with assistance the groups would still be in existence in four years, as other areas in the city had proved groups could be self-sufficient.

In response to a further question from Members it was noted that in terms of Halal food, grant agreements included the requirement that food provided was appropriate to the group, and that a certain hygiene level was reached. But in terms of food provided, the nutritional value of the food was up to the organisation and was not monitored. Contracts stated the food had to be appropriate. It was further noted that Age UK supplied food to groups with a lot of Muslim members, which was Halal.

Members queried why some groups provided detail on ethnicity of its users and some didn't. In response it was noted the Council had a clear definition on what information was provided under contracts and what was provided through grants, and that there was no requirement in grant arrangements as to what was normally expected under contracts, for example, the number of people coming through the doors; ethnicity.

The current information was for grants that had been rolled on for years, and the decision-making process for how the organisations had originally received the grants could not be identified, was disparate and made no rational sense. The point raised by members on detail on ethnicity and equal opportunities for new grants would be taken on board.

Members were further informed the Service had no legal duty to feed anyone, nor a legal duty to fund groups, for example, there was no legal duty to fund meals on wheels whereby people paid a contribution, but the requirement was to ensure food was accessible.

The Chair noted that due to funding cuts, not only would the Department be looking at non-statutory services, but Members in the future would also have to look at savings on statutory services as was the case already in other areas of the country.

The Chair informed the meeting that she had received comments from Councillor Chaplin prior to the meeting, and that Councillor Chaplin was against the proposals outlined in the reports.

The Chair said that considering the comments heard at the meeting, it was suggested that Members note the proposals put forward and the difficult decisions being taken acknowledged. She asked the service to note the concerns raised by Members, and continue to reassure people, where services were being changed, particularly those who were vulnerable and accessing more than one of these services, and ensure adequate support during the phased implementation of the new proposals.

The Chair asked that the contents of the report on VCS Review Phase 1: Carers' Support, Lunch Clubs and Visual & Dual Sensory Support be noted. The Chair requested that a further update with monitoring information be brought back at an appropriate time to the ASC Scrutiny Commission on progress.

It was AGREED that:

1. The report be noted;
2. The service noted the concerns raised by Members, and continue to reassure people where services being changed, particularly those who were vulnerable and those accessing more than one of the services be adequately supported during the phased implementation of the new proposals;
3. A further update with monitoring information be brought back to a future meeting of the ASC Scrutiny Commission on progress.

30. VCS REVIEW PHASE 2: ADVOCACY, STROKE SUPPORT AND DISABLED PEOPLES' SUPPORT SERVICE

The Strategic Director for Social Care and Education submitted a report which updated the Commission on the Voluntary and Community Sector (VCS) Review Phase 2 on Advocacy, Stroke Support and Disabled Peoples' Support Service. The Commission was recommended to note the report and provide comments.

The report was taken with the report on VCS Review Phase 1: Carers' Support, Lunch Clubs and Visual & Dual Sensory Support at Appendix 1, as noted above.

The Chair asked that the contents of the report on VCS Review Phase 2: Advocacy, Stroke Support and Disabled Peoples' Support Service be noted. The Chair requested that a further update with monitoring information be brought back at an appropriate time to the ASC Scrutiny Commission on progress.

It was AGREED that:

1. The report be noted;
2. The service note the concerns raised by Members, and continue to reassure people where services being changed, particularly those who were vulnerable and those accessing more than one of the services be adequately supported during the phased implementation of the new proposals;
3. A further update with monitoring information be brought back to a future meeting of the ASC Scrutiny Commission on progress.

31. CLOSE OF MEETING

The meeting closed at 6.20pm.

Leicester City Council

WARDS AFFECTED
All Wards

ADULT SOCIAL CARE SCRUTINY COMMISSION **16 OCTOBER 2018**
COUNCIL **15 NOVEMBER 2018**

CALL-IN OF EXECUTIVE DECISIONS –

FUTURE OF CARERS SUPPORT SERVICES;
FUTURE FUNDING OF THE LEICESTER STROKE CLUB;
FUTURE FUNDING OF LUNCH CLUBS; AND
FUTURE OF VISUAL AND DUAL SENSORY IMPAIRMENT SERVICES.

REPORT OF THE MONITORING OFFICER

1. INTRODUCTION

1.1 The Executive decisions taken by the Assistant City Mayor Adult Social Care and Wellbeing on 28 September 2018 relating to the Future Of Carers Support Services, Future Funding Of The Leicester Stroke Club, Future Funding Of Lunch Clubs, and the Future Of Visual And Dual Sensory Impairment Services, have been the subject of a five member call-in under the procedures at Rule 12 of Part 4D, (City Mayor and Executive Procedure Rules), of the Council's Constitution.

1.2 The procedure rules state that a scrutiny committee or any five councillors may request formally that the decision be called-in for a further review by giving notice in writing to the Monitoring Officer within five working days of the decision.

1.3 The five Councillors who signed the call in were: Councillor Chaplin (proposer), Councillor Willmott (seconder), Councillor Sangster, Councillor Kitterick and Councillor Waddington.

2. RECOMMENDATIONS

2.1 The Scrutiny Commission is recommended to either:

a) Note the report without further comment or recommendation. *(If the report is noted the process continues and the call in will be considered at a meeting of Full Council);* or

b) Comment on the specific issues raised by the call-in. *(If comments are made the process continues and the comments and call in will be considered at a meeting of Full Council);* or

c) Resolve that the call-in be withdrawn *(If the committee wishes for there to be no further action on the call-in, then it must actively withdraw it. If withdrawal is agreed the call-in process stops, the call-in will not be considered at a meeting of Full Council and the original decision takes immediate affect without amendment).*

2.2 Council is recommended to either:

a) Support the Assistant City Mayor's decision, thus confirming the decision with immediate effect; or

b) Recommend a different decision to the Assistant City Mayor. (The original decision will still stand, unless the Assistant City Mayor takes a further decision to amend the original.)

3. REPORT

3.1 Process

3.1.1 The call-in submitted to the Monitoring Officer was in the following terms:

"We the undersigned wish to call in the decisions to cut by over £300k the funding and alter the way in which the following services are delivered:-

Lunch Clubs
Support for Carers
The Stroke Club
Visual and Dual Sensory Impaired Services

We consider that these decisions will result in a loss of valuable services to vulnerable people and require further political discussion."

3.1.2 The Monitoring Officer has confirmed that the call-in satisfies the requirements of the procedure rules and it has therefore proceeded as per the process set out at Rule 12 of Part 4D, City Mayor and Executive Procedure Rules of the Council's Constitution.

3.1.3 Where a call-in has been made, officers are to take no further legally binding action and the matter shall be referred to a meeting of the full Council. Prior to this it shall be referred to the relevant Scrutiny Committee if one is programmed or a special scrutiny committee if one is convened.

3.1.4 The call-in may however be withdrawn if:

- The decision maker and the relevant scrutiny committee (or via the Monitoring Officer, the scrutiny committee chair and vice chair unanimously) come to an agreement;

- The relevant scrutiny committee makes a resolution to withdraw; or

- The sponsor and seconder of the call-in inform the Monitoring Officer that they wish the call-in to be withdrawn.

3.1.5 Following consideration of a call-in by full Council, the original decision will be deemed to be revived in its entirety. Any agreement by the decision maker to change the original decision will require a further formal Executive Decision.

3.2 Background

3.2.1 The relevant decision notices and reports are attached at Appendix B.

4. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

4.1. Financial Implications

The Financial Implications are covered in the Decision Reports.

4.2 Legal Implications

The Legal Implications are covered in the Decision Reports.

4.3 Climate Change and Carbon Reduction

The Climate Change and Carbon Reduction implications are covered in the Decision Reports.

4.4 Equalities Implications

The Equalities implications are covered in the Decision Reports.

5. BACKGROUND PAPERS – LOCAL GOVERNMENT ACT 1972

5.1 None

6. REPORT AUTHOR

6.1 Graham Carey, Senior Democratic Support Officer
Tel: 0116 454 6356 (ext 37 6356)

Executive Decision Report

Future funding for Lunch Clubs

Decision to be taken by: Assistant City Mayor Adult Social Care and Wellbeing

Decision to be taken on: 28 September 2018

Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Cathy Carter
- Author contact details: cathy.carter@leicester.gov.uk
- Report version number: 25.07.18

1. Purpose

1.1 The purpose of this report is to set out the findings of the consultation exercise that proposed to cease funding to the 13 lunch clubs subsidised by Adult Social Care (ASC) on a tapering basis over a 3-year period.

1.2 The report seeks agreement to introduce the proposed changes with effect from 1st January 2019, with a view to ending the funding altogether by 31st December 2021.

2. Summary

2.1 Adult Social Care (ASC) is required to make savings of £790k against its Voluntary and Community Sector (VCS) spend of £1.9m.

2.2 On 15th March 2018, the Executive agreed that a 12-week consultation exercise should be undertaken with the 13 lunch clubs subsidised by ASC. The consultation ran from 9th April to 29th June 2018.

2.3 The consultation exercise set out a proposal to cease the funding over a 3-year period on a tapering basis:

- From January 2019: 25% reduction
- From January 2020: 50% reduction
- From January 2021: 75% reduction
- From January 2022: Funding ends

2.4 The findings from the consultation showed that the lunch club providers understood the financial difficulties faced by the Council and welcomed the tapering over a 3-year period, if the funding was to cease. However, they re-iterated the value they provide to individuals and the community.

2.5 A summary of the consultation is detailed at para.4.7 and the consultation report is at Appendix C.

2.6 If the proposal is agreed, then 3 months' notice will need to be conveyed to the lunch clubs by the 30th September 2018, in order to reduce the funding with effect from 1st January 2019. However, if this is not possible then the grant aid funding will be extended to ensure that the club receives the required 3 months' notice before the funding reduces.

2.7 At the same time, it is proposed to offer support and guidance to the lunch clubs to help them to become sustainable without ASC funding during the 3 years when funding would be phased out.

3. Recommendations

3.1 The Executive is recommended to:

a) note the outcomes of the consultation set out at paragraph 4.7 and Appendix C of the report;

b) note the outcomes of the equality impact assessment set out at paragraph 4.9, and Appendix D;

c) agree that new grant agreements are issued with effect from 1st January 2019, which include a phased reduction over 3 years, after which funding will end altogether on 31st December 2021.

If this is agreed, 3 months' notice will need to be given by 30th September 2018 (If this is not possible then the grant funding will be extended to ensure that the club receives the required 3 months' notice before the funding ends).

d) that VAL and ASC offers support and guidance to the lunch clubs to help them to become sustainable without ASC funding during the 3 years when funding will be phased out.

4. Supporting information including options considered:

4.1 ASC is required to deliver savings of £790k against its Voluntary and Community Sector (VCS) budget of £1.9m for 2018/19.

4.2 A review of the VCS services funded by ASC has been completed to determine if they provide statutory support to those eligible for ASC support or if their contribution prevents or delays individuals from becoming eligible for a funded package of care.

4.3 The review includes funding for 13 lunch clubs at a total cost of £139,719 a year. Funding for each lunch club is shown at Appendix A. This information highlights the differing levels of grant, which has developed as a result of

historic decisions and not as a consequence of assessed needs or preventative value.

4.4 As part of the service review, officers contacted Leicester's comparator authorities and those within the East Midlands region in February 2018 to determine their approach to funding lunch clubs. Thirteen of these authorities responded. Seven out of the 13 confirmed that they do not fund lunch clubs in their area. Of the remaining 6 authorities that do fund them, 2 have stated they are not planning to make any changes, 3 are currently reviewing the provision with a view to removing the funding, and 1 reviews the service annually as routine.

4.5 In addition, there are other similar activities for older people in the city that are not funded by Adult Social Care. See Appendix B, which provides details of groups that operate out of the council's libraries and community centres, but there will be others that operate out of none council religious and community facilities.

4.6 Appendix A details the current funding for each lunch club and the effect of 3-year tapering on each one.

4.7 The consultation is now complete, and a report setting out the consultation methods and findings is at Appendix C. There were 172 responses to the survey.

4.8 In summary, the key points from the consultation are listed below, together with officers' responses to the points raised:

Comment	Officer Response
The clubs help people to avoid isolation and provides a social life.	The value of the clubs is understood and appreciated by the council, and the council would like to see them continue in the future albeit without adult social care funding. However, ASC cannot afford them in the context of cuts to Government and the rising costs of providing social care support to people with eligible / high levels of need.
They help people with health problems by providing exercise and advice and support on keeping safe and well.	
The clubs do a lot more than provide lunch – providing both activities, and access to other sources of support such as advocacy in hospital, falls prevention, diabetes support, warm homes and also running activities such as fitness.	
Changes to lunch clubs will affect ethnic minorities more because they are culturally appropriate.	This is recognised and has been identified in the Equality Impact Assessment. However, there are also ethnic groups who are not catered for in

	the lunch clubs, so the status quo also represents an unfair pattern of provision.
The value of lunch clubs is reinvested in the community – because they are not businesses.	The council appreciates this point – which is about the wider value of the VCS. Ideally, the council would like to invest more in the VCS, but in the current financial climate this is very difficult, compared with the need to keep essential services going.
The wider issues that groups are facing – for example other cuts to the VCS – should be taken into account.	
Providers recognised the financial constraints facing the council and support for the proposal to phase out funding rather than remove it all at once	The council appreciates that this is recognised and that the proposed to taper funding will be helpful to the clubs and will help to develop sustainability plans.
Funding cuts are short-sighted as people will need formal care and support earlier if they are not accessing lunch clubs	The council recognises this risk, however there is a reducing amount of funding available for prevention services and these are having to be focussed on those most at risk. There are also other community-based facilities that do not receive council funding, which individuals could attend.
Clubs would need support to become self-sufficient, and for some this will be difficult as they have limited capacity.	This point is understood, and it is intended to offer support to clubs to find alternative funding and/or remodel their activities to reduce costs.

4.9 An equality impact assessment (EIA) of the proposal has been carried out, and this is at Appendix D. In summary, the main findings of the EIA are that a decision to reduce /end funding to lunch clubs could have a disproportionately negative impact on the following groups of people with protected characteristics:

a. People over 55 – as this is the target group for the lunch clubs;
b. Disabled people – as people over 55 are more likely to have disabilities or long-term health conditions;
c. People from Asian or African Caribbean ethnic groups – as some of the clubs are aimed at these groups; and
d. People with Hindu, Sikh or Jewish faiths, as some of the clubs are aimed at these faith groups.

4.10 If the recommendation is agreed, it is proposed to offer support to lunch clubs to help them become sustainable without ASC funding. This support will include:

- Providing information and signposting, for example via a workshop, to help lunch clubs find alternative sources of income, reduce costs and/or change to lower cost activities;

- Monitoring lunch clubs during the phasing period and offering information and advice if they are struggling to continue; and

- Signposting service users to alternative activities.

5. Details of Scrutiny

5.1 The ASC Scrutiny Commission was provided with a report on the VCS prevention services review on 29th June 2017 and a verbal update was given on the 19th June 2018.

5.2 A further report was presented to the ASC Scrutiny Commission meeting on 25th September 2018, where the proposals were supported.

6. Financial, legal and other implications

6.1 Financial implications

The overall VCS budget is £1,929,200 with a savings target of £790k from 2018-19. The above includes a contribution of £139,719 in 2018-19 and the proposal is to taper and cease funding over the next three years (commencing January 2019 and end by December 2021); as previously briefed.
The purpose of the report is to highlight the feedback from the consultation and if agreed implement as proposed. However, if there are any changes, this may compromise in achieving the savings target on time.

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

The responses to the consultation need to be given active consideration in a transparent manner in accordance with any information given as to how this will happen. No alternative proposals have been put forward by a respondent to the consultation that requires consideration however the responses need to be integrated into the decision-making process.

The attached Consultation report shows a robust analysis of consultation responses and allows an informed decision to be made on the future funding of these grants.

Jenis Taylor, Principal Solicitor (Commercial) Ext 37 -1405

6.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising from the recommendation in this report.

Duncan Bell, Corporate Environmental Consultant. Ext. 37 2249

6.4 Equalities Implications

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

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected groups under the public-sector equality duty are characterised by age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

Those who attend lunch clubs will be people who have particular protected characteristics, such as disability and age. However, it is important to recognise that people accessing the clubs will have a wide range of, and possibly multiple, protected characteristics. As such, it is important that the consideration of equalities implications influences decision making from an early stage and throughout the process.

An equality impact assessment of the proposal has been carried out. The main findings of which, are that a decision to reduce /end funding to lunch clubs could have a disproportionately negative impact on the following groups of people with protected characteristics:

- People over 55 – as this is the target group for the lunch clubs;
- Disabled people – as people over 55 are more likely to have disabilities or long-term health conditions;

- People from Asian or African Caribbean ethnic groups – as some of the clubs are aimed at these groups; and
- People with Hindu, Sikh or Jewish faiths, as some of the clubs are aimed at these faith groups.

Should the proposal be taken forward, the Equality Impact Assessment and consultation findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the Public-Sector Equality Duty, to further inform the development of proposals and to identify any potential mitigating actions, where a disproportionate negative impact is identified during the tapering period.

A commitment has been made to signpost service users to alternative activities and advise service users how to have an assessment for eligibility for ASC services.

Provided the organisations are able to continue to deliver provision as they currently are, there are likely to be minimal equalities impacts. However, consideration should also continue to be paid to the potential equalities risks of the loss of a lunch club, where there is not a guarantee that it will continue. As identified in the impact assessment, this could be achieved by signposting to similar provision in the local area. In order to be able to do this, mapping of local provision will need to be undertaken.

Surinder Singh Equalities Officer ext. 37 4148

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

None

7. Background information and other papers:

City Mayor's Briefing 15th May 2018 *Consultation Proposal for the Adult Social Care Funded Lunch Clubs*

8. Summary of appendices:

A: Lunch clubs current funding and effect of 3-year tapering

B: Organisations that provide a lunch but do not receive council funding

C: Consultation Report

D: Equality Impact Assessment

9. 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

10. Is this a "key decision"?

No

Appendix A

Lunch clubs – current funding and effect of 3-year tapering

Provider	2017-18 Current funding	2018-19 From Jan 2019 25% less	2019-20 From Jan 2020 50% less	2020-21 From Jan 2021 End of funding	2021-22
Age UK	£40,086	£37,581	£27,559	£17,538	£7,516
Asian Towers Club	£2,254	£2,113	£1,550	£986	£423
Belgrave Lunch Club	£9,601	£9,001	£6,601	£4,200	£1,800
East West Community Project	£16,932	£15,874	£11,641	£7,408	£3,175
Guru Nanak Community Centre	£7,058	£6,617	£4,852	£3,088	£1,323
Guru Tegh Bahadur Day Centre	£9,384	£8,798	£6,452	£4,106	£1,760
Hindu Community Centre Lunch Club	£421	£395	£289	£184	£79
Leicester Chinese Elderly Lunch Club	£5,493	£5,150	£3,776	£2,403	£1,030
Leicester Jamaica Community Service Group (WISCP)	£16,770	£15,722	£11,529	£7,337	£3,144
Leicester Shalom Club	£4,741	£4,445	£3,259	£2,074	£889
Leicester Sikh Centre Lunch Club (club decided to end grant in 2018)	£0	£0	£0	£0	£0
Ramgarhia Board Leicester	£9,216	£8,640	£6,336	£4,032	£1,728
Silver Strand	£12,500	£11,719	£8,594	£5,469	£2,344
St Peters Community Association	£5,263	£4,934	£3,618	£2,303	£987
Total	**£139,719**	**£130,987**	**£96,057**	**£61,127**	**£26,197**

Appendix B

Organisations that provide a lunch but do not receive Council funding

New Parks Panel Lunch Club - New Parks Centre (every Wednesday). Meals cost £1.50 for adults and 50p for children. Volunteers cook and clean up. They pay room hire at the centre. They will apply for ward funding for things like Christmas parties.

Thurnby Lodge Lunch Club - Thurnby Lodge Community Centre (weekly). Meals cost £4.00. Volunteers cook and clean up. They pay room hire at the centre.

West End Neighbourhood Lunch Club – West end Neighbourhood Centre (Wednesday). Meals cost £4.50. Volunteers cook and clean up. Space provided by LCIL who are looking at a community asset transfer of the building. Note ASC are looking to end the contract with LCIL for DUPLO service. In consultation at present.

Knighton Lunch Club – Money obtained from community fund to start up the club and rent a venue, still in its early days.

The Centre Project – Granby Street (Thursday, Friday). Funded from charitable donations and charge of £2.00 per meal, volunteers cook and clean up. For vulnerable isolated adults. Not sure if this relates mainly to homeless or asylum seekers.

Open Hands Meal – Upper Tichbourne Street (once a month). Funded from charitable donations and charge of £2.00 per meal, plus bingo and social outings. Volunteers cook and clean up.

Gayartri Pariwar Centre – Rendell Road. Operate three days a week. Now not taking on any new diners due to their aging voluntary cooks.

Shri Guru Ravidas Gudwara – 193 Harrison Road. Offer Langar (basic lunch time meal) to any members of the public for free

Shri Guru Dashmesh Sahib Gudwara – 40-50 Gipsy Lane. Offer Langar (basic lunch time meal) to any members of the public for free.

None lunch club activities for older people:

Bleys Library	**Activity**	**Time and cost**
Story Cafe	A writer's group celebrating the written word in all its forms	Alternate Tuesdays 10:00 to 12:00 small charge for refreshments
Knit and natter	Knitting, crochet embroidery and lots of chat	Alternate Tuesdays 10.00 to 12.00 small charge for refreshments
Reading Group	Informal discussion centred around the set book.	2nd Thursday of each month 2.30 to 3.30 small charge for refreshments
Stocking Farm	**Activity**	**Time and cost**
Knit and natter	Any needlework and lots of friendly chat	Monday 13.30 to 15.00 20p charge for refreshments
Marwood Brass Band	Making music together using brass instruments. Please bring your own instrument. There are	Thursday 19.00 to 21.00 £1.50/week

	some spare instruments if you just want to try.	
Revive	Arts and craft workshop	Friday 10.00 to 13.00 term time - £5/session
Making Friends TLC	Friendly fun social group. Come along to make new friends.	1st Sunday of each month 15.00to 16.15 No charge
Pork Pie Library	**Activity**	**Time and cost**
Semper Singers Choir	Choir	Every Monday 19:00 to 21:00 Chargeable
Saffron Art & Crafts	Make art & Crafts with a Refreshment	Mondays 12:00 to 14:00 Fridays 13:30 to 15:30 Free
Social Group Bingo	Bingo – win prizes	Wednesdays 13:30 to 14:30 Chargeable
Friendship Group	Friendship and Chat with Refreshments	Every Thursday 13:30 to 15:30 Chargeable
Belgrave Neighbourhood Centre	**Activities**	**Time and cost**
Elderly Exercise-Group	Exercise Men's Group	Mondays/Tuesdays/Fridays Time: 9.00-11.00am Cost-£10.00 per year
Elderly Exercise Group	Exercise Group-women	Mondays/Wednesdays/Fridays Time: 11.00-12.00pm Cost: £ 7.00 per year
Rushey Mead Library	**Activity**	**Time and cost**
Learn My Way	Basic computer skills sessions	Monday and Friday afternoons. Free but we have a waiting list for places. Please call in or phone the library on 0116 266 5112.
Spoken English group	Improve your spoken English. Informal volunteer led group	Monday afternoons. Closed during summer period. Contact the library in September for restart date and time. 0116 266 5112
Belgrave Library - group	**Activity**	**Time and cost**
Belgrave Knitters	Knit and natter	every Thursday 10am-12. Free.
Learn My Way	Basic computer skills sessions	Monday morning, Thursday mornings and Sunday lunchtime. Free but we have a waiting list for places. Please call in or phone the library on 0116 299 5500.
Diabetes Group	Self- help group	Saturdays 10.30am-12.30pm Free. Contact Sonal at dgleicester@gmail.com for more information.
Aylestone Library	**Activity**	**Time and cost**
Knit and Natter	Knit, chat & tea	Alternate Mondays 2.30-4.30pm -No charge

Over 55's coffee morning	Cuppa and chat	Every Thursday – donation
ALC Coffee Group	Cuppa and Chat	Monday and Thursdays 11.30-1pm - Charge tbc.
Central Library	**Activity**	**Time and cost**
Knit and Natter	Knit, chat & tea	Thursdays 10-12pm -No charge
English conversation	Informal English conversation	Wednesdays 5.30-6.30pm- No charge
Hamilton Library	**Activity**	**Time and cost**
Armchair Aerobics	Gentle aerobics	10.00 – 11.00 - £1.50
Netherall Library	**Activity**	**Time and cost**
Avago craft group	Craft sessions	Every Monday (term time) 9.15 – 11.15
Twilight Bingo	Cup of Tea and a game of Bingo	Every Thursday 14.00 -16.00
St Barnabas Library	**Activity**	**Time and cost**
Knit and Natter	Informal knitting	Every Monday (term time) 13.00 – 15.00
New Park library	**Activity**	**Time and cost**
Krafter's Hub	Craft Group	Every Mondays 12noon – 3pm £2.00 each week
New Parks New Friends	Cuppa, Cakes, social	Every Tuesday 10am-12noon Free
Lunch Club	Meal & dessert, social	Every Wednesday 12non - 1pm - £1.50 each week
Reading Café	Reading group, social	Every Wednesday 10.30am-12noon – Free
Arty Fartys	Craft group	Every Thursday 12.30-2.30pm (will re-start in autumn)
Blue Army	Craft group	Every Friday 10am-1pm
Tudor Centre	**Activity**	**Time and cost**
Social group	Bingo	13.00 to 15.00 on Tuesday. £8.20.per session.
Craft club	Art and craft	Thursdays 13.00 to 15.00
Thurnby Lodge Centre	**Activity**	**Time and cost**
Silver Threads	Bingo + Activities	Mondays 13.30 – 15.30
Whist Club	Card Game	Mondays 20.00 – 22.00
Lunch Club	Home cooked Food	Tuesdays 12.30 – 13.30
Seabrook Group	Activities and outings and Featured Guests	Tuesdays 14.00 – 16.00
Bar/Bingo	Bingo Bar Open	Tuesday 19.30 21.30
Wednesday Club	Bingo	Wednesday 13.30 – 15.30
Card Craft	Make greeting cards	Wednesday 14.00 – 16.00
Pop in Café	Food and Snacks	Thursdays 10.00 – 12.30
Mundella Group	Activities + Featured Guests	Thursdays 14.00 – 16.00
Tea Dance	Dancing to old classics/ Tea	Thursdays 14.00 – 16.00
Bar/Bingo	Bingo Bar Open	Fridays 19.30 – 21.30
Photography Club	Photograpy	Sundays 11.00 – 13.00
St Matthews centre	**Activity**	**Time and cost**
60+ Groups	Sports	Thurs 9.00-12.00 £1.80 per person

African Caribbean centre	**Activity**	**Time and cost**
Community Learning Project – Pamela Campbell-Morris	Social, Recreational & Educational Activities	Every Monday Time: 12:30pm - 2:30pm
Panetiquete – Pat Munroe	Learning to play Steel Pans – Have a number of 50+ attending the session	Monday's (Term time) Time: 7.00 – 8.30pm
Ladies Sewing Circle	Ladies meet, share items, swap tips on sewing. Helped and instructed by a voluntary tutor	Every Tuesday Time: 2.00 – 4.00pm
Table Tennis	Playing table tennis – for any age group	Every Monday Time: 7.00 – 8.30pm £2.00 per session
Golden Fellowship Group	Morning worship, exercise and group activities. – for any age group	Every Wednesday Time: 10.30 – 3.00pm
Yoga Class	Yoga with a qualified instructor – for any age group Free charge	Wednesday's (Term Time) Time: 18.30 – 19.30pm Saturday's (Term Time) Time: 10.30 – 11.30am (Re-Start September 2018)
Exotics Group	A vibrant group for the active and young at heart – for any age group	Every Thursday Time: 10.45 – 12.45pm
Vitality Circuits	Fun cardio and resistance exercise to tone body and strengthen for increase vitality.	Friday's (Term Time) Time: 6.30 – 7.30pm (Re-Start September 2018) Ladies over the Free charge age of 40
Beaded Jewellery Class	Learn the fundamental of beaded jewellery making	Every Wednesday Time: 3.30 – 5.30pm - Fee charge: £5.00 per hour
Sandra's Sewing Class	Pattern cutting and making up procedures, quality finishes	Every Friday Time: 15.30 – 17.30 -Fee charge: £5.00 per hour
Coleman centre	**Activity**	**Time and cost**
Monday Bowls	indoor bowling with a cup of tea	every Monday 10am to 12pm
Tuesday Bowls	indoor bowling with a cup of tea	every Tuesday 1:30pm to 3:30pmpm
Knighton Library	**Activity**	**Time and cost**
Basic English Group	Improve their English	Mondays (Term time only) No Charge
Knighton Library Reading Group	Book Discussion	Wednesday 10-12pm No charge

Appendix C

Consultation Report – Lunch Clubs

1. Purpose of the consultation

Adult Social Care carried out a formal consultation from 9th April to 29th June 2018 to seek feedback on a proposal to implement phased reductions to the grants to lunch clubs over 3 years, after which funding would end, as follows:

- From January 2019: 25% reduction
- From January 2020: 50% reduction
- From January 2021: 75% reduction
- From January 2022: Funding ends

2. Consultation methods

2.1 Survey

The consultation was advertised using a poster distributed to all council facilities and GP surgeries in the city, publicity via the weekly VAL E-Briefing and letters to all current providers.

The survey was carried out online using the council's Consultation Hub. The questionnaire was also made available in printed form for those who were not able to complete it online.

2.2 Consultation meetings

A number of meetings were held or attended as part of the consultation, and these are listed at the end of this report in Annex A.

Meetings with each of the providers scoped into the review were organised in advance.

At the meetings, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meetings. Providers asked questions and made comments during the presentation of the proposals, and then there were further opportunities for questions, comments and feedback.

Officers attended further meetings with providers where requested, and also asked providers to enable officers to meet with service users.

Notes were taken at each meeting, which were then sent to attendees asking if they would like to make any amendments.

2.3 Petitions

The council also received two petitions in response to the consultation:

- Annex B1: East West Community Association signed by 56 people.
- Annex B2 Guru Tegh Bahadur Lunch Club signed by 39 people

3. Consultation findings

3.1 Profile of survey respondents

There were 172 responses to the survey, either online or on paper.

The main demographic characteristics of respondents were:

Age 67% of respondents were aged 60 to 79, and 22% were age 80 or over.

Gender 74% were female.

Ethnicity The largest ethnic group was Indian at 77%, the next biggest group was Caribbean at 11%

Religion 42% of respondents were Hindu. The next largest group was Muslim 16%, then Sikh 15% then Christian 12%.

Disability 55% said they were disabled, 30% said they were not. The remainder either said they preferred not to say or did not answer the question.

Sexual orientation 53% were heterosexual/straight. 44% said they preferred not to say or did not answer the question.

More detailed information about the characteristics of those completing the survey is available if required.

The survey also asked respondents to say in what role they were completing the questionnaire:

Service users 66% said they were completing the questionnaire as a service user of one of the lunch clubs.

Representatives of service users 33% of respondents said they were completing the survey on behalf of a service user.

Current providers or other organisation 3 people (2%) said they were completing the survey as a current provider. None of the respondents said they were completing the survey as as a representative of another organisation.

3.2 Survey findings

The survey outlined the proposal and respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

The majority of people disagreed with the proposals:

I agree with the proposal	8	5%
I disagree with the proposal	153	89%
Not sure / don't know	9	5%
Not answered	2	1%
Total	172	100%

Respondents were then asked: *Please provide comments. If you disagree with the proposal, please suggest an alternative.*

The comments have been categorised below. The number of respondents making each point listed below adds up to more than the total number of respondents as some respondents made more than one point. The full list of comments is available if required.

Category	**No. of respondents who made this comment**
The club provides enjoyable social activities and / or helps avoid isolation	78
I want lunch club to continue - no specific reason given	30
The clubs helps me with health problems / keeps me healthy	21
I cannot afford to pay for the lunch myself	20
The club provides a hot/nutritious meal	17
The club helps me with existing depression or helps avoid depression	12
The club reduces burden on social care and/or NHS	6
Other comments	14

4. Points made at meetings during the consultation

4.1 Meetings with current providers

All lunch club providers were given a choice of 4 consultation meetings to attend. Seven providers attended these meetings. The attendees, and main points made at these meetings are set out below. The full notes of the meetings with the providers is available to decision makers if required.

Lunch club provider meeting 1: 23rd April 2018

No attendees.

Lunch Club provider meeting 2: 24th April 2018

Attendees: WISCP; St Peters Community Project

Key points made:

- Lunch clubs support people living in isolation – which is a key risk for many people, especially in the inner city.
- Lunch clubs are seeing increasingly older people – and some who are not elderly but have mental health problems.
- Groups will need support to become self-sufficient, and for some this will be difficult as they have limited capacity.
- The support given to help them manage without ASC funding will need to take account of the limited capacity of groups – e.g. visiting the lunch club could be helpful.
- There was support for the proposal to phase out funding rather than all at once, and some suggestion that people attending might be able to pay the cost of meals, however this would not always be the case as some lunch club attendees had limited means.
- The clubs do a lot more than provide lunch – providing access to other sources of support such as advocacy in hospital, falls prevention, diabetes support, warm homes and also running activities such as fitness.

Lunch Club provider meeting 3: 30th April 2018

Attendees: East West Community Project; Guru Nanak Community Centre; Guru Tegh Bahadur Centre.

Key points made:

- Lunch clubs provide more value than just the lunch itself – other activities such as exercise are provided.
- These activities, plus the chance to socialise, help to promote wellbeing.
- The value of lunch clubs is reinvested in the community – because they are not businesses
- Changes to lunch clubs will affect ethnic minorities more because they are culturally appropriate
- Nutritious meal is important for many people – who can't cook at home.
- Lunch clubs support volunteering – which is free. So reducing funding is a false economy
- Getting support to become sustainable is difficult. VAL does not necessarily provide the support that groups need.
- The wider issues that groups are facing – for example other cuts – should be taken into account. If voluntary groups end we will stop being a healthy city.

Lunch Club provider meeting 4: 2nd May 2018

Attendees: Shalom Club; Belgrave Lunch Club.

Key points made:

- Understand the constraints of the council
- Welcome a tapered approach to reducing funding
- Believe funding cuts are short-sighted as people will need formal care and support earlier if they are not accessing lunch clubs
- Some of the attendees are already eligible for formal care and support and lunch clubs need to know how to access funding
- Would welcome opportunities to visit other lunch clubs and share ideas
- Transport and funding it is a major issue and any support for this would be welcomed

Lunch club provider meeting: Age UK 8th May 2018

Key points made:

- Largely accept situation.
- Will attempt to continue to run the lunch clubs but will sell off Catherine House to fund and relocate to London Rd (old Red Cross building). Will also have to buy in food.
- In return for the above asked for relaxed reporting requirements for lunch clubs.
- Reducing loneliness and isolation important.

- Warned that there isn't an endless supply of volunteers. Younger volunteers aren't interested in long term placements e.g. Christmas meal only.
- Capacity to assist other organisations with venues and transport.
- Don't think lunch clubs will play such a large part in the next generation of older people's lives, or at least not in their current form. Possibly a move to more of a gathering – light refreshments only.

4.2 Meetings with service users

Officers held meetings with service users from 5 of the lunch clubs. The key points made at these meetings are summarised below. The full notes of the meetings are available to decision makers if required.

Shalom Lunch Club service users : 14th May 2018

Key points made:

- Attendees hadn't been advised by the lunch club managers of proposed cuts prior to meeting so was a shock and uncomfortable situation with attendees needing reassurance that the club could still continue
- Club interested in the council securing discounts for their trips
- Club interested in visiting other clubs to share experiences/ways of working
- Club interested in exploring a transport service initiative
- Club keen to continue in spite of funding cuts

East West Lunch Club service users : 6th June 2018

Key points made:

The lunch club manager gave a presentation at the beginning of the meeting, which made the following points:

- We are not just a lunch club – we offer a great deal more to the community
- We offer a wide range of activities to our community [long list provided]
- The lunch club is a preventative service.

Many of the points made are also echoed in the petition submitted by East West Lunch Club, shown at Annex B1.

Key points made after the presentation:

- Lunch club is like a second home – risk of depression, plus some cannot cook for themselves
- There should be lunch clubs just as there is free access to leisure centres
- Lunch clubs reduce the burden on formal care
- Staff give confidence and encouragement
- Some religious groups get funding eg. but we can't get donations because we are not affiliated to a religious organisation.
- Have had help from VAL to seek other funding but none of 10-15 bids have been successful

- Lunch club it is not just providing meals we are actively engaging to support the community. Free tai chi, yoga, Zumba and relaxation (many other examples also given).
- EWCP provides volunteering opportunities
- There are limited alternative places where some of the ladies can engage socially – eg pubs or clubs – because of their culture.

Guru Tegh Bahadur Lunch Club service users : 13th June 2018

Key points made:

- The group was very clear that removal of this service will impact negatively on people's mental health and wellbeing.
- Inevitably leading to an increased demand for ASC & NHS services.
- Families would require additional support if the club was not available to ensure the safety of their relatives while they work
- The club has taken steps to reduce their costs to be able to keep up with the demand for places
- Older people feel that this will discriminate against them

Guru Tegh Bahadur lunch clubs also submitted a petition – shown at Annex B2

Age UK Lunch Club service users: 27th June 2018

Key points made:

- Club helps to reduce isolation and loneliness
- It reduces the burden on health and social care
- Helps recovery from ill-health/ depression

Silver Strand Lunch Club service users: 28th June 2018

Key points made:

- The club helps avoid social isolation / loneliness
- Helps identify people's problems and find sources of support for them
- Club could think about doing different activities that bring people together

- Older people have worked hard and deserve support. But older people find it hard to find alternatives because of disability or frailty.
- Many people are losing support these days eg parents Therefor they are then less able to look after their elders.
- Concern about where they would go after 3 years.
- Communities do not ask for much and work hard for each other.
- Keen to look at alternative sources of funding and to get VAL to help.

Lunch Clubs Consultation Report: Annex A: List of meetings held during the consultation

Date	Meeting
Lunch club providers	
24th April 2018	WISCP Lunch Club: St Peter's Lunch Club
30th April 2018	East West Community Project; Guru Nanak Community Centre; Guru Tegh Bahadur Centre.
2nd May 2018	Shalom Club; Belgrave lunch club
8th May 2018	Age UK Lunch Club
Lunch club service users	
14th May 2018	Shalom Lunch Club
6th June 2018	East West Lunch Club
13th June 2018	Guru Tegh Bahadur Lunch Club
27th June 2018	Age UK Lunch Club
28th June 2018	Silver Strand Lunch Club

Lunch Clubs Consultation Report: Annex B1:
Petition from East West Community Centre signed by 55 people

EAST WEST
COMMUNITY CENTRE LIMITED

10 WILBERFORCE ROAD
LEICESTER
LE3 0GT
TEL: (0116) 255 0575
FAX: (0116) 255 2575
www.eastwestcentre.org.uk
Company Number 8086325

FAO : MS TRACIE REES
DIRECTOR FOR ADULT SOCIAL CARE AND COMMISSIONING
ADULT SOCIAL CARE
LEICESTER CITY COUNCIL

5TH JUNE 2018

Dear Ms Tracie Rees,

RE : END OF LUNCHEON CLUB FUNDING BY LEICESTER CITY COUNCIL

We the undersigned are vehemently opposed to the withdrawal of Funding for our Lunch Club.

The decision is fundamentally flawed, as Lunch Club should not be taken in isolation. Many of our daytime Activities, which includes Lunch facility, gives the Service user, many of whom are disabled and housebound, the opportunity to become more independent and resilient.

This is a reckless decision that targets the most vulnerable in our Community and does not save money (in the long-run) as this is a spurious claim (with no evidence) built on a lack of understanding of the needs of the Community, whom we serve and continue to serve with unswerving devotion.

Many of our Service users have participated fully, by becoming Committee Members and can see the damaging impact your proposal will have on the Community: as Lunch Club and providing meaningful Activities are inextricably linked.

End of lunch club funding will have an adverse effect on the community and we would hope the council re-consider their decision in view of the number of members who have objected to the phasing out of funding at the end of 3 years as proposed by the Council.

Cc: Hon. Liz Kendall- MP for Leicester West

Lunch Clubs Consultation Report: Annex B2:
Petition from Guru Tegh Bahadur Lunch Club signed by 39 people

Transcript of handwritten petition with 39 signatures received by post 28.06.18

Peter Soulsby 13th June 2018

1. What is your rationale for deciding to close the luncheon club?

2. What service will replace it (if any)

3. What do you think the service users are going to do when the club is closed? Where will they go? What will they do? Who will they see?

4. If u close this club do u realise that the service users of this club will become isolated in their homes. Due to them not meeting ur new criteria /threshold. This will leave us feeling vulnerable and alone in our homes.

5. As a tax payer the elderly are being overlooked again. Services are already reduced. Do u not put a value on the ageing population?

6. The club provides the elderly with a space to meet others, socialise and get important information which helps support our mental health and wellbeing by providing exercise classes. It will put a strain on already stretched services such as NHS. By keeping this service going the elderly can have regular exercise in a safe environment and have a hot meal as well as meet others the same age as themselves

7. With crime being so high especially in the Midlands with the elderly being victims of attacks there are not enough services to support the elderly. If this club closes that will be another factor to isolate us further in society. The council should integrate services and support the community needs not cut costs.

8. If the council needs to save money, then the people in high places need to take a pay cut and remember the little people who are working hard. The elderly have paid into the system over 50 years. So why target the ageing population. People are busy being greedy and not thinking about the ones who have made sacrifices over the years to support and sustain the groups.

Thank you

Appendix D

Equality Impact Assessment (EIA) Lunch Clubs

Title of spending review/service change/proposal	Phased reductions in funding to lunch clubs
Name of division/service	Adult Social Care – Commissioning and Care Services
Name of lead officer completing this assessment	Cathy Carter
Date EIA assessment completed	27 07 18
Decision maker	Assistant City Mayor Councillor Vi Dempster
Date decision taken	Decision due on 23rd August 2018 City Mayor's Briefing

EIA sign off on completion:	**Signature**	**Date**
Lead officer Cathy Carter	Cathy Carter	27 07 18
Equalities officer Surinder Singh	Surinder Singh	27 07 18
Divisional director Tracie Rees	Tracie Rees	27 07 18

Please ensure the following:

(a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

(b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

(c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?
The proposal is to implement phased reductions to grants provided by Adult Social Care (ASC) to 14 lunch clubs for older people. The lunch clubs are mainly located in the central areas of the city – a map showing the locations is at Appendix 1. Adult Social Care (ASC) has funded these lunch clubs for many years. The funding was originally provided in order to provide nutritious, culturally appropriate meals for groups of older people from ethnic minority groups. However, the Care Act 2014 changed the landscape of Adult Social Care in a way that more clearly distinguished the duties of councils to provide care and support for people who are assessed as eligible for council social care, from the duties of councils to prevent, delay or reduce the development of such needs. Under the Care Act, people who appear to have a need for support, for example to meet their nutritional needs or to mix socially, can have an assessment. If the assessment finds that they are eligible because of such needs they can have a package of care which could include statutory services such as domiciliary care to help with meals, community opportunities to provide social interaction and so on, or a Direct Payment with which to buy the support they need themselves. This would include culturally appropriate food or social opportunities if needed. Lunch clubs are not statutory services – that is they are not aimed at people who have been assessed as having eligible needs. Their purpose has therefore tended to have been seen as 'preventative'. In addition, new grant agreements issued to

them on 2016 reduced the emphasis on meal provision. As the funding is in the form of grants, and is not statutory, the contractual requirements to provide detailed monitoring and quality assurance information is not as significant as it would be for statutory services

The 'choice' of which club is funded and how much they are funded had developed over time in an ad hoc way, and there was no specific analysis of need, or preventative value. In addition, there is no particular rationale for funding these specific 14 groups to provide social activities for older people, when there are many other activities for older people that do not get adult social care funding.

ASC hopes that the lunch clubs will be able to continue without council funding and will provide advice to assist them to do this. However, unlike statutory services, there is no obligation to find alternatives for service users if they are unable to do so. Having said this, where a disproportionate negative impact on a protected group is identified as part of this impact assessment, we will identify mitigating actions to remove or reduce the impact.

The lunch clubs affected, current and phased reductions in funding are shown below:

	2017-18	2018-19	2019-20	2020-21	2021-22
	Current	From Jan 2019 25% less	From Jan 2020 50% less	From Jan 2021 25% less	From Jan 2022 End of funding
Provider A	£40,086	£37,581	£27,559	£17,538	£7,516
Provider B	£2,254	£2,113	£1,550	£986	£423
Provider C	£9,601	£9,001	£6,601	£4,200	£1,800
Provider D	£16,932	£15,874	£11,641	£7,408	£3,175
Provider E	£7,058	£6,617	£4,852	£3,088	£1,323
Provider F	£9,384	£8,798	£6,452	£4,106	£1,760

Provider G	£421	£395	£289	£184	£79
Provider H	£5,493	£5,150	£3,776	£2,403	£1,030
Provider I	£16,770	£15,722	£11,529	£7,337	£3,144
Provider J	£4,741	£4,445	£3,259	£2,074	£889
Provider K	£308	£289	£212	£135	£58
Provider L	£9,216	£8,640	£6,336	£4,032	£1,728
Provider M	£12,500	£11,719	£8,594	£5,469	£2,344
Provider N	£5,263	£4,934	£3,618	£2,303	£987
Total	**£140,027**	**£131,275**	**£96,269**	**£61,262**	**£26,255**

Part of the basis for the proposal is that it is argued that lunch clubs could continue without ASC funding if they change their 'business model'. This is evidenced by the fact that many lunch clubs or similar community activities are able to operate without council funding, especially low-cost activities – for example coffee mornings. Options for the lunch clubs include charging for meals, finding cheaper sources of food, stopping providing lunches and moving to cheaper activities, finding cheaper venues to meet in, making more use of volunteers, seeking donations, seeking funding from other sources It is intended to provide information and signposting to lunch clubs to give them advice and support to do this – e.g. via

- VAL's Group Support Service and other sources. VAL's Group Support Service offers a wide range of support on setting up and running a group and finding funding. https://www.valonline.org.uk/groups/advice-support/setting
- Leicestershire Cares – specifically ProHelp which is a group of professional firms who are committed to making a difference in the community by offering their services for free to community organisations in need of support http://www.leicestershirecares.co.uk/prohelp/ .
- DMU Square Mile https://dmusquaremile.our.dmu.ac.uk/ who could help with skills training for those that run the clubs

- **Spacehive & CrowdFundLeicester**– these are the new funding opportunities for communities and groups that the Mayor is also jointly supporting with the Community Engagement Fund, https://www.spacehive.com/movement/crowdfundleicester
- Sports funding for those that carry out physical activities - https://www.leicester.gov.uk/leisure-and-culture/sport-and-leisure/other-sports/sports-development/funding/

The reasons for the proposal are:

- That there is no evidence that lunch clubs prevent people from developing needs for statutory ASC care and support. This is because the only requirement is that service users are over 55 and this on its own is not a significant risk factor for developing statutory needs;
- That the current provision is ad hoc, based on historic funding arrangements, and is not based on priority needs (such as having a complex health condition or mental health problem etc); and
- There is a requirement to make savings in adult social care. This funding forms part of a wider review of ASC prevention services commissioned from the VCS. Although there are equalities implications for taking forward this proposal, this should be weighed against the potential equalities implications should the council be unable to afford to deliver statutory ASC care and support.

2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.

	Is this a relevant consideration? What issues could arise?

Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic	The funding reductions are proposed to take place across all lunch clubs. The lunch clubs are for older people (55+) and although they state they are open to all, in practice are targeted at people from specific ethnic and faith communities. There may therefore be a disproportionate impact in these groups, plus on people with disability or long-term health conditions, as these characteristics are more prevalent amongst older people. in order to respond to this potential disproportionate impact we have identified the following mitigating actions: To provide information, guidance and contacts which will help lunch clubs to develop alternative business models and/or alternative sources of funding. However, the majority of older people in the city, including those from the ethnic or faith groups who would be affected by the proposal, do not have access to a council funded lunch club. In addition, the lunch clubs do not cover other communities who may have an equal or greater need, for example people living on the outer estates of the city. If the lunch club is able to continue by using donations, making more use of voluntary workers, charging those who attend the full cost of the meal and/or finding other sources of funding, service users may see no change. The lunch club may decide to meet less often, or if the club is no longer able

	to continue, service users may need to find alternative activities to attend.
Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).	The original proposal was to end funding all in one go from January 2019.The proposal has been amended to take a phased approach to ending funding in order to enable lunch clubs to find alternative sources of funding and/or change their business model to reduce costs. This change should provide a better chance for lunch clubs to continue, which, if this happens, would mitigate the risk to the attendees across protected characteristics.
Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?	As above.

3. Who is affected? Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.
The 14 lunch clubs receive small grants from ASC. For this reason, it is not required that they provide detailed monitoring information. The specification sets targets for the number of meals provided, but not for the number of unique individuals accessing these meals. It is therefore difficult to provide an accurate picture of service users. In addition, the meal itself is not the

key benefit. People who do struggle to meet their nutritional needs because of a social care need can be assessed for a package of care. The main benefit of lunch clubs is to provide a source of social support.

Some of the lunch clubs do submit demographic data – and the list below shows which ones did and what they submitted for quarter 3 2018-19, which gives us a partial picture of the characteristics of some service users:

Provider	Ethnicity	Disability	Age	Religion	Gender	Sex Orientation
Provider A	Yes	Yes	Yes	Yes	Yes	Yes
Provider B	No	No	No	No	No	No
Provider C	No	No	No	No	No	No
Provider D	Yes	Yes	Yes	Yes	Yes	No
Provider E	Yes	Yes	Yes	Yes	Yes	Yes
Provider F	Yes	Yes	Yes	Yes	No	No
Provider G	No	No	No	No	No	No
Provider H	No	No	No	No	No	No
Provider I	Yes	Yes	Yes	Yes	Yes	Yes
Provider J	No	No	No	No	No	No
Provider K	No	No	No	No	No	No
Provider L	Yes	No	Yes	Yes	No	No
Provider M	Yes	No	No	No	No	No

Provider N	Yes	Don't Know	No	No	No	No

From those that did submit demographic data a broad summary is shown below:

The full data from those that submitted is shown in Appendix 2.

Of 520 service users,:

- There were 306 females and 214 males.
- There were 28 aged under 65, 204 aged 65-74, 230 aged 75-84 and 58 aged 85 or over
- The predominant ethnic group was Indian (404 people), with Caribbean second (103)
- The predominant disability was 'learning difficulty' (267 people) with physical disability second (80)
- The predominant faith group was Hindu (277 people), with Sikh second (103).

It must be stressed that **this only represents data from less than half of the lunch clubs**. None of the lunch clubs submit data on sexual orientation.

This means that the data alone does not give a full picture of the equality impact of the proposed decision. However, because of the target user groups for the lunch clubs, it is likely that the proposal to taper and cease funding would be likely to result in a disproportionate negative impact on:

- People over 55 years
- People with disability or a long-term health condition (because of the higher prevalence of these amongst older people)
- People from Asian and African Caribbean ethnic groups

- People from minority faith groups: Hindu, Sikh, Jewish.

Therefore it has been identified, as part of the proposal that work must be undertaken to support the organisations who will be affected by the proposal, to make changes to their business model or to identify other sources of funding which would aid them in being able to continue to offer lunch clubs.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

As described above, data has been used from monitoring returns submitted by some of the lunch clubs, the service specification (which specifies that the club should be for people over 55) and observation about the target group for the lunch club and observations made on visits during quarterly monitoring and as part of engagement and consultation during the review.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

Consultation on the proposal was undertaken from 9th April to 29th June 2018. The consultation consisted of a survey, which people could complete online or on paper, together with a range of meetings with lunch club providers and with service users at the lunch clubs themselves.

172 people responded to the survey. In response to the survey, 89% of respondents disagreed with the proposal to end the funding to the lunch clubs. From both the survey and from the meetings with the lunch clubs, the key points made in the consultation were:

a. the majority of people disagreed with the proposal

b. the clubs helps people to avoid isolation and provides a social life,

c. they help people with health problems by providing exercise and advice and support on keeping safe and well.

d. the clubs do a lot more than provide lunch – providing both activities, and access to other sources of support such as advocacy in hospital, falls prevention, diabetes support, warm homes and also running activities such as fitness.

e. changes to lunch clubs will affect ethnic minorities more because they are culturally appropriate.

f. the value of lunch clubs is reinvested in the community – because they are not businesses.

g. providers recognised the financial constraints facing the council and support for the proposal to phase out funding rather than remove it all at once

h. funding cuts are short-sighted as people will need formal care and support earlier if they are not accessing lunch clubs

i. clubs would need support to become self-sufficient, and for some this will be difficult as they have limited capacity. Some felt that VAL does not necessarily provide the support that groups need; and

j. the wider issues that groups are facing – for example other cuts to the VCS – should be taken into account.

A consultation report is available which sets out the findings in more detail.

6. Potential equality Impact			
Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts. Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).			
Protected characteristics	**Impact of proposal:** Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal?	**Risk of negative impact:** How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.

	How does the protected characteristic determine/shape the potential impact of the proposal?		
Age[1]	The lunch clubs are for people over 55 years of age.	May not have a lunch club to attend if the club is unable to continue without ASC funding. This could lead to loneliness and isolation for some.	Advice/Support to be provided to lunch clubs to help them continue without ASC funding. Signposting to other activities for older people. Signposting to ASC for an assessment to see if they are eligible for statutory ASC support
Disability[2]	Over 55 years – more likely to have a disability or long term health condition.	May not have a lunch club to attend if the club is unable to continue without ASC funding. This could lead to loneliness and isolation for some.	Support to be provided to lunch clubs to help them continue without ASC funding. Signposting to other accessible activities for people. Signposting to ASC for an assessment to see if they are eligible for statutory ASC support
Gender Reassignment[3]	No impact identified at this stage.	As above	Signposting to other accessible activities for people.

[1] Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

[2] Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

[3] Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

Marriage and Civil Partnership	No impact identified at this stage.		
Pregnancy and Maternity	Unlikely to be an impact – service is for older people		
Race[4]	Indian and Caribbean	Some service users converse in languages other than English, for example at one Lunch club Gujarati is widely spoken. This could limit options for people to attend other groups or activities in the local community.	If a lunch club was to close, seek to signpost to groups or activities for similar communities, where same language spoken as far as possible. Where appropriate, where people require help with their language skills, signpost them to local ESOL classes.
Religion or Belief [5]	People from different faiths use the lunch clubs, Hindu, Sikh, Jewish, Christian	May not have a lunch club to attend if the club is unable to continue without ASC funding.	Advice/Support to be provided to lunch club to help them continue without ASC funding. Signposting to other activities for people.
Sex[6]	More women than men use the lunch clubs.	May not have a lunch club to attend if the club is unable to continue without ASC funding.	Advice/Support to be provided to lunch club to help them continue without ASC funding.

[4] Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

[5] Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

[6] Sex: Indicate whether this has potential impact on either males or females

			Signposting to other activities for people.
Sexual Orientation[7]	No impact identified at this stage.		
Summarise why the protected characteristics you have commented on, are relevant to the proposal? Those who attend lunch clubs will be people who have particular protected characteristics, such as disability and age. However, it is important to recognise that people accessing the clubs will have a wide range of, and possibly multiple, protected characteristics. **Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?** We will continue to monitor as the proposed changes are implemented, and should any disproportionate negative impact become apparent we will identify mitigating actions where possible to reduce or remove the impact.			

Other groups	**Impact of proposal:** Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	**Risk of negative impact:** How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.

[7] Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Children in poverty	No specific impact		
Other vulnerable groups			
Other (describe)	Many service users will be on low incomes will mean it is more difficult to charge the service users for the costs of the meal	More difficult to attract donations from the community or sponsorship from private sector organisations.	One mitigating action could be for attendees to be asked to pay what they can even if it is not the full cost of the meal. In addition, finding other sources of funding other than from the local community itself may be possible.

7. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.

The wider reduction in funding available to VCS groups will mean that finding alternative funding for the groups will be more challenging.

Some of the groups are also affected by: cuts to community groups by Neighbourhood Services; re-commissioning of Community Opportunities services; and the end of the 5 year BIG Lottery funded Leicester Ageing Together programme funding in 2019. https://www.leicesterageingtogether.org.uk/

Economic downturn – and the fact that many service users will be on low incomes will mean it is more difficult to charge the service users for the costs of the meal and more difficult to attract donations from the community or sponsorship from private sector organisations.

8. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

None.

9. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

ASC will maintain contact with the clubs on a regular basis during the phasing out of the funding to monitor their wellbeing and to provide support to help them find a sustainable way forward.
Information on alternative activities in the local neighbourhood will be provided.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Seek to enable lunch clubs to become sustainable without ASC funding	Phase out funding, rather than ending it all in one go, to help lunch clubs adjust and, if possible find other ways of continuing such as using donations, increasing use of volunteers, charging those who attend the full cost of the meal or asking them to pay what they can; and/or finding other sources		

	of funding. Support for groups to do this is available from Voluntary Action Leicester.		
Seek to enable lunch clubs to become sustainable without ASC funding	Hold a workshop and provide written advice on sources of support: e.g 1. VAL – group support 2. Leicestershire Cares – ProHelp 3. DMU Square Mile Funding opportunities, e.g: 1. Spacehive & CrowdFundLeicester 2. Ward funding 3. Sports funding	Cathy Carter	July 2019
Monitor lunch clubs during phasing period	Quarterly reports by lunch clubs to ASC Contracts and Assurance Team. This will identify whether any groups are failing, and enable us to offer support.	Neil Lester	Quarterly until funding ends 31st Dec 2021.
Signpost clubs/ service users to alternative activities. Include food banks	Information leaflets provided for service users	Cathy Carter	July 2019

Advise service users how to have an assessment for eligibility for ASC services	Information leaflets provided for service users	Cathy Carter	July 2019

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

Article 2: Right to Life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right not to be subjected to slavery/forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry

Article 14: Right not to be discriminated against

Part 2: First Protocol

Article 1: Protection of property/peaceful enjoyment

Article 2: Right to education

Article 3: Right to free elections

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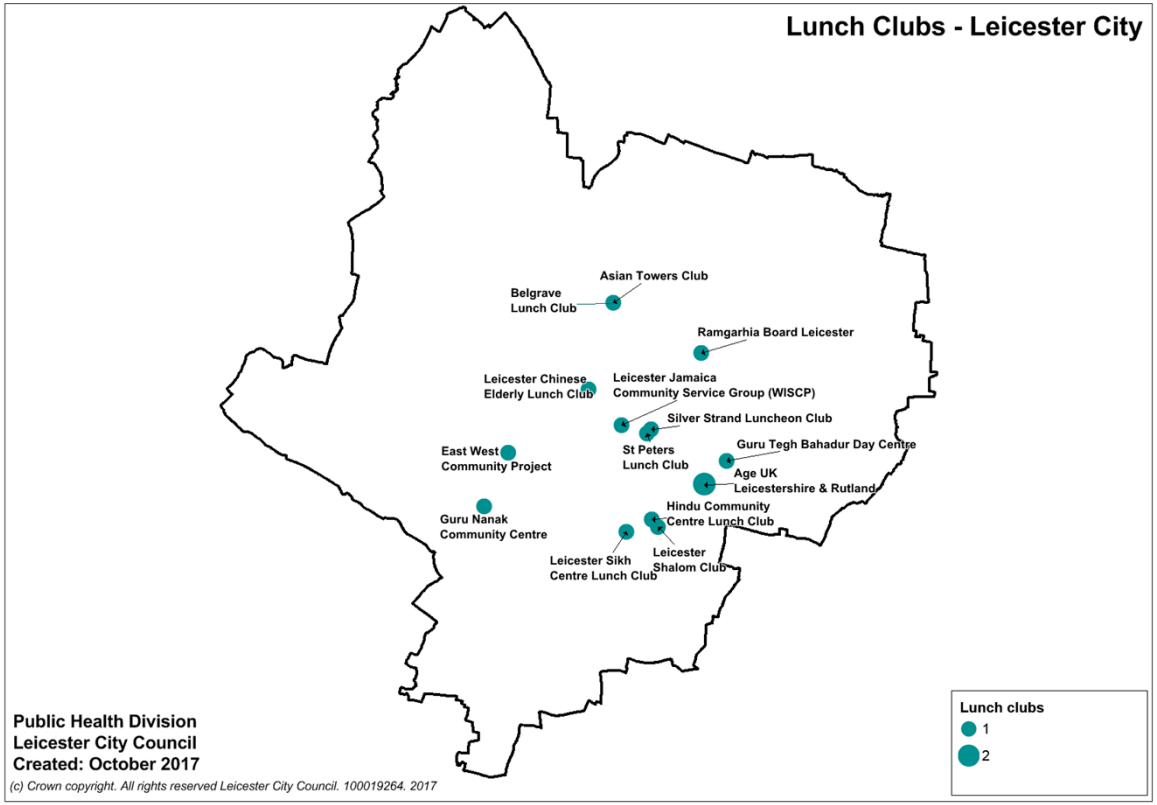
EIA Appendix 1 – Locations of lunch clubs



EIA Appendix 2 – data on lunch club users

Lunch Club User Information Q1 - Q3 2017-2018					
No.	**Lunch Club Providers**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Total Number**
1	Provider A	94	95	93	**282**
2	Provider B	147	129	No Data	**276**
3	Provider C	65	95	No Data	**160**
4	Provider D	273	276	276	**825**
5	Provider E	28	13	11	**52**
6	Provider F	26	36	35	**97**
7	Provider G	269	227	225	**721**
8	Provider H	164	197	No Data	**361**
9	Provider I	22	31	35	**88**
10	Provider J	156	196	210	**562**
11	Provider K	636	641	595	**1872**
12	Provider L	70	70	70	**210**
13	Provider M	123	116	103	**342**
14	Provider N	37	44	37	**118**
Total		**2110**	**2166**	**1690**	**5966**

Lunch club Age Groups Q3 Period 2017-2018			
Group	**Male**	**Female**	**Total**
18-64	8	20	28
65-74	85	119	204
75-84	82	148	230
85+	39	19	58
Total	**214**	**306**	**520**

Lunch club Ethnicity Groups Q3 Period 2017-2018			
Group	**Male**	**Female**	**Total**
Bangladeshi	0	0	0
Indian	172	232	404
Pakistani	3	17	20
Other Asian Background	32	39	71
Caribbean	23	80	103
African	0	0	0
British	16	5	21
Europe	3	0	3
Total	**249**	**373**	**622**

Lunch club Disability Groups Q3 Period 2017-2018			
Group	**Male**	**Female**	**Total**
Dementia	1	18	19
Brain/Head Injury	0	1	1
Hearing Impairment	6	9	15
Learning Difficulty	143	124	267
Long Term Illness/Condition	9	13	22
Mental Health	13	12	25
Mobility	9	31	40
Physical Disability	14	66	80
Visual Impairment	1	1	2
Prefer Not to Say	0	2	2
Other (Specify below)	0	0	0
Total	196	277	473

Lunch club Religion Groups Q3 Period 2017-2018			
Group	**Male**	**Female**	**Total**
Bahai	0	0	0
Buddhist	0	0	0
Christian	13	24	37
Hindu	146	131	277
Jain	0	0	0
Jewish	0	0	0
Muslim	12	86	98
Sikh	41	62	103
Atheist	0	0	0
No Religion	0	0	0
Prefer Not Say	0	5	5
Other (Specify below)	0	0	0
Total	**212**	**308**	**520**

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

1.	**DECISION TITLE**	Future funding of Lunch Clubs
2.	**DECLARATIONS OF INTEREST**	None
3.	**DATE OF DECISION**	28 September 2018
4.	**DECISION MAKER**	Assistant City Mayor Adult Social Care and Wellbeing
5.	**DECISION TAKEN**	To cease the funding to the 13 lunch clubs subsidised by Adult Social Care (ASC) on a tapering basis over a 3 year period, as detailed in the report. It is proposed that the funding will reduce as follows: - From January 2019: 25% reduction - From January 2020: 50% reduction - From January 2021: 75% reduction - From January 2022: Funding ends Support will be provided to assist the organisations affected by the proposals to explore alternative funding opportunities.
6.	**REASON FOR DECISION**	A review has been completed of all none statutory services funded by Adult Social Care and delivered by the Voluntary and Community Sector. This includes the 13 lunch clubs subsidised by the Council. The review found that the lunch clubs do not provide statutory support. Therefore, it is proposed to cease the funding on a tapering basis over a 3 year period. This time period will allow time for the affected organisations to explore alternative funding opportunities. The savings will contribute towards the Adult Social Care – Voluntary and Community Sector savings of £790,000 as previously agreed for 2018/19.
7.	**a) KEY DECISION Y/N?** b) If yes, was it published 5 clear days in advance? y/n	No
8.	**OPTIONS CONSIDERED**	To continue with current funding arrangement. This will not deliver the required savings. To cease the funding when the existing grant aid agreements expire on 31 December 2018. However, this is unlikely to give the organisations time to secure alternative funding, which could result in some organisations closing.

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

9.	**DEADLINE FOR CALL-IN** • 5 Members of a Scrutiny Commission or any 5 Councillors can ask for the decision to be called-in. • Notification of Call-In with reasons must be made to the Monitoring Officer	5 October 2018
10.	**SIGNATURE OF DECISION MAKER** (City Mayor or where delegated by the City Mayor, name of Executive Member)	Cllr. Vi Dempster

Executive Decision Report

Future of Carers' Support Services

Decision to be taken by: Assistant City Mayor Adult Social Care and Wellbeing

Decision to be taken on: 28 September 2018

Lead Strategic Director: Steven Forbes

Useful information

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

1. Purpose

1.1 The purpose of this report is to set out the findings of the consultation exercise relating to the future of Carers Support commissioned by Adult Social Care.

1.2 The report seeks agreement to procure a single Carers Support Service to deliver a more co-ordinated approach at a reduced contract value, with effect from 1.4.2019.

2. Summary

2.1 Adult Social Care (ASC) is required to make savings of £790k against its Voluntary and Community Sector (VCS) spend of £1.9m for 2018/19.

2.2 On 15th March 2018, the Executive agreed for a 12 week consultation exercise to take place with the 3 existing organisations who are contracted to provide carers support (The Carers Centre (CLASP), Age UK and Ansaar). Details of the services provided and existing funding levels are detailed at Appendix A.

2.3 The consultation exercise set out a proposal to reduce the existing funding from £252,562 to £154,063 and to move to the provision of a single carer support service with effect from 1.4.2019. This model was proposed because it provides the most cost-effective option. The consultation ran from 9th April to 29th June 2018.

2.4 Although the existing contracts are due to expire on 31.3.2019, 3 months' notice will need to be given to the current carers support services by the end of December 2018.

2.5 A total of 43 responses were received, including several collective responses from The Carers Centre, which are detailed in Appendix B.

2.6 Of those 43 people who responded, 56% did not agree with the proposal and 44% either agreed, weren't sure or did not answer. A summary of the consultation is detailed at paragraph 4.6 of the report.

3. Recommendations

3.1 The Executive is recommended to:

a) note the outcomes of the consultation set out at paragraph 4.6 and Appendix B;

b) to note the outcomes of the equality impact assessment set out at paragraph 4.9 and Appendix C and;

c) to agree to commission a single service to the value of £154,063 with effect from 1st April 2019.

If agreed, 3 months' notice will be given to the current carer support services by the end of December 2018.

4. Supporting information including options considered:

4.1 ASC is required to deliver savings of £790k against its Voluntary and Community Sector (VCS) budget of £1.9m for 2018/19.

4.2 A review of the VCS services funded by ASC has been completed to determine if they provide statutory support to those eligible for ASC support or if their contribution prevents or delays individuals from becoming eligible for a funded package of care.

4.3 The review includes funding for 5 carer support service contracts at a total cost of £252,562 a year, provided by 3 organisations (The Carers Centre (CLASP), Age UK and Ansaar). Funding for current carer support contracts is shown at Appendix A, which highlights the differing levels of funding applied to specific groups of carers.

4.4 The consultation findings are detailed in Appendix B.

4.5 A total of 43 people responded to the survey. Although, there were several collective responses from The Carers Centre and through meetings (see consultation findings at Appendix B). Those who did respond tended to be against the proposals because they feel there needs to be more investment in carers generally.

4.6 In summary, the key points from the consultation are shown below – together with officer's responses:

Comment	Officers Response
There was some recognition of the financial constraints facing the council and	The council is pleased that there is some recognition / support.

some support for the proposal as there is confusion in the existing system in relation to who provides what support	
The current carer support services are already in demand, further cuts will mean that services will be available to fewer carers, leading to an increase in carers experiencing carer strain, ultimately costing adult social care more money.	Providers have reported that they do have capacity to take on more carers in their annual contract monitoring submissions, which is contrary to the statement that services are already in demand.
One service can't possibly meet the needs of all carers effectively.	Other councils have a single service for carers. Many other client groups have one provider commissioned to provide support. Monitoring of the service by the provider and the council should identify if and when the service is not meeting service users' needs.
The current arrangement for carer support should remain as there is choice for carers. Some felt that the new model would mean there was no alternative service if they were unhappy.	
There was feedback that acknowledged the current service model was confusing	This is one of the reason for proposing a single provider - to make it easier for carers and others to know where to go.
Non-care act advocacy for carers should be part of the carers support service as should the carers partnership service or the new model won't be a 'one stop shop'	There is more synergy between advocacy for carers as part of other advocacy services – especially as the council is proposing to move to Care Act only advocacy (which not many carers are referred for) It is agreed that the term 'one-stop shop' used in the consultation may not be very helpful, as not everything a carer needs can be provided by one organisation. We are proposing to use the notion of a 'hub' as a key part of the role of the provider will be to signpost carers to other sources of support.
The opportunity for carers to contribute to the design and delivery of adult social care services is being removed.	This is not the case as carer participation will be included in the proposed new Service User Participation Service.
It is important that existing peer support groups are able to continue due to the amount of work that has gone into developing them. This is particularly the	This issue will be picked up in mobilisation to new contracts.

case for groups that run specifically for seldom heard carers.	
The relationship between carer support services and the local authority need to be strengthened, carers expressed concern that they were bearing the brunt of a lot of funding cuts particularly since direct payments (carer grants) were stopped.	This are of work is being taken forward and can be further developed – for example through the work of the Carers Reference Group supported by the council.

4.8 The Carers Centre submitted a letter making a number of detailed points. This is included in the consultation findings report at Appendix B, Annex B1 together with responses from officers to the points made.

4.9 An equality impact assessment (EIA) of the proposal has been carried out, and this detailed at Appendix C. In summary, the main findings of the EIA are that a decision to reduce carer support services to a single carer support service could have a negative impact on the following groups of people with protected characteristics:

- Female carers because a higher proportion of female carers access the current services (67%).

4.10 The proposed new model is considered the most cost-effective way of providing support with the funding that is available. In addition, the proposal to move to one contract supports the fact that the City is increasingly diverse and therefore having separate contracts for different demographic groups is no longer effective.

5. Details of Scrutiny

5.1 The ASC Scrutiny Commission was provided with a report on the VCS prevention services review on 29th June 2017. A verbal update was given on the 19th June 2018 and on 28th August 2018.

5.2 A further report was presented to the ASC Scrutiny Commission meeting on 25th September 2018, where the proposals were supported.

6. Financial, legal and other implications

6.1 Financial implications

The overall VCS budget is £1,929,200 with a saving target of £790k from 2018-19.

This includes a budget of £252,563 for Carers Support across 5 contracts.

The preferred option if agreed is to go with a single contract for carer support, with a contract value of £154,063 from April 2019, contributing £98,500 savings towards the overall target.

Any TUPE implications would have to be met from Departmental resources, as previously agreed.

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

The consultation must follow key principles if it is deemed to be fair. This includes demonstrating the following:

- The consultation was conducted at a time when proposals are still at a formative stage.
- The consultation gave sufficient reasons for any proposal to permit of intelligent consideration and response including the criteria that will be applied when considering
- Adequate time must be given for consideration and response.
- The product of consultation must be conscientiously taken into account in finalising any proposals.

The consultation proposed a new model and included a preference to move to this due to the potential financial benefit. However, a final decision was not taken at this point and we can therefore demonstrate that consultation was conducted at a formative stage.

Furthermore, the proposed new model has been explained to the consultees and the reasons why have been set out in the consultation documents. Sufficient reasons for the new model have been justified here to enable meaningful public participation in the decision-making process. Adequate time for a response has been allowed taking into account the relevant considerations such as the characteristics of the groups to be consulted and complexity of the issues.

We have demonstrated that the product of the consultation has been taken into account and the concerns raised by the consultees have been considered and addressed. After such considerations, the key factor that the proposed new model was the most cost-effective way of providing support with the funding that is available.

The above demonstrates that the consultation process was fair and the majority of concerns have been addressed. However, there is no guarantee that the consultees will not challenge the decision.

Decommissioning of the current arrangements should be in accordance with the provisions of the contracts to ensure smooth terminations.

In relation to the recommissioning of these services, the design and the running of any procurement should be in accordance and compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

Assistance must be sought from and work directly with the Council's procurement team in consultation with legal services to drive the procurement process in compliance with the regulations and internal rules. Ongoing support should be sought from legal services as and when required.

Mandeep Virdee, Solicitor, (Commercial, Property and Planning Team)
Legal Services, ext, 1422

6.3 Climate Change and Carbon Reduction implications

The delivery of a single service will potentially improve the ability to manage the carbon dioxide impact but the service is likely to become more centralised which could increase the amount of travel. Alternatives to car use should be considered where appropriate.

- Mark Jeffcote, Environment Team

6.4 Equalities Implications

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

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected groups under the public sector equality duty are characterised by age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

An equality impact assessment (EIA) of the proposal has been completed, it indicates that a decision to reduce carer support services to a single carer support service will impact on those using the service. It is likely to have an impact upon those people that are receiving care who are likely to have the protected characteristics of age, disability and/or race. It is important to recognise that carers will have a wide range of, and possibly multiple, protected characteristics.

Going forward, the Equality Impact Assessment and consultation findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the Public Sector Equality Duty, to further inform the development of proposals and to identify any potential mitigating actions, where a disproportionate negative impact is identified.

Sukhi Biring – Equalities Officer ext.4175

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

None

7. Background information and other papers:

City Mayor's Briefing 15th May 2018 *Consultation proposals for Adult Social Care Advocacy, Carers, and Visual & Dual Sensory Impairment support services*

8. Summary of appendices:

A: Carers support service current funding split

B: Consultation Findings Report

C: Equality Impact Assessment

9. 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

10. Is this a "key decision"?

No

Appendix A

Carers Support Services – current funding

Provider	Current funding	% of spend
The Carers Centre (CLASP)	£125,000	49.5%
Age UK – Older Asian carers	£19,944	7.9%
Age UK – Carers of People with Mental Health Needs	£39,867	15.8%
Age UK – Carers of people with mental health needs from Asian backgrounds	£19,944	7.9%
Ansaar – Carers of people with learning disabilities from Asian communities	£47,807	18.9%

Appendix B

Consultation Report – Carers Support Services

1. Purpose of the consultation

Adult Social Care carried out a consultation during date 9th April to 29th June 2018 to seek feedback on a proposal to end all carer support service contracts on 31st March 2019 and commission a single carer support service to the value of £154,063 with effect from 1st April 2019.

2. Consultation methods

2.1 Survey

The consultation was advertised using a poster distributed to all council facilities and GP surgeries in the city, publicity via the weekly VAL E-Briefing and letters to all current providers.

The survey was carried out online using the council's Consultation Hub. The questionnaire was also made available in printed form for those who were not able to complete it online.

2.2 Consultation meetings

A number of meetings were held or attended as part of the consultation, and these are listed at the end of this report in Annex A.

Meetings with each of the providers scoped into the review were organised in advance.

At the meetings, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meetings. Providers asked questions and made comments during the presentation of the proposals, and then there were further opportunities for questions, comments and feedback.

Officers attended further meetings with providers where requested, and also asked providers to enable officers to meet with service users.

Notes were taken at each meeting, which were then sent to attendees asking if they would like to make any amendments.

2.3 Other submissions: The Carers Centre (CLASP)

The council also received a letter on 18th June 2018 from the Carers Centre. This is at Annex B1 together with officer comments on the points made in the letter. The council also received a summary of feedback obtained from 53 carers from the Carers Centre on 21st June (Annex B2) and a further email from the Carers Centre on the 21st June 2018 (Annex B3).

3. Consultation findings

3.1 Profile of survey respondents

There were 43 responses to the survey, either online or on paper.

The main demographic characteristics of respondents were:

Age 28% of respondents were between 50-59 years, 21% aged between 60-69 years. 21% of respondents preferred not to say. There were no respondents from people aged 90 and over or anyone under the age of 40 years

Gender 70% of respondents were female, 14% male. The remaining preferred not to say what their gender was or did not answer.

Ethnicity 51% of respondents disclosed they were from White British backgrounds, whilst 31% were from Asian or Asian British Indian backgrounds. 14% of respondents did not answer or preferred not to disclose their ethnicity.

Religion The largest proportion of respondents (26%) disclosed they were of Christian faith, with the next largest group (21%) disclosing they were of Hindu faith. 23% of respondents either preferred not to disclose their religion or did not answer.

Disability 51% of respondents did not define themselves as disables, 22% did. 19% either didn't answer or preferred not to say.

Sexual orientation 49% of respondents answered heterosexual / straight. 32%of respondents either preferred not to say or didn't answer this question.

More detailed information about the characteristics of those completing the survey is available if required.

The survey also asked respondents to say in what role they were completing the questionnaire:

Service users 31 respondents said they were completing the questionnaire as a user of one of the services that were included in the survey. A breakdown of this figure by service is available.

On behalf of a person currently using services 4 respondents were completing the questionnaire on the behalf of a user of one of the services that were included in the survey.

As an organisational representative 5 respondents completed the questionnaire as a representative of one of the services included in the survey. A breakdown of this figure by organisation is available.

As an organisational representative from a service not included in the survey 3 respondents completed the questionnaire as a representative of a service not included in the survey.

3.2 Survey findings

The survey outlined the proposal and respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

56% of people disagreed with the proposals, whilst 44% of people either agreed or weren't sure about the proposal or did not answer the question.

I agree with the proposal	9	21%
I disagree with the proposal	24	56%
Not sure / don't know	8	19%
Not answered	2	4%

Respondents were then asked: *Please provide comments. If you disagree with the proposal, please suggest an alternative.*

31 respondents completed this box. The comments have been categorised below. The number of respondents making each point listed below adds up to more than the total number of respondents as many respondents made more than one point. The full list of comments is available if required.

Category of comment	No. of respondents who made comment
Concerns about how reduced funding will impact on service provision and increased strain on services	16
Want services to continue as they are	6
Current services meet different needs	6
Suggestions that funding should be split between two of the current providers	3
Proposed model will not provide any choice for carers	2
The current model is confusing	1
There is a clear need to lobby central government	1
Increasing need for social care intervention should mean more services not less	5

4. Points made at meetings during the consultation

4.1 Meetings with current providers

All carer support service providers attended one consultation meeting. The attendees, and main points made at these meetings are set out below. The full notes of the meetings with the providers is available for decision makers if required.

The Carers Centre: 23rd April 2018

8 attendees including staff and Trustees.

Key points made:

- Confusion around the interpretation of non-statutory and statutory provision.
- Engagement and participation from carers and providers is valuable but nothing formal in relation to this work continuing has been outlined yet
- Targets for the new model will be reviewed and amended in response to previous feedback and the reduction in funding
- Northampton's model of carers partnership is seen as good practice
- There appears to be a lack of alternative options
- Hospitals should invest more in carers to reduce demand on carer support services
- Any viable alternative proposals will be considered

Age UK: 8th May 2018

Attendees: 2 staff members

Key points made:

- Reduced funding could lead to superficial services
- Priority on identification of carers is good but the wrap around support needs to be there, IAG alone won't work
- Specialist knowledge is important
- Concern whether other preventative services with a remit for carers are running at capacity
- New IAG service commissioned has flaws particularly in terms of access for carers
- Older people are becoming marginalised because of a lot of information being online
- Carers training has to be delivered differently

Ansaar: 16th May 2018

Attendees: 2 staff members

Key points made:

- Ansaar do not think the proposed model for carer support is the right way forward
- Ansaar believe that improving collaborative work across the existing contracts would make significant savings

4.2 Meetings with service users

Officers held meetings with service users from 2 carer support services. The key points made at these meetings are summarised below. The full notes of the meetings are available for decision makers if required.

Ansaar: 4th June 2018

Attendees: 12 service users

Key points made:

- The importance of geographical positioning and ensuring services are suitable for people who care for more than one person

- The amount of hard work that has gone into developing existing groups will be lost if groups close
- Cutbacks affect the whole family which puts additional pressure onto carers
- The importance of the City Council feeding back decisions to service users

The Carers Centre (CLASP): 12th June 2018

Attendees; 18 service users

Key points made:

- Caring is very tough and many people suffer from or at risk of breakdown if they don't get support.

- Mental health problems are very common, but support from doctors /health services for mental health is poor.

- Carers save the council and the NHS money. Cutting the carers support services is therefore a false economy.

- The support services for carers are vital – both in terms of getting practical support and with emotional wellbeing.
    - Advocacy was a key feature they said should be in a carers service.
    - One stop shop should be just that

- Key features of the support that are important are:
    - Advocacy
    - Accessibility – localities
    - Continuity (risk of losing this if a new provider)
    - Being able to contact someone out of hours in an emergency
    - Help with form filling
    - Feeling valued as a carer

  And a one -stop shop should be just that eg not having to go elsewhere for advocacy.

- ASC is not helpful:
    - Poor or no signposting to sources of support
    - Having to do the assessment online and not being able to explain complicated situations to social workers as a result
    - Lack of support from social workers
    - The consultation and previous cuts such as the end of DPs for carers, makes them feel they are not valued.

In addition the Cares Centre (CLASP) submitted a letter making a number of detailed points. This is reproduced at Annex B1 together with responses from officers.

Annex A: Carers Support Service Consultation Report: List of meetings held during the consultation

Date	Meeting
23rd April 2018	Provider of Lot 1: The Carers Centre (CLASP)
8th May 2018	Provider of Lots 2,3 & 4: Age UK
16th May 2018	Provider of Lot 5: Ansaar
4th June 2018	Service users of Ansaar
12th June 2018	Service users of The Carers Centre (CLASP)

Annex B1:
Carers Support Services Consultation Report: Submission from The Carers Centre plus officer comments

18th June 2018

Consultation on Proposed Changes to Support for Carers – Response from The Carers Centre (LeicesterShire & Rutland)

Please find below the response from The Carers Centre: a separate response taken directly from our consultation exercises with Leicester carers is being submitted separately.

Introduction

The Carers Centre (LeicesterShire & Rutland) has, in one form or another, worked with carers over the last 27 years, and has considerable experience in this field of work. Currently, all staff members are carers currently or are former carers. The same applies to all but one of the current 13 Trustees who take overall responsibility for the charity. The majority of our volunteers are carers who have offered their services to "pay back" to the organisation.

We understand that the current proposals are born out of the prevailing political and economic system. However, increasingly, carers and the people they care for are being squeezed disproportionately.

The current benefits regime provides a hostile environment towards disabled people and their carers, and their finances are being increasingly squeezed. Meanwhile, social care packages are often reduced – even though inflation in care costs has meant a nominal increase, the number of hours provided has generally gone down. This increases pressures on carers. The weak economy means that carers are less likely to have understanding employers, and we are aware of cases where social care staff have told individuals they have no responsibility for supporting carers to remain in work. This situation has been described as a "perfect storm", not without reason.

Carers contact us regularly about difficulties with getting a Carers Assessment. Some have waited months to have their case allocated. One case, which was notified to the Director of Adult Social Care, had waited over 4 months with no sign of an assessment – or, indeed, contact.

The number of Carers Assessments has plummeted since the introduction of the Care Act 2014, in spite of expectations that they would double. In fact, they have almost halved. There were over 2,800 assessments carried out in 2014/5. The reason is unclear, but it seems to be that social care staff are of the opinion that Carers Assessments have no value. As a result, carers are often left with more caring foisted onto them. It is unfortunate that we are often unable to report detail in cases like these as carers are all too often scared of losing what little support they do get.

Officer comment: ***We recognise that the carers assessment process has been problematic for some carers. We would also reflect that since the Care Act 2014, many of the support services available to help relieve the burden on carers are not reliant on the completion of an assessment, as they had previously been.***

However we agree that improvements can be made and are currently seeking to address some of the problems which have been identified. This will reflect the Care Act expectations about proportionate assessment as well as a strengths based approach to social work practice.

“Statutory” services?

There is one particular area of concern. In our communications with the local authority on this topic, we were informed that parts of our service are “not statutory” in that carers without assessed needs may currently use our services, and that the “non statutory” elements are to be removed. This is not a correct use of the legal terminology around statutory services, and the Care Act 2014 guidance suggests that all current carers services are statutory in nature:

> 2.4 The term ‘prevention’ or ‘preventative’ measures can cover many different types of support, services, facilities or other resources. There is no single definition for what constitutes preventative activity and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person or a particular group or lessening the impact of caring on a carer’s health and wellbeing. In considering how to give effect to their responsibilities, local authorities should consider the range of options available, and how those different approaches could support the needs of their local communities.”
>
> Prevent: primary prevention/promoting wellbeing
>
> 2.6 These are aimed at individuals who have no current particular health or care and support needs. These are services, facilities or resources provided or arranged that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health and promoting wellbeing.
>
> Reduce: secondary prevention/early intervention
>
> 2.7 These are more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing. Some early support can help stop a person’s life tipping into crisis, for example helping someone with a learning disability with moderate needs manage their money, or a few hours support to help a family carer who is caring for their son or daughter with a learning disability and behaviour that challenges at home.
>
> 2.8 Early intervention could also include a fall prevention clinic, adaptions to housing to improve accessibility or provide greater assistance, handyman services, short term provision of wheelchairs or telecare services. In order to identify those individuals most likely to benefit from such targeted services, local authorities may undertake screening or case-finding, for instance to identify individuals at risk of developing specific health conditions or experiencing certain events (such as strokes, or falls), or those that have needs for care and support which are not currently met by the local authority. Targeted interventions should also include approaches to identifying carers, including those who are taking on new caring responsibilities. Carers can also benefit from support to help them develop the knowledge and skills to care effectively and look after their own health and wellbeing.
>
> 2.10 Tertiary prevention services could also include helping improve the lives of carers by enabling them to continue to have a life of their own alongside caring, for example through respite care, peer support groups like dementia cafés, or emotional support or stress management classes which can provide essential opportunities to

share learning and coping tips with others. This can help develop mechanisms to cope with stress associated with caring and help carers develop an awareness of their own physical and mental health needs.

4.64 Engagement with people needing care and support, people likely to need care and support, carers, independent advocates, families and friends, should emphasise understanding the needs of individuals and specific communities, what aspirations people have, what outcomes they would like to achieve, their views on existing services and how they would like services to be delivered in the future.

Care Act Guidance, February 2018 (some editing has been carried out to maintain the focus on carers in particular)

This shows that the types of services offered currently – and proposed for the future – are a part of statutory provision. We believe that removing engagement from the current contract and subsume it within another takes out the "One Stop Shop" principle, and the lack of a specific community focus (carers being identified within the proposals as a specific community of need, as laid down in the Guidance) would mean that carers voices are lost. There is also the fact, as officers will have seen at a range of meetings, that carers are not trusting of organisations that do not focus on their specific needs. This is highly unlikely to change, and any degree of disengagement would be a further detriment to carers.

Officer comment: ***We recognise that using the language of statutory and non statutory is unhelpful since the implementation of the Care Act 2014. We are clear that the new service model will provide services to carers regardless of their Adult Social Care eligibility. We are very clear about Adult Social Care's duty to prevent.***

Regarding the removal of engagement from the current contract, we will be seeking to continue and improve our engagement with carers through the development of current arrangements such as the Carers Reference Group.

The Proposals

"One Stop Shop"

The local authority already purchases a "one stop shop" for carers, currently provided by The Carers Centre. It provides services to all carers, regardless of background, as set out in the relevant contract. It also holds a further contract for advocacy, making it a true "one stop shop." Current proposals do not allow for this to continue, however, and we believe this to be a major error. Carers need a separate advocacy service that should remain a part of the "single offer" to carers, and we will address this more fully in the relevant consultation.

Officer comment: ***Adult Social Care's use of the term, 'one stop shop' refers to the proposal to have a single contract for all carers rather than the current model of five. It is not the proposal that all services for carers would be provided in one service. Carers will be signposted to a range of support outside the provider organisation as well. It is proposed that Care Act advocacy will be provided through a separate advocacy contract. In addition, the successful provider can provide non care act advocacy although this will not be prescribed within the specification.***

We believe that it is possible to provide such a service, but that the level of economies required would involve a lesser level of service than is currently offered. Officers seemed to be of a similar opinion in our recent discussions.

Officer comment: ***Agreed, however it is intended that the new service will offer the most cost effective option within the available funding envelope.***

The authority will be aware that major changes were made to carers services less than three years ago. It usually takes 18 months to 30 months for such changes to "bed in", and we are currently reaching the end of that phase. During the preceding months, some services experienced a drop in attendance which did not always recover quickly. Some carers did not return to the newer style service provision and remained disengaged. Those carers who disengaged were most often those at highest risk of poor outcomes. Our concern with the current proposals is that there is likely to be a further change of provision in two years, potentially causing further disengagement.

Officer comment: ***By law the Council has to regularly open up procurement to the market. Given the uncertain nature of future funding, Adult Social Care has to build in as much flexibility as possible.***

We believe there is a need to run services side by side during a transition phase to encourage carers to make the switch to the new provider, perhaps on a reduced level of service for a few months. We understand that there would be cost implications that the authority would probably be unwilling to accept, but we believe that it is appropriate in terms of risk management.

Officer comment***: Running services side by side would be too costly however, there will be a period of mobilisation between contracts to facilitate the hand over between providers. During this time the expectation would be that the new provider reach out and engage effectively with all concerned stakeholders.***

We have been supporting a small number of carers who have expressed suicidal thoughts, and although they have made progress we are concerned that any setback may cause problems for them. We have no doubt that other services have similar issues to deal with. The alternative is that more carers will be at increased risk of reaching a crisis, which is ultimately more costly to the local authority and to the families concerned. This would be both a false economy and also an unacceptable result for the families concerned.

Officer comment: ***The carers assessment incorporates mental wellbeing which identifies eligible needs. We have also recently procured a mental health service which has a remit for supporting carers for people experiencing these kinds of difficulties. It is hoped that the proposed new model will work in a more streamlined way with Adult Social Care to prevent crisis.***

Reduced attendance and a failure to address it will be more expensive per capita as it will reach fewer carers. We believe this to be an inefficient use of funds.

It should be noted that the figure suggesting that over 9,000 carers receive services currently is almost certainly wildly inaccurate and only represents carer contacts in the period covered. The actual number of carers accessing services will be much lower.

Officer comment: ***It is clear from the current arrangement that monitoring information from the existing contracts gives an unclear picture of the current levels of activity. The proposed new model will make it easier for the Council to monitor carer support and will incorporate clearer performance measures that are more outcome focused.***

Meeting Needs

The proposals suggest that this service would be responsible for meeting the needs of any carers, without specifics. It is impossible to comment on this without more specific information, as while there are suggestions as to the priorities for the new service – all of which we currently offer – there is the suggestion that there is more, which is not specified. This suggests that the proposals are incomplete, and we are concerned as to what the reasons may be for this.

Officer comment: ***The final model and therefore the detail has not been decided as it will need to consider the outcome of public consultation.***

However, the term “meet the specific needs of any carers” suggests that the City is delegating responsibility for meeting carers’ **assessed** needs, and also suggesting that there is an expectation on the service to assess those carers who have accessed the service directly, rather than via a referral. We would appreciate some clarity on this point, as the level of resources on offer for this would be insufficient.

Officer comment: ***The City Council will not be delegating responsibility for meeting assessed need. Need in this context relates to the general needs of carers regardless of their Adult Social Care eligibility.***

Links with GP Services

Although we have had some success in our work with GP surgeries, it’s clear that GPs are overloaded and their staff are protective of them. This makes it much harder to reach carers via their GP if they are not currently in crisis. Adding resources to this will not effect a considerable improvement unless the background issues are addressed.

There have been a number of practice closures and we are aware of more GPs taking retirement. This is happening in predominantly less affluent areas, where there is a higher proportion of disabled and elderly people and therefore a higher incidence of carers. These are also the areas where carer identification is most challenging. The current proposals do not address this inequality.

Officer comment: ***We are aware of the challenges faced with working with GPs and are committed to continuing to work with the CCG’s to address this through the development of the City Council’s Carers Strategy Action Plan.***

Another issue is the fact that people coming into caring via a medical emergency are not identified or supported at a time of massive change and crisis. This is an area that requires serious consideration, as all too often families are taking on care at a time of lost income and other issues, at a time when they are trying to understand what is happening medically.

Financial Constraints and Alternatives

It has been suggested that the current proposals are fixed in terms of the finances available, and that the local authority would welcome alternative proposals. This would be at best difficult without access to the detailed budgets and the time to go through them. However, we are of the view that carers have already borne the brunt of the cuts, as laid out above, and that it is unreasonable to add more pressure to carers’ lives by reducing services further.

Officer comment: ***There are strict savings targets within Adult Social Care. We believe that the proposed model is the best fit for balancing a preventative service offer for carers and the challenges of a reduced financial window.***

A particular concern is that of TUPE. The reduction in funding will lead inexorably to the loss of jobs within the current contract holders – potentially, whether or not they retain the new contract. This will not only mean a considerable loss of expertise but it is likely to reduce further the level of service. Usually, the costs can effectively be spread over a three year contract so that the additional costs can be managed without loss. This would be highly unlikely over a two year period.

This means that the tendering process will, effectively, be further biased against smaller organisations which already face a major squeeze against larger organisation that do not have the level of expertise in a specific area but have large economies of scale.

Officer comment: ***The City Council would be seeking to ensure that the contract is awarded to the provider with the appropriate level of skills and knowledge to deliver the service effectively.***

Annex B2: Summary of the feedback from consultations and group meetings completed by The Carers Centre (CLASP).

[Information provided by The Carers Centre (CLASP) on 21st June 2018 – This is a summary of the feedback from consultations and group meetings completed by The Carers Centre (CLASP). No Council Officers were involved in these meetings.]

Feedback from carers from 2 consultations and 3 group meetings where carers were asked questions.

Total consulted: 53 in groups

Breakdown by ethnicity: White British 23, Asian, 28, Black 2

Breakdown by Gender: Male 15 female 38

We sent notification via email and post to well over 400 carers ignoring any notifications of our meetings for other services. The second meeting letter ensured that the survey details were included to encourage anyone who was not able to attend were aware of the website details to use if they were able and wished to do so.

Summary

Of the carers who gave feedback about the Council proposal to create a one-stop service for carers the following information was given:

Carers were most concerned that the cuts would further reduce the support carers receive. Although some of the forms carers filled in said they agreed with the proposal, carers all made it clear verbally that they did not agree with the cuts in funding for carer services.

In terms of a one-stop service: some carers felt that it removed choice, others felt it might work, all felt carer services required sufficient funding, which the cuts would not give.

When taking the larger picture, about carer services and the consultations that are taking place, it was clear that the one-stop service for carers would not include support they are currently receiving. This automatically meant that the one-stop carer service would either not be a one-stop service, and /or would not meet the needs the services currently provide.

The majority of carers spoken with said they felt:

- they were not listened to,
- they were not valued,
- they were not respected,
- they were not informed about their rights,
- that their needs were not being met,

by social services and therefore Leicester City Council.

It is important to look at why they feel this:

1. City carers no longer receive a carer's grant, which they used to receive on completing a separate Carers Assessment dependent upon their needs.

2. The number of separate carers' assessment being completed has declined by almost 50% since the loss of the grant.

3. Since the loss of the grant carers are receiving less support to meet their own needs and responsibilities that caring impacts on, such as: help with domestic tasks, decorating (person to do it not the actual materials), and gardening (again it did not include materials).

4. The cuts in support packages: it means that those who are providing care have to pick up the short-fall: namely carers. Whilst we recognise that people who are on their own are also struggling this document is about carers and what is happening to them.

5. Carers have told the Carers Centre some things that social care staff have said to them such as: "You can't have a paper copy of a carer's assessment to complete you can go on line", "You can use your PIP/DLA to cover that cost," (to a disabled carer and similarly to a multi-caring carer who asked for her son to have support to take him out). In other cases, "a carer's assessment won't change anything," "We're only talking about this person you are caring for, we don't need to know about the others," "We only do one carer's assessment." This was for a caring situation where there were two people providing substantial care to an individual, as well as it being a multi-caring situation. These sorts of phrases help to explain why carers ask for advocacy support in their own right.

A number of carers have said that they do not feel they would have got the support from social services, and therefore the council, that they did receive without advocacy. If this is the case then it is further evidence that carers are not being listened to and their needs are not being supported.

6. Consultancy is being taken away from carer specific services in this proposal, despite it being part of the current contracts.

7. Care Act, IMCA and IMHA advocacy are the only types of advocacy support services that are being proposed in the current Leicester City Council advocacy consultation, rather than the broader advocacy support (which includes carer specific advocacy) allowed in the current advocacy contracts. This is seen as a separate consultation by the City Council, but for carers it is seen as intricate to the services they currently receive. The proposed provisions will mean that virtually all carers are going to lose the right to advocacy support commissioned by Leicester City Council.

In the consultation on 12th June 2018, it was said that if the successful service for carers, wins the advice, information and training contract, they can provide advocacy if they have capacity. The funding is already being halved ignoring the financial addition for advocacy that is being lost and it is totally ignoring the fact that the Council are refusing to actually pay for advocacy for carers. If there is a reprieve and carers are given support within a new advocacy service, then they will still not have a one-stop carers' service as identified as being the vision in the carer

service provision. It also supports, from a carer perspective, the carer viewpoint that their views and needs are not important to Social Services, and therefore Leicester City Council.

8. The number of cuts taking place makes many carers feel that they are being forced to carry the brunt of the loss of care support to the people they care for. The cuts in services are at a time where many carers are trying to support the person they care for to deal with massive benefit changes. The impact of these benefit changes also affects family carers as some people are struggling to change from DLA to PIP, when this happens any carers still have to provide care but may lose Carers Allowance. Universal Credit makes it even worse for carers and disabled people. This adds to the pressure and feeling of being ill-treated that many carers have. Whilst recognising that this is not caused by the City Council, from a carer perspective it is yet another burden they have to deal with.

9. The severity of cuts in all directions may well make it that fewer carers, especially those who are at the most difficult end of caring, will actually be able to leave their caring role to enjoy the social aspect of carer services. If this happens, it is seen by some carers that this will be seen as indicating a lack of need, and carers will again lose out if the support is further cut.

10. A carer services is seen as a preventative service by social care. This may be true, but it doesn't feel like it, especially at 7o'clock at night when a carer contacts one of the out of hours phone numbers for the Carer Centre and requires support. Examples of support required out of hours can include: Support to ensure that they have appropriate care in place the next morning, a carer who had been physically threatened, or, a carer who needs reminding to contact the mental health crisis team, a carer being reminded to go to the hospital for their own needs, helping a carer to gain support in hospital for a disabled person who cannot be left unattended so that they can go home to deal with their own needs. The service is not generally available, and any non-urgent calls are dealt with during office hours. It is made available to carers who are seen as most likely to need this additional support. In addition the Managers mobile number is always advertised in the newsletter, so that it is openly available if someone needs support and the office is closed.

A number of carers have also said that they do not see the service provided by the Carers Centre as preventative services. They see it as a service that supports them in a crisis. N.B. This is usually linked to carers who require advocacy support or a lot of emotional support, or who simply feel they have nowhere else to turn to.

11. Many carers are feeling overloaded with caring and their other responsibilities and issues they are dealing with and don't feel that the pressures they have are understood by social services.

The above information is to help explain to social care staff and the Council why most carers we have engaged with feel that social services and therefore the Leicester City council do not care about carers.

The remainder of this document is based on how carers feel about the consultation and also how they feel they are treated as carers. The appendix is there to give some background information to support the feedback from carers.

The main concerns carers rose about the consultation process and social and health services in general are as follows:

1. Listening

Most of the carers consulted either stated or indicated that they feel social services and by association the whole of Leicester City Council do not understand, or do not want to understand the needs and the issues carers face. Many carers also raised the fact that health services do not understand their needs either. See appendix 1 about carers.

Most of the carers who were consulted felt that their needs and views are actually ignored, or side-lined as unimportant. Carers in the meetings either stated or gave agreement by head nodding or murmurs of agreement, to what others said about them feeling that they do not feel valued or respected by social services and therefore Leicester City Council.

Many carers gave information that caring is damaging their health and emotional well-being but that they still felt these needs have been ignored or down-played in decision making processes.

N.B. This is a generalised statement, and there are some workers who are very good, but overall the feeling was that the carers who took part in these consultations felt they had received poor treatment from social services. We should note here that carers rarely contact us when they feel they have been appropriately supported by statutory services, and so to some extent this will skew the results.

N.B. Consultation has been removed from the details of the proposal for the new carer service, although it is part of the current carer services contracts.

If this is correct, then carers are being deprived of being able to use their groups for actual consultation and engagement, in the sense that Leicester City Council is not funding a carer specific service to support carer consultation. It also means that carers may be being deprived of support to be part of Partnership Board's taking a carer perspective on the issues to the Boards. Some carers also advised me that they feel consulted out, in that there have or will be a number of consultations in a very short space of time that affect them either directly or indirectly.

Consultations are going more and more towards computer surveys. By being asked to go online to engage creates a number of issues for some carers, for instance:

- Carers who are not very computer literate or have no easy access to computers will lose out.

- Carers often do not have time to search out current computer surveys. This is becoming more of an issue from all support services, but it still makes some carers feel they are receiving less support from the council.

- Unless you are involved in delivering or commissioning services it is very hard for someone who receives a service to see the links when consultations are done piecemeal. This is why many carers feel frustrated and struggle with consultations. Some carers and service users need the opportunity to meet in groups to look at the immediate consultation they are looking at and have an overview of what is happening.

If you are a carer who is at the difficult end of caring, it is highly unlikely that you will have time to make these links unless you have a background in the type of work, where you are used to looking for themes and trends. The majority of carers are struggling enough to cope with everyday issues.

- Carers felt being able to get together to discuss consultations enabled them to share ideas and concerns and try to understand what is happening, how it will actually.

- Carers felt that social services and the current wave of consultations failed to understand carers and what carers actually need. Carers felt they were not being looked at in a holistic way and carers found this ironic considering the selling point in this consultation was supposed to be to provide a one-stop service rather than a fragmented service to carers.

- Carers felt that the current consultations do not really give any choice - just "this is what we are going to do". The word proposal is not trusted by many carers, they felt that a decision had already been reached and that they were being told this was what would happen.

2. The one-stop service

Carers pointed out that the Council are proposing a one-stop service for carers. Carers pointed out that the consultations that are happening are piecemeal and designed to further erode support for carers. Currently carers have support from services who have built up a lot of knowledge about the needs of carers both collectively and as individuals.

Carers felt that the proposal being discussed around the one-stop service is not providing a one-stop service for carers.

The reasons for this are as follows:

a) The current contracts providing carer specific services include: advice, information, consultation, social inclusion and training. This consultation only includes: Advice, information, social inclusion and training, with an emphasis on peer support. Please note: Consultation has been removed from this contract although it formed part of the original carer contracts.

b) In the consultation that is now happening around advocacy, the proposal is that there is a one-stop service for Care Act advocacy. As previously stated this removes another layer of support for most carers.

Please see appendix 2 regarding what the criteria are for receiving Care Act advocacy.

N.B As previously stated most carers are not aware how contracts are split up for carers' services. Therefore it is very difficult for them to know what is provided, why it is provided and why it is thought it is no longer necessary to provide some of the support they receive from the council's point of view.

Within the sessions there has been a mixed response regarding a one-stop service.

Some carers felt that if it truly was a one-stop service and included all the support a carer would need, with real understanding about the different issues and aspects of caring and being a

carer, along with being able to actually reach carers, it might work. The carers were all very clear that to do this a cut in the budget was not viable.

Other carers felt that it removed choice. They felt that some carers would lose out because a one-stop service for carers would not provide support in the way they preferred and felt they needed.

Some carers discussed the issue of having satellite services and those who discussed this felt that this would be expensive as there would be a lot of hiring of rooms. The cuts do not factor this cost in. A carer stated that the cuts would make it very difficult to actually meet: Transfer of Undertakings (Protection of Employment requirements 2006) within the budget offered (take on staff from other services for the work if one agency got the contract).

But, all carers involved in helping to shape this consultation response stated having to go to different places for help added to their caring pressures.

3. Valued and supported by the council.

A carer gave a brief potted list of how carers have lost support from the council over the last few years, in order to save the council money.

It was pointed out that carer's assessments no longer carry a grant and that this has already saved the council a lot of money at the expense of carers.

The current budget for the proposed new service is going to be virtually half what is currently being paid out for the current services.

The budget does not include the additional money allowed currently for carer advocacy, which is being proposed to be cut as most will not qualify for Care Act advocacy.

It was pointed out that the mathematical calculations done by the council showed that the current budget proposal meant further cuts to carer services, no matter how it was presented. A number of carers said they had not been informed about what carer services were available by Social service or Health staff, or what help they could be given. Carers felt if the service was actually identified properly by Health and Council staff even more carers would be likely to contact the service and the service would not be able to meet demand, especially with the cut in funding.

A carer picked up on the concept of peer group support and pointed out that they had been involved in such a group in the past via telephone links, but that caring made it that the service could not be sustainable as different issues kept coming up for them and the group folded.

N.B. If a telephone or internet support for carers is being considered as a way of supporting carers, there needs to be close monitoring how, Data Protection laws and carers being protected from abusive, inaccurate, or unlawful communications will be met. There is already concern how some people are using these forms of communication especially on the internet as the media points out on a regular basis. The internet would need messages being monitored 24 hours a day to try to keep it safe. There are already national services such as Carers UK who run an internet link. To run them requires people who are both trained and insured to run them.

N.B. In my experience of working with carers over the last 30 years, peer support is difficult for carers to sustain, especially those who are providing high levels of caring, without support from paid workers. This is because of the time and energy required to provide the infrastructure and the additional emotional pressure it places on the carers who take on the brunt of the work organising the group requires. It often falls on one or two individuals who carry the load: when their circumstances change, the groups often collapse.

Carers pointed out that they have enough pressures already to deal with; they want groups to provide peer support but not have to run them. It was pointed out that the self-help group run by the Carers Centre have a worker present to ensure that all information and ideas shared are legal. Safeguarding and all of the issues around safeguarding can come up in carer meetings, as well as a lot of emotional issues and carers felt that these need to be supported by someone other than the carers attending the group; they did not want this responsibility.

Carers made it very clear that they need workers who understand what it is like to be a carer. They felt that their needs are not understood by services that are not carer focused.

Carers feel that they are already shouldering the brunt of the cuts the council makes to services as they are the ones who have to pick up any unmet needs.

See appendix 1

Compiled on behalf of carers who engaged in the Carer Centre consultation process on carer services.

Appendix 1

Carers.

Who is a carer?

Informal carers (also called unpaid carers) are people who look after children and other family members, friends, neighbours because of physical or mental ill health or disability, or care needs related to old age, enabling them to continue to live as independently as possible at home and in the community.

Taken from: SCIE https://www.scie.org.uk/carers

How many carers are there?

About 1:10 of the population are carers. In Leicester the estimate of the population in 2016 was 383,300 (http://ukpopulation2016.com/population-of-leicester-in-2016.html) and rising.

This means using the 2016 figure, that approximately 38,330 people in Leicester are carers. Many of these carers are not known to statutory services. A lot of Leicester's carers are not receiving support through statutory bodies or even carer services.

There may be a number of reasons for this. It may be because:

1. They do not recognise or identify themselves as carers.

In the UK the term carer relates to someone as described in the SCIE definition. There is not a similar description in most other languages or cultures. The nearest is in America who use the

term caregiver to describe a non-paid carer. In most languages the concept of what is legally classed in this country as a carer is what is expected of family and friends. The reality is that often the title paid care workers are given is abbreviated to “carers” by just about everyone. This makes it very difficult for those who actually meet the legal definition to see themselves as carers.

2. The amount of caring they do may not be impacting on their lives in a noticeably significant way, so they are not feeling the need for additional support.

3. Some carers feel shame that they are not meeting their “duties” as family members. To ask for help means that you are not honouring your parents, partner, or child etcetera by asking for help. This can mean that when some carers ask for help they are already feeling at crisis point.

Issues which are important to understand about carers whether or not they identify themselves as carers:

1. That most carers do not see themselves as carers. This does not mean that they do not recognise that they are doing more than most families it is simply that many feel that what they are doing is culturally (irrespective of ethnicity) expected of them. This makes them feel like they are failing when they ask for help, despite some of them facing really difficult situations in many cases.

2. To have their caring situations understood. Many carers have a number of caring or family responsibilities. When services talk to them they tend to only listen about the caring situation around the service user the services are actually considering supporting. With Contact and Response this seems to be a particular issue and some carers have been turned down for help because they have said they are providing care without the officer digging deeper to find out why they are actually calling.

3. Carers frequently struggle to explain what it is they need that fits within the provisions of statutory services. Some carers need to be able to tell their story, which involves a lot of time and patience as well as understanding and an ability to filter out the key points. This isn’t available from statutory services.

4. Emotional support given in an appropriate way is very important to carers. It is easy to understand when someone has just had an injury for instance or stroke the emotional trauma that person goes through in terms of something obvious like the loss of the ability to walk. It is harder to understand the personal and intimate changes that happen, these are rarely spoken about. Caring can place a lot of strain on both the carer and the person they are caring for. Relationships change in a caring situation and the impact this has on a carer can be lost, but the impact can shape the way a carer manages the caring situation.

5. When services say carers have chosen to care for an adult, in the strictest legal sense they have, but the reality is that if we look at societal pressure carers face be it from: government, statutory services, cultural, community, other family members, or the disabled person(s), many carers feel they do not have a choice.

6. There is a myth that carers can find support from within their communities, or families. This may be true for some, but for many carers caring for a person who is disabled can be very isolating and cuts you off from the main community, irrespective of your ethnicity and faith.

They also do not automatically get help from other family members. In essence many carers can be hit by the same issues affecting a disabled person by being associated to a disabled person, but this is often not recognised.

5. Carers are still in general seen by services from the disabled person's perspective. That is, if the disabled person does not qualify for help services may not identify the carer as requiring help. This can happen even when the only reason a person may not be requiring help is because of the carer. This may also explain why multi-caring or other dependent needs placed on a carer are not understood or identified by some workers.

We believe evidence of this might be found by looking at the amount of individual carer assessments completed when a grant was in payment compared to the number completed last financial year, and the help given:

a) How many individual carers' assessments have been completed (rather than shared assessments with the disabled person) since the carers grant has ceased?

b) How much help with cleaning, decorating and gardening for carers' has been allowed since the grant ceased compared to when it was in payment? If carers provide the personal care for someone then that is classed as no need for the disabled person, because the carer is doing it. The actual impact providing the personal care is not being taken into account for the carer because they are not being given the support to manage their other responsibilities, e.g. gardening, cleaning decorating etcetera.

c) In the Carers Centre and other carer services it is quite normal to see a carer who has multi-caring or dependents to support as well as meeting the needs for an individual identified by social services as possibly requiring social care, but each time it is raised we hear professionals thinking of it as complex a situation. This infers that the actual carer's situation has not been explored; only what they do for the person who has identifiable needs.

6. Carers are all individuals. Some may be commencing their caring role from a very young age. Some may become carers for a disabled child, some for a partner, and some for their parents as they become older. Some may be: parents, children, siblings, partners, more distant relatives, friends or neighbours. Some may live: with, nearby or some distance away from the person(s) they care for. The perspective that each carer comes from and the history they have needs to be understood when working with them. Working with a sibling carer, carer of a parent, carer of a partner or carer of a child can be very different and the knowledge around this is important when helping carers.

For example, when looking at the needs of Asian carers, who are a significant minority group of carers, to help me to understand their needs I asked a small group of Asian carers what they saw the issues as being why they might need specific groups. I was informed:

Many Asian carers feel more comfortable speaking in Gujarati, Hindi, Punjabi, or Bengali etcetera rather than in English. Asian carers can usually find a shared Asian language to speak.

When talking about translating to share information, I was told that if someone explains it and speaks reasonably slowly it is usually ok. This raises the issue of recognising the need to use language that everyone can understand. It also raised the issue of people feeling comfortable to

say they do not understand. This is something that is not restricted to Asian carers but to all carers when working with and for them.

I am also aware some find it easier to hear English than to speak English. Written English is even more difficult for a number of Asian carers who speak and understand verbal English. There are still some primarily in the older age group who do not read or write in any language. This is particularly true of some women. When looking at historical and societal issues it is easy to understand why this has happened. Literacy is an issue for a number of people who live in a city, irrespective of ethnicity.

Using translators is not popular with many carers. The three main reasons being:

i) That you feel singled out in a group,

ii) That some of the translators do not accurately translate;

iii) It takes away the flow of the discussion and makes it harder to follow.

It is still very hard for many carers of people who have a disability, specifically certain disabilities, regardless of their ethnicity, to feel welcome within the wider community. There are still a lot of prejudices around, and for carers who are from communities where being part of their wider community is very important, the only way that some can have any experience of this community feeling, is to have groups that are carer and possibly even care specific and local. There is an issue around wanting services very close to where they live. Better attended meetings by Asian carers seem to be those that are very local to Asian families live.

It was also pointed out that as with traditional White British people Asian families live in the whole of Leicester not just Highfields and Belgrave. It has also been recognised by carers that there are over 70 different languages spoken in Leicester.

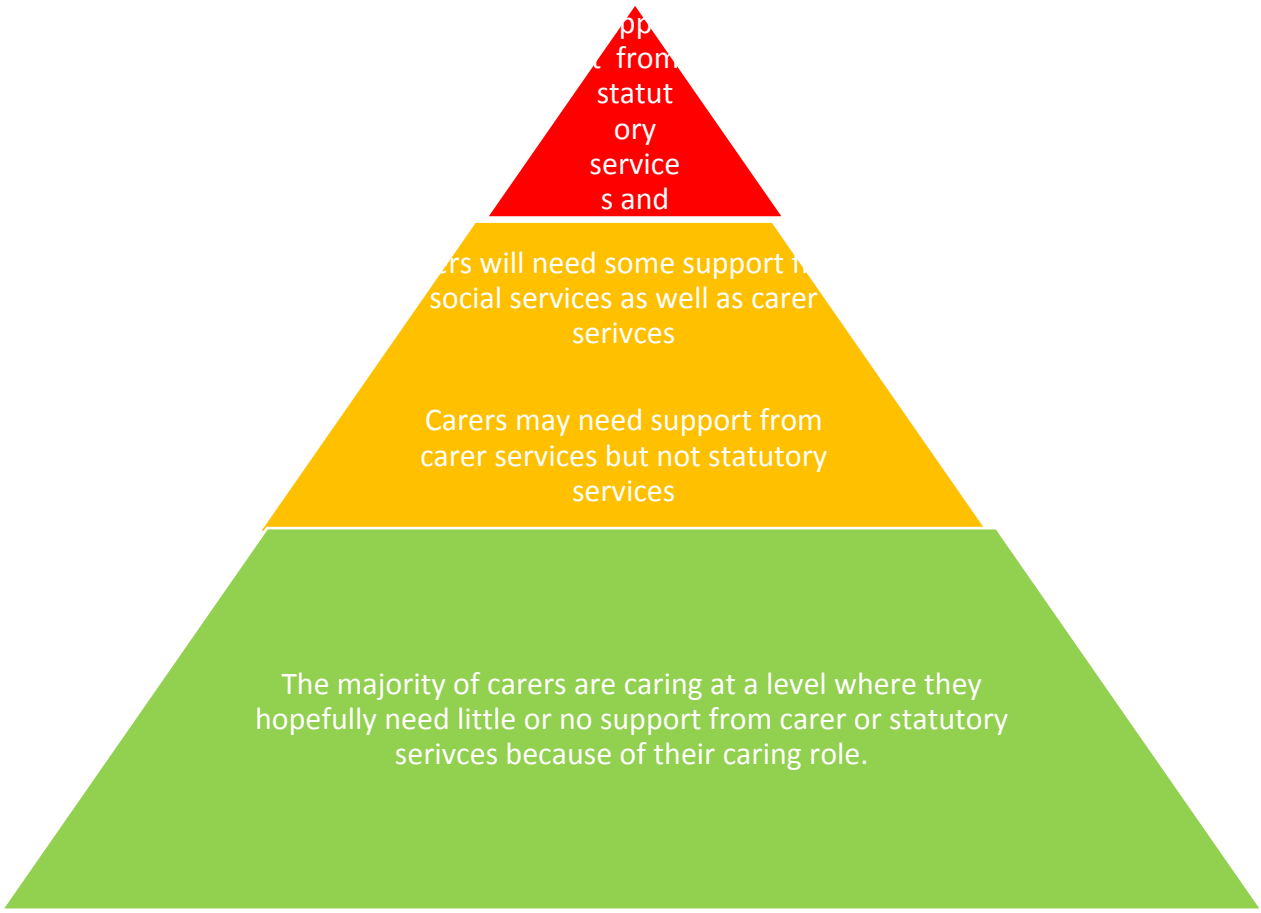
Another carer said that they feel impolite speaking in another language rather than English when an English only speaking person is present.

I was informed that it is very central to Asian culture to have food at a meeting. Lots of carers feel more relaxed when eating together. The main issue then would be having appropriate food, and how it is funded. The other issue is that having authentic Asian food to feel welcome. This was evidenced when we were talking about having food for a meeting and the interest this raised when we talked about “proper Asian tasting food” and where to obtain it.

In essence in talking with the carers it highlighted the need to understand different carers need different things as well as having underlying similar needs. This needs to be considered when looking at carer services. Carers may need short-term support or long-term support, to enable the carer to receive the help they need and for them to continue to provide effective caring support. The discussion with Asian carers also highlighted the need to understand that the age of the carer can impact on the type of support they need.

I was informed that the main carers who attend the Asian carer meetings are primarily over the age of 50. This means that any carer service has to ensure that they meet the needs of different age groups. It is crucial to understand the differing needs of each age group of carers.

Carers access of services:



All services statutory and independent, need the majority of carers not to require support, it would not be sustainable to provide all carers with support.

But, the more pressure placed on carers by: Government pressure (retirement age changes, pressure to resume work, benefit changes) as well as cutbacks in support, financial pressures, and housing pressures, etcetera the greater the likelihood is that the balance of who can manage without support may change. This could result in more carers requiring support to care or more carers finding they are unable to continue caring. There is also an increased risk of carers requiring more help from Health services or risking their own health more by not seeking or delaying receiving help when they need it.

Carer services are often seen as preventative services. What is often not understood is that carer preventative services, sometimes involve quite complex work to sustain the caring role. It can also take a long time to deal with the issues. A carer who read this document stated that they do not see the Carer Centre as a preventative service but as a needs led and often from a carer perspective as a crisis support service.

Appendix 2

Advocacy;

1. Care Act advocacy: who qualifies for it?

To qualify for Care Act advocacy you require the following:

i) A referral by a social worker for the advocacy support.

The social worker has to determine that you require and meet the criteria of Care Act advocacy. You cannot self-refer; the agency delivering the service cannot determine that you require it.

ii) To meet the Care Act advocacy requirement you need to show a social worker that they are unable after reasonable steps to engage them have been taken to:

- Understand relevant information;
- Retain information,
- Use or weigh up information,
- Communicate their views, wishes or feelings. In essence you have to demonstrate that even after reasonable steps have been taken you cannot really understand the process that is happening. It is very similar to Mental Capacity Act advocacy in how it is assessed as being needed. It severely limits the amount of people who actually qualify for advocacy. Please note English as a second language does not count toward meeting these criteria as interpreters are used to deal with this issue.

iii) The areas in which a carer can obtain Care Act advocacy support if they are unable to meet the criteria set above are when:

- A needs assessment is being undertaken
- A carers assessment is being undertaken
- A care and support or support plan is being completed
- There is a review of a care and support or support plan being undertaken
- There is a child's needs assessment being undertaken
- There is a young carer's assessment being undertaken
- There is a safe-guarding enquiry
- There is a safe-guarding adult review
- There is an appeal against a local authority decision under Part 1 of the Care Act (this is still subject to further consultation)

Adapted from the Social Care Institute for Excellence was the source of this information. https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/duties/independent-advocacy-care-act.asp

2. What is carer advocacy and how does it differ from ordinary advocacy?

Carer advocacy requires the advocate to support the carer in the following ways:

a) To support the carer to say what the cared-for's views are to enable the carer to provide advocacy for the cared-for: This means the advocate needs to understand if what the carer wants is the same as what the person they care for wants. If they are not then they have to consider if the disabled person requires separate advocacy support.

b) What care the carer is providing and why, this is to help carers explain why the care they give and the way they give it is necessary care. c) What the carer wants and needs for their self.

d) In addition, by hearing the holistic situation from the carer's perspective they are also able to fill in gaps when there are a number of issues the care is dealing with that can be missed when they are answering questions.

Carer advocacy covers a lot more than a simple attending a carer's assessment or supporting a carer to give input into a needs assessment. It involves having a lot of understanding of the caring situation. Advocacy can involve working with a carer to work with an agency. This doesn't require a social worker unless things break down. It can involve helping a carer to work out what evidence they need and help them to access it. This can involve working with a number of services. It does not always result in direct work with a social worker, but can sometimes reduce the need for social work intervention. The carer advocate can often be the cohesive element needed for a carer, in a caring situation that involves a number of services to enable the carer to obtain the support needed and to assist them in making all of the salient points to enable their voice to be heard.

Enabling a carer to self-advocate effectively requires understanding what it means to be a carer and the huge emotional impact caring has on the carer. It can involve:

- helping the carer to look at how they are presenting information
- helping a carer to actually separate what their and the person they care-for's needs.
- helping carers to understand legal issues
- understanding that it can sometimes take time for a carer to step back and look at their caring situation, and what they actually need not want.
- helping carers to understand the importance of gathering evidence
- helping carers to understand different perspectives
- trying to support carers to handle the emotional issues they are dealing with, to enable them to present information effectively.
- helping carers to prepare for meetings

Advocacy and self-advocacy for carers is not simply a case of supporting someone to say what they want and need. It supports the carer in their role as providing the person they care for. A carer said that helping them to get their points across when they are under emotional and other pressure difficulties is essential to them.

Appendix 3.

Valued and Supported.

Issues which are important to understand about carers:

1. That most carers do not see themselves as carers. This does not mean that they do not recognise that they are doing more than most families it is simply that many feel that what they are doing is culturally (irrespective of ethnicity) expected of them. This makes them feel like they are failing when they ask for help, despite some of them facing really difficult situations in many cases.

2. To have their caring situations understood. Many carers have a number of caring or family responsibilities. When services talk to them they tend to only listen to their caring situation around the service user they are actually supporting. On contact and response this seems to be

a particular issue and some carers have been turned down for help because they have said they are providing care without the officer digging deeper to find out why they are actually calling.

3. Carers frequently struggle to explain what it is they need that fits within the provisions of statutory services. Some carers need to be able to tell their story, which involves a lot of time and patience as well as understanding and an ability to filter out the key points.

4. Emotional support given in an appropriate way is very important to carers. It is easy to understand when someone has just had an injury for instance or stroke the emotional trauma that person goes through in terms of the loss of the ability to walk for example. It is harder though to understand the personal and intimate changes that happen, these are rarely spoken about. Caring can place a lot of strain on both the carer and the person they are caring for. Relationships change.

Annex B3 Email from The Carers Centre 21.6.18

From: []
Sent: 21 June 2018 15:44
To: ASCConsultations
Subject: Carers Services Review

Following further discussion, I'd like to add the following:

1. Parent Carers: currently there are few services that can support parent carers regarding Carers Assessments and support services that can assist them to take care of themselves, yet the fact remains that these carers are the most likely to care for many years, with all the attendant health risks that entails. We consider this to be short-sighted and would ask that this be considered as part of the Carers Services Review.
2. Many carers first come into caring via secondary care services – usually hospital – following a traumatic incident such as an accident or sudden illness. These carers go through a major shock and are often in a situation where income is severely affected and/or the prognosis is uncertain. Often they are not in a situation to consider their own needs: this then sets the trend for what follows. Consideration needs to be given to addressing this issue as a prevention matter.

Appendix C

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Carers Support Service
Name of division/service	Strategic commissioning
Name of lead officer completing this assessment	Nicola Cawrey
Date EIA assessment completed	22nd June 2018
Decision maker	Assistant City Mayor Councillor Vi Dempster
Date decision taken	

EIA sign off on completion:	**Signature**	**Date**
Lead officer	Nic Cawrey	22/06/2018
Equalities officer	Surinder Singh	03/08/2018
Divisional director	Tracie Rees	03/08/2018

Please ensure the following:

(a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

(b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

(c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?
Support for carers is required to ensure that carers can continue to undertake their caring role. Under the Care Act 2014, carers local authorities have a responsibility for assessing a carer's needs for support, where the carer appears to have such needs. This function is carried out by our internal Adult Social Care social work staff. The Care Act also requires councils to provide information and advice for individuals who are not eligible for statutory support, this is delivered via external providers. There are currently 5 contracts for carers support being delivered by 3 providers. These have been in place since 1st April 2016 This year these services are in scope for review, as part of the larger, strategic review of the Voluntary Community Sector (VCS) portfolio. The contracts are due to expire on 31.3.2019. The current spend across the 5 contracts is £252,562 per annum and this proposed to be reduced to £154,063 per annum from 1.4.2019. These services support people with caring roles regardless of whether they have been assessed as eligible.

Current Service Provision	Contract Value
Support to older Asian carers	£19,944
Support to carers of people with mental health needs from the Asian communities	£19,944
Support to carers of people with mental health needs	£39,867
Breaks and information for carers of people with learning disabilities from Asian communities	£47,807
Carers partnership and support services and advocacy support for carers	£125,000

There are potentially options available which are: procure a single carers support service for the city only with a revised set of targets proportionate to funding levels or commission a joint carer support service with County and Rutland. This assessment addresses the proposal considered during public consultation which is the option that the city council procure a single carers support service for the city. This is our preferred option and the one that our Leadership, Lead Member and Executive has been asked to endorse.

The option to continue to deliver services in the same way was also considered but sustaining 5 separate contracts across 3 different organisations is simply unaffordable.

It is estimated that there are 30,780 carers in Leicester (Census 2011). Data suggested that 51% of carers in the city are white British, 41% are Asian/Asian British with the remainder being from mixed/multiple ethnic groups, black/African/Caribbean/black British and other ethnic groups. This includes young carers, carers in employment, full and part time carers.

Monitoring information provided by current providers show they are performing to the required outcomes in relation to reducing social isolation, improving health and wellbeing, reducing stress and anxiety, increasing carer access to rights and entitlements, increasing the ability to make choices and decisions about the support that carers receive and how to access additional support if needed, increasing knowledge in relation to carers assessments, increasing opportunities for peer support, increased confidence in the carers ability to undertake the caring role, and increased knowledge of problem solving and coping strategies. These relate to the Adult Social Care Outcomes Framework (ASCOF https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current#summary)
Any reduction in the budget would inevitably mean a reduction in the amount of one to one support the Provider could give. However, the providers do currently deliver group sessions, which could be extended to provide more peer support. This would mean that more information and advice could be given to more people. Self-help groups could be created and more information and advice could be provided via the ASC portal, My Choice, by phone or other websites. These approaches would reduce costs.

Stakeholder feedback demonstrates providers recognise that the financial position necessitates a change in the way that carer services are delivered, and this could include a single service delivery model, with specialisms such as targeting carers from BAME backgrounds, working with parent carers, or engaging with male carers still being prioritised.

It is proposed to purchase a single 'hub' support service for £154,000 for carers. The service would support carers from a range of backgrounds. It would also support carers who have a diverse range of caring roles, and those who look after people with a wide range of needs, such as physical disability, learning disability, mental health needs and so on. It would be delivered in various locations across the City. This arrangement would replace the current system of having several specific contracts. The new service would promote the importance of identifying as a carer, as well as promoting the benefits of registering as a carer with the GP surgery. It would include: information, advice, guidance, carers training, peer support and breaks.

The new arrangements will ask providers to demonstrate that they can meet the specific needs of any carers including but not limited to language needs, however it will also allow carers to meet other carers from similar backgrounds and those caring for people with similar needs. The proposed service would also have a strong link with GP surgeries. It will use a community asset based approach to support carers, which means drawing on the support available from other services and from communities. This will help to make sure the support continues into the future and finds new and alternative approaches to help carers stay well, and continue to give support to the person they care for.

In addition there will continue to be many other sources of support for carers in the city for example:

- Support for carers of people with mental health needs through the new recovery and resilience services commissioned from Richmond Fellowship
- Support for carers of people with dementia through our contract with the Alzheimer's Society
- Support for carers of people with substance misuse problems through our contract with Turning Point
- General information, advice and guidance available on specific issues such as welfare advice, employment and housing etc. as part of a new social welfare advice service starting in October
- A wide range of support from other local and national charities for people with specific health conditions or disabilities.

Adult Social Care teams already signpost to these organisations and will continue to do this. The new service should become an integral part of the carer journey across the health and social care sector and will work to ensure that it becomes a central hub for all carer related issues.

The reasons for this proposal are:

- We believe it will be more efficient for prevention services for carers to come from one place.

- We also believe it would be easier for carers to navigate their way around the social care system as a result. It will also be more straightforward for social workers and other staff to signpost carers to sources of support. The proposed service will support a more streamlined process and the opportunity for partnership working arrangements with adult social care teams. Mobilisation of the contract will ensure that there is a much-improved pathway for carers with adult social care teams. Promotion of the new service across all health and social care areas who we know work with carers will be imperative.

- The current model is based on separating out Asian carers, and separating out carers of people with different types of need – for example people with mental health problems or learning disabilities. However, the city has become more diverse, and the support that carers want is not always specific to different types of need, such as mental health or disability etc., Therefore we believe there is a case for 'joining up' the various approaches into one service. The service will have to be able to respond to diversity, whilst at the same time being able to deploy its resources to support carers as efficiently and effectively as possible. Capitalising on the other support options available within the City under the other voluntary sector contracts that are commissioned by the local authority will ensure support for carers of people with specific needs are met. Joining the dots with other services and ensuring a seamless pathway with adult social care in particular so that referral pathways are well established and publicised will also be a key feature of mobilisation of the new contract. There will also be the opportunity for more robust demographic information collection in relation to the caring community of Leicester

- Engagement with local carers, together with national evidence (https://www.ndti.org.uk/uploads/files/Carers_Journey.pdf), suggests that the main priorities for delivering services to carers should be: to support the early identification of carers; for carers to receive easily accessible, appropriate information, advice and signposting from a system that works for carers; support to access the right support at the right time; support to receive direct support through groups and training; and the opportunity to have a break from caring. We propose that these are some of the key priorities for the proposed new service.

- A large proportion of carers in the city do not think of themselves as a carer, and are not in contact with their GP, Adult Social Care or carers' services. Carers have indicated through the Survey of Adult Carers that they do not find it easy to find information about services in the city. We want to make the system simple and easy to navigate and to improve information for carers, by having one provider, one point of contact and a clear 'brand' for carers support.

2. Equality implications/obligations Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic	By nature of the provision and service models across the 3 organisations, these are services that can be accessed by the most vulnerable, including those who could fall within any one of the nine protected characteristics. The existing organisations deliver services from various locations across the city which are accessible to people that do not have a car or other forms of transport. Many of these are also situated on a major bus route both in and out of the city. We are proposing that the new service has a city centre base but deliver services from a variety of satellite venues across the city. Equality, diversity and inclusion (EDI) are a key tenet of each of the organisations ethos and all staff working within these organisations are encouraged to make careful consideration of the law relating to EDI and also to challenge discriminatory practice. It is proposed that the new service continue to have this emphasis on EDI matters. The current services accept referrals over the phone and online and from other organisations as well as self-referrals. We would expect the new service to have similar referral routes, but that there be a more streamlined route for social care staff to ensure that all carers approaching the local

	authority are made aware of the service at the outset. Currently it can be difficult for social care staff to know or understand which service they should be referring carers to and this has been reciprocated by the carers that we have engaged with, many not knowing where they can go for additional support. In terms of access to the current services no one group or individual is prioritised over another although carers presenting in crisis would be dealt with more quickly. This would be regardless of any protected characteristic.
Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).	The ethos of the current services provided to carers are to provide support to all carers for anyone over the age of 18 who may feel they would need and benefit from it. The current services are also split into separate lots focusing on specific groups of carers such as, older Asian carers, carers of people with mental health needs, carers of people with mental health needs from Asian communities and carers of people with learning disabilities from Asian communities. Due to the nature of the services, it is difficult to establish what the demographics of the current caring community is overall, and the proposed model would allow a provider to identify carers that are accessing services and respond accordingly to any gaps that are identified. The current model does not promote equality of opportunity for all carers within the City and that a one stop shop would enable the City Council to establish a clearer idea of the demographics of the caring community. It is unclear from the current performance monitoring how many of the carers accessing services are accessing more than one of the commissioned services, and equally how many also

	have eligible needs and have had carers assessments by the local authority. Data of this nature would support the need to identify whether there are any inequalities faced by those with specific protected characteristics.
Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?	The current carer support services have established good local links with local communities and GP practices across the City, particularly in relation to the Asian community. Many of the organisations utilise a strong volunteer base and very often these volunteers are either carers themselves or have been carers in the past. Consideration of the impact of this on the social and economic value these providers have for the City has been considered and it is anticipated that the use of volunteers will be a large part of the model moving forwards. Demographic information collected from the existing providers across the last two financial years presents an improving picture of engagement with various groups, with the largest group being people from Asian backgrounds. This is not surprising when 3 of the 5 lots are focused on engaging with carers from Asian communities. 5.2% of the service users accessing the commissioned services are from other backgrounds that aren't white British or Asian. It is not easy to determine how well established the current services work with other organisations across the wider health and social care landscape as the bulk of referrals are recorded as self-referrals. As part of the Carer Centre contract there is a GP partnership element, however work in this area has not equated to the amount of referrals to the service that would be expected. Anecdotally all services say

	that they engage with local health services and other voluntary sector organisations. It is proposed that the new model works as a more integral part of the health and social care community overall continuing to promote the importance of identifying as a carer, and promoting the service offer. The proposal should particularly include a seamless referral route between the new service and adult social care. Data also shows the links with organisations across the voluntary sectors remain underdeveloped. There appears to be a lot of overlap with the provision provided by current commissioned services and the wider voluntary sector.

3. Who is affected? Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.
Impact of funding cuts to the continuation of the service In terms of service delivery for city service users, the reduction of carers service from 3 organisations to one would have an impact on the caring community. As a result of the reduced financial envelope for the new service moving forwards, it is likely that carers will receive a reduced service. Carers have fed back through public consultation that they feel carers support services are already under strain [although the providers all indicated they have capacity to support more carers when they returned their annual monitoring information], that carers aren't supported effectively by the local authority and that reductions of this nature, will only service to increase the number of carers presenting in crisis to the local authority as a result of carer strain. If the wider health and social care sector improve at identifying carers and all of those carers require the new service, we may find that there is a wait for services such as telephone helplines and face to face appointments.

There is however carers support written into a number of other voluntary sector commissioned services including the Dementia Support Service delivered by the Alzheimer's Society, Turning Point for families and carers of substance misusers, and Richmond Fellowship for carers of mental health issues. The most impact therefore is likely to be seen for carers with more complex needs such as caring for more than one person, or more than one condition who may require more comprehensive support.

Carers by nature regardless of their protected characteristics can experience barriers to accessing services. Carer identification and hidden carers is a challenge for all carers support service. With the reduced financial envelope, there will be very little provision to support the identification of carers within the commissioned services. It is hoped that the new provider will think creatively about how to engage more effectively with the caring community utilising learning from the previous providers experiences.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

- Performance Monitoring Data for existing commissioned providers from April 2016 through to most recent 2018 data.
- Findings from public consultation
- Census 2011 data (https://www.ons.gov.uk/census/2011census/2011censusdata)
- The National Development Team for Inclusion research (https://www.ndti.org.uk/uploads/files/Carers_Journey.pdf)
- NHS data
- State of Caring 2018 (https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2018)

- Carers Trust report into male carers (https://carers.org/male-carers)

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

There were 43 responses to the consultation exercise undertaken. The consultation exercise ran from 9th April 2018 through to 29th June 2018. 31 of these responses were completed using the paper version of the consultation survey. The consultation exercise was promoted through our commissioned carer support services, through the city council's internal carer support group, with other preventative services which are likely to come into contact with carers as well as Voluntary Action LeicesterShire's e-briefing which goes out to all voluntary sector organisations. Council officers attended consultation events with carers and the opportunity was promoted at the carers reference group and carers delivery group. The carers consultation events were held on 4th June 2018 and 12th June 2018. No accessible formats were requested other than the printed copies rather than online surveys.

The majority of people that completed the consultation survey disagree with the proposal to reduce the service to a single model of carer support. Many of them want the services to remain as they are. The main reasons for this appear to be that they don't feel carers services should have a reduced financial window as their carers personal budgets have already been withdrawn and that further reduction makes the local authority look like it does not value the contribution that informal carers make to the health and social care economy.

Those that do agree that a single service makes sense, do worry that it will not be able to cope with the demands of carers overall.

The specification for the revised service will have to focus on priorities that have been identified through national and local intelligence through the consultation relating to the LLR Joint Carers Strategy.

It was felt that a one stop shop would not be able to meet the needs of all carers, particularly those from BME backgrounds. Feedback highlighted that people from BME backgrounds can be harder to engage in services and that it has taken a long time to establish the relationships within some of the communities where there are now active carer support services running. Respondents were concerned that the hard work that has produced some really good networks of support would be lost by procuring one service. Many respondents also reported that they felt that carers support services were already under strain, reducing the service down to one would mean that there would be even less provision. The new specification has an emphasis on peer support which could potentially lead to more opportunities for support at a variety of locations across the city.

6. Potential equality Impact			
Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts. Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).			
Protected characteristics	**Impact of proposal:** Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	**Risk of negative impact:** How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age[1]	The data submitted as part of the full year evaluation of the 5 current carer support contracts shows that there is an even split of working age and older carers	• As there is an equal proportion of working age carers and people aged over 65+ accessing current	• Make sure new service is promoted across all health and social care areas who

[1] Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	accessing the services. Any reduced financial envelope therefore would affect those groups equally. Our data around age is defined in a broad way (18-64, 65-74, 75-84 and 85+). The numbers of people 85+ accessing the carers support services are low and further work is needed to explore why this might be the case.	service provision, the reduction of funding will impact on people of any age equally.	we know work with carers and older carers. Mobilisation of the contract will involve adult social care teams, and the new service will be advertised through current carer networks, third sector providers working with carers and colleagues in health • That we capitalise on the support options available under the other voluntary sector contracts that we commission that support carers for people with specific needs. Joining the dots with other services and ensuring a seamless pathway with adult social care so that referral pathways are well established and publicised. • Adequate signposting to the referral pathways that exist to carers were promoted to carers during consultation.

Disability[2]	In terms of accessibility, it would be expected that the new service be based in the city centre with some elements of the service being delivered in other parts of Leicester. Very little is known whether carers currently accessing services consider themselves disabled, but we do know from national information such as in Carers UK's recent State of Caring report that carers are more likely to struggle with poor mental health (only 4% of respondents said their mental health had not been affected as a result of caring - https://www.carersuk.org/images/Downloads/SoC2018/State-of-Caring-report-2018.pdf) therefore if service provision is reduced the impact on people with mental health issues might be higher. It is unclear from the performance monitoring data, what disabilities carers have as the disability information is completed in relation to the cared for.	• Very likely given that carers are more susceptible to poor mental health	• The City has also commissioned a preventative mental health offer which has effective referral pathways for those referred for support. This service has only recently been commissioned and can be accessed via both self and professional referral sources. This service will be signposted and help carers connect with the right support available. • The mental health service also has a remit for supporting carers. It will be important for the new service to have a robust partnership working agreement in place with this service. • It would be preferable that all the venues are on a public transport route, and parking nearby to ensure that people with physical disabilities are able to access

[2] Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

Gender Reassignment[3]	Not known	**N/A**	**N/A**
Marriage and Civil Partnership	Not known	**N/A**	**N/A**
Pregnancy and Maternity	Not known	**N/A**	**N/A**
Race[4]	Recorded ethnicity demonstrates 29% of the reported carers across the 5 services are white British, 63% from Asian backgrounds and 5% from other BAME backgrounds. This doesn't represent the demographic profile of Leicester City, as 3 of the 5 services are specifically targeting people from Asian backgrounds.	• There would be impact across most groups if this service had to change the way it delivers services because of reduction in funding provided by Leicester City Council, but due to the investment in specific Asian projects up to this point, people from Asian backgrounds are likely to be the most affected.	• The new service would be expected to continue to engage with the service users that were accessing services prior to re commissioning to ensure their needs including language needs continue to be met whilst exploring creative ways to continue to deliver those services whilst exploring communities where representation could be improved. • It is essential that any new provider has an adequate understanding of their duties

[3] Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

[4] Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

			in relation to equalities therefore staff training and robust policies will need to be in place particularly in relation to what to do if there is any bullying, harassment or discrimination perpetrated against people accessing the service, by staff or other service users. There will be a mechanism in place during the procurement of the service to ensure that equalities issues are understood.
Religion or Belief [5]	Not known	**N/A**	**N/A**
Sex[6]	The current carers accessing the five services are split with 67% female and 33% male. This is in line with what we know about male carers but more needs to be done to encourage male carers to access carer support services. In	Both men and women could be impacted with the reduction in funding.	• Male carers should be highlighted as a priority group of carers for the new service.

[5] Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

[6] Sex: Indicate whether this has potential impact on either males or females

	a survey undertaken by the Carers Trust over half of the male carers surveyed felt that their needs differed to those of female carers with many citing that men find it harder to ask for help and support (https://carers.org/male-carers)		
Sexual Orientation[7]	Not known	**N/A**	**N/A**

Summarise why the protected characteristics you have commented on, are relevant to the proposal?

It is important to note that people from across all protected characteristics are accessing the existing services, therefore the reduction in funding, and the fact that service provision will be reduced will impact any person from any of the protected characteristic groups.

The key protected characteristics which would be affected by reducing carer support services to one single service has been based on the intelligence from the existing services. We already know that there are flaws in this data as there may be overlaps with carers accessing more than one of the services and is therefore double counted. This has been done simultaneously with this EIA. The characteristics most at risk of being negatively affected are: age, sex, disability and race.
We know that due to the nature of the service and the very nature of informal caring, there is a higher proportion of carers with poor mental health who may require more complex support. Likewise we know from monitoring information that race is also a factor that needs to be considered carefully within the proposal due to the demographics of the City's population.

Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?

Other protected characteristics could be adversely impacted by the reduction of a carer support service to a one stop model but we simply don't know if they are accessing the services or not. I.e. marriage and civil partnership, gender reassignment,

[7] Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

pregnancy/maternity or religion or belief. The one stop shop will afford the city council a more robust way of being able to gather more accurate demographic information.

Other groups	**Impact of proposal:** Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	**Risk of negative impact:** How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	**N/A**	**N/A**	**N/A**
Other vulnerable groups	Not known	N/A	N/A
Other (describe)			

7. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.

With the decreasing support available through the welfare state for benefit advice for people of a low income, this can result in people being pushed further into poverty and social exclusion. The impact of the roll out of Universal Credit should also be considered for low income groups such as carers who have had to give up work to care, as this could have adverse impacts on people already experiencing financial hardship. Full service roll out is expected in Leicester in June 18. The problems with

delayed payments could still be an issue for people who fall into these brackets, exacerbating any mental health conditions, such as depression and anxiety and an increase in carer strain.
8. Human Rights Implications Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:
Article 2 – Right to life **Article 14 – Right not to be discriminated against**
9. Monitoring Impact You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to: ▪ monitor impact (positive and negative, intended and unintended) for different groups ▪ monitor barriers for different groups ▪ enable open feedback and suggestions from different communities ▪ ensure that the EIA action plan (below) is delivered.
• Once the new service has been procured, monitoring should ensure that carers of people with dementia, carers of people with mental health issues or substance misuse issues are referred to the appropriate services to ensure the carer specific service is supporting other groups of carers. The procurement of the new service will mean that monitoring information will come from one provider, giving a more accurate account of the caring community. • Communications to care management could also request advice on any increase in difficulty being faced by carers who might have accessed the current carer support services, to ensure that referral pathways are in place to the new carer support service.
10. EIA action plan

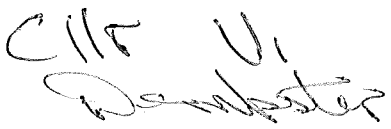
Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.			
Equality Outcome	**Action**	**Officer Responsible**	**Completion date**
Understanding the impact of changing carer support services to a one stop model on City residents	• Meaningful public consultation with proposal	Nicola Cawrey	29th June 2018
Ensure effective referral pathways are put in place across relevant services.	• Ensure colleagues who commission services in prevention across the board consider the carer offer specifically MH prevention to ensure awareness of this proposal and the potential impact on City residents. • Ensure Clinical Commissioning Group colleagues are aware of the new service model once procured to ensure streamlined referrals through working groups and the work of the Carers delivery group • Work with care management teams to ensure that carers are signposted to the appropriate services that support carers.	Nicola Cawrey	Mobilisation of new contract approx. January 2019

	• Carry out the necessary work to join the dots to ensure established referral pathways are put in place		

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

1.	**DECISION TITLE**	Future of Carers Support Services
2.	**DECLARATIONS OF INTEREST**	None
3.	**DATE OF DECISION**	28 September 2018
4.	**DECISION MAKER**	Assistant City Mayor Adult Social Care and Wellbeing
5.	**DECISION TAKEN**	To procure a single Carers Support Service at a reduced contract value with effect from 1 April 2019, as detailed in the report.
6.	**REASON FOR DECISION**	A review has been completed of all none statutory services funded by Adult Social Care and delivered by the Voluntary and Community Sector. This includes Carers Support Services. The 5 existing contracts expire on 31 March 2019 and it is proposed to procure a single organisation to deliver a co-ordinated approach, at a reduced contract value with effect from 1 April 2019. The savings will contribute towards the Adult Social Care – Voluntary and Community Sector savings of £790,000 as previously agreed for 2018/19.
7.	**a) KEY DECISION Y/N?** b) If yes, was it published 5 clear days in advance? y/n	No
8.	**OPTIONS CONSIDERED**	To re-procure services at the previous contract value. This would not deliver the required savings. To procure a single carers support service at a reduced contract value in conjunction with Leicestershire County Council and Rutland County Council. Whilst this would have been the preferred option, neither of the other authorities wanted to procure a joint service due to differing procurement timescales and differing local priorities.

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

9.	**DEADLINE FOR CALL-IN** • 5 Members of a Scrutiny Commission or any 5 Councillors can ask for the decision to be called-in. • Notification of Call-In with reasons must be made to the Monitoring Officer	5 October 2018
10.	**SIGNATURE OF DECISION MAKER** (City Mayor or where delegated by the City Mayor, name of Executive Member)	

Executive Decision Report

Future of Leicester Stroke Club

Decision to be taken by: Assistant City Mayor Adult Social Care and Wellbeing

Decision to be taken on: 28 September 2018

Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Ehsan Parvez
- Author contact details: Ehsan.Parvez@leicester.gov.uk 0116 454 2307
- Report version number: 1

1. Purpose

1.1 The purpose of this report is to set out the findings of the consultation exercise relating to the Leicester Stroke Club commissioned by Adult Social Care.

1.2 The report seeks agreement to cease the grant funding arrangement to the Leicester Stroke Club with effect from 31.12.2018.

2. Summary

2.1 Adult Social Care is carrying out a review of services commissioned from the voluntary and community sector, to meet a target to save £790k from a total of £1.9m spend on these services.

2.2 The purpose of this report is to feed back the findings of the consultation exercise and to recommend that grant funding to the Leicester Stroke Club ends on 31st December 2018.

2.3 If agreed, notice will need to be given by 30th September 2018. If this is not possible then the grant funding will be extended to ensure that the club receives the required 3 months' notice before the funding ends.

2.4 It is not a statutory service and the review found it did not prevent people from needing ASC support or provide value for money.

2.5 The Stroke Club may have to close if ASC funding is withdrawn. However, if this happens, ASC will encourage the club to seek support for other sources of funding. The 22 city residents who attend the club could be assessed to determine if they are eligible for ASC support, if this was the case there are day care services funded by the council who could provide the same type of service offered by the Stroke Club.

3. Recommendations

The Executive is recommended to:

a) note the outcomes of the consultation set out at paragraph 4.7 and Appendix A;

b) to note the outcomes of the equality impact assessment set out at paragraph 4.11 and Appendix B; and

c) agree that grant funding to the Leicester Stroke Club is ended on 31st December 2018.

If agreed, 3 months' notice will be given by 30th September 2018. If this is not possible then the grant funding will be extended to ensure that the club receives the required 3 months' notice before the funding ends.

4. Supporting information including options considered:

4.1 ASC is required to deliver savings of £790k against its Voluntary and Community Sector (VCS) budget of £1.9m.

4.2 Reviews of the VCS services funded by ASC have been carried out to determine whether they provide statutory support to those eligible for ASC, support or whether their contribution prevents or delays individuals from becoming eligible for a funded package of care.

4.3 The review includes The Leicester Stroke Club, which is currently grant funded at a cost of £7,158 a year.

4.4 The review found that the service does not provide statutory support and is underutilised. There are 33 people using the service, only 22 are city residents (the remainder are county residents). The majority have attended for 5 years or more, therefore the service does not reach many individuals over time.

4.5 Although the service is valued by those attending, there was no evidence that it prevents people from developing eligible social care needs.

4.6 On 17th May, the Executive agreed to a formal consultation exercise on this proposal. The consultation ran from 21st May to 3rd August 2018. The consultation report is at Appendix A.

4.7 15 people responded to the survey. The main points made in the consultation are shown below, together with responses:

Comment	Response
Provides a useful service – helps to stop people from becoming isolated	Service users could be signposted to other activities if the club is unable to continue without council funding.
Council should advertise it more	ASC can advertise it on My Choice.
Group will have to close if there is no more funding	ASC will notify the club about sources of support and advice on seeking funding.
People without a service will develop MH problems	Service users could be signposted to other activities if the club is unable to continue without council funding.
Some could not pay for themselves	ASC will notify the club about sources of support and advice on seeking funding. Advice on differential charging can be provided e.g. Reduce or no charge for those on means tested benefits.

4.8 Overall, the cost of running the club is around £14,000 a year. The income is the ASC grant of £7k, plus donations from service users and from a church committee. The ASC grant is therefore an important source of funding for the club, and there is a risk that it will not continue if ASC funding ends.

4.9 It is not known whether the 22 city-based service users are already receiving statutory care or whether they are likely to be eligible, as the Stroke Club has been reluctant to share data about service users. However, if the club does close, ASC will offer an assessment to the city service users, to determine if they are eligible for statutory support.

4.10 In addition, ASC will advise the club to liaise with VAL to offer support and advice on securing other funds in order to try to continue to operate.

4.11 An Equality Impact Assessment (EIA) of the proposal has been carried out, (Appendix B). The main findings of the EIA are:

- No monitoring data is available as it is a grant funded service. However, it is known that all service users have had a stroke therefore impact on disabled people. We also know that 45% of service users are female 55% male.
- If Leicester Stroke Club are unable to fund this service from other sources, current service users may need to look for alternative provision.

- The risk of social isolation for service users (22 city residents) may increase if the club closes.
- People can be sign posted to other services across the city. In relation to their health conditions they will contact a GP for medical support.
- Voluntary Action Leicester can offer support and advice on securing other funds in order to continue to operate.
- All users can contact their GP for advice and/or support around stroke.

5. Details of Scrutiny

5.1 The ASC Scrutiny Commission was provided with a report on the VCS prevention services review on 29th June 2017. A verbal update was given on the 19th June 2018.

5.2 A further report was presented to the ASC Scrutiny Commission meeting on 25th September 2018, where the proposals were supported.

6. Financial, legal and other implications

6.1 Financial implications

The report is seeking agreement to cease grant funding to Leicester Stroke Club, with effect 1st January 2019. This will generate savings of £1,790 in 2018-19 and full savings of £7,158 from April 2019 onwards. This will go towards the overall VCS savings target of £790k, which came into effect from April 2018.

Yogesh Patel – Accountant ext 4011

6.2 Legal implications

The report is seeking agreement to cease grant funding to Leicester Stroke Club, with effect 1st January 2019.

The report at para 4.7 indicates that the Council has considered the issues raised during the consultation and has reflected on these in arriving at the recommendations detailed within this report.

Subject to the recommendations being approved, the Council should ensure that incumbent provider is in receipt of at least three months' notice of grant funding cessation. This would be in accordance with the Best Value Statutory Guidance.

Nilesh Tanna, Solicitor (Commercial, Property and Planning) Extension 371434

6.3 Climate Change and Carbon Reduction implications

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

Duncan Bell, Corporate Environmental Consultant. Ext. 37 2249

6.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

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

An equalities impact assessment (Appendix B) has been undertaken on the proposal to cease funding for Leicester Stroke Club.

Limited monitoring data has been available to support the Equality Impact Assessment, as it is a grant funded service. However, it is known that all service users have had a stroke therefore it is likely that a decision to cease funding would impact on people with the protected characteristic of disability. Age has also been identified as protected characteristic which will be impacted by the proposal. In order to address gaps in the information available to be able to assess the equalities impacts, equality monitoring was undertaken as part of the consultation.

Mitigating actions have been identified in the Equality Impact Assessment to address the potential disproportionate negative impacts, on people with the protected characteristics of age and disability, which have been identified. In the event that the proposal is agreed, the primary aim will be for the club to receive support from Voluntary Action Leicester to identify other potential funding sources, in order to continue to operate. However, mitigations have been identified to reduce the impact in the event that other sources of funding are not identified or secured. The key risks are that social isolation of existing services may increase if the club closes and alternative support is not identified or in the event that service users do not seek the appropriate support directly in relation to their health and social care needs.

Hannah Watkins, Equalities Manager ext. 375811

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

None

7. Background information and other papers:

City Mayor's Briefing 17th May 2018 *VCS Review – Leicester Stroke Club*

8. Summary of appendices:

A: Consultation Report

B: Equality Impact Assessment

9. 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

10. Is this a "key decision"?

No

Appendix A

Consultation Report – Leicester Stroke Club

1. Purpose of the consultation

Adult Social Care carried out a consultation during 21st May 2018 to 3rd August 2018 on a proposal to end grant funding to Leicester Stroke Club.

2. Consultation methods

2.1 Survey

The consultation was advertised using a poster distributed to all council facilities and GP surgeries in the city, and it was publicised via the weekly VAL E-Briefing

The survey was carried out online using the council's Consultation Hub. The questionnaire was also made available in printed form on request.

To assist service users to complete surveys, packs of printed surveys together with return freepost envelopes were given to the club manager for him to send to service users.

2.2 Consultation meetings

Officers met with the Leicester Stroke Club manager on 25.06.18. At the meeting, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meetings. The manager was given opportunities for questions, comments and feedback.

Officers then met with service users at 2 of the club venues, on 11.07.18 and 13.07.18.

Detailed notes were taken at each meeting, which were then sent to attendees asking if they would like to make any amendments.

3. Consultation findings

3.1 Profile of survey respondents

There were 15 responses to the survey, either online or on paper.

The main demographic characteristics of respondents were:

Age 4 people were aged between 70-79, 3 preferred not to say, 3 were between 80-89, 2 aged 50-59, 1 40-49, 1 60-69 and 1 did not answer.

Gender 8 were female and 5 were male. The other 2 respondents preferred not to say and did not answer.

Ethnicity The largest ethnic group was White: British (13 people).

Religion The largest religious group was Christian (8 people). The rest either had no religion, did not answer, or were from another religious group – not listed.

Disability 9 respondents were disabled, 1 was not disabled. The others either preferred not to say or did not answer this question.

Sexual orientation 9 were heterosexual/straight, 3 did not answer and 2 said they preferred not to say.

More detailed information about the characteristics of those completing the survey is available if required.

The survey also asked respondents to say in what role they were completing the questionnaire:

Service users 8 respondents said they were completing the questionnaire as a service user.

Representatives of service users 2 respondents said they were completing the survey on behalf of someone who was a service user.

The total number of service users and representatives of service users is higher than the total number of respondents. This is due to some respondents selecting both options. This may be where a service user and their representative completed the survey together.

Current providers 3 respondents said they were completing the questionnaire as a current provider.

3.2 Survey findings

The survey outlined the following proposal:

ASC is proposing to end grant funding to the club when the current grant agreement ends on 31st December 2018. If the proposal goes ahead, the club would be given three months' notice of the end of funding.

Respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

The majority of people disagreed with the proposals:

I agree with the proposal	2
I disagree with the proposal	13
Not sure / don't know	0

Respondents were then asked: *Please provide comments. If you disagree with the proposal, please suggest an alternative.*

7 respondents completed this box. The comments have been categorised below. The full list of comments is available if required.

Type of comment in survey	Number of people who made comment
Provides a useful service	3
Council should advertise it more	2
Group will have to close if there is no more funding	2
People without a service will develop MH problems	1
Some could not pay for themselves	1

4. Key points made at meetings during the consultation

4.1 Meeting with Manager of Leicester Stroke Club 25.06.18

- Understands climate and financial difficulties
- Transport is a barrier for take up of the service
- The stroke club has prevented service user's health deteriorating and therefore keeps costs down
- The club provides some respite for carers of service users – the proposal will impact on these carers.

4.2 Meetings with service users 11.07.18 and 13.07.18

Key points:

- It will cost ASC more in the long run as people will end up costing more.
- It offers good value for money and actually needs more funding not less
- It will socially isolate a lot of vulnerable people.
- £7k is far too low and is not enough to cover the cost of 2 groups.
- The club offers informal networks for social activities such as going on the yearly holiday.
- Users get to do creative arts and use the products to sell and reinvest into the stroke club
- Prevents loneliness, and social isolation.
- Brings people together.
- Prevents mental health relapse, and manages depression and anxieties.
- Being a part of the stroke club gives users a feeling of being appreciated and improves confidence.

- Attending the club is good for morale.
- Users feel attending the stroke cub is there best day of the week and look forward to attending.
- People in the public don’t value users so being a part of the club helps people feel valued and respected.
- The club promotes independence.

Appendix B

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Stroke services Adult Social Care and Commissioning
Name of division/service	Adult Social Care and Commissioning
Name of lead officer completing this assessment	Ehsan Parvez
Date EIA assessment completed	28.02.2018
Decision maker	Councillor Vi Dempster
Date decision taken	

EIA sign off on completion:	**Signature**	**Date**
Lead officer	Ehsan Parvez	09/05/18
Equalities officer	Sukhi Biring	23/05/18
Divisional director	Tracie Rees	23/05/18

Please ensure the following:

(a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

(b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

(c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?
The stroke service is for older frail and disabled people suffering from stroke to provide for minimum of five hours a day, three days per week (not including transport journey time), maximises independence through practical support and access to advice, information and services. Service users' needs and wishes will be respected and responded to on an individual basis, and a programme of activities designed to stimulate and enhance the well-being of its service users are offered in order to promote to a maximum the level of independence by enhancing abilities and skills. The service is set up as a grant agreement so there is no legal obligation for monitoring. Community participation - isolation will be reduced, service users will feel integrated and valued members of the community they live in, by being able to take part in a range of meaningful culturally appropriate activities and opportunities. End the grant funding • The service may close, resulting in the risk of social isolation for attendees • If the service was not available, the Council could spend more on Direct Payments or other support, if any of those attending the service are assessed as eligible for Adult Social Care statutory support • As this service is a grant agreement we don't hold any information on service users, attempts have been made to gain consent from users but they have declined. The only Information we hold is that they are at an Older age and have a stroke condition.

• It's been difficult to identify the impact on those likely to be affected by the recommendation and their protected characteristics as we don't have information or/and consent on the users.

2. Equality implications/obligations Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic	The service is provided for minimum of five hours a day, three days per week (not including transport journey time) not less than once a week normally 48 weeks per year excluding bank holidays unless otherwise specified, it includes appropriate transport, where this has been assessed as in need, and a programme of activities designed to stimulate and enhance the well-being of its service users in order to promote to a maximum the level of independence by enhancing abilities and skills. Most of the referrals are from self-referrals or health. If the service is decommissioned, the current users will be able to explore other provision (Direct Payment) in the City. If any of the service users require support around their stroke condition they can access support from a GP. The proposal could have a negative impact on the following characteristic

	Age & Disability as the users are frail and have been accessing the service for years. The current benchmarking exercise identified that other local authorities use a direct payment or use CCG funding.
Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).	The proposal is to de commission the service – if the users who access the service are eligible for services then a package of care, following assessment, would be organised. There could be some impact to service users as this is the only stroke specific service provision Leicester city has. Once the service is decommissioned they can access an ASC assessment and use a direct payment to find similar services. In relation to their health conditions they will contact a GP for medical support. The current service is more aligned with health outcomes so the GP will be able to signpost or managed any stroke medical conditions.
Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?	The intention of the service is to be decommissioned. Existing customers can receive an ASC assessment and use a DP to access similar services across the city. The service may continue to operate without ASC funding if the provider sources other funding streams, charitable donations, or service users make a contribution.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.
• The service target group are adults aged 18+ and frail user. The proposal is to de commission the service – the service users who access the service may have eligible needs but this would have to be established through an ASC assessment; if so a package of care would be commissioned. All the current users have declined an assessment. • People can be sign posted to other services across the city. In relation to their health conditions they will contact a GP for medical support. • The service may close, resulting in the risk of social isolation for attendees.
4. Information used to inform the equality impact assessment What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.
The Data for the service is limited due to being set up as a grant agreement and we do not require monitoring for a grant agreement. Data request sent to Contracts and Assurance (CAAS) – No data received or collected via quarterly Monitoring The service review concluded that: ▪ The total annual running cost of the Service is £14,000 per annum. ASC funds the service at a cost of £7,158 per annum via a grant agreement. The remainder of their funding for the service comes from donations received from a church.

- Referrals to the service are mainly self-referrals.
- The service uses volunteers to deliver the support.

- The service is required to stimulate and enhance the well-being of those attending and activities are intended to promote independence by enhancing abilities and skills. This service is more akin to a social club, which is not a service ASC would fund.

- Whilst, the service is valued by those attending, there is no evidence that it prevents people from needing long term ASC services.

- Of the 22 city service users, most have been using the service for several years:
- 1 service users – 1 year
- 10 service users – 5 years
- 11 service users – 6-10 years

- Other local authorities have used direct payments to fund the service but they joined a lunch and stroke service together to save on funding.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

- The commissioner has met the provider to gain a picture on the current service. The provider considers that service users appear to have eligible needs for ASC support, but we cannot confirm this unless they give consent to have an assessment.
- 11 service users were met with, all 11 felt that they could not manage their needs independently without support from the service. In addition, they get specialist support from the GP for their stroke condition.
- Meetings have taken place with the provider to talk about a contingency plan to explore other funding streams such as Direct payment, other charitable contributions, service user contributions, reducing costs, increasing use of volunteers.

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected.	**Risk of negative impact:** How likely it that people with this protected characteristic is will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact?

Protected characteristics	Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	How great will that impact be on their well-being? What will determine who will be negatively affected?	These should be included in the action plan at the end of this EIA.
Age[1]	18 +Older Frail & Disabled people suffering from a stroke. Most of the users have been accessing the service for over 5 years and will require support to find alternative provision; The users will require support to access services for older people. But will continue to get support from the GP for their stroke condition	• If the provider is unable to fund this service from other sources, current service users may need to look for alternative provision. • The risk of social isolation for service users will increase, • There is the risk of negative publicity from the Provider and/or current service users who value the support which the service provides. • High number of older Service users	The provider is currently working with existing users to gain consent so they can receive a ASC assessment & explore other provisions. • We ensure that as part of the consultation we provide adequate signposting to other services i.e. Age UK & Direct payments. • can use their direct payment to fund other provision
Disability[2]	Stroke classifies as a disability, A stroke is a serious life-threatening		Ensure the current provider works with current users to make contact

[1] Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

[2] Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

	medical condition that occurs when the blood supply to part of the brain is cut off. Service users will continue to get support from their GP around their stroke condition	Users will need to inform GP's of closure of service so they can ensure they have sufficient time to explore other provisions. GP,s to refer current users who are currently declining ASC support	with GP,s for support around stroke condition
Gender Reassignment[3]	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Marriage and Civil Partnership	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Pregnancy and Maternity	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Race[4]	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable
Religion or Belief [5]	Don't know as unsure how this is recorded on Liquid Logic or the Monitoring data	Not Applicable	Not Applicable

[3] Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

[4] Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

[5] Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

Sex[6]	The gender split is 45% male and 55% female.	Not Applicable	Not Applicable
Sexual Orientation[7]	Don't know as unsure how this is recorded on LL or the Monitoring data	Not Applicable	Not Applicable

Summarise why the protected characteristics you have commented on, are relevant to the proposal?
The service is a grant agreement which support users who have a stroke condition, the decommissioning of the service will have a negative impact on current users if alternative provisions are not found. The current provider is exploring alternative provision such as a direct payment. The key protected characteristics which would be affected by decommissioning this service are based on the intelligence that has been gathered through the process of completing an in-depth service review for this service. This has been done simultaneously with this EIA. The characteristics most at risk of being negatively affected are: age and disability. We know from intelligence and research that there are groups such as AGE UK who can support individuals to find alternative support or/and signpost them to other services**.**

Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?
No direct impact identified in relation to the protected characteristic of marriage or civil partnership, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Sexual Orientation.
As the service is set up as a grant agreement we don't hold information on all the characteristics from our monitoring data and annual report. The current users have no given consent to collect any further information. However the service is currently supporting individuals to find alternative support or gain consent for an ASC assessment to check eligibility then users can be signposted. Other protected characteristics would not be adversely impacted by the decommissioning of this service either because they are not relevant to the proposal.

[6] Sex: Indicate whether this has potential impact on either males or females

[7] Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Other groups	**Impact of proposal:** Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	**Risk of negative impact:** How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	**Not applicable**	**Not applicable**	**Not applicable**
Other vulnerable groups	**Not applicable**	**Not applicable**	**Not applicable**
Other (describe)	**Not applicable**	**Not applicable**	**Not applicable**

7. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.

- If the provider is unable to fund this service from other sources, current service users may need to look for alternative provision.
- The risk of social isolation for service users will increase, if the service closes.
- There is the risk of negative publicity from the Provider and/or current service users who value the support which the service provides.

8. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

There are no human rights implication that will impact on the service or service users.

9. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

The current arrangement is a grant agreement so the current monitoring is poor and does not gather information on users protected characteristics except they are older frail users who have a stroke condition, as we are looking to decommission the service there will be an action plan that the provider will follow to ensure all users are supported through the decommissioning of the service.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Frail older users are supported to access	Provide information, advice and guidance to enable the provider to develop alternative sources of funding	Ehsan Parvez ASC Leadership Team Decision Report	October 2018

appropriate help and support	users and the service provider are aware of the alternative support available for those who need stroke support services		
Frail older users are supported to access appropriate help and support	Meet with provider / service users to explore options of alternative services such as Age UK in order to ensure all users are signposted to relevant services once the service ends. Require clear communication from provider to support this.	Ehsan Parvez ASC Leadership Team Decision Report	Once notice is given
Frail older users are supported to access appropriate help and support	Decommissioning plan with provider to require provider to ensure that all users to contact their GP for advice and/or support around Stroke Health condition.	Ehsan Parvez ASC Leadership Team Decision Report	Once notice is given

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

Article 2: Right to Life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right not to be subjected to slavery/forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry

Article 14: Right not to be discriminated against

Part 2: First Protocol

Article 1: Protection of property/peaceful enjoyment

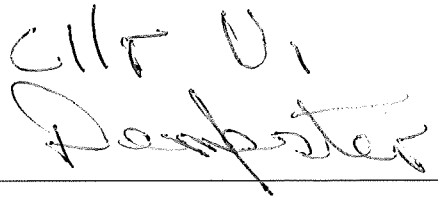
Article 2: Right to education

Article 3: Right to free elections

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

1.	**DECISION TITLE**	Future funding of the Leicester Stroke Club
2.	**DECLARATIONS OF INTEREST**	None
3.	**DATE OF DECISION**	28 September 2018
4.	**DECISION MAKER**	Assistant City Mayor Adult Social Care and Wellbeing
5.	**DECISION TAKEN**	To cease the funding to the Leicester Stroke Club with effect from 31 December 2018, as detailed in the report.
6.	**REASON FOR DECISION**	A review has been completed of all none statutory services funded by Adult Social Care and delivered by the Voluntary and Community Sector. This includes the Leicester stroke Club. The review found that the Leicester Stroke club does not provide statutory support. Therefore, it is proposed to cease the funding on the 31 December 2018 when the existing grant aid agreement expires. The savings will contribute towards the Adult Social Care – Voluntary and Community Sector savings of £790,000 as previously agreed for 2018/19.
7.	**a) KEY DECISION Y/N?** b) If yes, was it published 5 clear days in advance? y/n	No
8.	**OPTIONS CONSIDERED**	To continue funding the service at the current level of £7,158 per annum. This will not deliver the required saving.
9.	**DEADLINE FOR CALL-IN** • 5 Members of a Scrutiny Commission or any 5 Councillors can ask for the decision to be called-in. • Notification of Call-In with reasons must be made to the Monitoring Officer	5 October 2018

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

10.	**SIGNATURE OF DECISION MAKER** (City Mayor or where delegated by the City Mayor, name of Executive Member)	

Executive Decision Report

Future of Visual and Dual Sensory Impairment Service

Decision to be taken by: Assistant City Mayor Adult Social Care and Wellbeing

Decision to be taken on: 28 September 2018

Lead Strategic Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Ehsan Parvez
- Author contact details: 01164542307
- Report version number:

1. Purpose

1.1 The purpose of this report is to set out the findings of the consultation exercise relating to the future of the Visual and Dual Sensory Impairment Service commissioned by Adult Social Care.

1.2 The report seeks agreement to procure a single Visual and Dual Sensory Impairment Service at a reduced contract value, with effect from 1.4.2019.

2. Summary

2.1 Adult Social Care is required to make savings of £790k against its Voluntary and Community Sector (VCS) spend of £1.9m for 2018/19.

2.2 On 15th March 2018, the Executive agreed for a 12 week consultation exercise to be undertaken. The consultation ran from 9th April to 29th June 2018.

2.3 The consultation exercise proposed to reduce the existing funding from £296,525 to £148,129 per annum. The model proposed provides the most cost-effective option. Details can be found at Appendix A.

2.4 However, following the consultation it is proposed to increase the funding cited in the consultation document from £148,129 to £188,129 to provide £35k funding for a specialist worker for deafblind reablement and an additional £5k for the provision of specialist equipment. Additional monies had been included in the ASC budget for 2018/19, following comments received from the existing provider at the initial engagement discussions.

2.5 The current contract is due to expire on 31.3.2019. Three months' notice will need to be given to the current provider - Vista by the end of December 2018.

2.6 The findings from the consultation exercise showed a high rate of return. Of the 244 respondents, 44% disagreed with the proposal, 26% agreed with the proposal, 24% and 6% said 'don't know / not sure' or did not answer. The

financial difficulties were acknowledged because of central government budget cuts, but the general view was that the service provided a valuable support service.

2.7 A summary of the consultation findings is detailed at para.4.8 and the consultation report is at Appendix B.

3. Recommendations

The Executive is recommended to:

a) note the outcomes of the consultation set out at paragraph 4.8 and Appendix B;

b) to note the outcomes of the equality impact assessment set out at paragraph 4.10 and Appendix D; and

c) to agree to the procurement of a new dual sensory and visual impairment service at new contract value of £188,129 to commence on 1st April 2019: and

If agreed, 3 months' notice will be given to the current provider by the end of December 2018.

4. Supporting information including options considered:

4.1 ASC is required to deliver savings of £790k against its Voluntary and Community Sector (VCS) budget of £1.9m for 2018/19.

4.2 A review of the VCS services funded by ASC has been completed to determine if they provide statutory support to those eligible for ASC support or if their contribution prevents or delays individuals from becoming eligible for a funded package of care.

4.3 The review included the visual and dual sensory impairment service, which is currently commissioned from Vista. The original contract value was £296,525 per annum. However, the contract value was reduced to £279,000 for 2017/18 with agreement with the provider, after they struggled to achieve the required contractual outputs due to lack of demand. The proposed new contract value discussed in the consultation was £148,129.

4.4 As part of the service review of Visual and Dual Sensory Impairment service, officers have consulted the current provider Vista and service users about the proposed model.

4.5 A key outcome of the consultation was that Vista highlighted the need for a specialist reablement worker for deafblind people. This is because reablement for people with sight loss is significantly different to reablement for people who are deafblind. It is therefore recommended to add £35k to the model that was put forward in the consultation to support this.

4.6 In addition, the consultation proposed to end £16k of funding for specialist equipment. However, it has been identified that there are limited alternative sources for this specialist equipment, therefore an additional £5k is recommended to support this.

4.7 The consultation findings are detailed at Appendix B.

4.8 Out of 244 respondents 44% of people disagreed with the proposal. 26% of people agreed with the proposal. 24% of people said 'don't know / not sure' and 6% did not answer.

4. 9 The key points made in the consultation are set out below together with officers responses:

Comment	Officers Response
The service helps avoid isolation and enables individuals to live a healthy life, and promotes independence.	Agreed that this is one of the benefits of the service, and this benefit will continue under the new contract.
The proposal to replace 1-1 support for group work caused some concern for some service users who felt they would lose a personalised service.	The council has noted this point, however replacing some 1-1 support with group work is seen as one way of continuing to deliver appropriate support whilst using resources in a more efficient way.
Some feel the cuts to the service are too severe and will have an impact on the deafblind community.	It is now recommended that as a result of the consultation the model will now include this service.
Reducing the spend on the service will have an impact on waiting lists and referral times.	The proposed new model and funding levels have been calculated using demand information.
Users suggest continuing to fund Vista as they are the only Visual and Dual Sensory Impairment service specialist in Leicester.	The council has to open the service up to competitive procurement because of legal requirements. Although Vista is likely to be the only local provider, there are other national providers who may bid.

4.9 Prior to the consultation, as part of engagement with Vista in November 2017, Vista submitted a counter proposal with a cost of £194k. The proposal was a helpful outline of the each of the services and options for future provision. The submission is included at Appendix C.

4.10 An equality impact assessment (EIA) of the proposal has been carried out, and this is included at Appendix D. In summary, the main findings of the EIA are that a decision to cease funding for specialist reablement (deafblind) communication support during their community care assessments would have had a negative impact on deafblind people. Therefore, it is proposed to fund this element albeit at a lower level.

4.11 Overall, the reduction in funding may affect the following groups of people with protected characteristics:

a) Older people - as sight loss is more prevalent in this age group
b) Disability - all service users have sight loss or dual sensory impairment.

4.12 A soft market testing exercise was carried out in order to ascertain whether the level of likely interest in re- procurement of the service. Only Vista, the current provider, responded and indicated that they would be likely to bid. This demonstrates that the supply market for these services is very limited.

5. Details of Scrutiny

5.1 The ASC Scrutiny Commission was provided with a report on the VCS prevention services review on 29th June 2017. A verbal update was given on the 19th June 2018 and 28th August 2018.

5.2 A further report was presented to the ASC Scrutiny Commission meeting on 25th September 2018, where the proposals were supported.

6. Financial, legal and other implications

6.1 Financial implications

The overall VCS budget is £ 1.9m with a savings target of £790k wef 2018-19.
The above includes an allocation of £296k, although reduced to £279k since 2017-18.
The proposal if agreed is to decommission the current service and re-procure the service from April 2019 with a reduced funding envelope of £148,129.

In addition to the above, £40k will be set aside for reablement of deaf/blind worker and equipment; yielding a savings of £108k.

Any TUPE implications will have to be met from Departmental resources

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

It is noted that following the public consultation undertaken in this matter, the Council wish to re-procure this service at a reduced overall value and in accordance with option 2.

Decision makers should ensure that prior to making any decision the findings of the consultation are considered, and are taken into account prior to making decisions. It is noted that the Council has reflected on the consultation findings insofar as option 2 is now recommended, as opposed to option 1 which was the Council's pre-consultation preferred option.

Subject to the above, further and ongoing legal advice should be sought in relation to the Council's proposed procurement activity.

In accordance with the Best Value statutory guidance, the Council should ensure that the incumbent service provider is provided with at least three months written notice of termination of contract.

Nilesh Tanna, Solicitor, Commercial, Property and Planning, Extension 371434

Should the identity of the current service providers change the Transfer of Undertakings (Protection of Employment) Regulations ("TUPE") may apply. For those contracts where TUPE does apply, any organised grouping of employees delivering the service may transfer to any new provider on their existing terms and conditions and with continuity of service preserved.

A reduction in contract value may impact upon the success of any procurement exercise. If TUPE does apply new successful providers will be unable to cherry pick the employees that they want to transfer. If current providers employ too many in the service then it will be up to the new provider to undertake a reorganisation/ redundancy process post transfer. The costs of the process will have to be met by the new provider on their reduced contract rate.

Legal advice on the TUPE implications should continue to be sought through the process.

Julie McNicholas - Employment and Education Solicitor

6.3 Climate Change and Carbon Reduction implications

The proposed service will improve the ability to manage the carbon dioxide impact. Alternatives to car use should be considered where appropriate.

- Mark Jeffcote, Environment Team

6.4 Equalities Implications

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

Decision makers need to be clear about any equalities implications of the proposed option. In doing so, the likely impact on those likely to be affected by the recommendation and their protected characteristics must be considered.

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

The consideration of equalities implications must influence decision making from an early stage and throughout the process. An equality impact assessment has been carried out. As a result of the consultation findings the original proposal has been amended to include provision for a specialist re-ablement worker for deafblind people and a budget of £5,000 for specialist equipment.

Sukhi Biring, Equalities Officer

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

None

7. Background information and other papers:

City Mayor's Briefing 15th March 2018 *Consultation proposals for Adult Social Care Advocacy, Carers, and Visual & Dual Sensory Impairment support services*

8. Summary of appendices:

A: Outline of proposed model

B. Consultation Findings

C: Vista counter proposal Nov 2017

D: Equality Impact Assessment

9. 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

10.Is this a "key decision"?

No

Appendix A

Visual and dual sensory impairment current service and proposed future model

Service	Current funding	Proposed funding	Statutory	Proposal
IAG	£60,604	£38,129	statutory / non-statutory	Retain % of IAG in supporting the statutory element of the Care pathway. This includes identification certification (CVI) and registration and IAG prevention
Rehabilitation & Reablement for visual impaired	£125,442	£100,000	statutory	Funding reduced due to actual performance and reduction of hours delivered. Performance meets current demand more efficiently i.e. more people with less hours
Specialist reablement (deafblind)	£69,665	£35,000	statutory	Remove the block contract in place. The specialist reablement and communication service remains but at a reduced level.
Register for blind and deaf blind	£23,814	£10,000	statutory	Now in line with the lower cost of the register commissioned by the County Council The register is currently a joint LLR register
Equipment	£16,000	£5,000	non-statutory	Not statutory requirement, however some equipment will have to be sourced from the provider as there are very limited alternative sources.
Total	**£295,525**	**£188,129**		

Appendix B

Consultation Report – Visual and Dual Sensory Impairment service

1. Purpose of the consultation

Adult Social Care carried out a consultation from 09/04/2018 to 29/06/2018 on proposed changes to Visual and Dual Sensory Impairment service commissioned by Adult Social Care.

2. Consultation methods

2.1 Survey

The consultation was advertised using a poster distributed to all council facilities and GP surgeries in the city, and it was publicised via the weekly VAL E-Briefing

The survey was carried out online using the council's Consultation Hub. The questionnaire was also made available in printed form on request, including an Easy Read version. Formats for people with sight loss were also provided by Vista.

2.2 Consultation meetings

A number of meetings were held or attended as part of the consultation, and these are listed at the end of this report in Annex B.

Meetings with Vista were organised in advance.

At the meetings, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meetings. Attendees asked questions and made comments during the presentation of the proposals, and then there were further opportunities for questions, comments and feedback.

Officers attended further meetings with providers where requested, and also asked providers to enable officers to meet with service users.

Notes were taken at each meeting, which were then sent to attendees asking if they would like to make any amendments.

3. Consultation findings

3.1 Profile of survey respondents

There were 244 responses to the survey, either online or on paper. The main demographic characteristics of respondents were

Age 40% of respondents were in the 20-79 age group. The next biggest age group was 80-99+ (23%) who disagreed with the proposal.

Gender 56% were female and 40% were male. The remainder of respondents did not indicate their gender. 3% Prefer not to Say and 1% did not answer.

Ethnicity The largest ethnic group was 'White British' (50%). The next biggest group was Indian' at 33%.

Religion 42% were Christian. The next biggest group were Hindu (21%) **Disability** 82% of respondents were disabled. 8% were not disabled. The remainder preferred not to say or did not answer the question. **Sexual orientation** 62% were heterosexual, 35% preferred not to say or did not answer the question. More detailed information about the characteristics of those completing the survey is available if required.

The survey also asked respondents to say in what role they were completing the questionnaire:

Service users 149 respondents said they were completing the questionnaire as a user of one of the services that were included in the survey.

Representatives of service users 103 respondents said they were completing the survey on behalf of a service user. The total number of service users and representatives of service users is higher than the total number of respondents. This is due to some respondents selecting both options. This may be where a service user and their representative completed the survey together.

Current providers 17 respondents said they were completing the questionnaire on behalf of Vista

Other organisations 3 respondents completed the questionnaire on behalf of an organisation that was not a current provider of one of the services included in the survey. A breakdown of this figure by organisation is available.

3.2 Survey findings

The survey (Annex A) outlined the proposal and respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

Respondents were then asked to select: 'agree', 'disagree' or 'not sure/don't know'

I agree with the proposal	63	26%
I disagree with the proposal	107	44%
Not sure / don't know	58	24%
Not Answered	16	6%

Respondents were then asked: *Please provide comments. If you disagree with the proposal, please suggest an alternative.*

72 respondents completed this box. Many respondents left the comments box blank. Of those that did complete it, the comments have been categorised as below. The full list of comments is available if required.

Category	12 weeks
Disadvantages the deaf blind community	21
Suggest the council use funds from other council budgets lack of resources	21
Negative impact on the service and health of service users	21
Continue to fund vista	17
Helps with healthy Life style and independence	16
The Cuts to the service are to severe	14
Helps avoid isolation	11
statutory obligations are not being met	6
Group work will not meet the needs	4
Suggest that Leicester city work jointly with Leicestershire county	1
Other comments	24

4. Points made at meetings during the consultation

4.1 Meeting with current providers

The main points made at the meetings are set out below. The full notes of the meeting with Vista are available to decision makers if required.

Vista provider meeting13th April 2018

Attendees: Vista

- Noted concern that services may not be able to be delivered within the financial envelope
- Noted the preliminary conversations with the County re joint working but that it is at an early stage
- Noted the request that services are offered via a direct award and not publicly procurement [legal advice was sought on this point after the meeting. The advice was that as there may be national providers who would bid there would have to be public procurement]

4.2 Meetings with service users

Vista service users 14/06/2018

Key points made:

- the service helps avoid isolation.
- the service helps with maintaining a healthy life style and independence.

- the new proposal for group work will not meet the needs.
- the cuts to the service are too severe.
- the council should use funds from other council projects as there is a lack of resources.
- the proposal disadvantages the deaf blind community.

Vista service users 19/06/2018

Key points made:

- The service helps with maintaining a healthy lifestyle and independence.
- statutory obligations are not being met for deafblind communication.
- Leicester city should work jointly with Leicestershire County.
- The council should continue to fund Vista as they provide an excellent quality service.
- New proposals will impact service users who require support with a walking cane. This is because they will need an assessment to establish their eligibility for training to use the cane. However, ASC assessment will take over 3 weeks to confirm eligibility for direct payment and the wait could impact on user's independence.

Appendix C

Vista counter proposal Nov 2017

Response to proposed changes to Services for People with Visual and Dual Sensory Impairment

Following our meeting and open dialogue in relation to the proposed changed for Services for People with Visual and Dual Sensory Impairment I am writing to you to confirm some of the concerns we have and how we can constructively inform and work with you to ensure the council meets its statutory obligations in relation to the Care Act but also to ensure the needs of individuals with a sensory loss are met.

I have itemised below as per the detail you have already provided each element, there is an acceptance that some elements of funding may be reduced, however there are some fundamental areas that still do require a resource allocated to them. This will ensure the needs are met but also reduce the risk of individuals accessing Adult Social Care in crisis which as we agree is a far more costly intervention for the Authority.

Information Advice and Guidance

We have discussed proposed funding for the IAG element of the contract, the proposed funding of £38,129 and at this time are looking at the elements this amount of funding would provide. As discussed we would like to maintain the Information Service at the hospitals which is a well-received service by individuals accessing it as well as being the first point of call for many individuals who need support with their sight loss and services available to help them. This services as we agreed offers many benefits toward early intervention and prevention and reduces the need for adults to come into adult social care at the point of crisis. This funding may also offer a contribution to the helpline function.

This reduction in funding would mean that the sound services element of the contract would not be funded, we would of course still offer the opportunity to spot purchase our transcription services as we do now. We would also look to still maintain a provision of providing publications in audio for example Newsline and Leicester Mercury as an added value services if we were successful in securing after procurement the other service elements.

Rehabilitation and Reablement

The proposed funding of £100,000 will have an effect on the amount of staff hours available to deliver this service, we again are currently looking at what the service would look like with this amount and how many hours could be provided. More recently we have been providing reablement to more individuals by looking at our offer and delivering group orientated methods.

Specialist Reablement Deafblind

The proposed offer of zero funding in this area is of great concern to us, the care act identifies the need to assess and reable individuals who are deafblind in the same way as just those with a sight loss. This reablement is mainly around their communication needs which needs to be identified by a person qualified to make that assessment, this would be a level 4 diploma in supporting deafblind individuals.

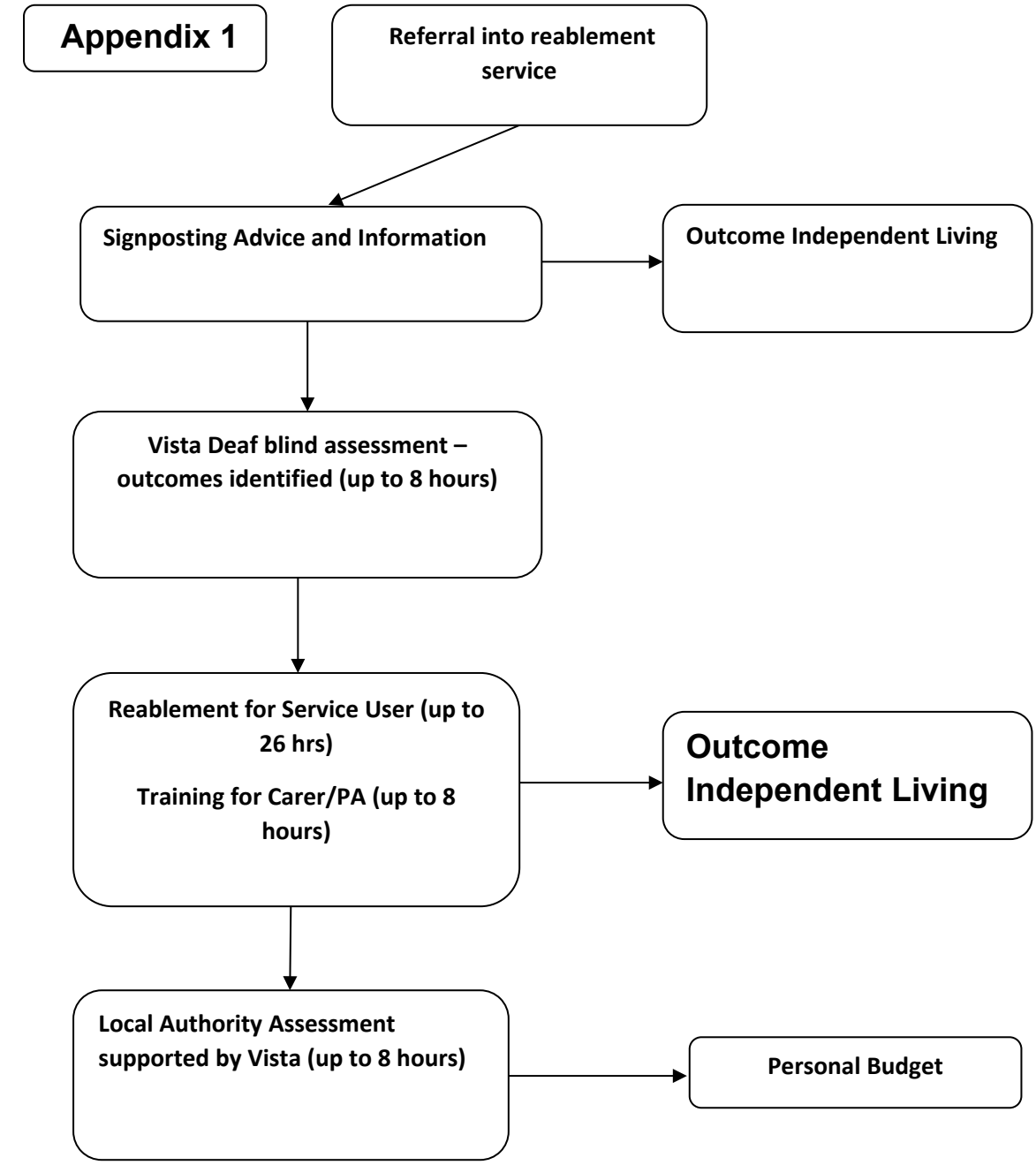
We have a model of reablement that would see individuals receive up to 50 hours (including assessment and review meetings) of reablement and also support for their families so they are able to ensure the persons needs are met post reablement.

Below is the model for a proposed reablement service, these figures are not agreed but the cost of this service would be approx. £40,000 per year. There would be an implementation / phasing need for those currently on the block contract.

The model we use has proved successful with Leicestershire County Council resulting in individuals who were once on a block contract going through a programme of focussed reablement resulting in independent living or moving on to a personalised budget where they purchased services of the Life Choices Framework.

Deaf Blind Reablement Model

Appendix 1



Register for Blind and Deaf Blind

As discussed this is also a statutory obligation and is detailed in the care act, the proposed funding for this is in parity with other local authority funders, so we would look to accept the level of funding.

Equipment

This is another proposed full reduction in funding, currently this element is made up of 0.4% of FTE staff member and £6500 of equipment. We discussed the methodology of the equipment going into a central store and sent out to us on request, this was also the model Leicestershire County Tried, however because of the nature of the products and the need to get them quickly and the small volumes of ordering it was agreed that we continued to provide the equipment.

This is particularly pertinent when an individual requires a long cane for mobility training, we have the stock and are therefore able to continue with their reablement without gaps waiting for stock to arrive, other smaller items such as liquid level indicators, lighting, clocks and watches can be demonstrated through other methods of delivery.

Our proposal here is that £6500 of funding is made available for us to manage the equipment purchasing and distribution.

Summary

Overall taking into consideration the Deafblind and Equipment elements we envisage a proposed cost of £194,296.00 to provide core services that ensure the needs of people with a dual sensory loss residing in the City are met.

There would need to be a phasing in timeline, the authority has the option to extend our current contract for a further 12 months, therefore its proposed that this could be a time period for phasing but would need further discussion.

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Appendix D

Title of spending review/service change/proposal	Visual & Dual Sensory Impairment support service
Name of division/service	ASC Strategic Commissioning
Name of lead officer completing this assessment	Ehsan Parvez
Date EIA assessment completed	19/06/2018
Decision maker	City Mayor
Date decision taken	

EIA sign off on completion:	**Signature**	**Date**
Lead officer	Ehsan Parvez	06/06/18
Equalities officer	Sukhi Biring	17/07/18
Divisional director	Tracie Rees	17/07/18

Please ensure the following:

(a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.

(b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.

(c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?
The service will be available to blind and partially sighted people and those deemed as print impaired adults (requires large print with various font styles) * (18+) and young people in transitions (young people preparing for adult life) who are residents in the City of Leicester, who are assessed by the provider as being suitable for a reablement service. The service will support people from diagnosis onwards, through the provision of information advice and guidance, equipment, reablement and associated support to ensure that people have access to the support they need at each part of their customer journey. The intention is for the service to maximise people's independence and promote social inclusion in order that people can self-manage their condition as far as possible. The service will also support those with a dual sensory impairment (sight and hearing loss) by way of reablement support. The service will include: • Information Advice and Guidance (IAG) • Reablement for blind and visual impaired people • Equipment for reablement • Deafblind– specialist reablement for people with dual sensory impairment Guided Communicator • Maintenance of the statutory register of blind and partially sighted people (Dual sensory).

The proposed changes to the service will continue to meet most of the needs of all users. Deafblind special reablement will continue, although the block element of support will stop and change to Direct Payment for ongoing support.

The provider will also be required to work with Adult Social Care officers as part of the assessment and review processes for Deafblind customers to ensure specialist expertise/communication is available where required.

In 2017 there are 2,233 people registered with a visual impairment in the city and 120 'deafblind' people. A demand analysis demonstrates that in all areas of provision, the current contract has underperformed against the required targets. Therefore, the current contract value of £295,525 was reduced to £279,000 in agreement with the provider in 2017. Ongoing monitoring shows that the provider is still underperforming, due to the lack of demand which provides the opportunity to reduce the budget further, whilst still meeting our statutory duty to those who require this type of support.

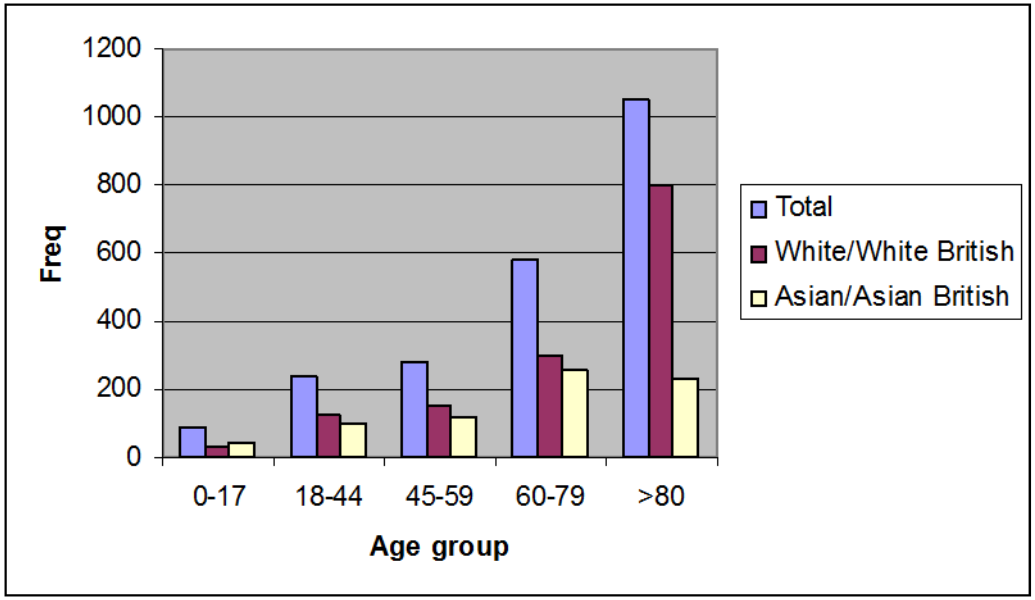
Stakeholder feedback recognises the financial position of the local authority and the provider was supportive of a reduction in the current contract value. However, they felt a reduction to £148,129 would result in difficulties delivering the contract and they have suggested a new contract value of £188,129. Whilst, they have requested a higher level of funding, they were not able to initially evidence the numbers or rationale behind the higher amount. Therefore, during the formal consultation the provider had further opportunity to substantiate their view that a higher level of funding is required. However, as the provider is the only organisation providing this service we are likely to get a large negative response from them and their service users regarding any reduction in the level of funding beyond the £188,129 they have requested.

The main change is the current contract value which is £ 296,258.82 per annum, whilst the Proposed contract value reduces to £148,129. The service users will experience a difference in the way the service is delivered as we will look to the successful organisation to provide more group sessions rather than 1-1 support.

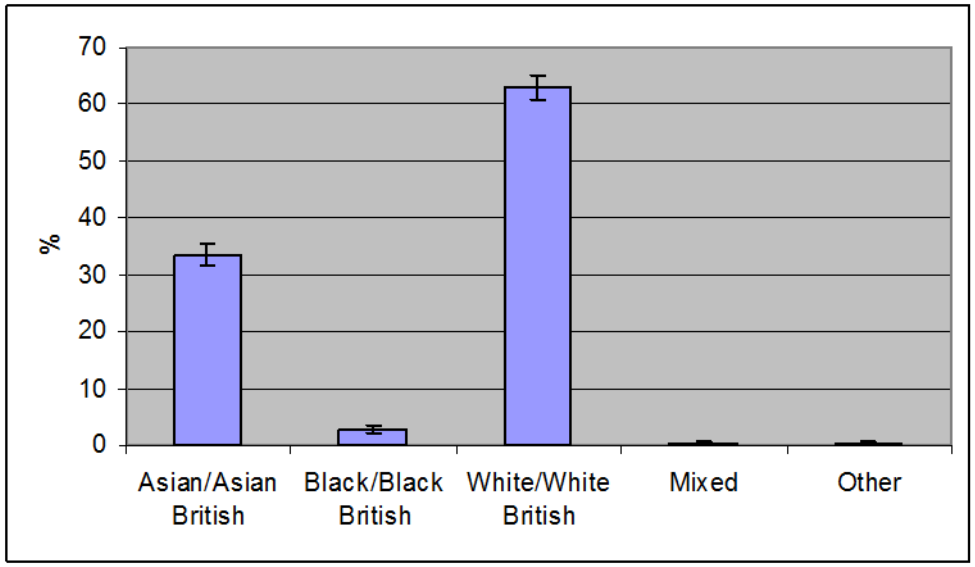
Dual sensory impairment: Department of Health uses deaf blindness as a term to cover a number of different groups. For example, some people with dual sensory impairment feel they have a strong deaf identity, while others have a deaf-blind identity. It also emphasises that people who acquire dual sensory impairments in later life will have different communication skills and needs compared to those who are born deaf and blind. The Deafblind Services Liaison Group estimated that 40 per 100,000 people of the UK population would have dual sensory disabilities; equivalent to 120 people in Leicester. Deafblindness represents a wide spectrum of dual sensory loss, ranging from the relatively few who have total loss of sight and hearing to the many who have varying degrees of combined sight and hearing loss.

Service	Current funding	Proposed funding	Statutory	Proposal
IAG	£60,604	£38,129	statutory / non-statutory	Retain % of IAG in supporting the statutory element of the Care pathway. This includes identification certification (CVI) and registration and IAG prevention
Rehabilitation & Reablement for visual impaired	£125,442	£100,000	statutory	Funding reduced due to actual performance and reduction of hours delivered. Performance meets current demand more efficiently i.e. more people with less hours
Specialist reablement (deafblind)	£69,665	£35,000	statutory (commission via direct payments)	The specialist reablement will continue. The customers can have either a managed service or a direct payment to purchase the specialist service as required.
Register for blind and deaf blind	£23,814	£10,000	statutory	Now in line with the lower cost of the register commissioned by the County Council The register is currently a joint LLR register
Equipment	£16,000	£5,000	non-statutory	Not statutory requirement
Total	**£295,525**	**£188,129**		

2. Equality implications/obligations Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic	The service is specifically for adults and older people who are blind and partially sighted people and those deemed as print impaired adults* (18+) and young people in transitions (young people preparing for adult life) deaf, deafened and hard of hearing. It will ensure the service meets all the different services user additional needs due to their protected characteristics and this will be included in the service specification. For example, any additional communication needs during the assessment and installation process will be considered, such as a language needs. The initial proposal to cease funding for the specialist reablement (deafblind) communication support would have a negative impact. This would have affected the following groups of people with protected characteristics: Age – Users in the age group 80+ are more likely to be affected as this client group are harder to reach due to communication and life skills. The younger users are less likely to be affected as they use technology to enable them to communicate in various ways i.e. online communication apps.



Race – numbers are low for the Black British ethnicity; the new provider will need to ensure they target BME communities to ensure the service reaches all community's.

Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).	The service supports adults and older people the service is specifically for adults and older people who are blind and partially sighted people and who have a range of additional needs due to their protected characteristics, such as age and disability, race. The service contract monitoring of outputs and service user outcomes including the service user profile data would highlight any gaps in provision 
Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?	Objective of the service is to help service users by reducing barriers to live a safe independent life. Which is not limited due to their disability and to empower them to integrate in the wider community.

3. Who is affected?
Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.
Current service users should not be affected by the re procurement of the service as we are going to re commission the service that meets all the care act criteria with a reduced financial envelope of £148,129. However, the original proposal to cease funding for Specialist reablement (deafblind) communication support could have a negative impact, This will affect the following groups of people with protected characteristics: Age, Race, Disability. The service contract is due to end on 31st March 2019 and procurement of a new service is required by September 2018. If there is a change of provider a mobilisation plan/ phase will ensure all the current service uses are not negatively impacted upon with smooth transition of the service provision. The Mobilisation plan will come into effect on 1st April 2019 this will ensure the current provider Manages any risks and this will be overseen by Contracts monitoring team. As the new service will still be providing the same service at a reduced budget this will have no impact on current or new users as they would continue to receive a service.
4. Information used to inform the equality impact assessment What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.
The following data on the existing service users demonstrates that these services are targeted at adults who are deaf and deafened and hard of hearing who may also fall under another protected characteristic. The precise size of the D/deaf community is unknown. Population projections for Leicester show that there are an estimated 23,709 people with moderate or severe hearing loss and this is set to rise to 25,271 with a substantial proportion of the hard of hearing community being over 65 years of age. A moderate degree of hearing loss, if untreated, can affect a person's daily life in a significant way. Someone with moderate hearing loss cannot hear sounds softer than 40–70 dB. This means that they may be unable to hear sounds like normal

conversation or the ringing of a telephone.

It is not known if the D/deaf community, deafened or hard of hearing population is representative of Leicester's profile across the protected characteristics. There are slightly more women accessing the service at 52.8%. More white British / European accessing the service at 65.6%. As expected there is a higher proportion of older people accessing the service with 30.6% between 75-84 and 28.5% 85+

Performance and monitoring data in relation to:

Visual & Dual Sensory Impairment support service

Demographic Information
(for individuals receiving Information, Advice & Guidance by the provider)

- The largest ethnic group of individuals receiving Information, Advice & Guidance by the provider in Q4 17/18 were White British (58%), followed by Asian or Asian British Indian (33%). This is consistent with previous reporting in the 17/18 financial year.
- When asked about Sexual Orientation, 60% of individuals stated they 'preferred not to say', followed by 40% of individuals stating they were Heterosexual/straight.
- All individuals stated their primary disability was Visual Impairment
- 57% of individuals who used the Information, Advice & Guidance service in 2017/18 were Older Adults (65+), with the largest proportion in this age group being in the 85+ category. However, if individual age groups are examined, then the 41-64 age bracket had the highest proportion of individuals, with the largest amount recorded in Q1 2017/18.
- The Quarter 4 - January-March data has 2308 people on the register as detailed below.

Description of Target	Annual Target	Quarterly Target	Quarterly Actual
Number of People on the Register	No Target	No Target	**2308**

Demographic Information
(for individuals receiving Reablement & Rehabilitation Service by the provider)

- The largest ethnic group to receive a Reablement and Rehabilitation Service by the provider in 2017/18 was White (57%), followed by Asian or Asian British (31%).
- 59% of individuals were aged 65+ in 2017/18.
- 53% of individuals were female and 47% were males.
- All individuals stated their primary disability was Visual Impairment, as expected.
- 72% of individuals stated they were Heterosexual/straight and 28% preferred not to say.
- 37% of individuals identified themselves as Christian, followed by 15% Hindu and 12% Muslim. 30% however stated they preferred not to say.

Visual impairment in Leicester: Visual impairment may be applied to people with residual vision as well as those with no sight. Table 5 below shows that 141 people in Leicester are estimated to have a serious visual impairment; 0.07% of the working age population. This number is expected to remain stable, dropping to 140 people by 2020. This mirrors the national trend, but may not reflect the diversity of the Leicester population.

Table 5: Leicester Visual Impairment Population Estimates

Category	2014	2016	2018	2020
Leicester Working Age population (aged 18-64)	215,400	216,000	216,000	215,500
Total Leicester working age population (18-64) predicted to have a serious visual	141	140	139	140

impairment				
Percentage of Leicester total working age population (18-64) predicted to have a serious visual impairment	0.07%	0.06%	0.06%	0.06%

Outcomes

This is measured by the total number of people who score 5 or above out of 8 in each outcome area (this is an internal measure by the provider).

Outcome indicator	Target	Q1	Q2	Q3	Q4
Improved quality of life	95%	76%	42%	77%	86%
Increased choice and control		48%	70%	59%	96%
Improved health and wellbeing		59%	89%	54%	77%
Economic wellbeing		80%	48%	94%	96%
Making a positive contribution		79%	85%	84%	93%
Personal dignity		94%	97%	99%	95%

Table 8: Outcomes for Reablement & Rehabilitation Service- provider 17/18

- The outcomes 'improved quality of life', 'improved health and wellbeing' and 'making a positive contribution' did not hit the 95% target in 2017/18.
- 'Increased choice and control' and 'economic wellbeing' hit the target in Q4 17/18 only.
- 'Personal dignity' scored 95% and over in Q2, Q3 and Q4 17/18.

All the service users have a hearing impairment although they may not have identified themselves as primarily having a hearing

impairment. Service users have recorded multiple disabilities

Majority group is hearing impairment 96%. The second largest category is long term illness/ condition 31.6% and mobility 22.8% and Mental Health 16.1%

Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?
-

A broader VCS service review consultation exercise ended on 29th June 2018 the consultation was for 12 weeks to ensure we listened to all the service user's opinions and views. This will include various ways for current service users and key stakeholders to be involved: consultation meetings, accessible questionnaire and online questionnaire for service users and current providers.

The proposal for this service is to offer a streamlined care pathway within a reduce funding envelope of £148,129. As a result of the consultation the specialist element has been recognised and as a consequence we have agreed an increased contract value of £188,129. The main elements of the service will remain aside from the block contract funding for the ongoing support for the deafblind service users. These service users will be reviewed and if they have any additional eligible needs should be able to ask for either a managed service or use a direct payment to meet their needs. It will need to go out to procurement as the current contract terms terminates on 31st March 2019.

There were 244 surveys completed 98 people made comments and there were 146 blank entries

Category	12 week

	s
Disadvantages the deaf blind community	21
Suggest the council use funds from other council budgets lack of resources	21
Negative impact on the service and health of service users	21
Continue to fund existing provider	17
Helps with healthy Life style and independence	16
The Cuts to the service are to severe	14
Helps avoid isolation	11
statutory obligations are not being met	6
Group work will not meet the needs	4
Suggest that Leicester city work jointly with Leicestershire county	1
Other comments	24
Blank entries	146

- After reviewing the consultation responses another view was that group work within the reablement service will not meet the needs. This is because they feel people with a visual impairment have different levels of sight and abilities and will require 1-1 support to receive a personalised service.
  There were 242 responses to the survey, either online or on paper.

Potential equality Impact

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	**Impact of proposal:** Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	**Risk of negative impact:** How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age[1]	Age – Deafblind Users in the age group 60+ are more likely to be affected as this client group are harder to reach due to communication problems this group are deaf and blind so it's vital they have specialist support to meet statutory obligations. The younger users are less likely to be affected as they use technology to enable them to communicate in various ways i.e. online communication apps.	Statutory obligations not being met	The new provider will ensure they can reach older people using audio information and brail as they lack IT skills and rely on traditional methods of communication i.e. Brail, Audio, Large font. Key internal stakeholders will be consulted on updating the service specification to ensure the service is accessible.

[1] Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

	Age 44% of respondents were in the 70-79+ age group. The next biggest age group was 70-79 (44%) who disagreed with the proposal.		The mobilisation plan if there is a change in provider should ensure a smooth transition for the current service users and they should experience no negative impact. Any service user feedback will be considered as part of the commissioning process. The tender questions will include questions which will explore the way the provider will ensure the service is accessible for all.
Disability[2]	Services support adults with a broad range of disability primarily mental health and Learning disability and these remain the target groups The decision to cease funding for Specialist reablement (deafblind) communication support during their community care assessments would have a negative impact, Disability 40% were disabled. 33% did not answer this question and 14% were not disabled. 11% did not Answered.	All the Dual sensory impairment service users will be supported to manage any negative impact	Key internal stakeholders will be consulted on updating the service specification to ensure the service is accessible. The mobilisation plan if there is a change in provider should ensure a smooth transition for the current service users and they experience no negative impact Any service user feedback will be considered as part of the commissioning process The tender questions will include questions which will explore the way the provider will ensure the service is accessible for all. There will continue

[2] Disa r equality monitoring form – physical impairment, sensory impa

			to be an offer for specialist reablement (deafblind) services and communication through this contract.
Gender Reassignment[3]	n/a	**n/a**	
Marriage and Civil Partnership	n/a	**n/a**	
Pregnancy and Maternity	None	**n/a**	
Race[4]	Service is inclusive to support all the service users. Majority of existing service users are White British the numbers are low for Black British users. Ethnicity The largest ethnic group was 'Asian or Asian British: Indian' at 84%. The next biggest group was 'White: British' at 2%.		Key internal stakeholders will be consulted on updating the service specification to ensure the service is accessible. The mobilisation plan if there is a change in provider should ensure a smooth transition for the current service users and they experience no negative impact. Any service users feedback will be considered as part of the commissioning process The tender questions will include questions which will explore the way the provider will ensure the service is accessible for all
Religion or Belief[5]	Service is inclusive to all religions and belief.	No impact	As above

[3] Ger
[4] Rac eral
censu
classi
[5] Reli e
diversity of the city there is always scope to include any group that is not listed.

Sex[6]	Slightly more females 52.8% close to 50/50 split	No impact	As above
Sexual Orientation[7]	Majority of service users are heterosexual and services are inclusive irrespective of sexual orientation. Sexual orientation 35% did not answer the question about sexual orientation. 40% were heterosexual, 7% said they preferred not to say, and 0% said they were gay/lesbian.	No impact.	As above
Summarise why the protected characteristics you have commented on, are relevant to the proposal? The data above identifies the demographics of the existing service users and the proposed changes are not intended to make any change to the recipients of support. The current service users would be entitled to the 1-year repair and maintenance service. There will also be new service users each quarter. **Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?** There is no evidence that those characteristics not commented on are in receipt of these services or would be affected by the proposals.			

[6] Sex: Indicate whether this has potential impact on either males or females

[7] Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

Other groups	**Impact of proposal:** Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	**Risk of negative impact:** How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	**n/a**		
Other vulnerable groups	**n/a**		
Other (describe)	**n/a**		

5. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.

The service will link to the wider VCS review. The consultation starts on 12 June 2018.
Details of this review will be completed by different managers who are leading on the different service areas

6. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

No known human rights implications at this point

7. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

Quarterly returns will be sent to the authority

Contract monitoring and visits to schemes will be completed as and when required based on risk.

8. **EIA action plan** Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Understanding the impact of reducing Visual & Dual Sensory Impairment support service.	• Meaningful public consultation with proposal	Ehsan Parvez	29th June 2018

Ensure effective referral pathways are put in place across relevant services.	• The new provider will ensure they can reach older deafblind people using audio information and brail as they lack IT skills and rely on traditional methods of communication i.e. Brail, Audio, Large font.	Kalpana Patel	Mobilisation of new contract approx. 1st April 2019.
To commission a service which is accessible to all eligible service users	• To request from the contracts team any service user outcome/ survey data collected and use that to inform the service specification	Kalpana Patel	Mobilisation of new contract approx. 1st April 2019
To test the providers experience, knowledge and skills in delivering an accessible service which has no negative impact or barriers for people who have protected characteristics	• Draft questions and consult with the procurement panel/ project group to ensure these questions test and demonstrate their knowledge and skills • The group should include care management/ social worker staff who deal with vulnerable adults and need to ensure all their services are accessible. • Consult with specialist social worker who has insight with this particular disability and this diverse community having closely worked with them. • Consult with the equalities lead/team	Kalpana Patel	Approx. December 2018

Smooth transition with minimal negative impact	To ensure there is a good mobilisation plan to reduce the potential for any negative impact. Look at this during the tender process and use it as part of the mobilisation phase. A meeting will be held with the provider prior to the start of the contract to discuss their mobilisation plan and progress. The provider will have to demonstrate that the plan is being progressed and everything is on track. Further meetings to be scheduled if required.	Kalpana Patel Procurement panel/ Contracts	April 2019

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

Article 2: Right to Life

Article 3: Right not to be tortured or treated in an inhuman or degrading way

Article 4: Right not to be subjected to slavery/forced labour

Article 5: Right to liberty and security

Article 6: Right to a fair trial

Article 7: No punishment without law

Article 8: Right to respect for private and family life

Article 9: Right to freedom of thought, conscience and religion

Article 10: Right to freedom of expression

Article 11: Right to freedom of assembly and association

Article 12: Right to marry

Article 14: Right not to be discriminated against

Part 2: First Protocol

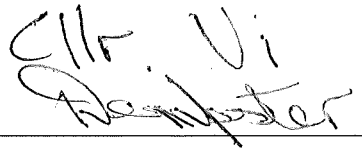
Article 1: Protection of property/peaceful enjoyment

Article 2: Right to education

Article 3: Right to free elections

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

1.	**DECISION TITLE**	Future of Visual and Dual Sensory Impairment services
2.	**DECLARATIONS OF INTEREST**	None
3.	**DATE OF DECISION**	28 September 2018
4.	**DECISION MAKER**	Assistant City Mayor Adult Social Care and Wellbeing
5.	**DECISION TAKEN**	To procure a single Visual and Dual Sensory Impairment service at a reduced contract value with effect from 1 April 2019, as detailed in the report.
6.	**REASON FOR DECISION**	A review has been completed of all none statutory services funded by Adult Social Care and delivered by the Voluntary and Community Sector. This includes the Visual and Dual Sensory Impairment service. The existing contract expire on 31 March 2019 and it is proposed to re-procure a single organisation at a reduced contract value with a focus on the statutory element of the service, with effect from 1 April 2019. The savings will contribute towards the Adult Social Care – Voluntary and Community Sector savings of £790,000 as previously agreed for 2018/19.
7.	**a) KEY DECISION Y/N?** b) If yes, was it published 5 clear days in advance? y/n	No
8.	**OPTIONS CONSIDERED**	To re-procure the service at the existing contract value of £296,525. This would not deliver the required savings. To re-procure the service at a reduced contract value of £148,129 per annum. However, following consultation it is proposed to increase the contract value to £188,129 per annum.
9.	**DEADLINE FOR CALL-IN** • 5 Members of a Scrutiny Commission or any 5 Councillors can ask for the decision to be called-in. • Notification of Call-In with reasons	5 October 2018

	must be made to the Monitoring Officer	
10.	**SIGNATURE OF DECISION MAKER** (City Mayor or where delegated by the City Mayor, name of Executive Member)	

Appendix C

Adult Social Care Scrutiny Commission Report

Domiciliary Support Services Update Report

Report to be taken on: 16th October 2018
Lead Assistant Mayor: Cllr Vi Dempster
Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Sally Vallance, JICB Lead Officer
- Author contact details: Sally Vallance, JICB Lead Officer
- Report version number: V2

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an update on the delivery of domiciliary support services since October 2017, which were jointly procured with the Leicester City Clinical Commissioning Group.

2. Summary

2.1 The local authority agreed to jointly purchase domiciliary support with the Leicester City Clinical Commission Group (CCG) in 2017. The Council led on a joint procurement exercise and 26 different providers were selected to deliver either general care or specialist care with nurse oversight. The Council now leads on finding placements for all service users, paying providers, contracting and quality assuring the services.

2.2 With arrangements in place for a year now, this report provides an update on key areas following the first year of services being delivered. This includes less people waiting for a long-term care agency than in previous years, that quality in the market is generally good and that plans for the year ahead are in place to further develop market quality and commissioning arrangements.

3. Recommendations

3.1 The Adult Social Care Commission is recommended to:

a) Note the contents of this report and to provide feedback.

4. Supporting information including options considered:

Background

4.1 The local authority agreed to jointly purchase domiciliary support with the Clinical Commission Group (CCG) in October 2017. The Council led on a joint procurement exercise and 26 different providers were chosen to deliver either general care or specialist care with nurse oversight. The Council now leads on finding placements for all service users (brokerage), paying providers, contracting and quality assuring the services.

Commissioning from the new framework

4.2 The new framework of care providers went live on 9th October 2017. All Local Authority (LA) and Continuing Health Care (CHC) cases requiring directly

commissioned domiciliary support were supported by the local authority brokerage service and are placed with suitable contracted providers.

4.3 The brokerage team is dealing with an average of 83 new cases each month with the majority of these being for the local authority service users. There are around 1,800 people in receipt of domiciliary care commissioned through this route at any one time; around 80 of these each quarter are health funded patients.

4.4 Brokerage and finding a workforce of high quality carer's remain challenges for the authority and providers. Plans are in place to further develop the brokerage service to speed up the matching of providers to people needing support. Work is also underway to support providers in recruiting a workforce with links between colleges and providers, apprenticeships being offered and recruitment days planned for the Autumn.

4.5 Five providers have withdrawn from the framework in the past year either as a result of mergers or buy outs with other providers or as a result of national changes in business models. The framework allows for more providers to be added if there is a need.

Numbers Awaiting a Long-Term Provider

4.6 When the domiciliary support providers are unable to offer a suitable care worker straight away, cases are held on a list which is constantly reviewed to find a long-term provider to support them. The service users will be supported by other provision while they await a domiciliary service provider that can meet their needs. Service users on this list are predominantly adult social care cases.

4.7 Historically, the LA has had an awaiting long-term care list that averaged around 40 people per month (data gathered from review in 2015). The numbers awaiting long term care for the most recent quarter are detailed below and show that numbers are significantly lower than in previous years.

	04/04/2018	10/04/2018	23/04/2018	30/04/2018	07/05/2018	14/05/2018	21/05/2018	28/05/2018	04/06/2018	11/06/2018	18/06/2018
Total number of LCC cases on ACL in period	17	10	17	18	19	13	22	11	11	11	20
Total number of Health cases on ACL in period	2	2	1	1	6	1	0	0	0	1	0
Longest Wait	22	22	26	27	26	33	40	31	38	41	48
Average Wait	6.63	6.42	10.0	12.1	7.92	11.78	8.77	14.27	16.72	7.67	8.75
Avg. hours required	13.68	10.84	9.48	10.13	13.27	13.60	12.60	12.70	8.18	15.31	9.19

Quality of provision

4.8 Quality assurance visits for providers are taking place regularly with a risk tool supporting the local authority in deciding the order in which to assess and visit. Providers are assessed by the Care Quality Commission (CQC) and by the Council using an internal Quality Assurance Framework (QAF). These scores show that the providers are largely of good quality and are achieving at least compliance with the Council's QAF. This forms a good starting point for our market with plans in place to improve quality further over the coming year.

4.9 Provider ratings for the most recent quarter show the following results:

CQC Scores

Outstanding	Good	Requiring Improvement	Inadequate	Not yet visited
0	14 providers	3 providers	0	5 providers

4.10 The three providers with a requiring improvement score have an action plan in place with CQC and the local authority regularly liaises with CQC officers to share any concerns or progress in relation to these.

LA QAF Scores				
Level A = Excellent	**Level B = Good**	**Level C = compliant**	**Level D = Non-compliant**	**Not yet visited**
0	1 provider	7 providers	2	4

*10 x providers are currently completing the QAF process.
*1 x provider not currently providing services to LCC.

4.11 Where a provider receives a non-compliant grade, the local authority will issue an action plan, and monitor the provider to ensure improvements are made.

4.12 The local authority QAF process looks at different areas to the CQC framework and information is shared between the two agencies regularly to get an overall picture of how a provider is performing. The QAF for domiciliary support is going to be reviewed in coming months and, following this, work will take place to support providers in developing best practice and increasing quality scores.

4.13 With the new procurement exercise, providers were ranked to receive work according to the score they received during the tender. This rank order will be changed annually according to the quality of their provision as monitored through QAF and CQC scores and performance data. This re-ranking will be applied early next year and will provide an incentive to providers to increase their quality score as well as ensuring that the work goes to the highest quality provider available.

Service users views on domiciliary care they receive

4.14 Service users were consulted as part of setting up the new framework in 2017. Their views shaped the contracts and the questions that were asked of providers at tender. Now that the providers are delivering services, service users are consulted each time the quality of a provider is checked. Questionnaires are sent to service users and phone calls are often made to a sample of people. The results are reviewed by the contracts team, any concerns raised are followed up and positive comments received are fed back to the care provider.

Providers views of the LA as Commissioners/Contract Managers

4.15 An annual survey is also being used to gather feedback from the providers in relation to the LA as a commissioner and contract manager of their services. This survey will help to identify strengths and development points for the year ahead.

4.16 Results from the year 1 survey show that all respondents felt that the commissioning and contracting provision for domiciliary support was good or very

good. Improvements for the year ahead included further support with the brokerage function and less administrative burden being placed on providers. These will be considered as part of developments for 2019.

Next Steps

4.17 A regular joint meeting is held to ensure oversight of the performance and operational activity involved in the domiciliary support framework. There is a plan for activity and developments for the next year, these are summarised below:

- A review of night time support to look at the best way of commissioning this into the future
- A review of the reablement approach that providers are taking to ensure any opportunities for reducing reliance on domiciliary support packages are realised.
- On-going work with providers and the hospitals to ensure the exit from hospital into care at home is as smooth as possible
- Regular meetings with providers are scheduled to ensure clear communication about any issues, concerns or commendations within the system
- Ongoing quality reviews and visits to providers are planned to ensure quality standards are adhered to
- Regular capacity reviews to support decisions about whether to invite more providers onto the framework are held and the framework may be opened up to new providers in the new year.

5. Financial, legal and other implications

5.1 Financial implications

There are no specific financial comments relating to this report.

Martin Judson – Head of Finance

5.2 Legal implications

There are no specific legal comments on this report. Follow up advice on contractual issues is provided by Legal Services on a continuing basis and if a decision is made to open the framework next year – legal support will be provided.

Jenis Taylor, Principal Solicitor (Commercial) 0116 454 1477

5.3 Climate Change and Carbon Reduction implications

No climate change implications

5.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

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

In relation to monitoring take up of domiciliary care over the past year with regards to the above protected characteristics, further detailed information would be useful in order to assess whether there are any particular groups that face additional barriers.

Equality issues need to be embedded throughout any review process of the QAF for domiciliary support.

Sukhi Biring, Equalities Officer
equality@leicester.gov.uk

6. Background information and other papers:

None

7. Summary of appendices:

None

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

No

9. Is this a "key decision"?

No

Appendix D

Adult Social Care Scrutiny Commission

Adult Social Care Performance

2017/18 Year-end Report

Date: 16th October 2018

Lead Director: Steven Forbes

Useful information

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

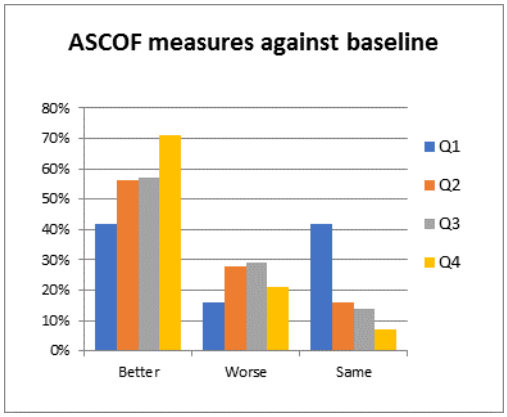
1. Summary

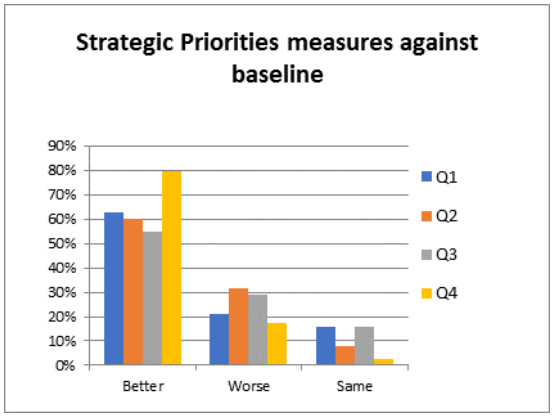
1.1 This report brings together information on various dimensions of adult social care (ASC) performance in 2017/18.

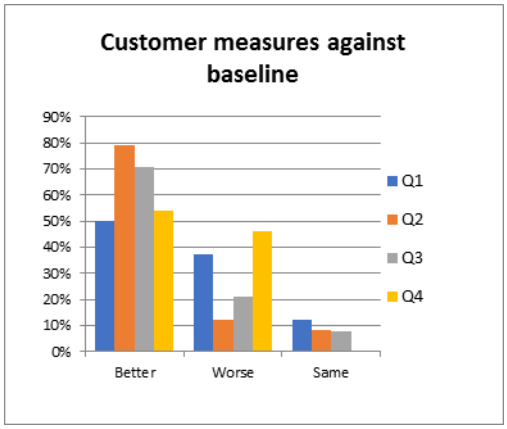
1.2 The intention of this approach to reporting is to enable our performance to be seen 'in the round', providing a holistic view of our business. The report contains information on:

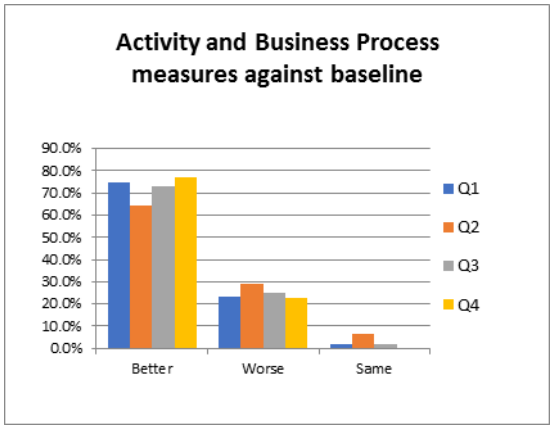
- our inputs (e.g. Finance and Workforce)
- the efficiency and effectiveness of our business processes
- the volume and quality of our outputs
- the outcomes we deliver for our service users and the wider community of Leicester

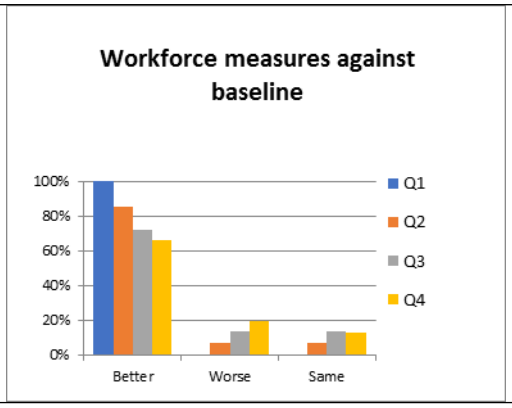
1.3 A summary of performance over 2017/18 is presented below:

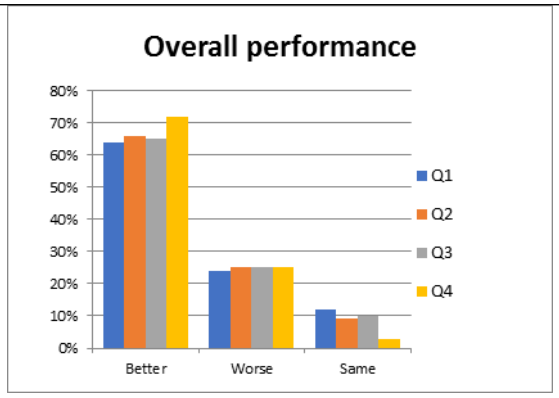












2. Recommendations

2.1 The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in this report.

3. Report

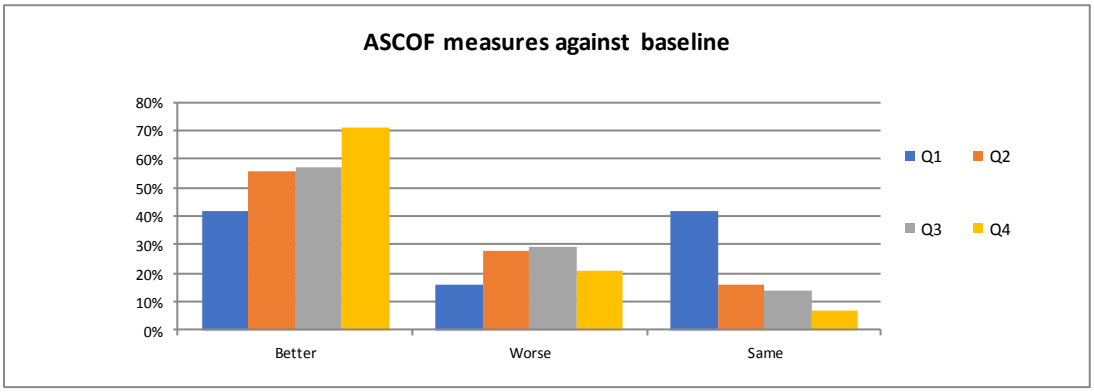
3.1 To provide this overview, this report is made up of several sections covering different aspects of performance. Each section tells its own performance story and when considered together they show the overall picture of performance for the period in question.

3.2 **Adult Social Care Outcome Framework**

The national performance framework for ASC focusses on user and carer outcomes (sometimes using proxy measures). Submission of data for the ASCOF is mandatory and allows for both benchmarking and local trend analysis. ASCOF compliments the NHS and Public Health outcome frameworks.

3.2.1 Summary:

There have been a number of data issues over the year which has impacted on our ability to make accurate judgements about our performance. It should be noted that there is no carers' survey this year, so results from 2016/17 have been rolled forward. Our overall performance for the ASCOF has been very positive, with 71% of measures showing improvement. See appendix 1 for all our provisional results.



3.2.2 Achievements:

From the data available for 2017/18 there are some areas of strong performance. Performance against measures relating to self-directed support (1Cia, 1Cib, 1Ciia and 1Ciib) remains very strong. The outcomes of short-term services (reablement and enablement) (2D) are 13% better than in 2016/17 and met our target. The new element of the measure for delayed transfers of care counting delays attributable to ASC (part 2) shows very positive performance with just 0.6 bed delays per 100,000 population. The rate of permanent admissions to residential care for 18-64 year olds (2Ai) has improved and our target has been met. Provisional data for ASCOF scores derived from the 2017/18 user survey is also very encouraging with improved performance against six of the seven measures.

3.2.3 Concerns:

Performance against a small number of key measures has dropped during 2017/18 and we failed to meet the targets we have set. The rate of permanent admissions to residential care for those over 65 (2Aii) has increased this year meaning we have failed to meet our BCF target. Having said that, we are confident that alternative arrangements are being considered and that a residential placement is only made if it is necessary. Equally we have failed to meet our BCF target for the proportion of older people at home 91 days after hospital discharge (2Bi) with the year-end position well below the 2016/17 baseline. Performance against the learning disability measure for employment (1E) is a little worse than last year and well below target. Although we met our target for the overall satisfaction of users with our services, performance dropped from 2016/17.

3.3 **Strategic Priorities**

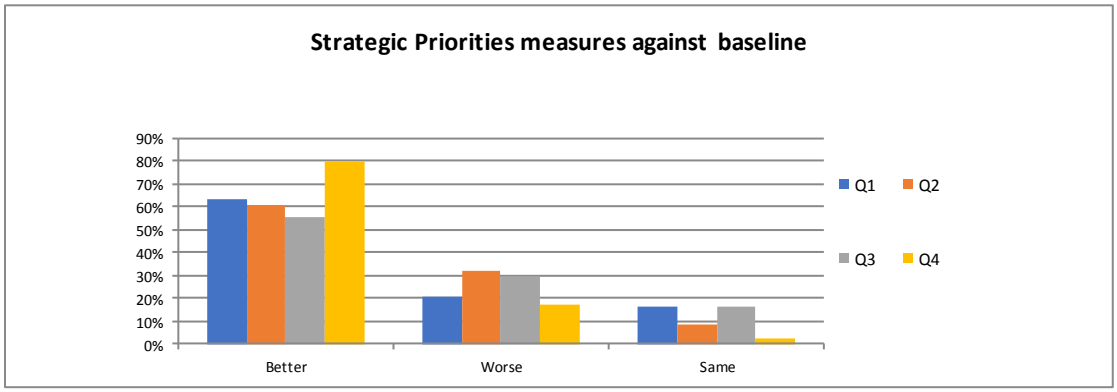
Our strategic Priorities for 2017/18 were agreed as:

- We will work with partners to protect adults who need care and support from harm and abuse.
- We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence.
- 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.
- 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.
- 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.
- 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.

These are mainly the priorities carried forward from 2016/17. A new priority has been introduced to make our commitment to keeping people safe explicit.

3.3.1 Summary:

Overall performance against those KPIs aligned to the department's strategic priorities suggest that significant progress on our priorities continues to be made, and that having a small number of clear and visible priorities has been effective. Overall, 32 of our measures have shown improvement from our 2016/17 baseline, with just seven showing deterioration. This is an improved position to that reported at the end 2016/17. The inclusion of aggregated data from other sets of KPIs to reflect performance against priority six also provides further evidence of strong overall performance across ASC.



3.3.2 Achievements:

Performance against the new measures to reflect the new safeguarding priority is broadly positive. User satisfaction levels derived from the national ASC user survey, our local survey (at assessment) and questions asked in the supported self-assessment (at re-assessment) are encouraging, although there was an unexpected dip in results from our local survey in Q4. Critically here, 73% of service users said that their quality of life had improved very much or completely as a result of our support and services. 6 of the 7 ASCOF measures derived from the national ASC user survey showed improvement from the 2016/17, this marks the third consecutive year of overall improvement. Generally, there has been encouraging progress made in taking forward our preventative and enablement model of support, particularly regarding the outcomes of short-term support to maximise independence.

3.3.3 Concerns:

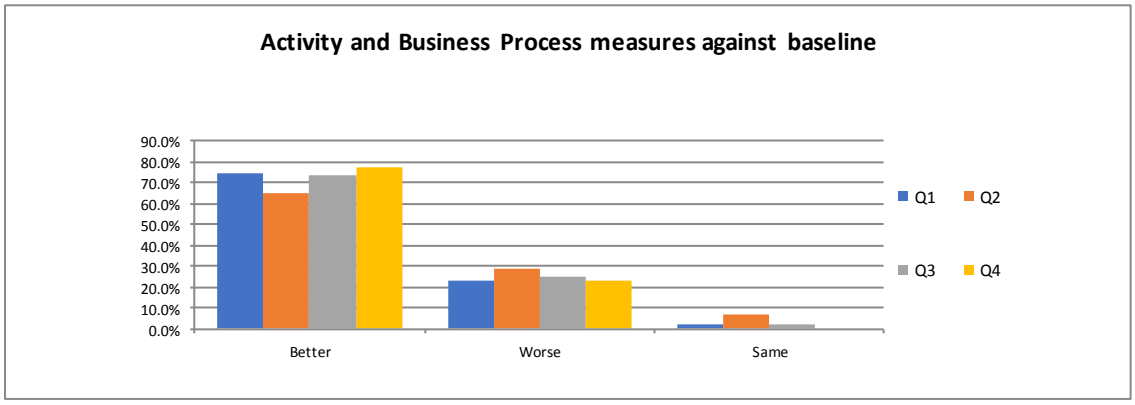
Performance in priorities three and four (promoting independence in the working age and older populations), while showing some improvement over the year, continues to be a cause of some concern, particularly in respect of admissions to residential and nursing care.

3.4 **Activity and Business Processes**

A set of KPIs related to activity levels and our own internal business processes to support the monitoring of compliance, efficiency, productivity and effectiveness. The KPIs will also support the overall approach to managing workflow and workloads within services and teams.

3.4.1 Summary:

Overall performance is very encouraging, with 77% of measures where a judgement can be made showing improvement from 2016/17, over three times as many as showing deterioration. Where appropriate, targets have been set for activity and business process measures. Despite the year on year improvement, we failed to meet over half of the targets set.



3.4.2 Achievements:

We can be increasingly confident that we are getting better at manging demand. The total number of contacts at the 'front door' has decreased (potentially reflecting increased use of the ASC portal), fewer new contacts are progressing to a new case and fewer assessments are being undertaken with a reduction in those with eligible needs. Fewer people are in receipt of long-term support with more people being 'deflected' or provided with low level or short-term support. We have also made progress in addressing areas of previous poor performance such as the completion of re-assessments (82% reduction in the number of reviews not completed for over 24 months since the end of 2015/16).

3.4.3 Concerns:

While not impacting on the improved demand management described above, it is worth noting that the number of "new clients" as defined for SALT purposes exceeded the total for 2016/17. The number of service users in residential and nursing care has remained stable over recent years with no evidence to suggest efforts to reduce admissions or move service users into alternative provision are proving effective. Although the number of re-assessments outstanding for more than two years has reduced by over 82% since the end of March 2016, the number outstanding for between one and two years has reduced at a much slower rate.

3.5 **Finance**

The department has underspent by £3.4m compared to the revised in year budget of £100.7m. This reflects the virement to Children's services and City Developments and Neighbourhoods approved at period 9. £0.7m of this underspend was forecast at period 9 as a result of successfully managing to make savings ahead of the original budget plan. As a result, these savings were one off in nature. The balance of the final year end underspend of £2.7m has resulted predominantly from lower than expected gross package costs (£2.3m) together with further savings of £0.4m, mainly from staffing.

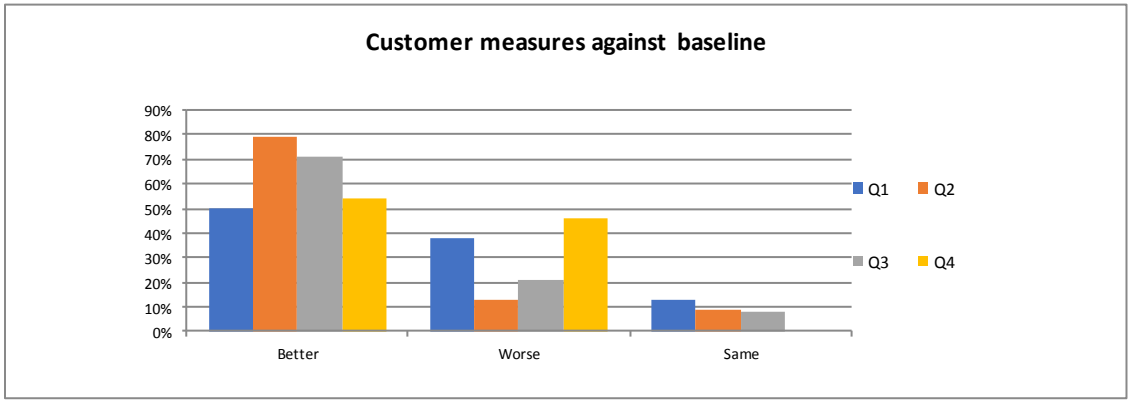
3.6 **Customer satisfaction**

A set of KPIs related to the customer experience of our service and the services we put in place to support individuals. The following analysis includes ASCOF measures derived from the user survey based on the final data published in October 2017.

3.6.1 Summary:

Performance on 13 of our customer measures is showing improvement from our 2016/17 baseline, with 11 showing a decline. As reported last year, the method for calculating our local survey measures was to include all positive statements. This meant most measures were in the high 90%'s and showing little change over the year. We now calculate our

scores by using only the most positive statements. By doing this we are seeing a greater divergence of scores between measures and we are being to see more change during the year.



3.6.2 Achievements:

The provisional results from the 2017/18 national ASC user survey are positive. The overall quality of life score climbed from 18.5 to 18.7, our highest score since the introduction of the survey. The proportion of people who use services who have control over their daily life increased from 76.2% to 78.1%, again our highest ever score. The proportion of people who use services who find it easy to find information about services climbed from 67.4% to 70.5%.

The assessment form, introduced in November 2016, includes two questions to be asked during all reviews / re-assessments. These enable us to measure whether services have met the needs identified in the initial assessment and whether the service user's quality of life has improved as a result of their care package. Results in 2017/18 continue to be positive with 75.7% of service users saying that there needs were very much or completely met and 73% said that their quality of life had improved very much or completely as a result. Both measures are improved from the 2016/17 baseline.
We have seen a marked decrease in the number of complaints received, with our current position is significantly improved from 2016/17.

3.6.3 Concerns:

The only significant concern about our performance relating to customer experience and satisfaction is that we saw a marked dip in in satisfaction levels from our survey of people having received an assessment in Q4. Performance had been consistently strong through Q1 to Q3. The Q4 dip accounts for the higher number of measures where performance was poorer than in 2016/17. However, it is interesting to note that results from this survey actually improved if we take account of those who 'agreed' with the statements in the survey rather than only those who 'agreed strongly'. We also saw the number of staff commendations reducing from 2016/17.

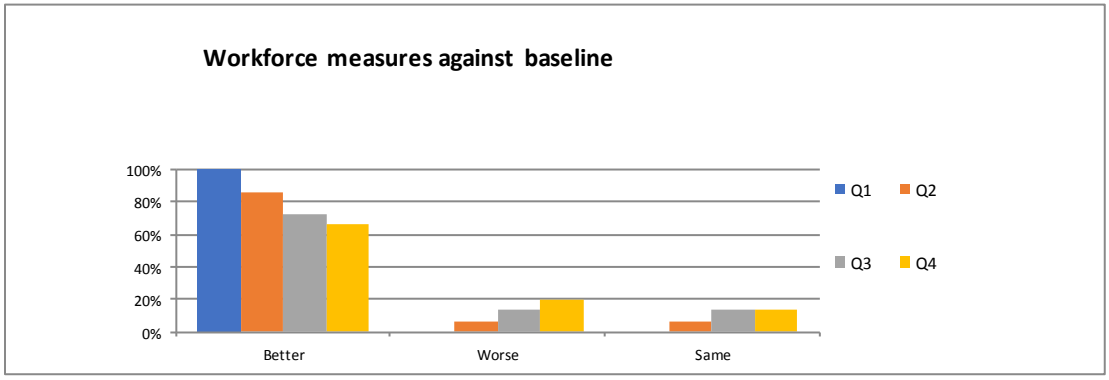
3.7 **Workforce**

A set of KPIs related to our own workforce is used to support the management, deployment, support and development of our people.

3.7.1 Summary:

The reporting functionality of the new HR system was not working at the end of Q1. This has largely been resolved, with only data for establishment and vacancy rates not available until Q4. Having said that, HR are transferring to a new case management

system meaning complete data for grievances and capabilities is not available for Q3 and Q4. Overall performance at the end of the year remains strong, with 10 of the 15 measures where we have data showing improvement.



3.7.2 Achievements:
For the third time running since reporting on our workforce commenced, we are able to report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department have reduced by over £5m since the corresponding period in 2016/17. This equates to a reduction of almost 20%.

3.7.4 Concerns:
The only are of concern from the data available is that spend on agency staff has increased from the corresponding period in 2016/17. Spend on casual staff has also increased, but not by a significant level.

3.8 There are other process and reporting tools not included in, but complimentary to this report in terms of aiding our understanding of performance, communicating this and driving improvement. These include our Local Account, the regional Sector Led Improvement Programme, and various quality assurance and audit processes.

3.9 Equally, the Performance Assurance Framework ensures that performance is owned at all levels within the department: individual; team; service; and, division. For example, a workflow dashboard is now being used. Some data from these scorecards is presented in an aggregated form in this report, with other data being reported and acted on through normal line management reporting channels.

4. Financial, legal and other implications

4.1 Financial implications

The financial implications of this report are covered specifically in section 3.5 of the report.

Martin Judson, Head of Finance, Ext 37 4101

4.2 Legal implications

There are no direct legal implications arising from the contents of this report at this stage.

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

4.3 Climate Change and Carbon Reduction implications

There are no direct climate change implications associated with this report.

Mark Jeffcote, Environment Team (x372251)

4.4 Equalities Implications

From an equalities perspective, the six strategic priorities including the new priority on our commitment to keeping people safe are in keeping with our Public Sector Equality Duty, the second aim of which is to promote equality of opportunity, and the information related to the outcomes delivered for service users and the wider community. The outcomes demonstrate that ASC does enhance individual quality of life that addresses health and socio-economic inequalities, experienced by many adults across the city. In terms of the PSED's first aim, elimination of discrimination, it would be useful for outcomes to be considered by protected characteristics as well, given the diversity of the city and how this translates into equalities (as set out in the adults JSNA)

Sukhi Biring, Equalities Officer (Ext. 374175)

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: None

6. Summary of appendices: Appendix 1: 2017/18 Provisional ASCOF Scores

Appendix 1.

Adult Social Care Outcome Framework – Provisional 2017/18 Results

Indicator	2016/17	2017/18	2017/18 Target	Rating against target / DoT
1A: Social care-related quality of life.	18.5	**18.7%**	18.8	↑
1B: Proportion of people using services who have control over their daily life.	76.2%	**78.1%**	75.0%	↑
1Cia: Service Users receiving self-directed support as at 31/3/18.	99.7%	**100%**	99.0%	↑
1Cib: Carers receiving self- directed support in the year.	100%	**100%**	100%	↔
1Ciia: Service Users aged 18 or over receiving direct payments at 31/3/18	46.8%	**50.9%**	46.1%	↑
1Ciib: Carers receiving direct payments for support direct to carer.	100%	**100%**	100%	↔
1D: Carer reported quality of life.	7.2	**No carers survey**	N/A	
1E: Proportion of adults with a learning disability in paid employment.	4.7%	**4.5%**	6.6%	↓
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.4%	**1.0%**	5.2%	Data quality issues ↔
1G: Proportion of adults with a learning disability who live in their own home or with their family.	74.4%	**74.9%**	73.8%	↑
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	36.6%	**21%**	68%	Data quality issues ↔
1I: Proportion of **people who use services** ~~and their carers~~ who reported they had as much social contact as they would like (No carers survey in 2017/18).	35.9%	**43.0%**	42.6%	↑
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.	0.372	**TBC**	N/A	
2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential / nursing care homes, per 100,000 pop (Low is good)	17.8 40 admissions	**14.7** **33 admissions**	15.0	↑
2Aii: Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good).	692.4 282 admissions	**689.9** **281 admissions**	653.2 266 admissions	↑
2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services.	91.3%	**87.6%**	90.0%	↓
2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.	3.1%	**2.8%**	3.3%	↓
2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)	8.9	**8.8**	16/17 target in BCF plan	↑
2Cii: Delayed transfers of care from hospital attributable to ASC per 100,000 pop. (Low is good)	N/A	**0.6**	N/A	↔
2Ciii: Delayed transfers of care from hospital attributable jointly to NHS and ASC per 100,000 pop. (Low is good)	2.9	**1.9**	1.4	↑
2D: The outcomes of short-term services (reablement) – sequel to service	61.9%	**69.8%**	68.0%	↑
3A: Overall satisfaction of people using services with their care and support.	65.4%	**63.9%**	63.7%	↓
3B: Overall satisfaction of carers with social services.	43.5%	**No carers survey**	N/A	
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	70.7%	**No carers survey**	N/A	
3D: The proportion of service **users** ~~and carers~~ who find it easy to find information about services (No carers survey in 2017/18).	67.4%	**70.5%**	69.0%	↑
4A: The proportion of service users who feel safe.	65.4%	**66.1%**	66.0%	↑
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	77.6%	**86.7%**	85.0%	↑

Scrutiny

Leicester City Council

Scrutiny Review

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End of Life Care

A Review Report of the Adult Social Care Scrutiny Commission

October 2018

Leicester City Council

Contents

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Chair's Foreword

End of Life Care for our loved ones is one of the most difficult and sensitive situations we must cope with. Most of us face this usually with our parents and/or grandparents and wish for a quiet, peaceful death in our own home when the time comes.

The way in which care is provided is a very important part of the complex picture that makes up the pathway to the end of life. It can involve medical and health interventions as well as adult social care (ASC).

Within the adult social care environment, End of Life is a small part of the service provision within the city. In Leicester, there is a growing pattern of chronic ill-health, often supported over months or years by ASC personnel, leading to hospitalisation as health starts to fail and finally release from hospital to allow death at home (in a domestic home, residential care or nursing home).

This review looked at how the ASC department and associated teams addressed the issue and how they and other care providers work together and with health providers and carers who are often the first line of support for frail and elderly people.

We are heartened by the levels of co-operation and support by services, care providers and individual carers across the city. We found very good examples of supportive care.

Our conclusions are overwhelmingly supportive of the department which faces a history and future of underfunding created by successive financial cuts by government. Despite the pressures, the department delivers not just a good End of Life Care service but services across a range of demands for the citizens of Leicester.

Councillor Virginia Cleaver

Task Group Chair and Vice Chair, Adult Social Care Scrutiny Commission 2017/18

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1 Executive Summary

1.1. Background to the Review

1.1.1. Each year, around 500,000 people die in England and they are set to rise by approximately 16.5% by 2030 which equates to some 90,000 additional deaths each year (590,000).

1.1.2. Clearly the supply of hospital and hospice beds will not keep pace with that rate even if that were the appropriate response. So, a big question to consider is 'will residential/nursing home or community care services be equipped?'.

1.1.3. By 2030 those aged over 65 will account for 86.7% of all deaths with those over 85 accounting for 43.5% (a marked increase from 32% in 2004). A significant proportion will have multiple conditions with approximately 29% also having dementia. Around 70% of people express a wish to die at home. This means that by 2030 we need either 20% more institutional beds or we need to develop new ways to meet people's needs, for example community based models and End of Life Care training for all, so that needs can be met as part of everyone's practice. At the same time informal carers will also be becoming older with possibly multiple conditions which may well affect their ability to fulfil their carer role.

1.1.4. The ability of Leicester to respond to this growth in need will be critical. The commission can't emphasise enough the importance of being able to react to this, and allowing people to come to a dignified end when they have already experienced so much. As such, we have decided to do this review to look at End of Life Care and what the current position is and how it is done.

1.1.5. The review solely looked at adult social care aspects of end of life (EOL) but recognised that the vast amount of work in this area is done by NHS services. The review offered much food for thought and offers a quick snapshot into an area which undoubtedly needs exploring further as something which needs to be made much more of a priority for all people to ensure those at the end of life are able to depart with dignity, comfort and love.

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2. Recommendations

The Assistant Mayor for Adult Social Care and the Executive are asked to consider the following recommendations:

2.1. Assurances are sought that social care practitioners dealing with people at the end of life are skilled in having conversations about end of life with either the person involved and/or their family from an early stage.

2.2. Assurances are sought that the different needs, which should include cultural backgrounds and other demographic information for the individual, are considered when talking to patients and families about End of Life pathways in the social care setting.

2.3. The ICRS team protocols are reviewed to ensure their out of hours procedures are well equipped to deal with end of life.

The Health and Wellbeing Scrutiny Commission are asked to consider the following recommendations:

2.4. Consider looking at how the Derby and Derbyshire Out of Hours End of Life care service operates with the ASC Department and NHS Services. Where possible best practice from this model should be embedded in Leicester, Leicestershire and Rutland End of Life protocols.

2.5. Consider looking into End of Life Care by NHS services and ensure that early conversations are being had with patients and their families.

3. Report

3.1. What is End of Life Care?

3.1.1. There is often confusion between End of Life and Palliative Care, but the two are clearly distinct. Palliative Care is for people living with a terminal illness where a cure is no longer possible. It's not just for people diagnosed with terminal cancer, but any terminal condition or those who have a complex illness and need their symptoms controlled.

3.1.2. The aim of Palliative Care is to treat or manage pain and other physical symptoms as well as help with any psychological, social or spiritual needs. This may include treatment such as medicines, therapies, and any other support that specialist teams believe will help their patients. It includes caring for people who are nearing the end of life.

3.1.3. End of Life Care is an important part of Palliative Care for people who are nearing the end of life. This is for people who are considered to be in the last year of life, although this timeframe can be difficult to predict. End of Life Care aims to help people live as well as possible and to die with dignity. It may include treatment during this time and can include additional

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support, such as help with legal matters. End of Life Care continues for as long as is needed to ensure a peaceful end for the person and their family.

3.1.4. Ensuring the medical management and emotional support is in place at the right time in the right place for the right people in End of Life Care is an important service provided by social care and health services to ensure that people can end their lives in a comfortable manner with dignity, taking into account their wishes. Consideration for carers and family support is also a paramount importance in End of Life (EOL).

3.1.5. With all this in mind the commission felt it was important to consider how we perform in the city and how well our social care service contributes to the overall needs of dying people within the wider health and care system.

3.2. What does good End of Life Care look like?

3.2.1. Before being able to assess if we provide good social care at EOL, it was important for the commission to understand what good End of Life Care looked like.

3.2.2. The commission heard that this was specified in the document by the Association of Palliative Social Care Workers; 'The Role of Social Workers in Palliative, End of Life and Bereavement Care 2016 (http://www.apcsw.org.uk/resources/social-work-role-eol.pdf).

3.2.3. This document contained a checklist of what social workers should offer at the End of Life and what the social workers' capabilities should entail when offering End of Life or Palliative Care.

3.2.4. The commission was assured that this is what the social care teams worked to and was the guidance that was followed.

3.2.5. It was extremely apparent though that much of EOL care is provided by Health Services and that this is something that may need to be explored by Health Scrutiny in the future to ensure that the best care in those settings is being offered at EOL.

3.3. Specific Available Services for EOL

3.3.1. Adult End of Life Care in Leicester is provided by a community health service provider, an acute hospital (across 3 sites), 62 GP practices, one out of hours provider, one walk in centre, one urgent care centre, one mental health trust, Leicester City Council adult social care services, East Midlands Ambulance Service and the voluntary and independent sectors, including one adult hospice.

3.3.2. The main community Palliative Care services are offered by LOROS, Hospice at Home (delivered by Marie Curie) and the Leicestershire Partnership Trust Macmillan Nurses.

3.3.3. Leicester City Clinical Commissioning Group aims for the EOL Care Service to:

- Improve the quality of End of Life Care;
- Support care in the patient's place of preference;
- Prevent unnecessary or inappropriate admissions for people at End of Life.

3.3.4. In terms of Adult Social Care, it was heard that Integrated Crisis Response Service (ICRS) looked at the situations of people who needed care inside two hours. This includes risk assessments and discharge cases; team members looked at End of Life and picked up urgent cases and provided support for them and their families. Based at the Neville Centre on the Leicester General Hospital site, ICRS is part of a wrap-round service. Funded through the Better Care Fund (BCF) the service often has closer links with patients at EOL than other services.

3.4. Position in Leicester

3.4.1. Leicester Joint Strategic Needs Assessment (JSNA): End of Life Care (2016) states that most deaths occur in people aged over 65 (85%). In Leicester City, there are around 2,500 deaths per year, approximately 0.8% of the population total. Nationally, 25% of all deaths are unexpected, for Leicester, this is the equivalent of 625 deaths.

3.4.2. The JSNA also adds that cancers, circulatory disease and respiratory conditions account for 70% of deaths that are not sudden. The Palliative Care Funding Review report indicates that between 69% and 82% of deaths are likely to have Palliative Care needs; this means that between 1,725 - 2,050 people who die in Leicester every year will require Palliative Care.

3.4.3. In Leicester, for the year 2014/15, 2478 after death audits were completed for patients registered with Leicester GPs. Of these, 2,189 (88.3%) of people with a care plan died in their preferred place of choice.

3.4.4. The Quality and Outcomes Framework Palliative Care Register has 1,827 patients registered for 2014/15, of which 1,272 (70%) had care plans. On 1st July 2015, 1,834 patients were recorded on the Palliative Care Register for Leicester City. Over 75% of the patients on the register had developed an End of Life care plan with their GP or healthcare professional.

3.4.5. The JSNA said that in Leicester in 2014/15, 2,659 people over 18 and registered with Leicester GPs died. 2,478 after-death audits were completed and it was evaluated that 2,189 (88.3%) people with a care plan died at their preferred choice. In 2014/15 in Leicester, the Qualities and Outcomes Framework Palliative Care Register had 1,827 patients recorded; of which 1,272 (70%) had care plans.

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3.4.6. The table below shows the percentage of deaths by place of death: 2011-2013

		Hospital	Home	Care Home	Hospice	Other
Persons all ages	Leicester deaths	1173	571	455	112	69
	Leicester %	49.3	24.0	19.1	4.7	2.9
	England %	49.3	22.2	20.7	5.7	2.1
Persons <65	Leicester deaths	238	155	13	40	31
	Leicester %	50	32.4	2.7	8.5	6.5
	England %	47	32.9	2.7	10.6	6.8
Persons 65-84	Leicester deaths	553	280	160	57	22
	Leicester %	51.6	26.1	15.0	5.3	2.1
	England %	52.2	24.9	14.3	7.1	1.5
Persons 85+	Leicester deaths	381	137	282	15	16
	Leicester %	45.9	16.5	33.9	1.8	1.9
	England %	46.8	14.5	35.7	1.9	1.0
Males, All ages	Leicester deaths	612	321	170	58	41
	Leicester %	50.9	26.7	14.1	4.8	3.4
	England %	51.2	25.6	14.4	6.0	2.8
Males, < 65	Leicester deaths	144	103	9	21	24
	Leicester %	47.9	34.2	3.0	6.9	8.0
	England %	45.5	35.0	2.5	8.2	8.8
Males 65-84	Leicester deaths	300	154	73	28	13
	Leicester %	52.9	27.1	12.8	5.0	2.2
	England %	52.7	26.8	11.9	7.0	1.6
Males 85+	Leicester deaths	168	64	88	9	5
	Leicester %	50.2	19.2	26.5	2.7	1.4
	England %	52.3	17.2	27.0	-	0.9
Females all ages	Leicester deaths	561	251	285	54	28
	Leicester %	47.6	21.3	24.2	4.6	2.3
	England %	47.6	18.9	26.6	5.4	1.5
Females <65	Leicester deaths	95	52	4	20	7
	Leicester %	53.5	29.4	2.1	11.1	4.0
	England %	49.4	29.8	3.0	14.1	3.7
Females 65-84	Leicester deaths	253	126	88	29	9
	Leicester %	50.2	24.9	17.4	5.7	1.9
	England %	51.6	22.7	17.1	7.3	1.4
Females 85+	Leicester deaths	214	73	194	6	11
	Leicester %	43.0	14.7	38.9	1.1	2.3
	England %	43.7	13.0	40.7	1.5	1.0

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3.5. Experience of EOL in Leicester

3.5.1. Evidence from Leicester Ageing Together (LAT) heard that End of Life has appeared as an issue for them as an organisation and they were about to provide End of Life preventative services, building assets among lonely over-50s and developing a befriending service. Some of their volunteers are coming across people who are either old and facing death or who have an illness known to be terminal.

3.5.2. LAT stated that they are beginning to have the conversations slipped into the everyday with their clients about EOL. Many of their clients live alone and are over 80 but their family often doesn't want to talk about it. The aim for them is to allow people to take charge of their own death where possible. Commission members suggested that it was important that people and practitioners dealing with people at End of Life are upskilled to have those difficult conversations and that it is not just about a checklist approach, but that a conversation needs to be had with both the patient and family members.

3.5.3. **Recommendation: Assurances are sought that social care practitioners dealing with people at End of Life are skilled in having conversations about End of Life with either the person involved and/or their family from an early stage.**

3.5.4. Aspire UK also stated that they work with people with complex needs in their own home. Via the End of Life Forum, they have been supported to work with medical specialists and family and have links to Palliative Care and learning disabilities charities.

3.5.5. They stated that people that might have otherwise died (e.g. with Down's Syndrome) have survived through improved medication. They also said that clients sometimes did not wish to take a decision about their End of Life pathway but would prefer to get a relative (or indeed anyone else) to decide for them. They also stated that they don't label people and take into consideration the very different cultural and community backgrounds found within Leicester when arranging and managing End of Life Care. This was another point that commission members felt was important as different cultural backgrounds have different needs and approaches that must be considered when talking about EOL.

3.5.6. **Recommendation: Assurances are sought that the different needs, which should include cultural backgrounds and other demographic information for the individual, are considered when talking to patients and families about EOL pathways in the social care setting.**

3.5.7. Evidence from Ideal Care Homes suggested that the out of hours service in the city was 'patchy' in comparison to that provided in Derbyshire. The way in which GPs delivered a gold standard, the District Nurse directive and how it was implemented, was not always done in Leicester and some learning could be had from Derbyshire.

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3.5.8. Aspire also felt that while GPs were supposed to visit people on End of Life plans, in their experience no meetings had been held for two years with service users they came across. It was suggested to the Task Group that it was possible in some cases End of Life programmes were being introduced too quickly; that people were being written off too soon. There was a suggestion that maybe there needed to be an interim stage of care, perhaps an advanced care plan.

3.5.9. **Recommendation: The ICRS team protocols are reviewed to ensure their out of hours procedures are well equipped to deal with EOL.**

3.5.10. **Recommendation: The Health and Wellbeing Scrutiny Commission considers looking at the how the Derby and Derbyshire Out of Hours End of Life care service operates with the ASC Department and NHS Services. Where possible best practice from this model should be embedded in Leicester, Leicestershire and Rutland EOL protocols.**

3.5.11. The commission heard repeatedly that EOL was predominantly a primary care issue and was very much needing to be led by NHS colleagues. With other factors such as Delayed Transfers of Care (DTOCs) taking precedent, EOL often finds itself lower on the priority list.

3.5.12. The commission are clear that earlier conversations about EOL options need to take place, and with as many people as possible. Individuals and their families overwhelmingly refused to discuss EOL options until it was far too late and this needed to be a much higher priority for practitioners in order to ensure people came to a dignified end, with their wishes catered for.

3.5.13. Evidence heard suggested that cancer patients are maybe more aware of options at the EOL than other patients, with good work done by LOROS and Macmillan and the practitioners working with them to discuss options. The commission felt this needed to be replicated across all patients regardless of the illness.

3.5.14. At the point people go into care, the discussion about EOL should be had and the relevant forms completed, information gathered, considering the sensitivity of whether the service user wants to discuss it, the extent to which they might be willing to take the discussion and this personal profile should be reflected in the documentation. Ideally, this conversation would also involve family support. It should reflect and document clearly the cultural and religious framework for the service user's End of Life Care and support. If the service user is not willing to discuss EOL arrangements, they should be asked if close family members' views may be sought at another time.

3.5.15. **Recommendation: The Health and Wellbeing Scrutiny Commission consider looking into EOL care by NHS services and ensure that early conversations are being had with patients and their families.**

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4. Financial, Legal and Other Implications

4.1. Financial Implications

4.2. Legal Implications

4.3. Climate Change Implications

4.4. Equality Implications

5. Officers to Contact

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Adult Social Care Scrutiny Commission

Draft Work Programme 2018 – 2019

Meeting Date	Topic	Actions Arising	Progress
19th June 2018	1) ASC Annual Operating Plan 2018/2019 2) Better Care Fund (BCF) 2017/2018: Update 3) ASC Procurement Plan 2018/2019 4) ASC Spending Review 4 – Floating Support 5) Work Programme	2) AGREED: • Update to come to Scrutiny on work with NHS, Over 85s and End of Life services; • Update to come on nursing care home delays (inc. the Trusted Assessor Process) • Information on work to develop communications (Due to strengths based approach potentially changing format and presentation of data). 3) AGREED: • Procurement briefings will be held on the Disabled Persons Support Services and Advocacy Services 4) AGREED: • Preferred option.	

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Meeting Date	Topic	Actions Arising	Progress
28th August 2018	1) Outcome of VCS Phase 1 – Verbal Update 2) Carers Strategy: Outcome of consultation and emerging action plan – Briefing report. 3) Disability Related Expenditure (DRE) Consultation – Verbal Update 4) Delivering Good Social Work Practice report and presentation, to include: • Healthy Workplace Survey • MyTime Peer Review • Peer Review • Annual Social Work (SW) 'Healthcheck' 5) Strengths and Assets Based Approach: Update	Will be updated following minutes of the meeting being published.	

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Meeting Date	Topic	Actions Arising	Progress
16th Oct 2018	1) Call-In of Executive Decisions 2) Dementia Strategy: Outcome of consultation and emerging action plan 3) Dementia Action Alliance: Update 4) Autism Self-Assessment 5) Domiciliary Care Reprocurement: Update 6) Performance Outturn 2017/2018 7) Outcome of Government consultation of the Local Housing Allowance (LHA) – Verbal update 8) End of Life Task Group Review		

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Meeting Date	Topic	Actions Arising	Progress
4th Dec 2018	1) Learning and Development Manager – Presentation 2) Annual Safeguarding Board Report 3) Outcome of Disability Related Expenditure (DRE) Consultation 4) Transformation of Accommodation Based Housing Support: Outcome 5) Sheltered Housing Consultation: Outcome 6) ASC Internal Staffing Savings: Overview 7) Quarter Two Performance Report 8) Adult Social Care Annual Operating Plan 2018/19: Detailed update. 9) Refresh of the Learning Disabilities Strategy 2019: Progress Update 10) Future of Acquired Brain Injury Outreach Service 11) Quarter 1 Performance Report		
22nd Jan 2019	1) Annual Budget		

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Meeting Date	Topic	Actions Arising	Progress
19th March 2019	1) Learning Disabilities and Employment: Discussion 2) Leicester Ageing Together Update Report		

Forward Plan/Suggested Items

Topic	Detail	Proposed Date
End of Life Task Group Review	Final Draft Review to be presented to Commission.	October 2018
Green Paper Task Group Statement (ahead of publication)	Scrutiny Policy Officer to consider what a T&F group could produce ahead of Green Paper Publication.	
Green Paper Task Group Response: Sustainable Funding for Social Care		
Learning Disabilities Mortality (LeDeR Programme) – Joint Scrutiny with H&W and CYPS		
Delivering Good Social Work Practice: Support for Social Workers (Report)	Requested in August meeting.	
Delivering Good Social Work Practice: Professional Development Opportunities (Update)	Requested in August meeting.	January/March 2019
Carers Strategy: Update	An update on the amended Carers strategy to come to Scrutiny once complete, followed by an update report in 6 months with details of KPIs outlined under each strategic priority	October/December 2018
Outcome of VCS Phase 1 (Report)	Requested in August meeting.	October/December 2018
DRE Consultation (Report)	Requested in August meeting.	October/December 2018
NHSE Over 85s and End of Life (Update)	Requested in June meeting.	

Nursing Care Home Delays inc. Trusted Assessor Process (Update)	Requested in June meeting.	
ASC Spending Review 4 – Floating Support: Equality Impact Assessment	Requested in June meeting.	

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