



Leicester  
City Council

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

**DATE: TUESDAY, 4 DECEMBER 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:**

**Angie Smith (Democratic Support Officer),**

Tel: 0116 454 6354, e-mail: [angie.smith@leicester.gov.uk](mailto:angie.smith@leicester.gov.uk)

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

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- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

### Further information

If you have any queries about any of the above or the business to be discussed, please contact:

**Angie Smith, Democratic Support Officer on 0116 454 6354.** Alternatively, email [angie.smith@leicester.gov.uk](mailto:angie.smith@leicester.gov.uk), or call in at City Hall.

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

## **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**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 16 October 2018 have been circulated and the Commission is asked to confirm them as a correct record.

#### **4. PETITIONS**

The Monitoring Officer to report on any petitions received.

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

**Appendix A**

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

A statement has been received from Ms Sue Cowling, Chief Executive, Norton Housing and Support, and is attached to the agenda for information.

This will be considered under the Scrutiny Procedure Rule 10 Part E of the Council's Constitution.

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They will be considered under the Scrutiny Procedure Rule 10 Part E of the Council's Constitution.

**6. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2018/19 - QUARTER 1** [Appendix B](#)

The Director of Adult Social Care and Education submits a report which brings together information on various dimensions of adult social care (ASC) performance in the first quarter of 2018/19. The Scrutiny Commission is requested to note the areas of positive achievement and areas for improvement as highlighted in the report.

**7. EXTRA CARE HOUSING** [Appendix C](#)

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an update on the development of two Extra Care schemes in the city. The Commission is recommended to note the proposal to progress with the schemes and to provide any comments to the Strategic Director of Adult Social Care and Education and Lead Executive Member.

**8. DISABILITY RELATED EXPENDITURE (DRE) CONSULTATION FINDINGS** [Appendix D](#)

The Director of Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with details of the findings of a 12-week statutory consultation on proposals to change the treatment of Disability Related Expenditure (DRE) as part of the means test for Adult Social Care support. The Commission is recommended to note the views of service users (or their carers and representatives) expressed through the consultation, and provide comments or observations on the report and recommendations.

**9. REDUCED FUNDING FOR ACCOMMODATION BASED HOUSING SUPPORT** [Appendix E](#)

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of the consultation exercise currently in progress to replace the existing externally contracted Accommodation Based Housing Support Services, with a community living network based on the 'key ring' initiative model of support provided by the Council's in-house Enablement Service. The Commission is recommended to note the proposed new model of support and consultation exercise and to note a further report will be presented to the Scrutiny Commission detailing the outcome of the consultation exercise.

**10. PROPOSAL TO END THE SHELTERED HOUSING SUPPORT FUNDING TO REGISTERED SOCIAL LANDLORDS** [Appendix F](#)

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of the consultation exercise which sought to end the funding of six Registered Social Landlords (RSL's) for the provision of non-statutory low-level support with

effect 31<sup>st</sup> March 2019. The Commission is recommended to note the outcome of the consultation exercise and to provide any feedback to the Strategic Director of Adult Social Care and Education and Lead Executive Member.

**11. PROPOSAL TO WITHDRAW FUNDING FOR THE ACQUIRED BRAIN INJURY OUTREACH SERVICE** [Appendix G](#)

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of the consultation exercise, which proposes to end funding to the Acquired Brain Injury Outreach service, operated by Headway, a national organisation. The Commission is recommended to note the outcome of the consultation exercise and to provide any feedback to the Strategic Director of Adult Social Care and Education and Lead Executive Member.

**12. FUTURE OF THE DISABLED PERSONS SUPPORT SERVICE** [Appendix H](#)

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of the findings of the consultation exercise that proposes to end the Disabled Persons Support Service (DPSS) contract. The Commission is recommended to note the outcomes of the consultation, the outcomes of the Equality Impact Assessment, and to provide any comments to the Strategic Director of Adult Social Care and Education and Lead Executive Member.

**13. PROCUREMENT OF A NEW PARTICIPATION SERVICE** [Appendix I](#)

The Strategic Director for Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of a new participation service. The Commission is recommended to note the development of the new participation service with effect from 1 April 2019, and to provide any comments to the Strategic Director of Adult Social Care and Education and Lead Executive Member.

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

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**







Councillor Virginia Cleaver  
Chair, Adult Social Care Scrutiny Committee  
Leicester City Council

Monday 26<sup>th</sup> November 2018

Dear Councillor Cleaver

107 Newport Street, Leicester, LE3 9FU  
T: 0116 253 8541 • F: 0116 262 7390  
E: [info@nortonhousingandsupport.org.uk](mailto:info@nortonhousingandsupport.org.uk)  
W: [www.nortonhousingandsupport.org.uk](http://www.nortonhousingandsupport.org.uk)

## **Statement of case regarding Leicester City Council ILS supported housing consultation.**

Norton Housing and Support (NH&S) is a registered charity and has provided a mental health specialist supported housing service in conjunction with Leicester City Council (LCC) for over 30 years. As an organisation we tendered again for this service contract last year and were informed in July 2017 that we had been successful. The contract had been advertised on a three-year basis, to March 2020, extendable until 31 March 2022. We viewed this as an important opportunity to provide some stability to NH&S and more importantly our service users. The contract commenced on 1<sup>st</sup> October 2017.

On 11<sup>th</sup> June 2018, at Caroline Ryan and Tracie Rees' request, I met with them to discuss the future funding of the contract. I was informed that LCC might have to terminate the contract early in March 2019 due to the deteriorating financial situation. I was advised that it was likely LCC would no longer be funding preventative services as there is no statutory requirement to do so. Funding would instead be transferred to statutory services.

Our informal discussion led me to believe that if Leicester City Council (LCC) went ahead with this proposal it would mean taking the service in-house, halving the funding envelope and drastically reducing staff working on the service. If so, NH&S staff working on the contract would TUPE over to the Local Authority. I was advised that the need for the service and its viability, would be reviewed again in 12 months' time.

Caroline and Tracie asked that NH&S come back to them with views on the proposal, including implications for both our service users and the organisation as a whole. Our Trustees requested appropriate time to fully consider the matter and we responded formally on 3<sup>rd</sup> August 2018 as agreed with Caroline and Tracie. Despite the concerns expressed, we were informed that LCC would be going ahead with a formal consultation on their proposal. This consultation subsequently started on 15<sup>th</sup> October 2018 and will end on 14<sup>th</sup> January 2019.

At my meeting on 11<sup>th</sup> June, Caroline and Tracie had requested that I keep the potential proposal confidential, to avoid causing distress to service users. We respected this request, meaning that as an organisation we did not approach anyone other than LCC regarding our concerns prior to the 15<sup>th</sup> October.

This proposal is particularly concerning at a time when there is an increase in national recognition of the need for effective mental health support and agenda around Parity of Esteem between mental and physical health. Nationally there have been well publicised increases in funding to meet these needs.

Indeed, the current Leicester JSNA states that mental illness is the largest single cause of disability in the UK and that Leicester has high rates of risk factors associated with mental illness, also that the rate of death from suicide and undetermined injury is higher in Leicester than the England average. Alongside this, the Leicester Mental Health Partnership Board is looking to commence consultation on its new Mental Health Strategy document in January 2019. Two out of the three main priority areas for mental health identified in this strategy are a) housing and b) prevention. This proposal will severely reduce services in both of these areas.

The Governments review into the funding of supported housing which lasted for almost three years concluded this Summer (2018) with the acceptance that the present arrangements are the most effective. Importantly, it seems to have re-established a national understanding that supported housing is critical, not just for the people who live there but for communities as a whole. It seems inappropriate at this time then for LCC to now look to change this successfully recognised model.

Alongside the consultation process, to which we will of course be responding, there are a number of questions which NH&S Trustees and Management Team have regarding both the ILS supported housing consultation process, and the specific proposal. Please also note that there is another organisation (Creative Support) that delivers ILS supported housing as part of this contract who also share our concerns.

As the Scrutiny Committee responsible for Adult Social Care your consideration of the following questions would be appreciated. (Questions in bold type).

**Budget and finance:**

- **If the proposals are a direct result of financial pressures in this area why did the Council award an inflationary increase of 3.6% from April 2018 on this contract, which we were only made aware of via a letter from LCC on 22<sup>nd</sup> May 2018?**

This was an unexpected and indeed unrequested increase which became even more surprising after my meeting with Caroline Ryan and Tracie Rees on the 11<sup>th</sup> June 2018, a meeting which was requested as early as 1<sup>st</sup> June 2018.



- How much money will actually be saved by cutting the ILS contract?
- Does this saving take into account the TUPE process and resulting redundancy costs?

### **Prevention vs. Statutory Services**

LCC state that this proposal takes money out of preventative services and moves it to statutory services, which must be provided by law.

- How does this proposal fit in with the Care Act 2014 requirements which clearly state that prevention is a statutory service?
- How does this new proposal take into account the fact that money invested in prevention saves money on statutory services? Ergo, money moved from preventative services will actually increase the pressure (social and financial) on statutory services?

Please note that evidence shows that for every £1 spent on the NH&S ILS contract, it saves between £8 and £12 elsewhere; source independent Social Return on Investment March 2017.

### **The potential new service and the consultation process**

There has been no detailed outline of what the new LCC service will offer, not even on the consultation questionnaire.

The term used on the consultation questionnaire (including the LCC website) to identify current ILS service users is that they are 'non-local authority tenants'. There is no mention of the fact that the service users have mental health needs and/or a learning disability. We believe this lack of pertinent information is *at best* misleading.

- Why does the consultation questionnaire not mention the important and pertinent information that current users of the service have ongoing mental health needs and/or learning disabilities?
- What will the new service look like in terms of:
  - Hours of support for each service user per week?
  - Skills and experience of staff members?
  - How will the service meet the ongoing needs of service users or will support be time limited?
  - What will be the expected outcomes of this service?
  - Will the service be provided on an ongoing basis?

- **How can this be a robust and transparent consultation process when the public do not know the client group it will affect, nor the new service which is being offered?**
- **How will the new service meet the complex and fluctuating needs of the current service users, alongside any potential new service users?**
- **As this is classed as a public consultation how has it been brought to the attention of Leicester people?**
- **What engagement opportunities have been offered for stakeholder's/partner agencies who will be directly impacted by these proposals?**

Whilst assessments were carried out for all service users by LCC in January 2018, neither NH&S or service users received any feedback from these assessments, despite many requests. LCC assured us that these assessments are not being used to inform the new service. This would indeed be inappropriate as the information from these assessments would now be not only out of date, but incapable of discussion or potential challenge.

- **How will the fluctuating and often complex needs of service users be met by this new service?**

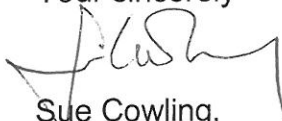
We feel there is a significant lack of information and understanding by LCC in terms of service users' needs. Also, that without the support that NH&S provides, there is a real risk of service users falling through the net and ending up in a safeguarding/crisis situation, including; homelessness, rough sleeping, institutionalised, breaking the law, suicidal, exploited, hospitalised, socially isolated.

- **How will LCC ensure current and new service users sustain their tenancies, especially as the exempt property status may be at risk with this new service? Service users currently receive specialist intensive housing management support to support them in this area. Has this been taken into account?**

Finally, thank you for your time and if you need any further information then please do not hesitate to contact me.

I look forward to the response of the Scrutiny Committee.

Your sincerely



Sue Cowling,  
Chief Executive.

Appendix B

# Adult Social Care Scrutiny Commission

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## **ASC Integrated Performance Report**

**2018/19 - Quarter 1**

Date: 4<sup>th</sup> December 2018

Lead Director: Steven Forbes

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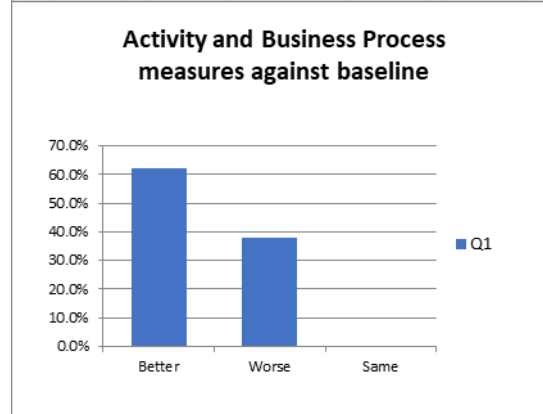
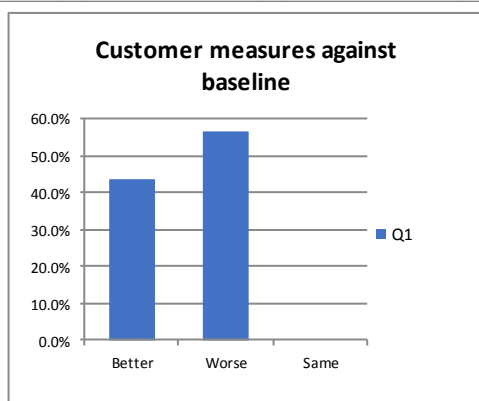
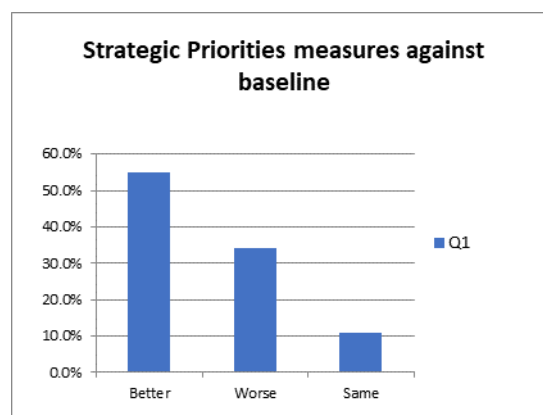
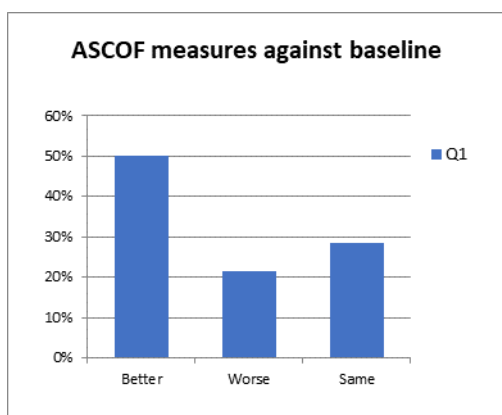


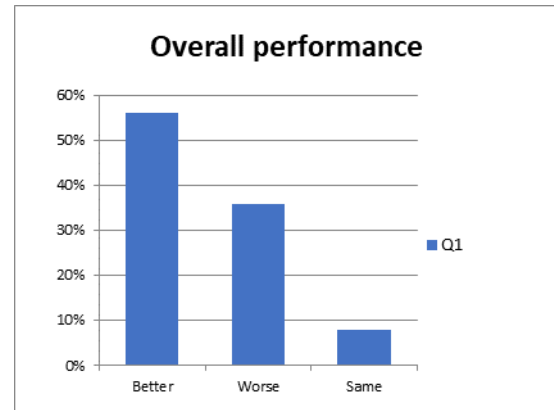
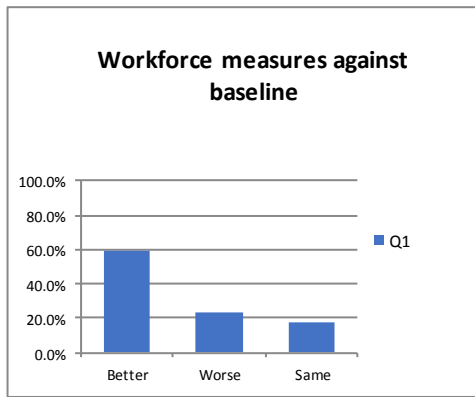
## Useful information

- 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 the first quarter of 2018/19.
- 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 for the first quarter of 2018/19 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 Delivering ASC Strategic Priorities for 2018/19

3.1.1 Our strategic Priorities for 2018/19 remain unchanged from 2017/18, they are:

- SP1. We will work with partners to protect adults who need care and support from harm and abuse.
- SP2. We will embed a strength-based, preventative model of support, to promote wellbeing, self-care and independence.
- SP3. 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.
- SP4. 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.
- SP5. 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.
- SP6. We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services.

3.1.2 As in previous years, we have set out what we need to do to deliver on these priorities in our Annual Operating Plan and made some revisions to the KPIs designed to measure whether we have been effective in doing so.

#### 3.1.3 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 2017/18 baseline, with just seven showing deterioration. This is an improved position to that reported at the end 2017/18. Performance is consistently strong across all priorities. 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 so far this year.

#### 3.1.4 Achievements:

Performance against the new measures to reflect the 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 of 2017/18). Critically here, 73% of service users said that their quality of life had improved very much or completely as a consequence 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.

### 3.1.5 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. This is particularly the case in respect of admissions to residential and nursing care (mostly following discharge from hospital), despite us having an effective quality assurance process in place to ensure that all admissions are unavoidable and working with partners to develop alternative provision.

## 3.2 Keeping People Safe

3.2.1 The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding, including the requirement to undertake Enquiries under section 42 of the Act in order to safeguard people.

3.2.2 During Q1 2018/19, 151 individuals were involved in a safeguarding enquiry started in that period. Of these, 47 were aged 18 to 64, with 104 aged 65 years or over. 95 of those involved were female and 56 were male. 104 were 'White', 25 'Asian' and 10 were 'Black.'

3.2.3 74 individuals who were involved in an enquiry have a recorded Primary Support Reason. 35% of these individuals (26 people out of 74) have 'physical support' as their Primary Support Reason, with 'learning disabilities' and 'mental health' the next most common reasons.

3.2.4 Using figures for all completed enquiries in Quarter 1, the most commonly recorded category of abuse for concluded enquiries was "neglect" (78), followed by "physical abuse" (61), and then "financial abuse" (30). The most common location of risk was in care homes, with a total of 88, of these, 73 were residential homes and 15 nursing homes. The next most common abuse location recorded was the person's own home, 37 instances.

3.2.5 Quarter 1 performance:

Measure	Q1 2017/18
Percentage of cases where action to make safe took place within 24 hours following the decision that the threshold has been met	74.2% of enquiries begun within 24 hours of threshold decision being made
Number of alerts progressing to a Safeguarding enquiry	Alerts received in the quarter = 659 Threshold met in 213 cases, of which 154 progressed to an enquiry
Completion of safeguarding enquiries within 28 days target	45.2% of safeguarding enquiries were completed within 28 days.
Percentage of people who had their safeguarding outcomes partially or fully met.	92.6% of individual who were asked for and gave desired safeguarding outcomes had these outcomes fully or partially met in, fully met 54.3% and partially met 38.3%



### **3.3 Managing our Resources: Budget**

- 3.3.1 The department is forecasting to spend within the budget of £104m. The budget has been reduced from £105.1m by £1.1m to £104m to reflect spending review savings achieved a year ahead of schedule.
- 3.3.2 The department is conducting an organisational review of admin and team support worker posts in order to achieve previously approved budget savings of £0.2m. The review will also lead to the creation of a new brokerage team who will be responsible for purchasing residential, nursing and domiciliary care packages.
- 3.3.3 The Independent Living Floating Support service will cease from 31 March 2019 following an Executive decision on 1 August. Total savings of £0.55m will contribute further to the Spending Review four savings target from 2019/20. As a result of this work, expenditure in 2018/19 has been significantly below budget and will result in savings of £0.2m in the current year.
- 3.3.4 Total gross package costs are forecast to be £112.2m, in line with the budget. There were 5,056 service users at the start of the year and a net reduction of 13 users in the first three months of this year.
- 3.3.5 As ever, rather than growth in numbers the main issue remains the increasing need of our existing service users as the year progresses. In the first three months of this year the increased need was 3.2% resulting in additional costs of £3.1m pa. This compares to 5.3% in the full previous year.
- 3.3.6 Nevertheless there is sufficient headroom in the budget set aside for gross package costs in 2018/19 to allow for this. If increases in need do not continue at the current rate then there will be an under-spend in gross package costs. The annual forecast position will of course be reviewed again at period 6

### **3.4 Managing Our Resources: Our Workforce**

- 3.4.1 Summary:  
HR are transferring to a new case management system meaning complete data for grievances and capabilities has not been available since Q2 of last year. Overall performance in the first quarter of 2018/19 remains reasonably strong, with 10 of the 17 measures where we have data showing improvement.
- 3.4.2 Achievements:  
For the fourth quarter running we can report an improvement in sickness levels, both short and long term across both divisions. Overall staff costs for the department continue to fall, with a 4.5% reduction from the first quarter of 2017/18.
- 3.4.3 Concerns:  
The only area of concern from the data available is that spend on agency staff has continued to increase because of recent work to achieve the required staffing reductions. This has meant that some vacant posts had been filled using agency workers during the review process. Costs for the Adult Social Care and Safeguarding division were £142,035 compared to £83,144 in the corresponding period in 2017/18. This review process has now concluded, and we expect to see agency levels reduce as continuing posts are substantively filled. Total spend on casual staff has also increased, with costs for the Adult Social Care and Commissioning division being £10,470 compared to £3,805 in the corresponding period in 2017/18 (although spend was in ASC and Safeguarding has reduced).

### **3.5 National Comparators - ASCOF**

3.5.1 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 complements the national NHS and Public Health outcome frameworks. The following analysis includes ASCOF measures derived from the user survey as full results were not previously available. Details of our ASCOF performance including 2017/18 national benchmarking can be seen in Appendix 2 of this report.

#### **3.5.2 Summary:**

The number of data issues which impacted on our ability to make accurate judgements about our performance during 2017/18 has reduced. However, we continue to have data quality concerns for the two mental health measures (employment and stable accommodation) and we continue to use historic live discharge data for the measure on the percentage of older people provided with reablement following hospital discharge as local authorities have been denied access to current data. Our overall performance for the ASCOF has been positive, with 50% of measures showing improvement and a further 20% matching the 100% performance achieved last year.

#### **3.5.3 Achievements:**

From the data available for the first quarter of 2018/19 there are some areas of strong performance. Performance against measures relating to self-directed support remains very strong. The three measures for Delayed Transfers of Care are all showing continued improvement: the total rate dropping from 8.8 to 5.5 bed delays per 100,000 population; the rate attributable to ASC dropping from 0.6 to 0.2; and the rate jointly attributable to ASC and the NHS dropping from 1.9 to 0.9. The rate of permanent admissions to residential care for older people (65+) is encouraging at almost 15% fewer than at the same point last year.

#### **3.5.4 Concerns:**

Performance against a small number of key measures has dropped during the first quarter of 2018/19. There have been 11 permanent admissions to residential care for those aged 18 to 64 compared to just 6 at the same point last year. The positive outcomes of short-term services have fallen slightly to 68.3% from 69.8% at the end of 2017/18. The proportion of adults with a learning disability who live in their own home or with their family has dropped from a year-end position of 74.9% to 72.9% at the end of Q1. Although these dips in performance are relatively minor, we will seek to understand why this is happening, with a view to addressing these concerns.

### **3.6 Activity and Business Processes**

3.6.1 We have identified almost 60 indicators to help us understand the level of activity undertaken in the department and the effectiveness and efficiency of the business processes we use to manage that activity. The use of these indicators will also support the overall approach to managing workflow and workloads within services and teams.

#### **3.6.2 Summary:**

Overall performance remains positive, with 62% of measures where a judgement can be made showing improvement from our 2017/18 baseline, although this rate of improvement is less than in the same period last year. Where appropriate, targets for 2018/19 have been agreed for activity and business process measures.

#### **3.6.3 Achievements:**

We can continue to be confident that we are getting better at managing demand. While the total number of contacts at the 'front door' has increased, 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 (87.5% reduction in the number of reviews not completed for over 24 months since the end of 2015/16).

#### 3.6.4 Concerns:

While not impacting on the improved demand management described above, it is worth noting that the number of "new clients" (as defined for our SALT statutory return) was over 1,000 higher in Q1 than in the same period last year (4,310 compared to 3,032). 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 particularly effective. As such, we have re-focused our efforts to support people to move from a residential to a supporting community setting. Although the number of re-assessments outstanding for more than two years has reduced by over 87% since the end of March 2016, the number outstanding for between one and two years has reduced at a much slower rate.

### 3.7 Customer Service

3.7.1 We have identified 25 indicators to help us understand our customers' experience of dealing with us and the extent to which they are satisfied with our support and services. The following analysis includes ASCOF measures derived from the user survey based on the provisional data from our submission to NHS digital in May 2018.

#### 3.7.2 Summary:

Performance on 10 of our customer measures is showing improvement from our 2017/18 baseline, with 13 showing a decline. This is the first time in over two years that the number of measures showing a decline in performance outnumber those showing improvement in any of our baskets of indicators.

#### 3.7.3 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 new 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 the first quarter of 2018/19 continue to be positive with 76.6% of service users saying that their needs were very much or completely met (up from 74.4% at the end of 2017/18) and 73.1% said that their quality of life had improved very much or completely as a consequence (up from 70.6% at the end of 2017/18).

We continue to see a decrease in the number of complaints received. Our current position is significantly improved from our 2017/18 baseline.

#### 3.7.4 Concerns:

The main concern about our performance relating to customer experience and satisfaction, and the principle reason for the high number of measures showing a decline in performance, is that we saw a marked dip in satisfaction levels from our survey of people having received an assessment in Q4 last year. Performance had been consistently strong through Q1 to Q3. There has been some

modest improvement in these measures in Q1, but we are still well below the levels of satisfaction reported throughout 2017/18. However, it is interesting to note that results from this survey are 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 in Q1 when compared to the same period last year.

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

##### **4.1 Financial implications**

The financial implications of this report are covered specifically in section 3.3 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 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: 2018/19 Quarter One: Key Data

Appendix 2: 2018/19 Quarter One: ASCOF

# Adult Social Care

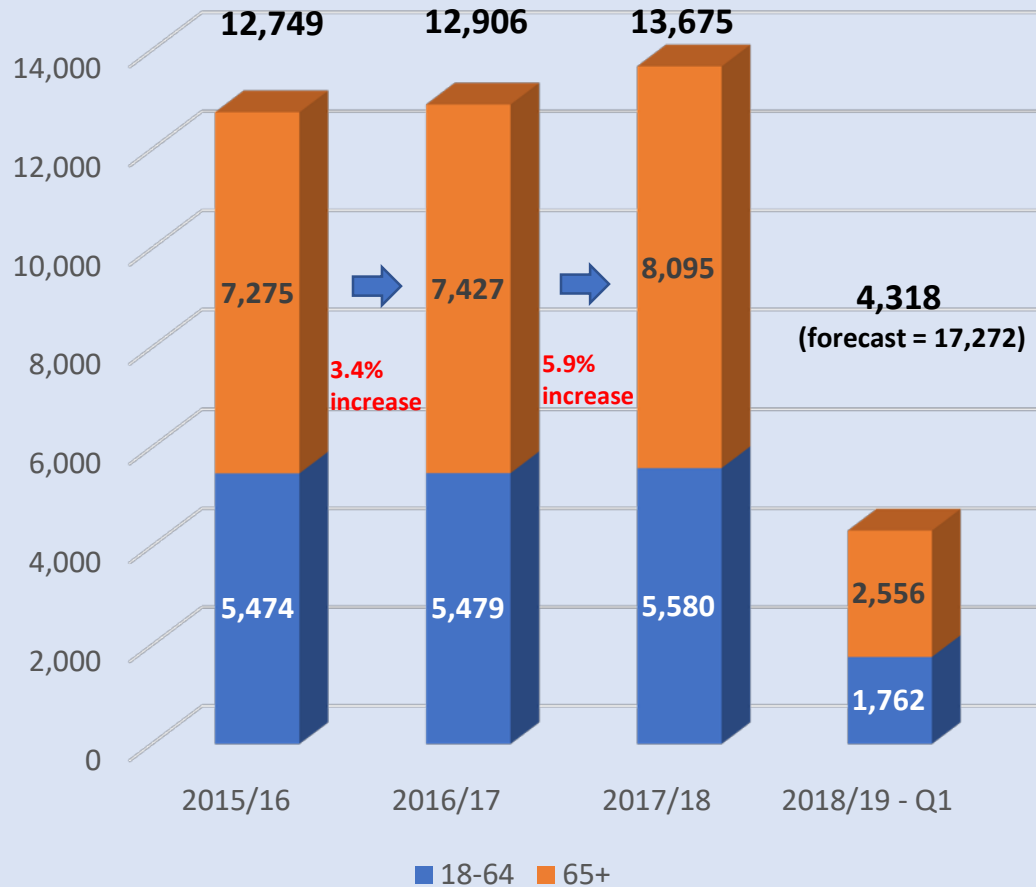
## Key Data

2018/19 – Quarter 1

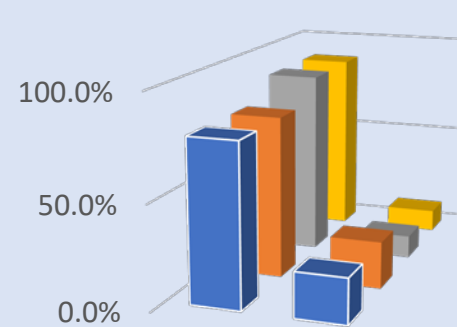
# Understanding demand

14

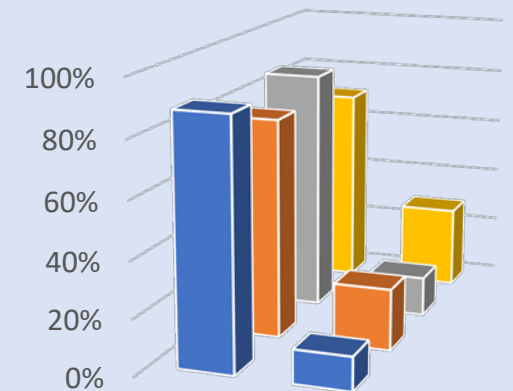
### Requests for support



### ... for those leading to formal assessments



	Completed within 28 days	Not completed within 28 days
■ 2015/16	78.2%	21.8%
■ 2016/17	78.3%	22.7%
■ 2017/18	89.1%	10.9%
■ 2018/19 - Q1	89.4%	10.6%



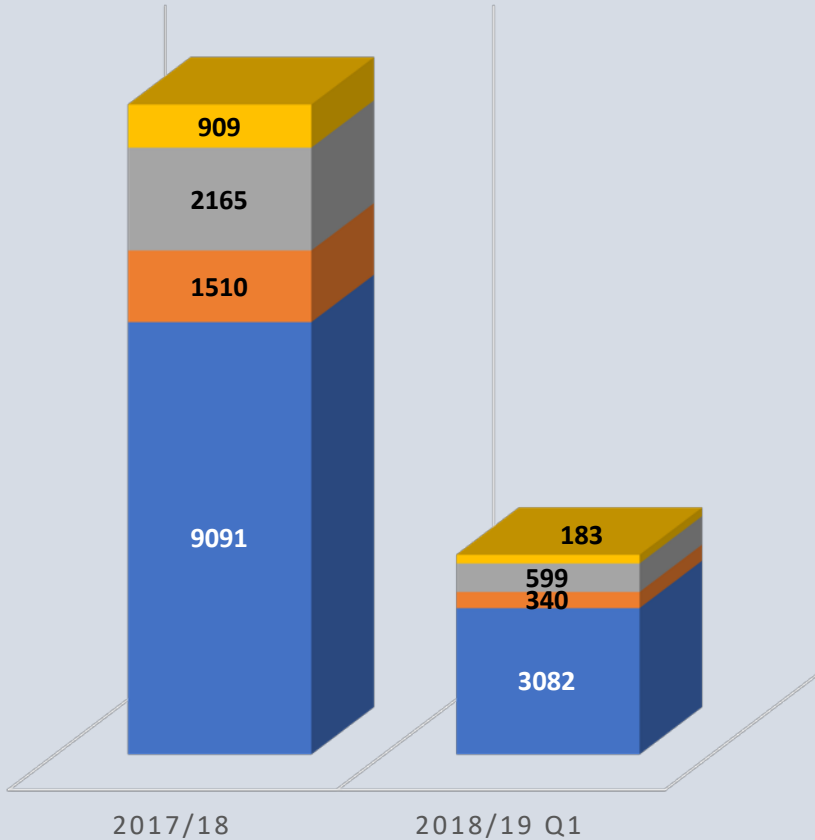
	Eligible for support	Not eligible for support
■ 2015/16	88%	12%
■ 2016/17	78%	22%
■ 2017/18	86%	14%
■ 2018/19 - Q1	71%	29%



# Meeting needs appropriately

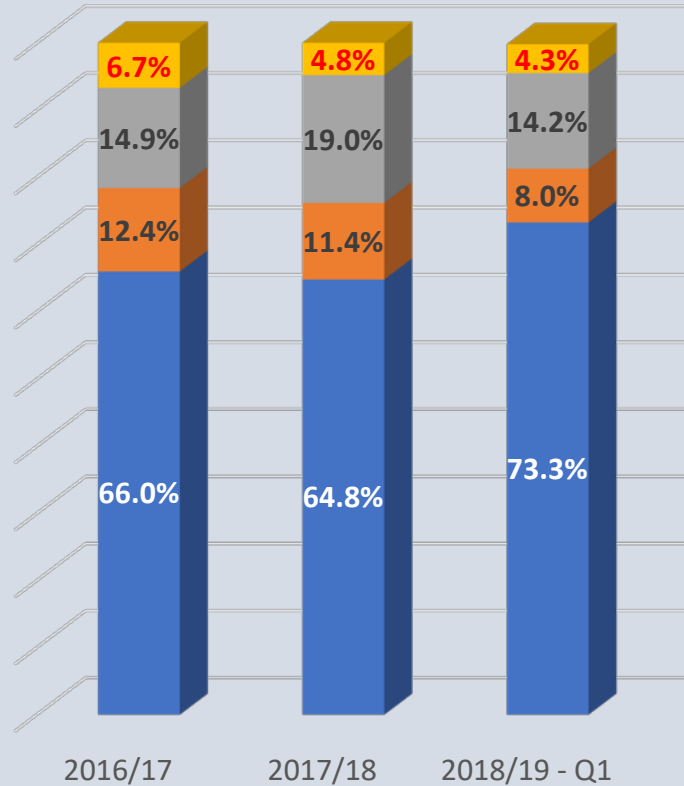
During 2017/18 and 2018/19 (Q1), following a request for support, clients received:

15



Compared to 2016/17

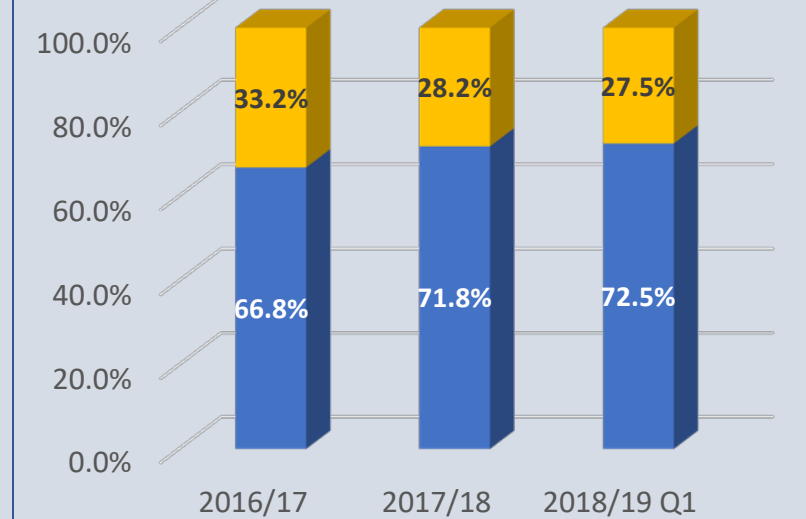
LTS - 36% decrease



- Long-term support
- Other short-term support
- Short-term services to maximise independence
- No services / information, Advice and Guidance

Following short-term support to maximise independence for new clients ...

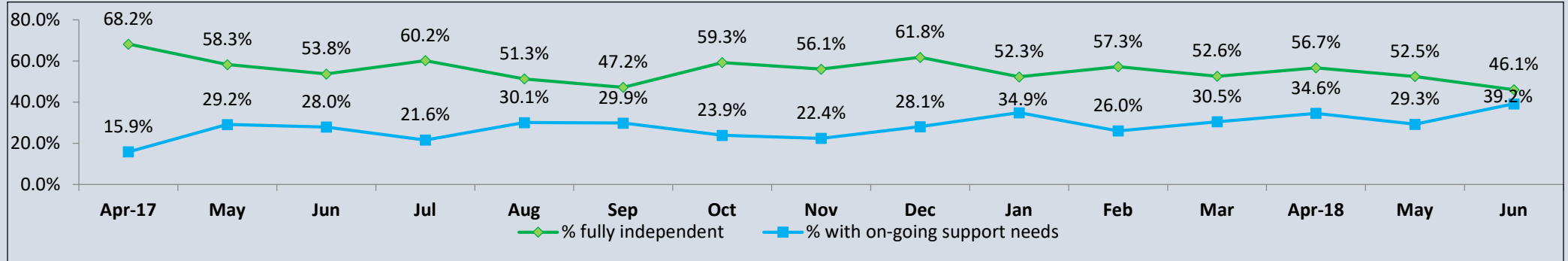
LTS - 17% decrease



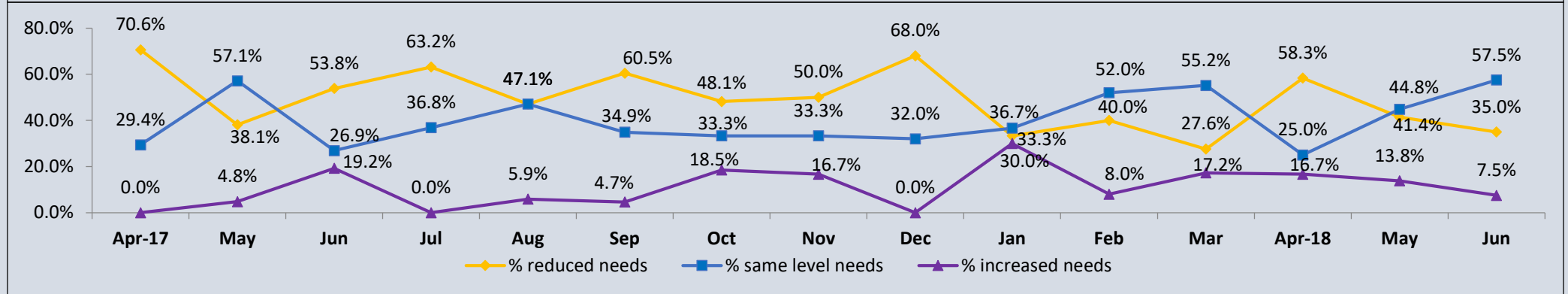
- Long-term support
- Fully independent or one-off support

# Preventative services

Outcomes of preventative services (April 2017 – June 2018)

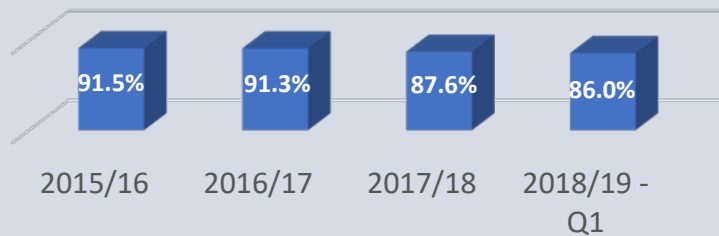


Outcomes for those with on-going support needs (April 2017 – June 2018)



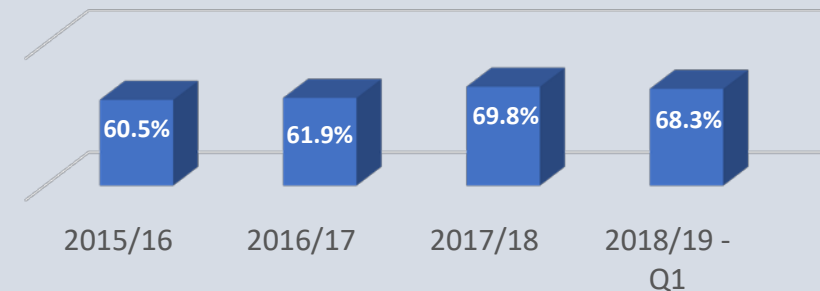
Adult Social Care Outcomes Framework measures (2017/18):

2B(i) Outcomes for older people receiving reablement following a hospital discharge



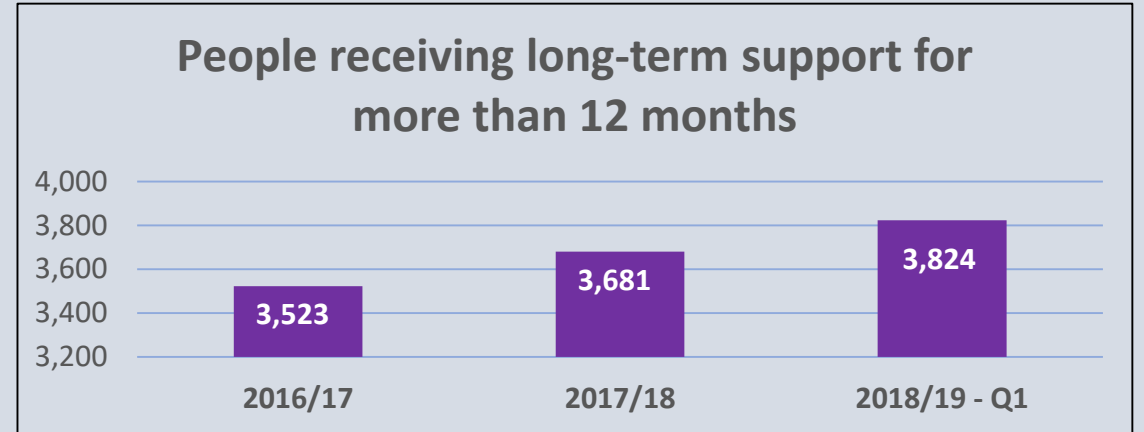
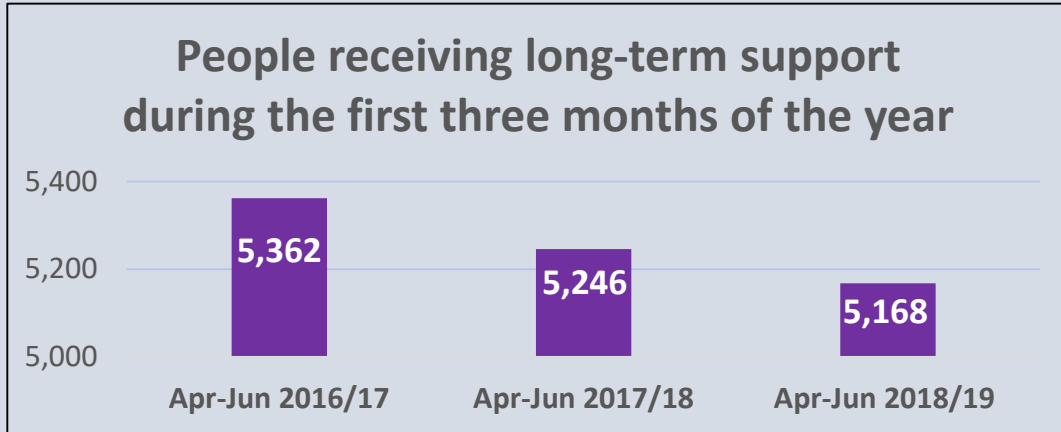
■ Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

2D: The outcomes of short-term services



■ Percentage of those that received a short term service during the year where the sequel was either no ongoing support or support of a lower level

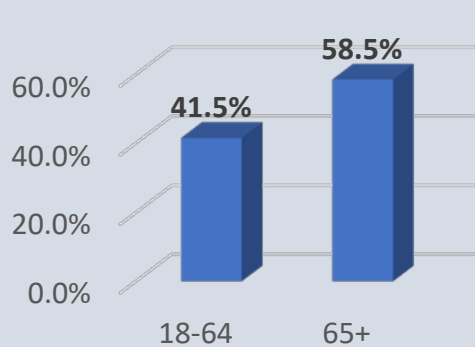
# Long-term support



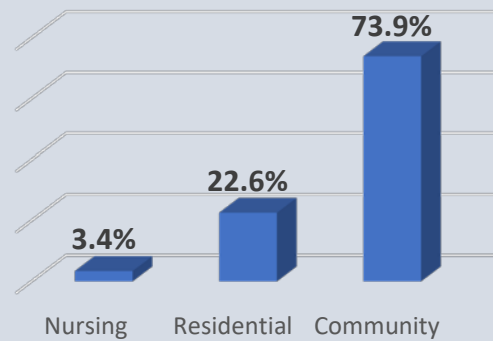
17

For Q1 2018/19:

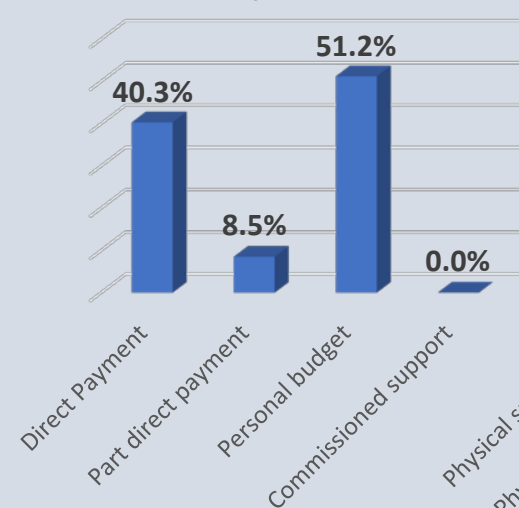
#### Age profile



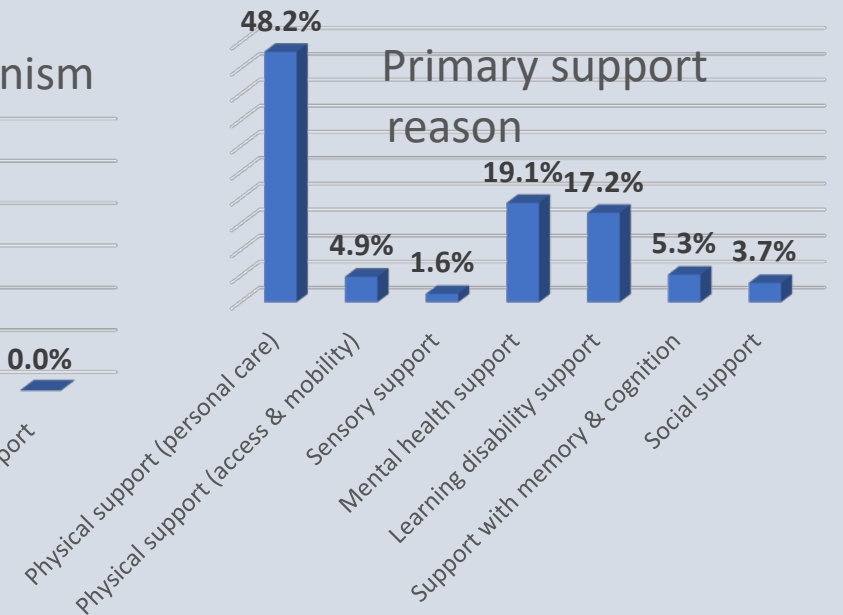
#### Support setting



#### Delivery mechanism



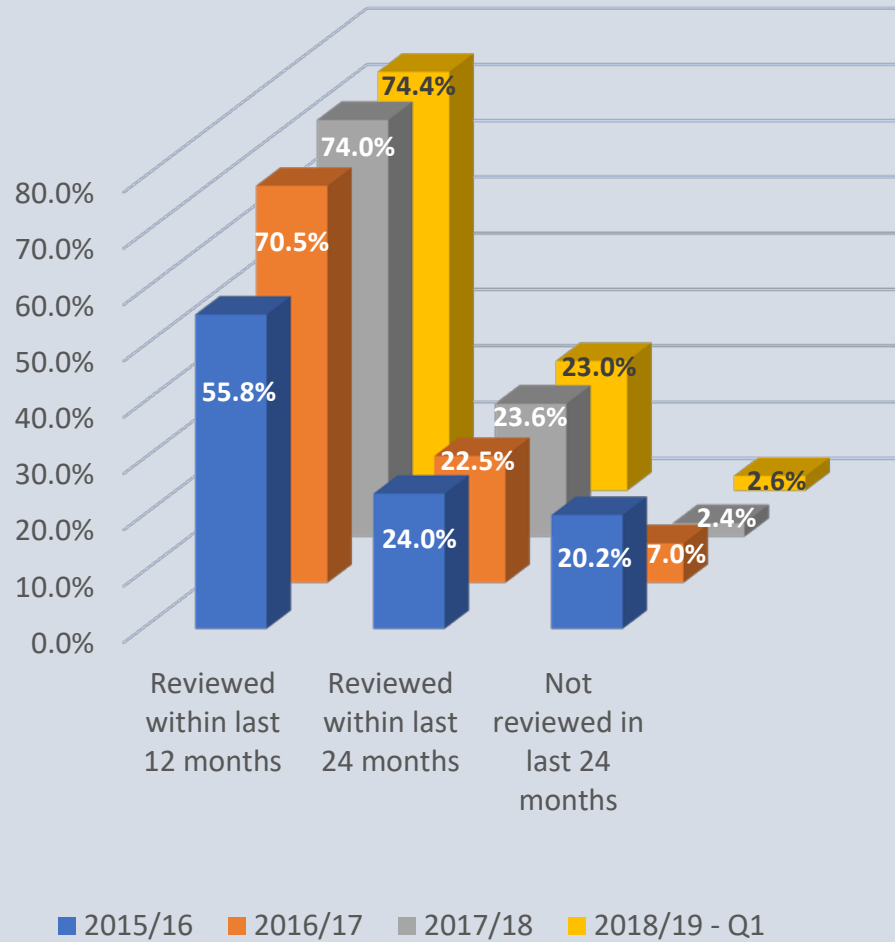
#### Primary support reason



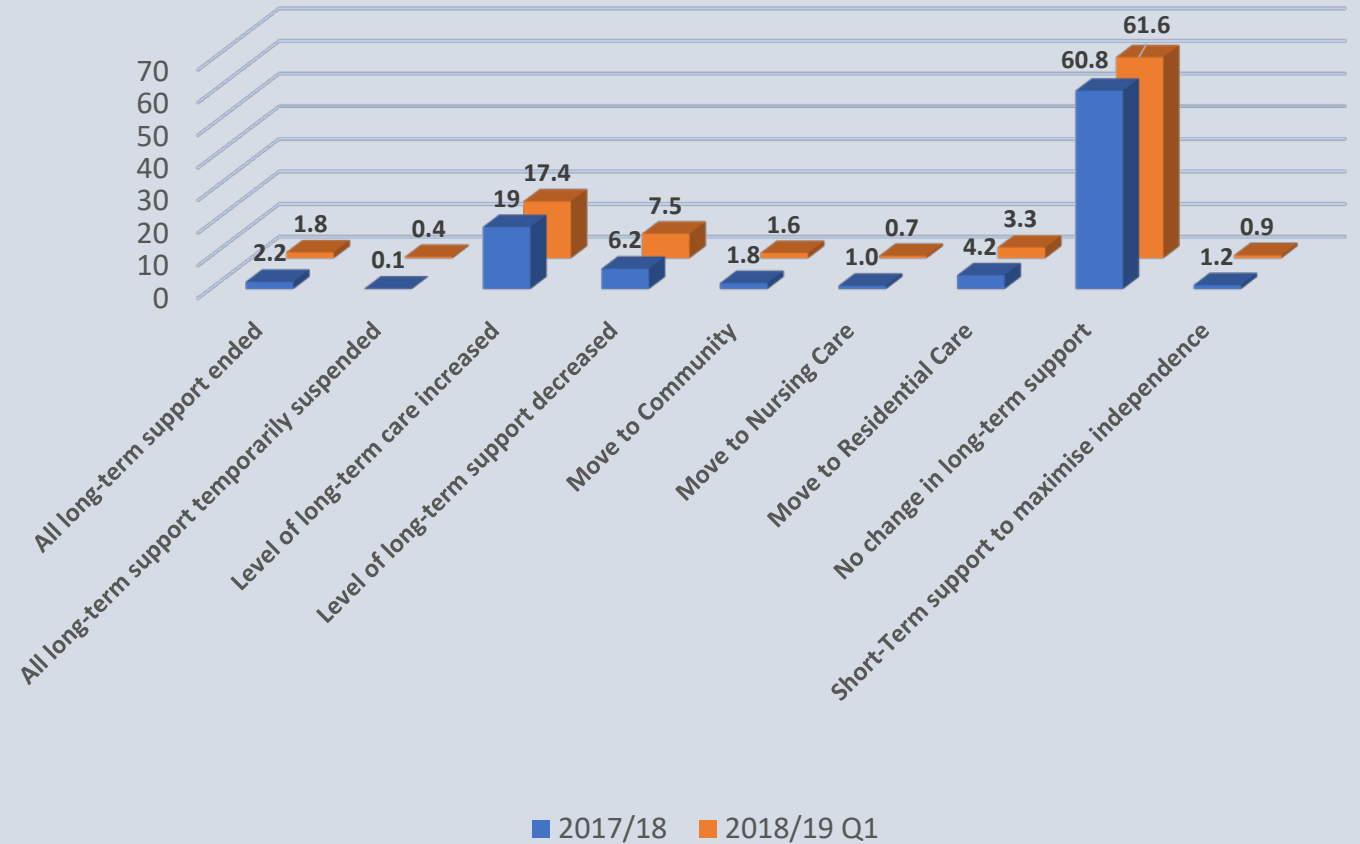
# Reviewing needs

18

## Timeliness of reviews



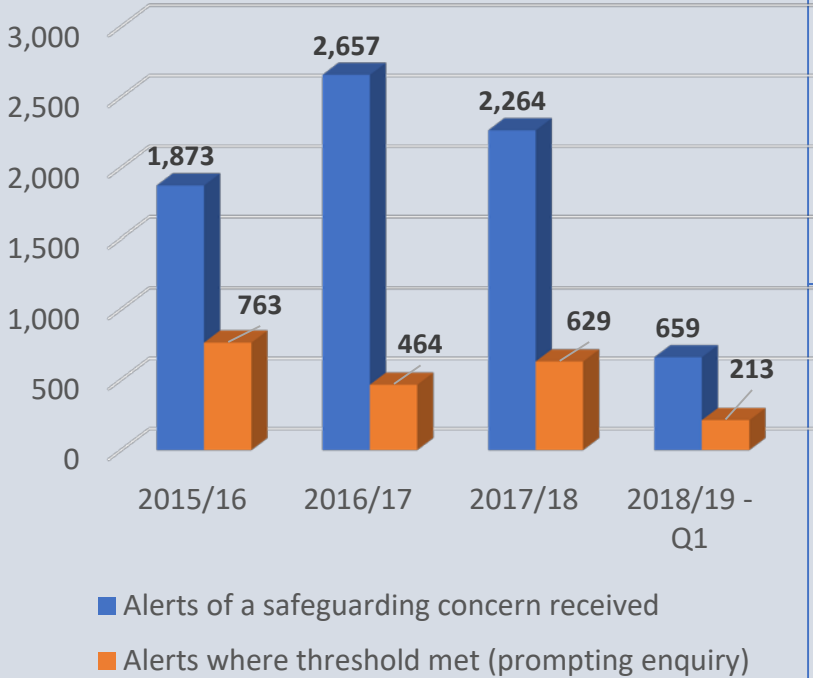
## Outcome of reviews



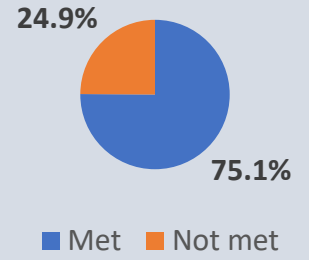
# Safeguarding

19

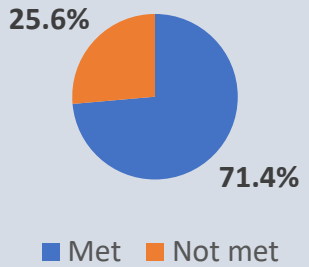
### Alerts and Enquiries



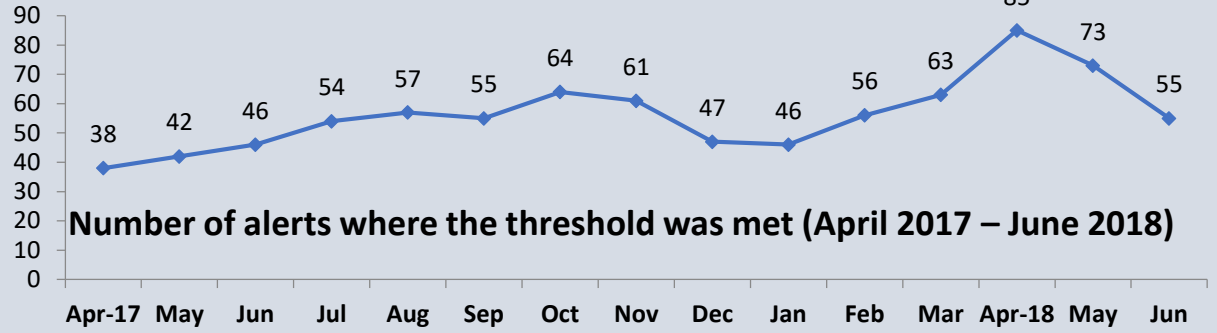
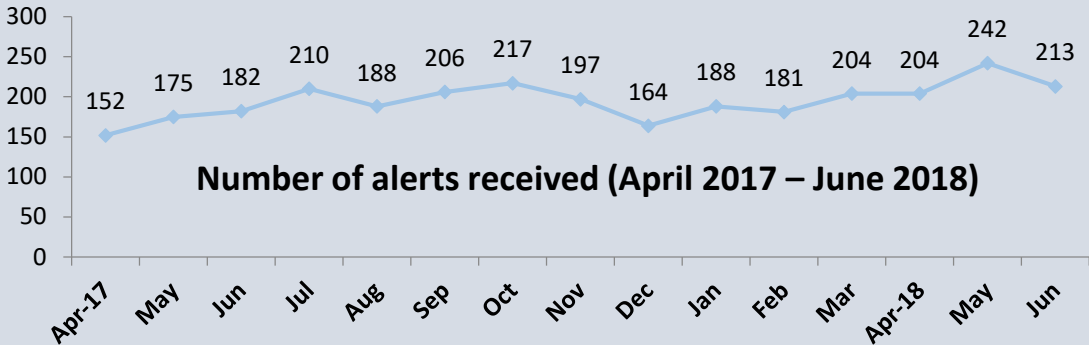
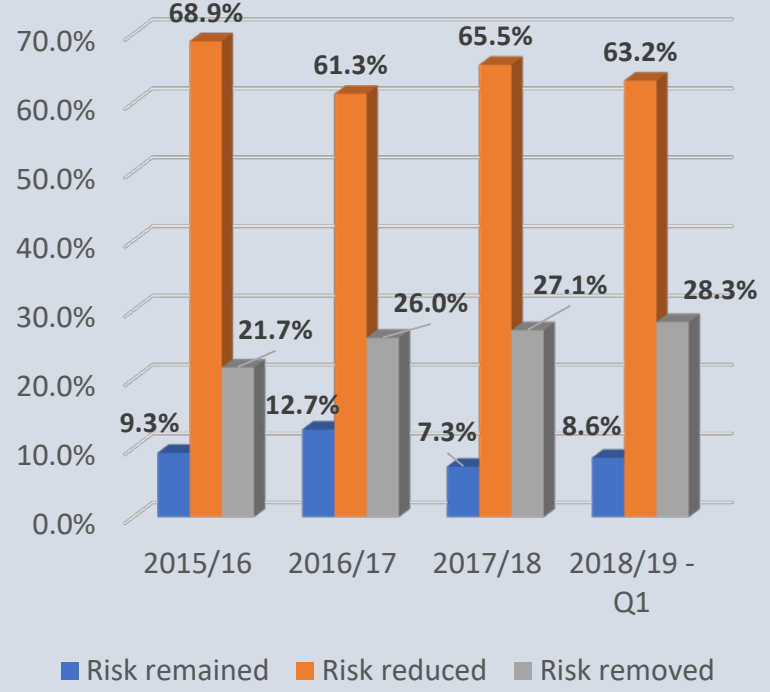
### Threshold decisions made within 7 days of receipt of alert (2018/19 - Q1)



### Action to make safe taken within 24 hours of threshold decision (2018/19 - Q1)



### Outcomes

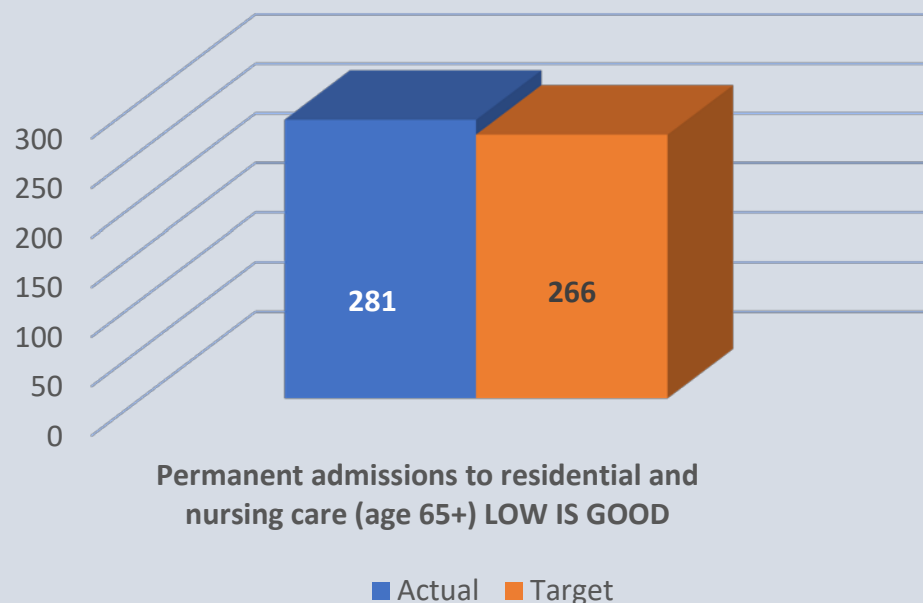


# Better Care Fund (Health and Social Care integration)

Better Care Fund national metrics - see also '91 days' measure on slide 4

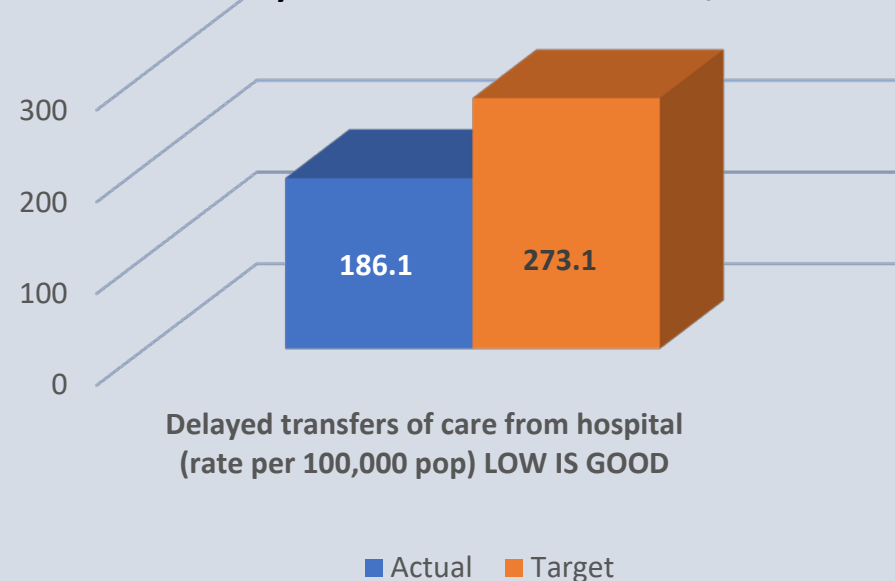
20

Permanent admissions to residential and nursing care (65+) – 2017/18



Permanent admissions to residential and nursing care (age 65+) LOW IS GOOD

Delayed Transfers of Care – 2017/18



Delayed transfers of care from hospital (rate per 100,000 pop) LOW IS GOOD

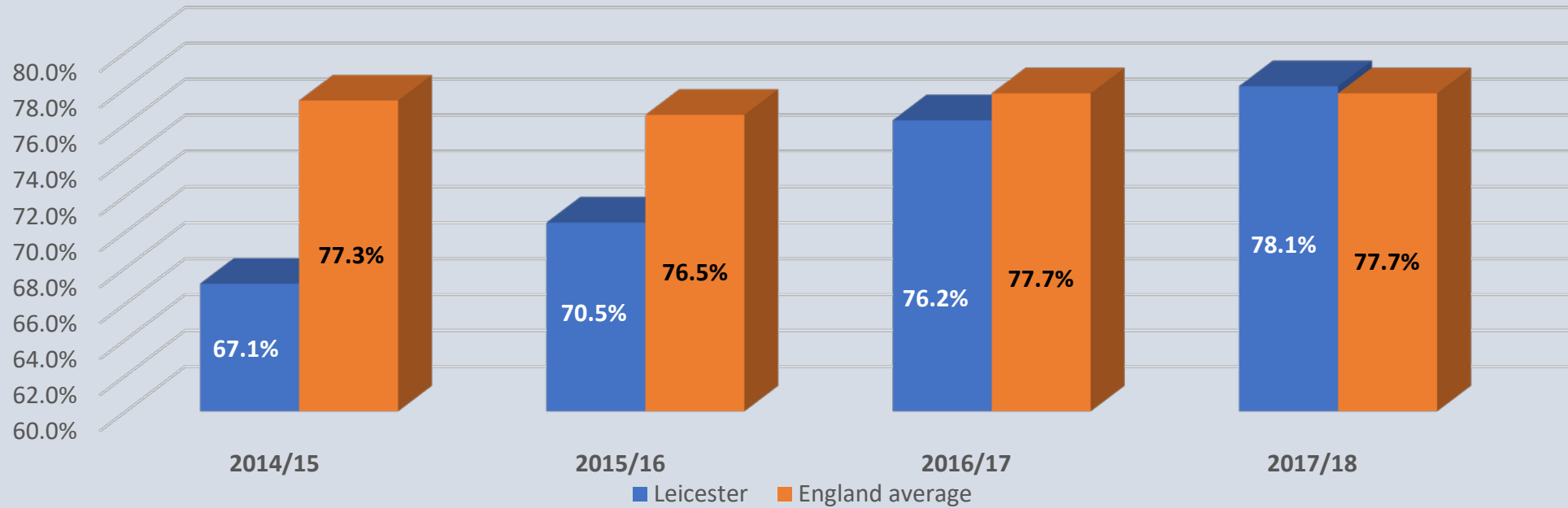
Permanent admissions to residential and nursing care (65+)				
2014/5	2015/16	2016/17	2017/18	2018/19 (Q1)
287	258	282	281	<b>58</b> (forecast = 232)

Delayed Transfers of Care - ASCOF definition				
2014/5	2015/16	2016/17	2017/18	2018/19 (Q1)
13.0	6.0	8.9	8.8	<b>5.0</b>



# Choice and control

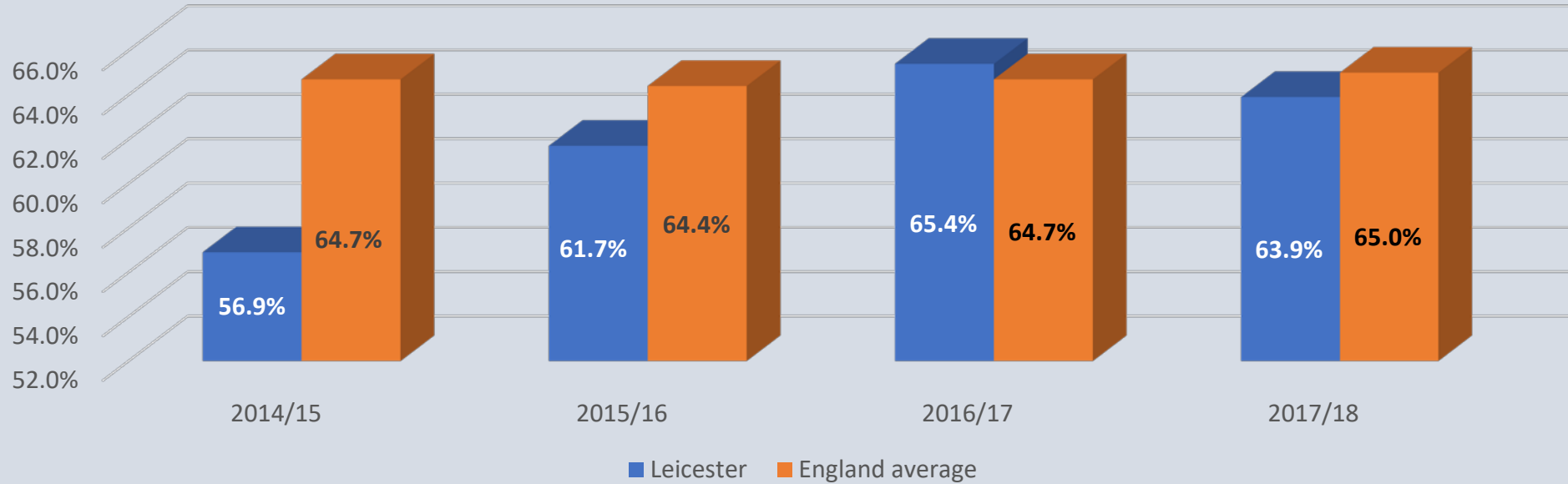
Proportion of people who use services who have control over their daily life  
(ASCOF measure – 1B)



England ranking			
146/150	138/150	100/150	72/150

# Customer satisfaction











Overall satisfaction of people who use services with their care and support  
(ASCOF measure – 3A)























England ranking			
139/150	104/150	64/150	80/150









## Adult Social Care Performance: 2018/19 Q1





## Adult Social Care Outcome Framework

Indicator	2015/16	2016/17	2017/18	2017/18 Benchmarking			2018/19 Q1	2018/19 Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
1A: Social care-related quality of life.	18.1	18.4	18.7	19.1	=116/150	 Up from = 126/150	N/A	TBC	N/A	18/19 user survey results available May '19
1B: Proportion of people who use services who have control over their daily life.	70.5%	76.2%	78.1%	77.7%	= 72/150	 Up from 100/150	N/A	TBC	N/A	18/19 user survey results available May '19
1Cia: Service Users aged 18 or over receiving self-directed support as at snapshot date.	98.7% (3763/3812)	99.8% (3,689/3698)	100% (3,533/3,533)	89.7%	=1/152	 Up from = 26/152	100% (3,640/3,640)	TBC		
1Cib: Carers receiving self-directed support in the year.	100% (147/147)	100%	100%	83.4%	=1/152		100% (85/85)	TBC		
1Cia: Service Users aged 18 or over receiving direct payments as at snapshot date.	44.4% (1693/3812)	46.9% (1,733/3,698)	50.9% (1,800/3,533)	28.5%	5/152	 Up from 7/150	49.3% (1,796/3,640)	TBC		
1Cib: Carers receiving direct payments for support direct to carer.	100% (147/147)	100%	100%	74.0%	=1/152		100% (85/85)	TBC		




Indicator	2015/16	2016/17	2017/18	2017/18 Benchmarking			2018/19 Q1	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
1D: Carer reported quality of life.	No carers survey	7.2	No carers survey	2016/17 7.7	2016/17 130/151	2016/17 	N/A	TBC	N/A	18/19 carer survey results available May '19
1E: Proportion of adults with a learning disability in paid employment.	5.2% (41/793)	4.7% (37/785)	4.5% (35/774)	6.0%	=81/151	 Up from 85/151	4.4% (33/750)	TBC		
1F: Proportion of adults in contact with secondary mental health services in paid employment.	2.9%	2.4% (19.5/820)	1.0%	7.0%	=146/150	N/A No data published in 2016/17	>1.0%	TBC		April data only (no rating) <b>DATA QUALITY ISSUES</b>
1G: Proportion of adults with a learning disability who live in their own home or with their family.	71.8% (569/793)	74.4% (584/785)	74.9% (580/774)	77.2	105/151	 Down from 97/152	72.9% (547/750)	TBC		
1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support.	62.3%	36.6% (300/820)	21%	57%	137/152	N/A No data published in 2016/17	18%	TBC		April data only (no rating) <b>DATA QUALITY ISSUES</b>
1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.	Users	37.2%	35.9%	43.0%	46.0%	110/150  Up from 148/150	N/A	TBC	N/A	18/19 user survey results available May '19
	Carers	No carers survey	31.0%	No carers survey	2016/17 35.5%	2016/17 105/151 	N/A	TBC	N/A	18/19 carer survey results available May '19
1J: Adjusted Social care-related quality of life – impact of Adult Social Care services.	0.416	0.367	0.404	0.405	84/150  Up from 133/150		TBC	TBC	N/A	

Indicator	2015/16	2016/17	2017/18	2017/18 Benchmarking			2018/19 Q1	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
<b>2Ai: Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)</b>	16.3 36 admissions	18.12 40 admissions	<b>14.7</b> 33 admissions	14.0	= 96/152	 Up from =121/150	<b>4.81</b> 11 admissions	TBC		Cumulative measure: Position at Q1 2017/18 – 6 Forecast based on Q1 = 44 admissions / 19.3
<b>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).</b>	644.1 258 admissions	704.04 282 admissions	<b>689.9</b> 281 admissions	585.6	110/152	 Down from 99/152	<b>139.63</b> 58 admissions	TBC		Cumulative measure: Position at Q1 2017/18 - 68 Forecast based on Q1 = 232 admissions / 558.55
<b>2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.</b>	<b>Statutory</b>	91.5%	91.3%	87.6% (162/185)	82.9	= 47/150  Down from =22/152	<b>N/A</b>	TBC	<b>N/A</b>	<b>Statutory measure counts Oct – Dec discharges</b>
	<b>Local</b>	88.2%	92.3%	85.4% (695/814)	N/A	N/A	N/A	<b>86.0%</b> (172/200)	TBC	
<b>2Bii: Proportion of older people (65 and over) offered reablement services following discharge from hospital.</b>	<b>Statutory</b>	3.1% (200 in reablement)	2.5%	2.8% (185/6,496)	2.9%	= 82/152  Down from 64/152	<b>N/A</b>	TBC	<b>N/A</b>	<b>Statutory counts Oct – Dec discharges</b>
	<b>Local</b>	3.0% (939 in reablement)	2.7%	3.2% (814 in reablement)	N/A	N/A	N/A	<b>3.3%</b> (200 in reablement)	TBC	
<b>2Ci: Delayed transfers of care from hospital per 100,000 pop. (Low is good)</b>	6.0	9.0 (282 delays)	8.8 (per 100,000 pop - total (All) DTOC bed delays)	12.3	= 62/152	 Down from 46/152	<b>5.0</b> (per 100,000 pop - total (All) DTOC bed delays)	TBC		

Indicator	2015/16	2016/17	2017/18	2017/18 Benchmarking			2018/19 Q1	Target	Rating	Comments
				England Average	England Ranking	England Rank DoT				
<b>2Cii: Delayed transfers of care from hospital attributable to ASC per 100,000 pop. (Low is good)</b>	N/A	N/A	0.6 <small>(per 100,000 pop - Social care DTOC bed delays)</small>	4.3	=16/152	N/A <small>New measure for 2017/18</small>	0.2 <small>(per 100,000 pop - Social care DTOC bed delays)</small>	TBC		Latest data is for May 2018.
<b>2Ciii: Delayed transfers of care from hospital attributable to NHS and/or ASC per 100,000 pop. (Low is good)</b>	1.7	2.9	1.9 <small>(per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)</small>	0.9	142/152	 <small>Down from 47/152</small>	0.9 <small>(per 100,000 pop - Social care and both NHS and Social care DTOC bed delays)</small>	TBC		Latest data is for May 2018.
<b>2D: The outcomes of short-term services (reablement) – sequel to service</b>	60.5%	61.9%	69.8%	77.8	106/152	 <small>Up from 127/152</small>	68.3%	TBC		
<b>3A: Overall satisfaction of people who use services with their care and support.</b>	61.7%	65.4%	63.9%	65.0%	80/150	 <small>Down from 64/150</small>	N/A	TBC	N/A	18/19 user survey results available May '19
<b>3B: Overall satisfaction of carers with social services.</b>	No carers survey	43.5%	No carers survey	2016/17 39%	2016/17 24/151	2016/17 	N/A	TBC	N/A	18/19 carer survey results available May '19
<b>3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for.</b>	No carers survey	70.7%	No carers survey	2016/17 70.6%	2016/17 70/151	2016/17 	N/A	TBC	N/A	18/19 carer survey results available May '19

Indicator		2015/16	2016/17	2017/18	2017/18 Benchmarking			2018/19 Q1	Target	Rating	Comments
					England Average	England Ranking	England Rank DoT				
3D: The proportion of service users and carers who find it easy to find information about services.	Users	67.4%	70.5%	70.5%	73.2%	= 109/150	 Up from 142/150	N/A	TBC	N/A	18/19 user survey results available May '19
	Carers	No carers survey	57.3%	No carers survey	2016/17 64.2%	2016/17 134/151	2016/17 	N/A	TBC	N/A	18/19 carer survey results available May '19
4A: The proportion of service users who feel safe.		60.8%	65.4%	66.1%	69.9%	120/150	 Up from 125/150	N/A	TBC	N/A	18/19 user survey results available May '19
4B: The proportion of people who use services who say that those services have made them feel safe and secure.		80.7%	77.6%	86.7%	86.3%	= 78/150	 Up from 139/150	N/A	TBC	N/A	18/19 user survey results available May '19

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Improvement from baseline - 7 	No significant change from baseline - 4 	Deterioration from baseline - 3 	N/A - No data on which to make a judgement on performance - 17 
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## Adult Social Care Scrutiny Commission Report

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### Extra Care Housing

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Date: 4<sup>th</sup> December 2018

Lead Assistant Mayor: Vi Dempster

Lead Director: Tracie Rees

## Useful information

- Ward(s) affected: Beaumont leys and Braunstone
- Report author: Tracie Rees Ext 2301
- Author contact details: [Tracie.rees@leicester.gov.uk](mailto:Tracie.rees@leicester.gov.uk)
- Report version 1.

### 1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an update on the development of 2 Extra Care schemes in the City.

### 2. Summary

- 2.1 In August 2014, the Executive agreed to proceed with the development of 2 Extra Care Schemes at Tilling Road, Beaumont Leys and Hamelin Road, Braunstone.
- 2.2 However, the schemes were paused in 2016, pending the Government's review of the Local Housing Allowance (LHA). Progressing with the development at the time could have been detrimental to the Councils finances, due to a shortfall between the level of housing benefits payable and the actual chargeable rent.
- 2.3 The Government has now published its findings and have decided that Extra Care and supported living is exempt from any changes to the LHA. This means that Extra Care will still attract the higher level of housing benefits and the rent will be fully covered.
- 2.4 Therefore, the necessary due diligence checks have been completed to ensure that the terms of the original agreement are still relevant, and it is anticipated that the construction of the buildings will commence in January 2019. It is likely that the building work will take in the region of 18 months.
- 2.5 The 2 schemes will together provide a total of 155, 1 and 2 bed flats for a range of vulnerable adults over the age of 18 years.

### 3. Recommendation

- 3.1 The Adult Social Care Scrutiny Commission is recommended:
  - a) To note the proposal to progress with the schemes and to provide comments/feedback

#### **4. Report**

- 4.1 The provision of accommodation that supports people to live in the community with support is a key priority for Adult Social Care (ASC) and provides a cost effective option to residential care.
- 4.2 A recent needs analysis shows that over the next 5 years, there is a projected shortfall of approximately 474 units of accommodation required for a range of vulnerable adults. Therefore, progressing with the development of these two schemes will provide 155 units.
- 4.3 Following a procurement exercise in 2015, a consortium led by Ashley House Plc was selected to deliver the 2 schemes. Places for People, which is a Registered Social Landlord will provide the landlord function.
- 4.4 The 2 schemes will provide 1 and 2 bed flats for a range of vulnerable people; this includes people with a learning disability, those with autism, mental health problems, older people and transitions cases.
- 4.5 In exchange for council owned land and Right to Buy Monies, the Council will receive 100% nomination rights to all the flats into perpetuity. Each scheme will cost in the region of £11m. The Councils total contribution will be £2.45m Right to Buy Monies and the land.

#### **5. Financial, legal, other implications**

##### Financial

- 5.1 There are no financial implications associated with this report.

##### Legal

- 5.2 There are no legal implications associated with this report.

##### Equalities

- 5.3 There are no equalities implication associated with this report.

##### Climate change

- 5.4 There are no climate change implications associated with this report.

**6. Appendences**

None

**7. Background Reports**

7.1 Government notes re Local Housing Allowance

**8. Is this a private report:**

No

**9. Is this a key decision:**

No



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## ***Disability Related Expenditure (DRE) Consultation Findings***

For consideration by: ASC Scrutiny Commission

Date: 4 December 2018

Lead director: Ruth Lake

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## Useful information

- Ward(s) affected: All Wards
- Report author: Ruth Lake
- Author contact details: 37 5551
- Report version number: 3.0

### 1. Purpose of report

1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with:

- Details of the findings of a 12-week statutory consultation on proposals to change the treatment of Disability Related Expenditure (DRE) as part of the means test for Adult Social Care support;

### 2. Summary

2.1 The City Mayor gave approval for officers to consult on proposals to change the way in which Disability Related Expenditure (DRE) is treated within the means test for Adult Social Care support, on 12 June 2018.

2.2 DRE is the extra cost that a person experiences as a result of their illness or disability, which would not be required if a person did not have a disability.

2.3 Currently, the Council allows people to keep £20 of their income to cover these costs (or £15 if one of a couple). If a person can evidence that their disability expenditure is in excess of the standard amounts, the Council allows them to keep more income to cover the costs in full.

2.4 A statutory consultation was held from 3 July 2018 to 28 September 2018, on proposals to reduce Disability Related Expenditure (DRE) from £20 to £10 per week for an individual (or from £15 to £10, if one of a couple).

### 3. Report/Supporting information including options considered:

3.1 Some non-residential social care service users pay a charge towards the cost of their services, based on a means test which assesses how much they can afford to pay. A part of this means test considers Disability Related Expenditure (DRE), which is the extra cost of living that a person faces as a result of their disability.

3.2 DRE is the extra cost that a person experiences as a result of their disability or illness. These are costs which would not have been incurred if a person did not have a disability. This may include:

- the cost of an emergency alarm to alert a family member in a crisis;

- paying for a gardener if a person's disability means that they are unable to manage their garden;
- the additional cost of heating bills to keep a home warm, if a person's disability means that they have to stay at home for most or all of the day.

3.3 Within the financial assessment, service users are currently left with a minimum £20 per week to cover the additional cost of living resulting from their disability (or £15 if they are one of a couple). Where a person can evidence that their costs are higher than this then the higher amount is used, and the service user's charge is reduced accordingly.

3.4 This ensures the Council exercises discretion and is compliant with the Care Act and statutory guidance in ensuring that a person keeps enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the Council.

3.5 The assessment of a person's charge towards their care is based on a comparison between their total income and an allowable amount that they should be left with in order to meet their allowable expenditure. This is known as 'Protected Income' or 'Minimum Income Guarantee (MIG)'<sup>1</sup>. Simplified examples of how DRE is treated within the financial means test is shown in Appendix A.

#### Consultation Proposals

3.6 A single proposal was consulted on:

- 1) To reduce the amount allowed for disability related expenditure to a minimum of £10 per week (whether single or one of a couple).

3.7 If the proposals were to be approved, the maximum additional amount that a person would have to contribute would be £10 per week. Therefore, people were also asked how they would be impacted by an increase of £10 to their weekly charge.

#### Consultation Approach

3.8 A comprehensive approach was taken to ensure that all stakeholders had an opportunity to provide their views. Stakeholders and members of the public were engaged through the following means:

- Surveys were sent by post to the approximately 3,200 service users (or their carers or representatives) in receipt of non-residential care, which

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

included a letter outlining the consultation process and a pre-paid return envelope

- The survey was made available on the Council's consultation Hub (Citizen Portal);
- Public Meetings were held in three locations across the city (City Centre, Belgrave and Braunstone), where people were provided with an opportunity to express their views and discuss the proposals in more detail;
- A dedicated telephone helpline was set up to assist people with the completion of surveys and to note any comments or concerns raised;
- A generic e-mail was set up to provide a supplementary route of contact for those who wanted to write in electronically;
- E-mails (or letter) were sent to 51 providers and organisations that represent the interests of people in receipt of adult social care services.

3.9 Detailed correspondence was sent to all city Councillors (including the Chairs of Scrutiny Commission and Labour Group) and local MP's to ensure they were fully informed about the proposals, particularly to provide support to any constituent enquiries.

#### Consultation Findings

3.10 In total, 788 surveys were completed and returned, which represents a response rate of 24.7% (of original cohort). Given the complexity of the issues raised, this is considered to be a very good response rate. This helps to provide greater assurance that the responses received are representative of the wider views of the full population of service users.

3.11 The survey responses and comments received have been considered below, with specific attention to the additional comments provided by respondents. In addition to the survey, the findings also consider the content from the three public meetings and a letter received from one organisation.

#### Proposal to Reduce the Standard Amount of DRE

3.12 Currently, the Council allows people to keep at least £20 of their weekly income to cover the additional costs they face as a result of their disability (or £15 if one of a couple). Where a person can show that they face costs of more than these standard amounts, the Council allows them to keep enough to cover the costs in full. This question was asked to gauge views towards the proposal to reduce the standard amounts to £10 per person (whether single or one of a couple).

3.13 57% of those who responded to this question disagreed with the proposal. A fifth (20%) agreed with the proposals, whilst almost a quarter (23%) did not have a view. Whilst 57% of respondents stated they disagreed with the proposal, 43% of respondents either agreed with the proposal or did not have a negative view to express.

3.14 Those who responded in favour of the proposal frequently referred to its equitable and fair approach. Respondents also mentioned that this would help the Council to support greater numbers of people with social care needs.



3.15 Respondents that were against the proposals provided comments that covered the following themes:

- The most frequent comment was in relation to the potential to have negative effects on people's finances, and the risk of causing financial hardship. In most cases, this was a reference to their own situation, in other cases it was a reference made to disabled or elderly people in general.
- The second most frequent comment reflected a desire to leave the standard DRE amounts as they are to increase funding or support in general.
- A common comment made was that £10 is not enough to cover the additional costs a person incurs as a result of their disability. However, the consultation materials clearly stated that if a person had eligible DRE costs in excess of £10, the Council would allow the actual (higher) costs to be allowed; the proposed reduction in standard rate would only apply to those people with costs of less than or equal to £10.
- A significant number of comments refer to the need to protect disabled people from the impact of cuts. There was the view among some that disabled people are on the receiving end of a number of cuts. Others were more general in stating that the proposals are unfair.
- Respondents referred to the importance of treating people as individuals by reflecting the specific circumstances and costs that people incur. Under the proposals, anyone with DRE costs in excess of £10 per week would undergo an individual assessment, achieving the objective of reflecting the actual costs a person incurs.

#### Impact of a £10 Increase to the weekly charge

3.16 If the proposals were introduced, the maximum additional amount a person would have to pay would be £10 per week. This question was asked to assess what the impact would be for service users if their contribution increased by the maximum amount of £10 per week.

3.17 Just over half of all the respondents (53%) reported that an increase of £10 to their weekly charge would affect them (or someone they represent) a lot, including how much they have for essentials. A quarter (25%) of respondents indicated that they would be affected a little, including how much they have for extras or treats. The remaining 20% noted that they would either be able to manage the increased charge (12%) or they would consider stopping the Adult Social Care services they receive (8%). 2% of respondents did not answer this question.

3.18 Although 53% of respondents considered the changes would affect them a lot if the proposals were introduced, analysis of current caseload suggests that 53% of existing service users would not be affected by the proposed changes. Whilst it is not possible to individually identify which of the respondents would

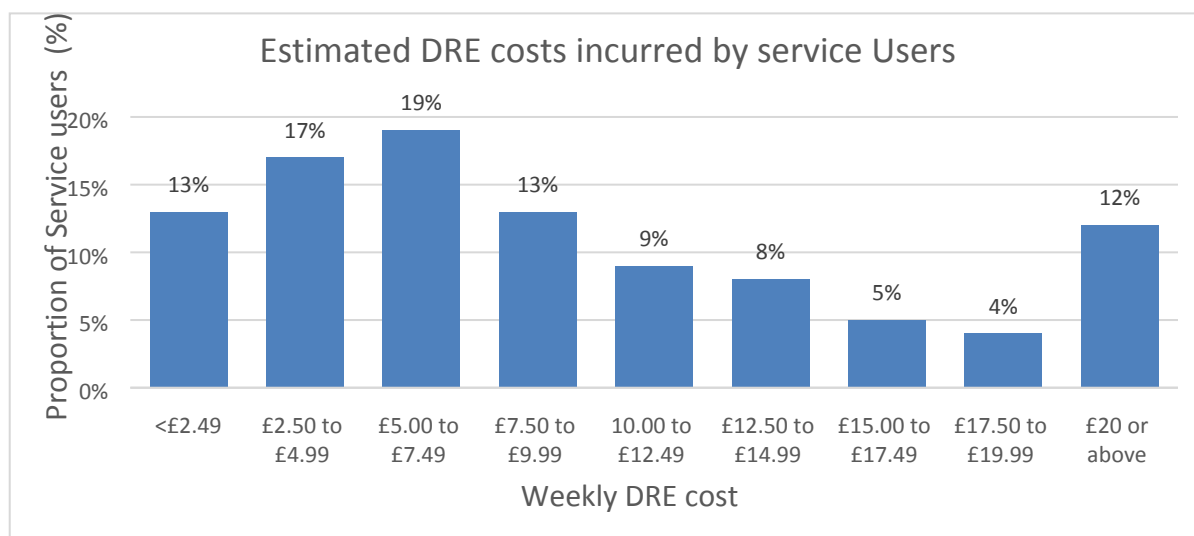
or would not be affected by the changes, not all of these people would in reality be affected by the proposals.

#### 4. Options

4.1 The following options were identified for consideration, in relation to the standard levels of DRE:

- 1) To leave the minimum levels of DRE unchanged at £20 per week (or £15 per week if one of a couple)
- 2) To remove all standard levels of DRE and undertake individual DRE assessments for all service users
- 3) To reduce the standard level of DRE from £20 to £10 (and from £15 to £10 if one of a couple)

4.2 The actual disability related expenditure costs incurred by a sample of 600 service users were individually assessed. This identified that in 88% of cases, the actual DRE incurred was less than the standard £20. 63% of people had DRE of less than £10 and the average DRE being assessed was £7.50. This indicates that the current level of disregard within the means test continues to leave service users with more than is needed to cover actual costs associated with their disability. This is summarised in the below chart:



4.3 The standard DRE of £20 per week in Leicester within the current means test is generous when compared with other authorities. From a sample of authorities for which information was available (as at June 2018), there appears to be quite a variation in approach. Some authorities either operate a banding system or they do not have a set minimum level of DRE and an individual assessment is undertaken to establish the actual DRE costs for each service user. Of the sample, only Nottinghamshire continues to set a current standard rate of £20 within the financial assessment. Details of the sample are as follows:

- Nottinghamshire - £20 per week
- Northamptonshire - £18 per week
- Leicestershire - 4 bands: nil, £7, £14, £20 per week
- Lincolnshire - 3 bands: £10, £15, £25
- Peterborough - 3 bands: £10, £15, £25
- Newcastle - £5 per week
- Nottingham City – Actual costs
- Derby City – Actual costs
- Derbyshire County – Actual costs (but capped at £42.97pw)

Option 1: To leave the minimum levels of DRE unchanged

- 4.4 Consultation findings appear to show that service users would prefer to leave DRE unchanged in its current form. This would leave the Council providing a more generous DRE allowance than our analysis of existing service user DRE costs would indicate is required, and it would also remain at a higher level than most other authorities. By retaining the current approach, service users would benefit from not having to contribute more to charges, but conversely, the Council would face additional financial pressure by having to find savings through alternative measures.

Option 2: To remove standard levels & undertake individual DRE assessments

- 4.5 The complete removal of the standard DRE, in line with many authorities, would generate the most additional income. Arguably, it results in the fairest treatment of service users, since individual circumstances are reflected in all cases. However, it would also mean that the actual level of DRE for each and every service user would need to be assessed, increasing the administrative cost and pressure on the finance team. The estimated additional financial administrative costs are £358k per annum, in addition to social work time. Experience of other authorities suggests that this will also significantly increase the workload associated with resolving appeals against the assessment outcome. The Council should be looking to reduce the bureaucratic cost where possible, and this option runs counter to this objective.

Option 3: To reduce the standard level of DRE from £20 to £10

- 4.6 It is estimated that by reducing the standard minimum DRE levels to £10 per week, in line with the original proposals that were consulted upon, an additional income of approx. £690k per year could be generated. 62% of service users have DRE costs of less than £10 per week. If the standard DRE levels were reduced to £10, this would mean that they would still be left with more than enough income to cover the costs they are facing. The remaining 38% with DRE costs in excess of more than £10 per week, would be left with income exactly equal to the assessed DRE costs they incur.
- 4.7 The Equalities Impact Assessment (Appendix B) shows the impact of a change to standard DRE rates of £10 per week, on service users. Overall, 47% of non-residential service users in receipt of chargeable services would likely be affected, with an average increase of £4.04, per week. 53% of people would likely not be affected because either:

- Their actual DRE is more than £20 per week
- They already pay the full cost of their services
- They are working age adults whose income is so low that they do not pay a contribution, with the proposals not changing this

4.8 Some people may already be affected by other welfare changes and benefit cuts. Most of the changes brought in by central government affect people of working age, with those aged over 65 being largely protected. As per the EIA, a much smaller proportion of working age adults are likely to be affected by these proposals, reflecting the fact that working age adults in receipt of the most basic level of benefits are unlikely to be affected.

#### Implementation of Changes

4.9 Further work would be required to implement the necessary changes. The main pieces of work are anticipated to be:

- Advising service users in writing of any decisions made;
- Obtaining details of change of circumstances for all non-residential service users;
- Reviewing the financial assessments for all affected service users.

4.10 If there was to be a reduction in the minimum DRE threshold then all service users would need to have a review of their financial reassessment. This process entails updating all of the income and benefit levels for each person as well as identifying the actual DRE costs that a person incurs. This is a resource intense process, but one that has the benefit of ensuring that all service users are paying an accurate charge.

4.11 Initially, resources would be focused on undertaking reassessments for those service users whose charge would increase as a result of the changes. Additional resources have been identified at an approximate cost of £150k in year 1 to support the Financial Operations Team in undertaking this work, if necessary.

4.12 It is vital that the staff undertaking these assessments are adequately trained for the task. This work is not straightforward and cannot reliably be undertaken by agency staff. Therefore, although increases in income would accrue from the proposed changes, that actual savings achievable in year 1 will be offset by the cost of the additional resources required to implement the changes.

## **5. Recommendations**

5.1 The members of the Adult Social Care Scrutiny Commission are asked to:

- Note the views of service users (or their carers and representatives), expressed through the consultation;
- Provide comments or observations on the report and recommendations.

## 6. Financial, legal and other implications

### 6.1 Financial implications

If the proposals in this report are implemented, then there will be a potential increase in charging income of approx. £690k per annum from April 2019 based on current service user caseload. Initial savings will be offset by the additional resources needed to implement the changes, estimated to be in the region of £150k.

The on-going savings will contribute to the SR4 programme.

Matt Cooper  
CaAS Business Manager - Social Care & Commissioning. Ext 37 2145

### 6.2 Legal implications

This report summarises the outcome of the recent consultation and recommends that the proposal to reduce disability related expenditure disregard to £10 for single or one of a couple is the preferable option. When making a decision, the Council should have regard to section 149 of the Equality Act 2010. It is noted that the Council remains open to considering individual cases, for example where hardship may result from this proposal, and therefore discretion should be exercised in appropriate cases.

Pretty Patel  
Head of Law - Social Care & Safeguarding. Ext 37 1457

### 6.3 Climate Change and Carbon Reduction implications

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

Aidan Davis  
Sustainability Officer – Estates & Building Services. Ext 37 2284

### 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 unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics. Protected groups under the Equality Act are age, disability, gender re-

assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

This report summarises the outcome of the recent consultation and recommends that the proposal to reduce disability related expenditure disregard to £10 for single or one of a couple is the preferable option. In order to inform the development of the proposal an Equality Impact Assessment (EIA) has been undertaken and mitigating actions have been identified to reduce or remove disproportionate negative impacts where they have been identified. The findings of the EIA should be considered by decision makers in relation to the Council's PSED and should be taken into account in making the final decision.

The proposal notes that Council will consider individual cases where expenditure related to a disability is higher than the proposed minimum amount and that discretion should be exercised in appropriate cases which will support in mitigating disproportionate negative impact experienced by service users in relation to the protected characteristic of disability.

Hannah Watkins Equalities Manager - Delivery, Coms and Political Governance. Ext 37 5811

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

- Leicester City Council Charging Policy
- The Care Act 2014

**8. Summary of appendices:**

- Appendix A – DRE Simplified Examples
- Appendix B – Equalities Impact Assessment

Further information on consultation findings can be found on the DRE page of the Council's consultation hub at: [consultations.leicester.gov.uk](https://consultations.leicester.gov.uk)

**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"?**

Yes

**11. If a key decision please explain reason**

This is a key decision as:

- It is likely to be significant in terms of its effects on communities living or working across all wards in the City
- the provision is not included in the approved revenue budget of reductions in recurrent revenue expenditure, and savings of over £0.5m p.a. would be achieved
- the decision is likely to result in substantial public interest

### Examples of charging calculations (simplified)

#### Example 1: A person not affected because of high levels of DRE

In this example, a person's DRE is more than the current minimum allowance of £20. Therefore, there would be no increase in charge.

		Current	Proposed
<b>Allowances</b>	State retirement pension	£126	£126
	Pension credit	£37	£37
	Basic level of income support	£163	£163
	125% of basic income support	£204	£204
	Allowable DRE	£26	£26
	<b>Total allowances</b>	<b>£230</b>	<b>£230</b>
<b>Income</b>	State retirement pension	£126	£126
	Occupational pension	£105	£105
	Attendance allowance	£57	£57
	<b>Total relevant income</b>	<b>£288</b>	<b>£288</b>
	<b>Actual weekly charge</b> (income minus allowances)	<b>£58</b>	<b>£58</b>

#### Example 2: A working age adult not currently paying a charge

In this example, a working age adult is not paying a contribution due to low levels of income. The proposed change to the DRE would not be enough in itself to bring them above the threshold to start having to pay for their care.

		Current	Proposed
<b>Allowances</b>	Employment and support allowance	£127	£127
	125% of basic income support	£159	£159
	Allowable DRE	£20	£10
	<b>Total allowances</b>	<b>£179</b>	<b>£169</b>
<b>Income</b>	Employment and support allowance	£127	£127
	<b>Total relevant income</b>	<b>£127</b>	<b>£127</b>
<b>Actual weekly charge</b> (income minus allowances)		<b>£0</b>	<b>£0</b>

**Example 3: A person affected in part by the proposals**

In this example, a person's actual DRE is £16, which is less than the current minimum allowance of £20, but more than the proposed minimum of £10. The allowable DRE in the financial assessment will therefore be £16. The service user charge increases by £4 in this example.

		Current	Proposed
<b>Allowances</b>	State retirement pension	£126	£126
	Pension credit	£37	£37
	Basic level of income support	£163	£163
	125% of basic income support	£204	£204
	Allowable DRE	£20	£16
	<b>Total allowances</b>	<b>£224</b>	<b>£220</b>
<b>Income</b>	State retirement pension	£126	£126
	Occupational pension	£105	£105
	Attendance allowance	£57	£57
	<b>Total relevant income</b>	<b>£288</b>	<b>£288</b>
<b>Actual weekly charge</b> (income minus allowances)		<b>£64</b>	<b>£68</b>

**Example 4: A person affected in full by the proposals for DRE**

In this example, a person's actual DRE is less than £10, meaning that the council's minimum DRE allowance would be used in the financial assessment. This would increase their charge by £10.

		Current	Proposed
<b>Allowances</b>	State retirement pension	£126	£126
	Pension credit	£37	£37
	Basic level of income support	£163	£163
	125% of basic income support	£204	£204
	Allowable DRE	£20	£10
	<b>Total allowances</b>	<b>£224</b>	<b>£214</b>
<b>Income</b>	State retirement pension	£126	£126
	Occupational pension	£105	£105
	Attendance allowance	£57	£57
	<b>Total relevant income</b>	<b>£288</b>	<b>£288</b>
<b>Actual weekly charge</b> (income minus allowances)		<b>£64</b>	<b>£74</b>



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

Title of spending review/service change/proposal	Adult Social Care Non-Residential Charging: Disability Related Expenditure (DRE)
Name of division/service	Social Care and Education
Name of lead officer completing this assessment	Prashant Patel / Matt Cooper
Date EIA assessment completed	10.11.18
Decision maker	City Mayor
Date decision taken	04.12.18

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EIA sign off on completion:	Signature	Date
Lead officer	Prashant Patel / Matt Cooper	15.11.18
Equalities officer	Hannah Watkins	16.11.18
Divisional director	Ruth Lake	16.11.18

**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?

A statutory consultation was carried out between 3 July 2018 and 28 September 2018 on proposed changes to Disability Related expenditure (DRE).

DRE is the extra cost that someone has to pay as a result of their illness or disability. These are costs that someone would not have to pay if they did not have their disability. DRE is observed during the financial assessment that a service user has when they have asked for care and support from Adult Social Care.

The financial assessment works out how much someone should pay (if any) towards the cost of their care services. The council may pay for some or all of the support, dependent on the financial circumstances of the service user.

There is a single proposal under consideration:

**To reduce the amount allowed for disability related expenditure to a minimum of £10 per week (whether single or one of a couple).**

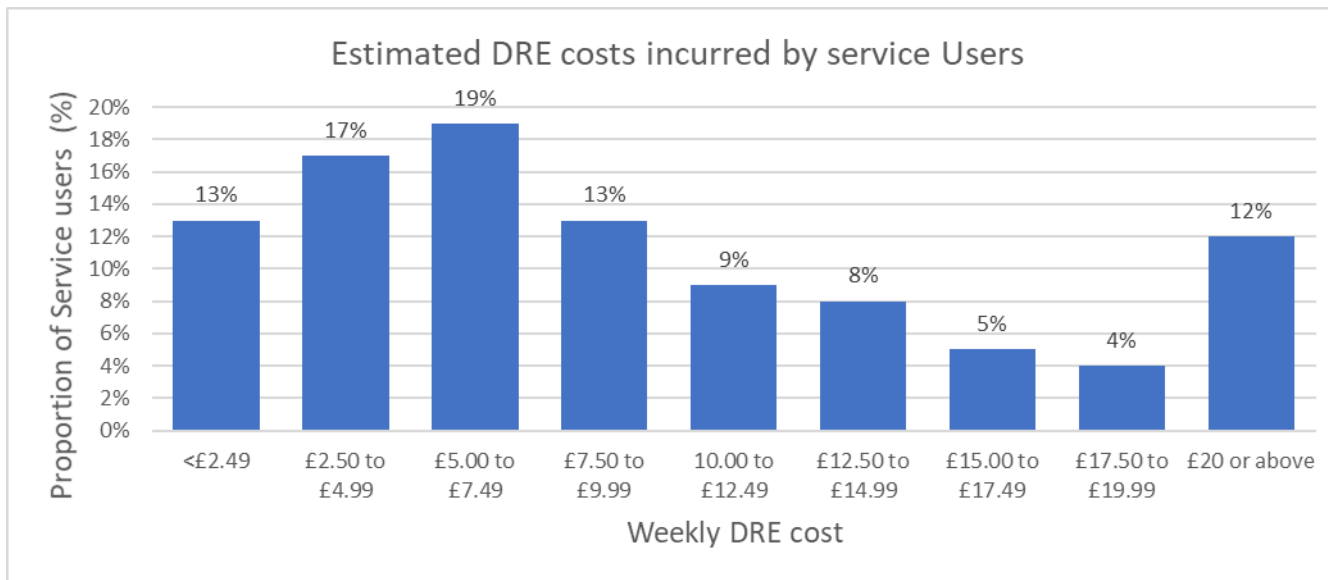
Currently, the Council allows a disregard of £20 per week to cover these costs (or £15 per week if one of a couple). If evidence can be provided, the council may allow more than the standard rate.

### Why does the council want to change this amount?

The Council looked at the costs of service users in Leicester and found that the average disability related expenses were around £7.50 per week.

Reducing the minimum amount to £10 per week is closer to what people actually spend on disability related expenses. The Council would continue to employ discretion and consider disability related expenses that are higher than £10 per week, where this is evidenced. This approach will help in minimising or removing any disproportionate disadvantage experienced by service users in relation to their disability.

Should it be implemented, this proposal would help the Council spend its money more wisely so that as many people as possible can get the help that they need. The below chart displays the estimated DRE costs that are currently incurred by service users.



For those service users with actual DRE of less than £20, the average DRE is around £7.50. Given that the means-test disregards £20 of their income, this illustrates that, on average, people are currently left with £12.50 per week more than they actually need to cover the additional costs associated with their disability. Nearly two thirds of people have DRE of less than £10 per week.

**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.

	<b>Is this a relevant consideration? What issues could arise?</b>
<p><b>Eliminate unlawful discrimination, harassment and victimisation</b> How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>Disability Related Expenditure covers additional costs, such as heating, services, and equipment required to support disabled service users in their day to day living. These ‘reasonable adjustments’ reduces a person’s likelihood to be disadvantaged because of their disability. This enables the Council to ensure that we are meeting this aim of the PSED.</p> <p>The aim of DRE is to meet required expenditure to address specific individual needs that arise from being disabled; it has never been intended to supplement weekly household income. Therefore, the potential reduction of weekly household income because of the reduced DRE weekly</p>

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	disregard will have a negative impact for some households, but one that does not discriminate against them in relation to their disability.
<p><b>Advance equality of opportunity between different groups</b> 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).</p>	The funding to cover additional costs through Disability Related Expenditure enables people with a disability to achieve a relative degree of equality of opportunity to daily living opportunities compared to people who do not have a disability. DRE is based on an individual assessment of a person's needs and how they can be best met. The proposal does not negatively impact on the Council's ability to meet this aim as there is no maximum allowance, provided that expenditure to address specific individual needs arising from a disability is evidenced and conforms to the requirement as set out in the Council's charging policy.
<p><b>Foster good relations between different groups</b> Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	Removing the day-to-day barriers that arise from having a disability can increase the opportunities of the engagement of disabled service users with others. Disability Related Expenditure contributes towards this inclusive approach.

### 3. Who is affected?

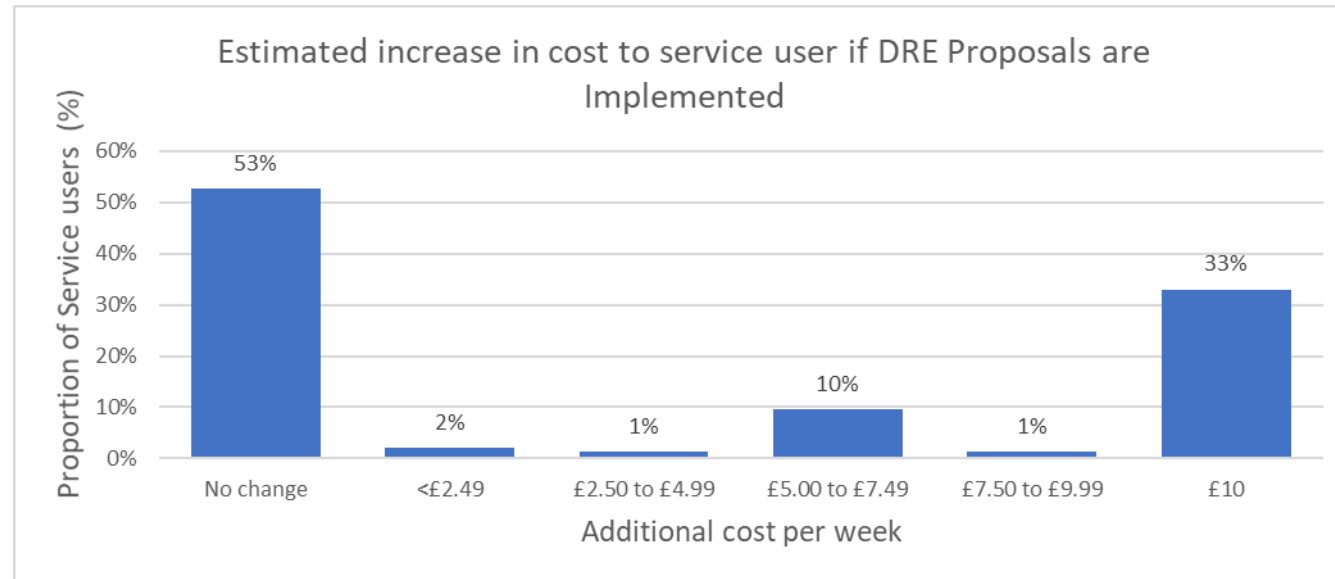
Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and

those who could benefit from but do not currently access the service.

The proposal outlined could affect approximately 3200 service users in receipt of non-residential based care.

Should the proposal be agreed, people that are affected will receive a minimum disregard of £10 per week towards contribution to their care services – this could be up to £10 less than what is currently available (or up to £5 less, for one of a couple).

The Council will continue to offer discretion and consider evidence provided by service users or carers to allow more than the standard rate of £10 per week. The chart below shows an estimated increase in the weekly cost to service users, if the proposals were implemented (53% of people would see no change to their current charge, 2% would see an increase of less than £2.49, 1% would see an increase of £2.50-£4.99, 10% would see an increase of £5.00- £7.49 and 33% would see an increase of £10):



#### 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 full existing caseload of approximately 3,200 service users in receipt of a non-residential care package has been analysed to assess the potential impact of the proposed changes. The existing caseload provides details of service user income, benefits, allowances and package costs. This has enabled various modelling to take place to identify potential impacts on live cases. This has also allowed further sub-analysis to identify equality impacts and the effects on groups with particular protected characteristics.

It is recognised that some service users' personal circumstances may have changed since their last means test assessment was undertaken. However, all service users will have the opportunity to provide any updated details to subsequent changes of personal circumstances, such that those existing service users who are potentially affected by the proposals can be re-assessed, taking into account any additional qualifying expenditure or changes to income levels etc.

#### 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 Council communicated the consultation with approximately 3200 service users (or their carers) in receipt of non-residential care support. A letter containing information on the proposal with a questionnaire was sent to these people with a free-post

envelope.

Easy read information and case studies (hypothetically detailing how service users would be affected by the proposal) were made available online, along with the questionnaire via the Consultation Hub.

A helpline was also made available to help with any in depth queries and translation requests. Three public consultation meetings were held around Leicester so that people could communicate their opinions about the proposal, directly to the consulting team.

A total of 788 questionnaire responses were received – a response rate of 24.7% overall. This is a 4% improvement from the last time that the Council consulted on Disability Related Expenditure, in 2016.

The highest responding age group were aged over 65, contributing 47% towards all questionnaire responses received. This would suggest that the majority of comments received on the proposal reflect the views of older people.

86% of respondents identified as having a disability. There was a wide-range of disabilities reported, the most common being a physical impairment (28% of respondents).

More than half of responses disagreed with the proposal to reduce the minimum DRE to £10. 23% of respondents did not have a view on the matter, whilst 20% agreed with the proposal. Comments received on this would suggest that current financial hardship would worsen, should the proposal be agreed.

All respondents were also asked to state how a change in personal contribution would affect their (or someone they represent) day-to-day affordability. 53% of respondents stated that having to pay £10 per week more towards the cost of their care would affect them 'a lot'. The responses provided, suggest that people would like the current standard amounts to remain for the future. It is worth noting that the survey was sent to all recipients of a non-residential package of care (or their carers). This would have included service users who are not necessarily in receipt of any DRE disregard. It has not been possible to break down the survey results to see how many of those who would like the current standard amounts to remain were service users who would be directly affected by the proposed change vs. service users who would not be affected by the proposed change.



## 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).

<b>Protected characteristics</b>	<b>Impact of proposal:</b> 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?	<b>Risk of negative impact:</b> 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?	<b>Mitigating actions:</b> 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.
<b>Age<sup>1</sup></b>	The DRE proposal would mean that for people over 65, their income and allowances cross	47% of respondents were aged over 65 years, the highest responding age group.	It is anticipated that of the people affected, the majority will not have to pay more than £10 extra per

<sup>1</sup> 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

	<p>over the threshold into paying for care. 53% of service users aged over 65 would see no change, 15% would see an increase of between £5.00 to £7.49, 1% between £7.50 to £9.99 and 29% may see an increase of up to £10.</p> <p>Similarly, 53% of service users aged under 65 would see no change, 3% would see an increase of between £5.00 to £7.49, 2% between £7.50 to £9.99 and 38% may see an increase of up to £10.</p>	<p>With more than half of respondents disagreeing with the proposal to reduce the minimum disregard, people of all ages would be affected by the proposal. A recurring theme for this disagreement was the current financial hardship experienced and how the proposal would only exaggerate this.</p>	<p>week towards the cost of their care.</p> <p>The Council will continue to review evidence of disability related expenditure provided by service users and carers to apply discretion and allow more than the standard rate.</p> <p>Whilst personal circumstances and DRE costs would be routinely reviewed as part of any annual reassessment, service users will be given the opportunity to provide the Council with updated circumstances (where applicable), as part of the implementation process, in order to ensure that there will not be an interim impact of shorter term financial hardship for those whose circumstances have changed. This will be achieved via clear communications directly with service users (should the proposed change be approved) outlining what the changes are, to advise them whether, based on existing assessment, they will be affected and providing them with a questionnaire to complete to give</p>
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			<p>them the opportunity advise if their personal circumstances have changed.</p> <p>If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance.</p>
<b>Disability<sup>2</sup></b>	<p>The proposal is more likely to have an impact on those that identify as having a disability and access social care support – this is because of the nature in which the DRE disregard is awarded.</p> <p>Of the cohort, those with a disability that are likely to be affected will see an average</p>	<p>By definition, nearly all people in receipt of social care support have a disability. This was accurately reflected in the responses received in the questionnaire where 86% of respondents identified as having a disability.</p> <p>From the responses, 28% had a</p>	<p>Individuals who can evidence that their Disability Related Expenditure is more than the minimum of £10 per week will be considered for a higher rate of disregard.</p> <p>This is in keeping with the fact that each person has individual needs. These are investigated by social work and finance staff at the stage</p>

<sup>2</sup> 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.

	<p>increase of £4.04 per week. Of the primary client groups, the proposals would affect 38% of those with physical disabilities, 21% with frailty/temp illness, 20% with learning disabilities, 11% with mental health and 6% with dementia. Other client groups make up the remaining 4%.</p>	<p>physical impairment, 18% had a long standing illness/health condition and 16% had mental health.</p> <p>Working age people who are unemployed and have a disability may see changes and benefits reduced as they migrate over to Universal Tax Credits.</p>	<p>of assessment.</p> <p>Whilst personal circumstances and DRE costs would be routinely reviewed as part of any annual reassessment, service users will be given the opportunity to provide the Council with updated circumstances (where applicable), as part of the implementation process in order to ensure that there will not be an interim impact of shorter term financial hardship for those whose circumstances have changed. This will be achieved via clear communications directly with service users (should the proposed change be approved) outlining what the changes are, to advise them whether, based on existing assessment, they will be affected and providing them with a questionnaire to complete to give them the opportunity advise if their personal circumstances have changed.</p> <p>If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been</p>
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			reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance.
<b>Gender Reassignment<sup>3</sup></b>	No disproportionate impact anticipated.		
<b>Marriage and Civil Partnership</b>	<p>The proposal looks to make the minimum DRE disregard £10 per week, whether single or one of a couple.</p> <p>This would mean that one of a couple could be required to pay up to £5 more per week, should the proposal be accepted.</p>	<p>This proposal would only affect certain people.</p> <p>A single pensioner or WAA is likely to be affected by more of an average increase than one of a couple, given that the proposed change would see less of a reduction in the minimum standard allowance (down from £15 to £10) for one of a couple.</p>	<p>Nobody would have less allowance than their evidenced disability related expenditure.</p> <p>If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law</p>

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

			Service for advice and guidance. Finance Team to continue signposting, where appropriate.
<b>Pregnancy and Maternity</b>	No disproportionate impact anticipated.		
<b>Race<sup>4</sup></b>	<p>If the proposal was implemented, White service users will be marginally more affected, in terms of numbers, as there are greater numbers within this group who do not currently pay, but just sit below the threshold for charging.</p> <p>Of the 3 highest respondent groups, approximately 25% of White service users agreed with the proposal, whilst 53% disagreed and 23% did not have a view; 15% of Asian or British Asian service users agreed with the proposal, whilst 60% disagreed and 26% did not have a view; 18% of Black or Black</p>	<p>There are 1,633 white service users, 50% of them would see an average increase of £4.29 per week. There are 1369 Asian or Asian British service users and 42% of them would see an average increase of £3.84 per week. Of the 205 Black or Black British service users, 6% would see an average increase of £3.87</p> <p>Therefore, there appears to be relatively little difference between different ethnic groups, although White service users are marginally more affected. This is because there are greater numbers within this group who do</p>	<p>If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance.</p>

<sup>4</sup> 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.

	<p>British service users agreed with the proposal, whilst 61% disagreed and 21% did not have a view.</p> <p>This breakdown is largely comparable to the whole sample of respondents. However, when compared to average figures, there was a slightly higher proportion of White service users that agreed with the proposals and a slightly higher proportion of Asian or British Asian service users that disagreed with the proposal.</p>	<p>not currently pay but sit just below the threshold for charging. These people would start to contribute to their care costs under the proposals.</p>	
<b>Religion or Belief</b> <sup>5</sup>	No disproportionate impact anticipated.		
<b>Sex</b> <sup>6</sup>	Although there are more women in receipt of non-residential care than men (nearly 60% being female), broadly the same proportion of each gender group is expected to be affected (48%	There are significantly more women with a financial assessment than men, however, a similar proportion of each gender group is expected to be affected and therefore no	If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When

<sup>5</sup> 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.

<sup>6</sup> Sex: Indicate whether this has potential impact on either males or females

	of female and 46% of males would see no change). There is also no significant difference in the increase in average weekly charges for those affected (females would see an average of £4.07 and males would see a £3.98 average increase)	disproportionate impact in relation to sex is anticipated.	the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance.
<b>Sexual Orientation<sup>7</sup></b>	No disproportionate impact anticipated.		
<p><b>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</b></p> <p>These protected characteristics are prevalent within existing service users who incur DRE. The proposal may have some impact, in terms of reduced levels of disposable income, particularly where a service user has become accustomed to additional income, regardless of whether it is currently spent on disability related expenditure which is what this financial support is intended for.</p> <p><b>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?</b></p> <p>These protected characteristics are not likely to be impacted by the proposals, these characteristics in themselves are unlikely to disproportionately affect someone's eligibility to receive DRE. Not all protected characteristics are monitored by the service as equality monitoring must be proportionate and the service must be able to demonstrate how that information can be used for service improvement, however no equalities issues related to these characteristics were raised as part of the consultation and, therefore, no disproportionate impacts are anticipated. Having said this, the service will continue to monitor through existing feedback and complaints mechanisms and address any unexpected equalities impacts should they arise.</p>			

<sup>7</sup> 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.



<b>Other groups</b>	<b>Impact of proposal:</b> 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?	<b>Risk of negative impact:</b> 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?	<b>Mitigating actions:</b> 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.
<b>Children in poverty</b>	<p>Children of disabled parents may have further hardship.</p> <p>If the parent can no longer afford caring support, their caring responsibilities for parent or younger siblings may increase having a negative impact on their health and well-being as some studies have shown.</p> <p>Furthermore, it could also have a negative impact on their schoolwork and sociability.</p>	<p>High Risk</p> <p>Currently, there is no data to inform number of child dependents that belong to service users with a disability. However, no potential impacts related to parental or caring responsibilities was raised as part of the consultation in relation to how it would affect service users.</p>	<p>All service users affected will be sent a questionnaire to highlight any changes to their circumstances. Where service users have a financial assessment, it will be picked up whether there are any additional benefits that service users may be entitled to. Financial assessments take place annually, however</p> <p>Signpost the availability of local welfare rights services that assist in ensuring they are receiving all the benefits they are eligible for. Communicate the changes to the Welfare Rights Team in advance,</p>

			in order to ensure that they are aware of the potential risks, particularly in regard to children in poverty.
<b>Other vulnerable groups</b>	<p>People currently paying full cost for their care may go below the threshold for paying full cost at some point. The means test would then become relevant to them.</p> <p>People who currently don't need social care may need support in the future.</p>	Very low risk as these people would not be used to the historically generous arrangements	
<b>Other (describe)</b>			
<p><b>7. Other sources of potential negative impacts</b></p> <p>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.</p>			
<p>More disabled people than non-disabled are living in poverty or are materially deprived and social security reforms have had a particularly disproportionate, cumulative impact on rights to independent living and an adequate standard of living for disabled people ('Being Disabled in Britain; A journey less equal', The Equality and Human Rights Commission). This makes signposting to appropriate financial advice and information vital where someone may experience financial hardship arising from the proposed change.</p>			

### 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:

Public authorities have an obligation to treat people in accordance with their convention rights. There are no anticipated human rights implications arising from the proposal. There are mitigations in place to ensure that people continue to receive the disregard which corresponds with their allowable disability related expenditure and clear signposting to ensure that people are aware of what to do in the event that they are experiencing financial hardship, particularly families with children living in poverty.

### 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.

Where service users are affected by the change and seek to appeal any changes to their charge, monitoring information will be recorded as part of the appeal process and any unexpected equalities issues that arise will be responded to.

### 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
<p>Ensure that service users are aware of the changes and that they receive the full amount of DRE that they are eligible for.</p>	<p>Letter to be sent out to service uses to:</p> <ol style="list-style-type: none"> <li>1) Advise them of the decision to change the standard allowance</li> <li>2) Advise them whether, based on existing assessment, they would be impacted or not</li> <li>3) Give them opportunity to complete a questionnaire (to be sent with the letter) to advise if their personal circumstances have recently changed and how</li> <li>4) Include signposting information referenced in this impact assessment</li> </ol> <p>This opportunity will be presented to all service users, whether or not we believe (based on existing assessment data) they are impacted or not.</p>	<p>Prashant Patel / Operational Finance Team</p>	<p>Post decision making process.</p>
<p>Ensure all service users particularly those over 65 years and disabled parents are receiving all the benefits they are entitled</p>	<p>Ensure Welfare Rights Team work with individuals to claim the benefits they are entitled to, whilst providing interpretation service, where necessary.</p>	<p>Darren Moore</p>	<p>Target – Where deemed necessary Finance Team to continue to refer service users to the Welfare Rights</p>

to.			Team within 4 weeks of completing their financial review.
Welfare Rights officers to be aware of all benefits and criteria	Up to date training for all Welfare Staff	Darren Moore	Training is already in place for officers who carry out benefit checks. This to continue.

## **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

## Adult Social Care Scrutiny Commission Report

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Reducing Funding for  
Accommodation Based Housing Support

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Date: 4<sup>th</sup> December 2018

Strategic Director: Steven Forbes

Assistant Mayor: Cllr vi dempster

## Useful information

- Ward(s) affected: All
- Report author: Tracie Rees
- Author contact: [tracie.rees@leicester.gov.uk](mailto:tracie.rees@leicester.gov.uk)
- Report version number: 1

### 1 Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the consultation exercise that is currently in progress to replace the existing externally contracted Accommodation Based Housing Support services, with a 'community living network based on the 'key ring' initiative' model of support provided by the Council's 'in house' Enablement service.
- 1.2 The proposed change will deliver savings of £142,000 per annum, which will contribute towards the £5.5m Spending Review 4 Programme for Adult Social Care for 2019/20.
- 1.3 This is a non statutory service.

### 2. Summary

- 2.1 The Accommodation Based Housing Support services, currently provide low level support to approximately 82 people with a learning disability or a mental health issue, who are below the threshold for Adult Social Care (ASC) statutory assistance.
- 2.2 There are currently two externally contracted organisations delivering the support – Norton Housing & Support and Creative Support at a cost of £372,000 per annum.
- 2.3 On 13<sup>th</sup> September 2018, the Executive gave approval to consult on a proposal to move to a 'community living network model, based on the 'key ring' initiative of support.
- 2.4 This service would be provided by the Councils 'in house' Enablement Service and is intended to promote greater independence, as well as delivering financial savings. Appendix 1 provides an overview of the model.
- 2.5 A 13-week consultation exercise is due to end on 14<sup>th</sup> January 2019.
- 2.6 An Equality Impact Assessment will be completed, which will be developed using feedback from the consultation exercise and will inform the decision-making process.

### 3. Recommendation

- 3.1 The Adult Social Care Commission are recommended to:



- a) note the proposed new model of support and consultation exercise
- b) to note a further report will be presented to the Scrutiny Commission detailing the outcome of the consultation exercise

#### **4. Report**

- 4.1 Adult Social Care (ASC) provides funding to two external organisations to provide Accommodation Based Housing Support for up to 105 service users living in a number of housing schemes across the city.
- 4.2 The housing schemes are managed by 4 Registered Social Landlords (RSLs) PA Housing, Advance, Sanctuary and Riverside. The service users have their own tenancies, which are a mix of secure, assured shorthold and licence agreements.
- 4.3 Norton Housing and Support and Creative Support Ltd provide the support.
- 4.4 The majority of the service users have a low-level learning disability or mental health issue and are below the threshold for statutory ASC support.
- 4.5 The cost of the existing contracts is £372,000 per annum and they are not due to expire until 31.3.2020. The funding provides up to 499 hours of support, which equates to an allocation of up to five hours of one to one support per week for up to 105 service users. However, they are supporting 82 service users at present. This is due to some properties no longer being suitable and the RSL's have stopped using them for this client group and void properties are awaiting let.
- 4.6 An assessment of those using the service was undertaken by Council officers during March 2018, which showed that the majority still needed support, although this was lower than indicated by the support providers. The support needed mainly relates to developing domestic skills, monitoring of health and wellbeing and emotional and practical support.
- 4.7 Prior to commencing the consultation exercise, officers met with both the RSL's and the support providers (April 2018) to gain an understanding of the impact of any change.
- 4.8 The RSL's were supportive of the proposed model and felt assured that their tenants could continue living in their current homes. However, they also indicated that the proposed changes would give them the opportunity to revisit the type of tenancies, as a number were long term tenants still on licenses with no rights, which is deemed to be unacceptable.
- 4.9 One of the support providers was supportive on the proposal, including the early termination of the contracts, but the other raised concerns about the viability of their business and the impact on their service users in terms of their inability to cope without support. This organisation asked if they could submit an alternative proposal and the consultation was delayed during July/August. However, their proposal was not acceptable because of its reliance on housing benefits and additional payments from tenants. The

organisation already charges each tenant in the region of £60.00 per week towards the cost of the support service, which is deemed to be unacceptable and would not be charged by the Council if the new model is introduced.

### **The proposed new model**

- 4.10 The new model would operate with 8 FTE Enablement Support Workers (Band 4). The team would provide a total of 296 hours of support per week, which equates to 3.6 hours of support for up to 82 service users, per week. This is currently lower than the 5 hours of week funded via the existing contracts but reflects the findings of the assessment of service user's needs carried out in March 2018.
- 4.11 A reduced contract value is likely to be unviable to an external organisation, especially when trying to cover leave and sickness, whereas the use of internal staff provides a more flexible approach. The use of the Enablement service is based on the principles of the Care Act 2014, which is about promoting independence and using community assets and peer support wherever possible.
- 4.12 The Enablement Officers would work with the individuals to reduce the current ongoing support by promoting independence, including befriending and the creation of informal networks in the housing schemes where the existing cohort live.
- 4.13 The cost of the new model in year 1, which is arrived at from the cost of 8 Enablement Support Workers (Grade 4), would be in the region of £229,500 per annum, saving £142,000. It is likely that TUPE will apply and some staff from Norton Housing & Support and Creative Support may transfer to the Council.
- 4.14 Depending on the success of the new service, it may be possible to reduce the number of support hours to deliver further savings in the future.

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

### **Financial implications**

- 5.1 The proposal would contribute towards the £5.5m spending review four savings target for ASC. The current budget for this service is £372k pa.
- 5.1.2 The new model would save approximately £140k in 2019/20.
- 5.1.3 There may be redundancy costs as a result of staff transferring to the Council from the existing contractor. The use of an internal resource is more flexible than contracting out, although there may be redundancy costs after year one as the level of service provision required is reduced. This would lower the savings in 2020/21, but there may be vacancies within the wider Enablement service to absorb these staff.

*Martin Judson, Head of Finance*

## **Legal implications**

- 5.2 The proposal to consult does not at this stage raise any legal implications and Legal Services will be able to provide advice on the TUPE implications if required during the process as and when required.

Jenis Taylor, Principal Solicitor (Commercial) Ext 37 1405

## **Climate Change and Carbon Reduction implications**

- 5.3 The proposal in this report could lead to a small reduction in carbon emissions as a result of slightly less travel being required to provide the reduced level of support. Other than that, there are no climate change implications.

Duncan Bell, Senior Environmental Consultant. Ext. 37 224

## **Equalities Implications**

- 5.4 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.

- 5.4.1 Decision makers need to be clear about any equalities implications of the proposed option. In doing so, we must consider the likely impact on those likely to be affected by the recommendation and their protected characteristics.

- 5.4.2 Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

- 5.4.3 An Equality Impact Assessment will need to be carried out, taking into account the outcomes of the proposed consultation and the impacts across the protected characteristics, particularly the protected characteristic of disability, as the proposal will primarily impact upon those who have a learning disability or a mental health condition. The evidence collated from the detailed assessments of need that have been undertaken to date could also be used to inform the Equality Impact Assessment (this evidence would need to be in the form of headline findings or anonymised, as appropriate).

- 5.4.4 The consideration of equalities implications must influence decision making from an early stage and throughout the process, and should inform how the proposed consultation is conducted, in order to ensure that relevant information about the potential equalities impacts in relation to a protected characteristic is obtained. Any potential risks arising from the proposal need

to be considered and, where there is a negative impact, mitigating actions to remove or reduce that impact must be identified and implemented.

Surinder Singh, Equalities Officer, Ext 37 4148

## **6. Details of Scrutiny Involvement**

6.1 This report provides the Adult Social Care Scrutiny Commission with an overview of the new model and consultation time line

## **7. Summary of appendices**

**Appendix 1:** Overview of the community living network model

**8. Is this a private report:**

No

**9. Is this a key decision:**

No

## **Appendix 1: 'Community living network based on the 'key ring' initiative**

This is when a group of people with support needs live near each other, in their own homes, and get support from a worker to help them live independently in their community. The Network works with and helps people to connect with each other for support, sometimes called peer support.

The worker helps people with things like budgeting, dealing with letters, and getting involved in the local community. They also support people to map out local community resources that help to support their continued independence.

Supported Living Network Services provide individualised and person-centered support to individuals living in their own homes. People are supported to lead fulfilled lives and to participate in their local community and to access local services such as their GP or Community Services. Support can be provided at key times during the day and is focused on maximising people's independence and choice and control. Support is provided around aspects of daily living. The networks work in partnership with the individual, parents and families and a range of other services to ensure that people's choices, aspirations and preferences are reflected in how their service is provided. People are supported to maintain their tenancies and to understand the requirements of their tenancy agreement.

### **Good things about Networks:**

- It focuses on people's abilities.
- It helps people get to know each other and make friends.
- It helps people to be independent.
- There is always someone close by in an emergency.
- If an individual no longer needs support, they don't have to move.
- Reduction in risk of isolation and loneliness
- Promotes inclusion in network events and activities
- Encourages settlement into an area
- Encourages use of natural gifts and talents and sharing these with others
- Increases the use of and access to community based services
- increase community engagement and cohesion by making use of local services, facilities and amenities
- Provides training and sources active roles for members in supported employment, peer support or volunteering
- Encourages settlement into the area and community recognition by links with police, shops and residents potentially via Tenants Associations
- A number of tiers of support are available in both paid and unpaid roles
- Is a prevention service that can identify issues/concerns/risks at early stage before formal intervention or assistance may be required

Performance Indicators that could be applied to a Living Support Network;

- % of vulnerable adults achieving settled accommodation (2 yrs,5yrs)
- % of vulnerable adults achieving employment (supported)
- % reduction in attendance at day services /traditional services
- % decrease in hospital admissions
- % increase in the number of service users with Direct Payments
- % increase in quality of life reporting recovery and well being



## Adult Social Care Scrutiny Commission Report

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Proposal to end the  
Sheltered Housing Support Funding  
to Registered Social Landlords

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Date: 4<sup>th</sup> December 2018  
Lead Assistant Mayor: Cllr Vi Dempster  
Lead Strategic Director: Steven Forbes

## Useful information

- Ward(s) affected: All
- Report author: Caroline Ryan
- Author contact: [caroline.ryan@leicester.gov.uk](mailto:caroline.ryan@leicester.gov.uk)
- Report version number: 5

### 1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the consultation exercise which seeks to end the funding to 6 Registered Social Landlords (RSL's) for the provision of non-statutory low level support with effect 31.3.2019.
- 1.2 A formal 12-week consultation exercise was undertaken with the RSL's and their tenants, and the outcome of the consultation is detailed at paragraph 4.7 and Appendix 1.
- 1.3 Ending the provision will deliver savings of £266,000, which will contribute to the Adult Social Care Spending Review Programme 4 (2019/20) totalling £5.5m.

### 2. Summary

- 2.1 Adult Social Care (ASC) provides funding to 6 RSL's to provide low level support for up to 676 tenants living at 31 sheltered housing schemes across the city. The support includes helping individuals manage their finances, paperwork, arranging appointments and assisting with any language barriers.
- 2.2 Discussions took place with the RSL's (who are all national organisations) prior to the commencement of the formal consultation. They confirmed that other local authorities had cut the monies for these services a number of years ago and they were not surprised the City Council was proposing to withdraw the funding.
- 2.3 A number already have an alternative approach that could be deployed. They also agreed to work with the Council to support the consultation exercise and to set out their approach to their tenants, should the funding end.
- 2.4 The Executive gave approval on the 5<sup>th</sup> July 2018 to commence a 12-week formal consultation exercise with the 6 RSL's and their tenants. The consultation ran from 16<sup>th</sup> July to 19<sup>th</sup> October 2018, and the findings are detailed at paragraph 4.7 and Appendix 1.
- 2.5 An Equality Impact Assessment has been completed, which is detailed at Appendix 2.

### 3. Recommendation

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:



a) note the outcome of consultation exercise as summarised in section 4.7 of the report and Appendix 1 and to provide feedback

#### **4. Main Report**

- 4.1 Adult Social Care (ASC) is required to contribute to the Spending Review Programme 4 for 2019/20, totalling £5.5m.
- 4.2 ASC provides funding to six Registered Social Landlords (RSL's) to provide support for up to 676 tenants at 31 sheltered housing schemes across the city. The support is to provide low level assistance to support independence.
- 4.3 The Executive agreed that a 12-week formal public consultation exercise was undertaken from 16<sup>th</sup> July to 19<sup>th</sup> October 2018.
- 4.4 The RSL's provided a supportive presence during the consultation meetings with tenants and their input helped to reduce service user's anxieties about the Council removing the funding and to explain what approaches they could deploy if the funding was to be withdrawn.
- 4.5 The RSL's are broadly supportive of the proposal and would seek to work with the Council to mitigate any negative impact on tenants, if the proposal to cut the funding was agreed. The RSL's will consult separately with their tenants on future models of support in their housing schemes.
- 4.6 All tenants were invited to meetings and representatives from the RSL's were present to offer reassurance to tenants. A total of 13 meetings were held meeting with 95 tenants attending, which took place between August and September 2018.
- 4.7 In total there were 302 responses to the consultation exercise and broadly their concerns include:
- the loss of funding would have a negative impact on the service and health of service users
  - the service helps avoid isolation
  - the service helps with maintaining a healthy lifestyle and independence
  - how important it is to them that this continues
  - the most vulnerable and older people are being targeted by council cuts
  - service users currently support each other
  - the loss of support will affect people's ability to communicate due to language barrier
- 4.8 However, during the consultation meetings tenants were reassured by the approach their RSL's would take if the funding was withdrawn. This included options for the service continuing at no additional cost to tenants or a charge being levied by the RSL. PA Housing were not able to provide a detailed response to their tenants, because they are still looking at the options.
- 4.9 An Equality Impact Assessment (EIA) of the proposal has been carried out and is attached at Appendix 2.

4.10 ASC does not provide funding to the Council's 14 sheltered housing schemes. The Sheltered Housing Officers employed by the Council provide low level support and these are funded from the rents paid by tenants.

## 5. Financial, legal and other implications

### Financial implications

5.1 If implemented this proposal would contribute £266k pa towards the £5.5m spending review four savings target for ASC from 2019/20.

Martin Judson, Head of Finance

### Legal implications

5.2 A full public consultation process has been undertaken and a detailed summary of responses is provided in the appendix (1) which accounts for the range of consultation responses received. This enables the outcome of the consultation to be conscientiously considered along with the assessment of the equality issues before the decision is taken. The report includes the reasons for justifying a recommendation to end the funding of this service and sets out alternative options put forward by the RSLs providers.

Jenis Taylor, Principal Solicitor (Commercial) 0116 454 1405

### Climate Change and Carbon Reduction implications

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

Aidan Davis, Sustainability Officer, Ext 37 2284

### Equalities Implications

5.4 Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, 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.

5.5 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.

- 5.6 The proposals to cease funding have the potential for a disproportionate negative impact in relation to the protected characteristics of age, disability and race (particularly in relation to support with language needs). An EIA has been undertaken to explore the potential impacts and to identify ways in which disproportionate negative impacts on particular protected characteristics can be mitigated. Decision makers should take into account the findings of the EIA and the consultation findings in making a decision and make an assessment as to whether the mitigating actions are sufficient to reduce or remove any disproportionate negative impact in relation to a protected characteristic/s.
- 5.7 The key risk is that PA Housing, who receive a significant proportion of the current funding and have the largest proportion of schemes (23 out of 31 schemes), have communicated that they would not be able to continue with the service, should the funding end and have identified 3 options (one of which is to remove the support completely) and therefore, alternative mitigations, such as sign posting clear referral pathways to other organisations and linking with other RSLs to share learning, are required to ensure that service users receive appropriate support.
- 5.8 In addition, at this stage further detail is required in relation to the impacts of the option to charge residents in order to retain the support. At this stage, RSLs have not provided information on what the charges would be and, therefore, further work must be undertaken to assess this impact, although RSLs have stated that they have managed withdrawal of funding effectively elsewhere.
- 5.9 These considerations, and those highlighted in the Equality Impact Assessment should inform the executive's final decision on whether to agree to end the funding of the Sheltered Housing Support Service to the 6 RSLs on 31st March 2019. In the event that the decision is made to withdraw the funding, further actions to support in mitigating the disproportionate impacts have been identified as part of the action plan at the end of the Equality Impact Assessment.

Hannah Watkins, Equalities Manager ext 37 5811

## **6. Scrutiny Involvement**

- 6.1 The Adult Social Care Scrutiny Commission are aware of the Spending Review 4 programme.

## **7. Summary of appendices**

**Appendix 1:** Consultation Report

**Appendix 2:** Equality Impact Assessment

**8. Is this a private report:** No

**9. Is this a key decision:** No

## Appendix 1

### Consultation Report – Sheltered Housing Support Service

#### 1 Purpose of the consultation

- 1.1 The purpose is to consult and hear the view of residents living in six Registered Social RSL's (RSL) sheltered housing schemes on ending the funding of the sheltered housing support service.
- 1.2 Leicester City Council funds six RSL's to provide sheltered housing support services to their residents living in 31 non-council sheltered housing schemes. These service support people who, in most cases, do not meet the council's threshold for care and support. The sheltered housing support service is not something the Council is required to fund by law.
- 1.3 The Council has to spend a lot of money on people who do meet the threshold for care and numbers needing care are increasing as well as the cost of that is going up. However, the money we get from government is reducing so we have look at reducing the amount we spend on other services such as the sheltered housing support service.
- 1.4 Adult Social Care carried out a consultation from Monday 30th July 2018 to Friday 19 October 2018 on a proposal to end the contract with funding to the Sheltered Housing Support Service.

#### 2 Consultation methods

- 2.1 A number of methods were used for this consultation. These included:
- an online survey that allowed using the council's Consultation Hub, residents, families, carers, the RSL's and other stakeholders to give us their views on the proposal
  - a printed consultation form, which was distributed via the RSL's to every resident
  - posters advertising the consultation
  - consultation meetings at 13 sheltered housing locations accommodations
- 2.2 Service user consultation meetings were held on the following dates in the following locations:

Date of meeting	Location
09/08/2018	Nottingham Community RSL's - John Woolman House
16/08/2018	Anchor RSL's - Sandyhurst
20/08/2018	PA Housing residents – Leicester City Council meeting rooms
21/08/2018	PA Housing at Azad House but included residents from Belgrave Rehabs, The Beeches, Sabartmati House and Mahatma Gandhi House
23/08/2018	PA Housing residents – Leicester City Council meeting rooms
24/08/2018	PA Housing - Mahatma Gandhi House, 61 Dorset Street,
29/08/2018	PA Housing at the Hawthorns but invite also included residents from Arbour Court, Knighton Drive, The Old Vicarage, New Close & St Albans Road
31/08/2018	PA Housing at The Banks but invite also included residents from Milton House, Beaumont Lodge, The Banks, Glenrothes Close
05/09/2018	Hanover Housing Consultation session St Mary's Church Hall, Humberstone
05/09/2018	Nottingham Community RSL's - John Woolman House
07/09/2018	Riverside RSL's - Vernon House
07/09/2018	Riverside RSL's - The Quadrant
13/09/2018	Belgrave Neighbourhood Cooperative - Loughborough Cottages

- 2.3 At each meeting officers used a script to explain the purpose of the consultation and sought people's views on the proposal. At the meetings officers from each RSL were also present to advise what may or could happen if the funding was to end.
- 2.4 Attendees expressed their concerns about the loss of funding and the impact that would have. Their concerns are similar to the comments captured in the online survey (see section 3 below) and are summarised as follows:
- concern of impact on residents as they rarely leave their houses and need help with many tasks.
  - support workers are very helpful in navigating ASC and signposting the various services (AT given as example) on offer to help them remain independent.
  - small cost increases will lead to financial hardships.
  - elderly people are the easiest target for cuts.
  - residents were very clear about the value of the support and how important it is to them that this continues.
  - residents voiced a cumulative concern that there is disproportionate impact of funding cuts on older people.
  - residents valued the wellbeing support as a way of helping them stay independent.
  - residents feel the council could cut elsewhere rather than the current service.
  - residents feel the most vulnerable are being targeted.
  - helps with healthy life style and independence having staff onsite to offer advice and guidance and manage any worries & fears.
  - negative impact on the service users finances and rent.
  - suggests scheme managers hours to be reduced.
  - require support for communication due to language barrier
  - suggests the cuts are too severe
  - suggest the council use volunteers or work placements to support service users
  - require support to manage letters and correspondence and appointments/repairs.
  - helps avoid isolation.
  - cutting funding will cost ASC more money.
  - residents would require additional support via ASC assessment
  - suggest the RSL's pay more financially to reduce cost for service users.
  - suggests the residents continue to be supported by the RSL's
  - suggests the ASC explore alternative funding.
  - require support to manage letters and correspondence and appointments/repairs
- 2.5 Representatives from the RSL's indicated their organisations approach to what would happen if the funding was withdrawn, although they will have to formally consult if the proposal is agreed, as follows.
- Hanover confirmed there would be an additional amount to pay per month if the proposal goes ahead. In addition, Hanover and Anchor are likely to merge
  - NCHA advised that if the proposal was to go ahead, then the residents would see no difference. NCHA have made it very clear that regardless of whether the council makes the decision to end the funding or not, nothing will change for the residents, they are well prepared to make the internal changes to absorb the costs of the support service.
  - Riverside has devised an offer that spreads the costs of a new retirement living coordinator post across five schemes (which would include Vernon House and the Quadrant). This would secure additional housing related support for the residents.

There could be a rise in core rent and the weekly top up residents pay but Riverside could not provide exact details for residents at this point. The rent caps that RSL's are privy too would cap this increase as rents are decreasing in real terms for the next few years to bring them in line with Local Authority rents.

The proposal to reconfigure the support across the five schemes and 300+ residents would also minimise the financial impact to residents in the two affected Riverside schemes.

Riverside advised residents they were well prepared should the decision be taken to end the ASC funding. This provided reassurance to the residents that some form of support would continue.

- PA's response is unclear at the moment though they seem to be considering three options, which are likely to form part of PA's own consultation with residents, if the decision to end ILS funding is taken. These are not necessarily either/or options but could be done as a combination. These are:
  1. Residents pay for the support.
  2. Assistive technologies such as the pull cord is extended to the communal areas and continues for residents within their own units. PA were clear that they recognised the value of this and the 24-hr coverage and the peace of mind it provides.
  3. The support ends and there is just a floating tenancy officer in place who offers support with tenancy based issues.
- PA were positive about the approach the council have taken in regard to this proposal and used that to reinforce the message that the views of residents are important to the council.
- PA also talked about putting a computer in the communal area for residents to access for IAG.

2.6 Detailed notes were taken at each meeting and are attached in annex a for information

### 3. Online Survey response

A total of 207 responses were received via the online Consultation Hub. The breakdown of the respondents is outline in below (table 1):

Category	No	%
Living in one of the 31 schemes in the ILS sheltered housing support service	140	68%
Completing the survey on behalf of a person who currently lives in one of the 31 schemes	39	19%
Completing this survey as a representative of one of the 6 RSL's	7	3%
Completing this survey as a representative of another organisation	3	1%
A member of the public	7	3%
Not Answered	11	6%

### 3.1 Demographics

The main demographic characteristics of respondents were as follows:

Category		No	Percent
Age	66 years +	151	73%
	56 to 65 years	36	17%
	No response		
Gender	Male	71	34%
	Female	130	63%
	No response	6	3%
Ethnicity	White British	75	36%
	Asian or Asian British	86	42%
Religion	Hindu	66	32%
	Christians	62	30%
	Muslim	28	14%
Disability		99	48%
Sexual Orientation	Heterosexual	154	69%
	Prefer not to say / Not answered	45	22%

### 3.2 Survey findings

3.2.1 Respondents were asked a series of questions on what affect the withdrawal of funding would have on them, whether they had different suggestions how residents could be supported without the funding and finally any other comments on the proposals.

3.2.2 Summarised below are the responses to these questions:

#### Q1. What affect, if any, would the change in funding have on you?<sup>1</sup>

Category	Number of comments
No comments/don't know	60
Helps with healthy Life style and independence having staff onsite to offer advice and guidance and manage any worries & fears	77
Negative impact on health and wellbeing	26
Negative impact on the service users finances and rent	15
Require support to manage letters and correspondence and appointments/repairs	22
Helps avoid isolation	19
Require support for communication due to language barrier	25
The proposal will impact on losing staff	9
Suggest the current funding is not shared equally between schemes	7
Suggests scheme managers hours to be reduced	6
Suggests the cuts are to severe	6
Other negative impact	3
<b>Total</b>	<b>275</b>

3.2.3 This shows that in the region of a third didn't respond. A range of comments have been made by the respondents, which have been broadly grouped together. These express concerns

<sup>1</sup> The total number of comments is not the same as the total number of respondents because some respondents either made no comment or more than one comment

around the loss of the service, the impact that may have upon them. People believe that it could also lead to greater isolation affecting their health and wellbeing.

**Q2. Do you have any suggestions on how residents could be supported?<sup>2</sup>**

Category	Number of comment
No comment/ I don't know	87
Continue to fund the service	40
Other	15
Suggests residents support each other	12
Suggests the council explore alternative funding or source volunteers	16
Suggests the changes will impact on poverty and hardship for residents	6
Suggest the impact will affect all schemes	5
Suggests family and friends to offer more support	4
Require support to manage letters and correspondence and appointments/repairs	7
Prevents isolation	6
Suggests the residents continue to be supported by the RSL's	9
Suggest the RSL's pay more financially to reduce cost for service users.	5
Suggests the proposal will cost ASC more	3
Suggests the government use lottery funding	2
Reduce staff hours to fund the service	11
Require support for communication due to language barrier	4
<b>Total</b>	<b>232</b>

**Q3. Do you have any final comments?**

Category	Number of people who have made comment
No comment/ I don't know	97
Suggests support workers are required to keep residents independent	37
Require support for communication due to language barrier	13
Continue to fund the service	37
Other	12
Suggests the cuts are severe and will have a negative impact to the scheme/health	34
Removing staff from schemes will lead to bullying	1
Prevents isolation	2
Having no staff will leave residents vulnerable	8
Prevents antisocial behaviour	4
<b>Total</b>	<b>245</b>

<sup>2</sup> The total number of comments is not the same as the total number of respondents because some respondents either made no comment or more than one comment



**Appendix 2**

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

Title of spending review/service change/proposal	Independent Living Support (ILS) Sheltered Housing Service	
Name of division/service	Strategic commissioning	
Name of lead officer completing this assessment	Michelle Larke	
Date EIA assessment completed	19 October 2018	
Decision maker	e.g. City Mayor/Assistant Mayor/Director	
Date decision taken		
<b>EIA sign off on completion:</b>	<b>Signature</b>	<b>Date</b>
Lead officer	M Larke	19 October 2018
Equalities officer	Hannah Watkins	24 October 2018
Divisional director	Tracie Rees	24 October 2018

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**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 Independent Living Support (ILS) Service for sheltered housing has been funded for a number of years (since at least 2003). Over this term this service has not significantly changed in form or function, though the funding has reduced over the years. The current contract is for

six Registered Social Landlords (RSLs) to provide sheltered support at 31 schemes across the city. This was awarded in October 2016 and should have run until 31 March 2020.

1. Anchor Trust: 1 scheme
2. Pinnacle PSG (Belgrave Neighbourhood Cooperative): 1 scheme
3. Riverside Housing Association: 2 schemes
4. Hanover Housing Association: 1 scheme
5. Nottingham Community Housing Association: 3 schemes
6. PA Housing: 23 schemes

Due to the significant financial constraints that the council is facing, this year the service is in scope for review, as part of the larger, strategic review of all the ILS services (with the exception of the small community alarms contract). The proposal being considered is the approval to engage with the Registered Social RSLs (RSLs) <sup>3</sup>who receive Adult Social Care (ASC) funding to provide low level support for their tenants. This engagement will inform the future funding options with effect from 31.3.2019, in order to deliver budget savings. This proposal addresses the option that the funding attached to this service will be withdrawn.

There are specific reasons for this. These contracts were first introduced nearly 20 years ago as part of the Supporting People Programme, at the time the council received a ring-fenced grant. However, over the years the government has reduced and ended the grant and the payments now form part of the Adult Social Care budget. This is not a service that Adult Social Care is required to fund. Additionally, a benchmarking exercise undertaken with other Local Authorities found that this provision is not something that Adult Social Care is funding elsewhere.

The service itself supports individual tenants to develop and/or maintain skills. This includes being able to manage the practical aspects of daily life and in keeping a home; support with social contact and stimulation; basic life skills; support that could help to prevent any deterioration of their circumstances; and support and help to maintain health and wellbeing.

A comprehensive review of the service and an in-depth analysis of the data shows that the low-level assistance is well utilised by the residents in the schemes and contributes to preventing or delaying individuals from needing an Adult Social Care funded package of care. At the end of December 2017 there were 676 residents within the service, not all of these residents accessed support – according to data supplied by the RSLs 564 people were being supported (again this was correct at the end of December 2017). Through this EIA work has been done to understand and establish what other options could be accessed should this service be withdrawn for the residents of those schemes.

A summary of the work that has been done to ascertain this is given below:

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<sup>3</sup> referred to as the RSLs throughout this report

The council has undertaken a period of engagement with the RSLs to understand the impact on Adult Social Care and the residents if the funding was ended. This has sought to determine whether there are other options for continuing the support that these tenants currently can receive. The RSLs had some good ideas about the options open to them and all agreed to work with the council to think about putting those different models into place. This included: looking at how to continue housing management support perhaps through the rent system and perhaps by using volunteers or by seeing where there are opportunities for residents to support one another, such as via a good neighbour initiative. These conversations are ongoing.

Adult Social Care has also undertaken a twelve-week consultation on the proposal to end this funding, through the consultation Adult Social Care has talked to the residents alongside the RSLs. This has seen us carry out 13 meetings in partnership with the RSLs at the schemes themselves to enable as many residents as possible to attend. This has helped ensure that wherever options to continue the support exist, that message is given to residents to reduce and alleviate any subsequent anxiety or concern. Now more is known about those options, through consultation, further work has been done through this EIA to establish any equalities implications of those options. This has been listed as an action for officers to undertake.

Consideration has also been given, as a consequence of this report, to the range of services that could provide additional assistance to these residents as required and appropriate. The sheltered support service was designed as a non-statutory intervention within an accommodation-based setting. Provided as a core offer, the aim of the service was to offer vulnerable adults, including older people, support to maintain and /or develop skills that could empower them in their every-day lives to manage all practical aspects of daily living to include: setting up and maintaining the home to achieve resettlement and help to maintain positive health and well-being. Whilst some of the services reflected below are aimed at specific cohorts, such as carers or people with dementia, there are services, such as Age UK that would provide more general services to support health and wellbeing. The role of the Citizens Advice Bureau could also be important to provide advice around managing practical aspects of daily life, such as budgeting and personal finance.

These services are listed below.

- [Age UK](#)
- [Citizens Advice Bureau](#)
- [Independent Age](#)
- [Leicester Community Projects Trust](#)
  - Physical disabilities, older people and NHS complaints
- [CLASP The Carers' Centre](#)
- [LAMP - mental health in Leicester, Leicestershire and Rutland](#)
- Leicester City Council's corporate Information, Advice and Guidance offer (will be announced during the Autumn 18)
- [Alzheimer's Society: Dementia Support Service](#)
- Adult Social Care's front door for issues regarding social care and health: 0116 454 1004 (Mon - Fri 8am - 6pm). Emergency Team (out of hours only 5pm - 8.30am): 0116 255 1606.

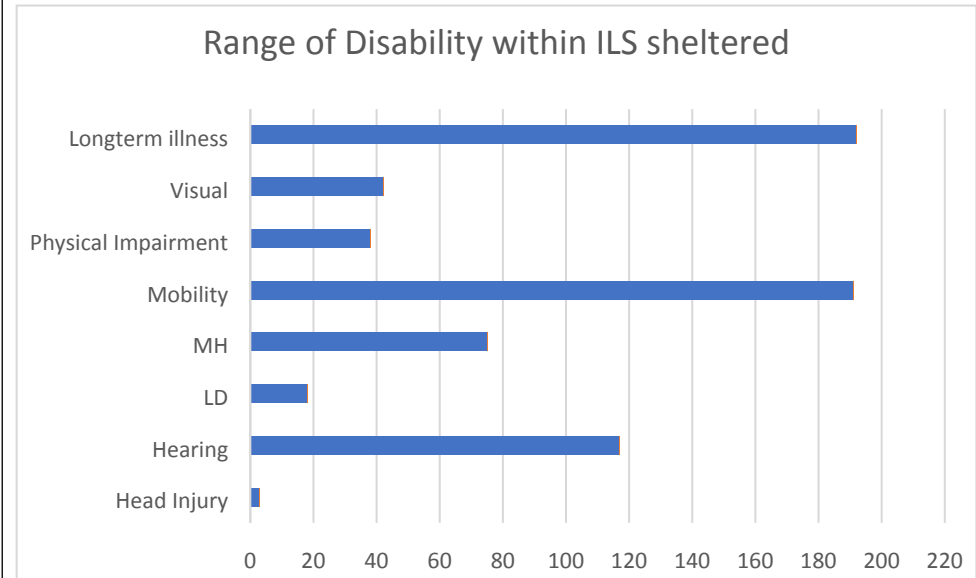
## 2. Equality implications/obligations

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.

	<b>Is this a relevant consideration? What issues could arise?</b>
<p><b>Eliminate unlawful discrimination, harassment and victimisation</b></p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>By nature of the provision and service model this is a service that supports some of the most vulnerable, potentially older and frail, including those that may fall within one or more of the nine protected characteristics.</p> <p>The RSLs of these schemes each operate their own access policy for admission, normally this is 55+. The council's service specification outlines the eligibility criteria for providing support, i.e. users must be a Leicester city resident; and have additional needs as a result of one or more condition; or have to be 65 years plus and either in receipt of, or eligible to receive a means tested benefit.</p> <p>The proposal to end the funding the six RSLs receive may impact on the service that they are subsequently able to provide. However, this would not adversely or disproportionately impact on the council's ability to meet this aspect of our public-sector equality duty (PSED).</p> <p>The rationale for this is that whilst this is a service that supports some of our most vulnerable citizens, we have taken steps through a comprehensive engagement phase, to think through how that support could be continued to meet the needs of this group. We have been reassured through this exercise that the RSL will support us to implement alternative models to continue some of the support, and all have committed to try and do this.</p> <p>This is focussed primarily on minimising any disadvantages suffered by these residents arising from their protected characteristics, in this case, predominantly age and, in some instances, disability and/or race.</p> <p>This is further bolstered by the acknowledgement that it could be harder for this group to access similar support, should this service be withdrawn.</p>

	<p>The consultation phase, will be done in collaboration with the six RSLs. Whilst we are consulting on removing the funding, the RSLs will be offering their own advice to their residents about the ideas they have to continue the support, in one form or another.</p> <p>RSLs, whether carrying out public functions or not, are bound by the anti-discrimination provisions of the Equality Act 2010. RSLs are subject to the PSED when carrying out some of its functions as a social landlord. This gives added reassurance that they will continue to take their equalities obligations seriously. An action has been identified for officers to offer further support to the RSLs regarding the PSED if they feel they need it.</p>
<p><b>Advance equality of opportunity between different groups</b> 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).</p>	<p>The demographic data for the 31 schemes shows that some schemes are predominantly white (white British/European/Irish or other) residents, others predominantly Asian/Asian British (Bangladeshi, Indian, Pakistani or other). Whereas others have a more balanced ethnic mix of residents. According to the data supplied by the RSLs, of the 31 schemes some analysis has been done to see what the balance is in terms of ethnic diversity.</p> <ul style="list-style-type: none"> <li>• 19% (6) of schemes are predominantly Asian/Asian British (Bangladeshi, Indian, Pakistani or other).</li> <li>• 39% (12) of schemes are mixed (people predominantly identifying as either Asian/Asian British (Bangladeshi, Indian, Pakistani or other)) or white/white British/ white European/ white Irish/ white other or other ethnic backgrounds including Black/Black British and Chinese); and</li> <li>• 42% (13) are predominantly white British/ white European/ white Irish/ white other.</li> </ul>

There is also a range of disability recorded<sup>4</sup>. Across all 676 residents, the RSLs, through the quarterly monitoring returns, have told us that residents have the following disabilities.



We also know from the returns that residents identify with a range of religious and belief systems. The main religion recorded is Christian (55%), followed by Hindu (24%) and Muslim (11%). The rest are made up by other religions/belief systems including Atheist, Sikh, Jain, Jewish and Buddhist.

The data indicates that services are culturally competent (and meet cultural and religious needs) and ensure a level of equality of opportunity in terms of access and provision of services. The one exception could be registered in terms of sexual orientation. The overwhelming majority of residents identify as straight/heterosexual (94%). Just 2 residents

<sup>4</sup> Caveats must be applied to this data – this is data supplied through the performance monitoring of the current ILS sheltered housing contracts. LCC does not hold data on individual service users, unless they are known to ASC (only 13% are known to ASC). Caution must be used in using the disability data as we know residents may identify with one or more disability and this will be reflected in the data RSLs have provided.

	<p>identified as gay males and 5% chose the option 'prefer not to say'. According to the Joint Strategic Needs Assessment 2016, Leicester's lesbian, gay, bisexual and trans (LGBT) communities is estimated to be around 4% so this might indicate some further work to do to ensure that all schemes are welcoming and accessible regardless of sexual orientation.</p> <p>The proposal to end the funding could impact on the ability of some of the older people and in some instances those with the protected characteristics of disability and/or race, to continue to have the opportunity to access some of the provision that this funding provides. However, the RSLs have all indicated how important they feel some of the activities are (that may have been funded or facilitated by support staff funded by the ASC monies), so they have committed to continue the support, if the decision is made to withdraw the funding. However, given that our contractual relationship will end there is no option for council officers to monitor this.</p>
<p><b>Foster good relations between different groups</b> Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>By the nature of this service, the sheltered schemes provide good opportunities for social integration and community cohesion. The services offered in sheltered schemes, coupled with the accommodation, are aimed at enabling older people to remain as independent as possible. Sheltered housing enables older people to continue to live in the community, and for a cohort of older people sheltered housing is a welcome alternative to residential care. Assistive technology and onsite support can provide the reassurance and assistance for people to continue to live well and independently.</p> <p>The outcomes in place for the service work together to support this, specifically the two outcomes below which relate to encouraging residents to access their community and develop social contacts. The RSLs told us that they met the targets in place for achieving these outcomes which indicates that residents are supported to get to know one another and to experience opportunities available in their local community. This would support community cohesion objectives.</p>

	<ol style="list-style-type: none"> <li>1. Number of individuals able to access universal facilities and services in their community; and</li> <li>2. Increase an individual's social contact with others who share similar interests either one to one or in small groups (networks) for peer support.</li> </ol> <p>Mitigating actions have been identified to minimise the impact on the council's ability to meet this aspect of its public-sector equality duty based on an understanding that the services funded had an element of encouraging people from a protected group to participate in community life. The work we have done through engagement and through consultation, has been about working with the RSLs to think through how the support could continue, in one form or another to ensure this aspect of provision is not lost or displaced. It is worth reiterating here that we are therefore reliant on the RSLs to continue the offer of support, but that this is done recognising their vested interest and own responsibilities through the PSED (where applicable).</p>
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### 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.

#### **Service operation and links to other services**

Sheltered housing is not just the bricks and mortar. The services offered in sheltered schemes, coupled with the accommodation, are aimed at enabling older people to remain as independent as possible. The accommodation, whilst rented, is the resident's own. Sheltered housing is living in the community and should not be confused with residential care. Older people require the same options and range of housing enjoyed by younger generations. Sheltered housing often fulfils this need by offering high quality accommodation with access to support services onsite which helps people remain independent and in their own home for longer.

The future of housing for older people is a national issue and the government is committed to a better housing offer for our older generations. This is reflected in the current national context, where we find ourselves working at a time of significant changes for the supported housing sector. Last year the government [published proposals](#) on new ways of funding supported housing. These models included a proposal to introduce a 'Sheltered Rent' for sheltered and extra care housing. However, after a lengthy period of consultation



with the sector, the government have recently announced (9 August 2018) that supported housing will remain in the welfare system and will continue to be paid by housing benefit (Ministry of Housing, Communities and Local Government and Department for Work and Pensions 2018).

Now that the government has confirmed that funding for sheltered housing will remain within housing benefit, this means residents will claim housing benefit as usual, with their rent normally being paid directly to their RSL. This represents good news for the sector which has been cautiously anticipating how the new funding mechanisms would work.

### **Impact of funding cuts to the continuation of the service**

As most of the RSLs involved have been through a similar process elsewhere they have strategies that can be deployed if the council removes the funding to mitigate the impact. Each RSL has confirmed this and is prepared to work with the council to look at what those options might be for the schemes affected.

### **Statistics for Leicester City for older people**

The Joint Strategic Needs Assessment (JSNA) data for Leicester compiled in 2016 suggests we have an increasing and ageing population. The data also recognises the numbers of older people who we know are living in the city and who may be at risk due to long term conditions or their increasing frailty and vulnerability to continue living alone. Older people 65+ make up 11% of the population in Leicester, compared to 63% of those of working age. By 2038 the population 65+ will have increased to 16%. We also know that Leicester is an unhealthy city and one that is culturally diverse so our ability to provide services that support older people to maintain their health, wellbeing and independence is vital. This aspect of early intervention and prevention to support continued independence and well-being also supports the principles of the Care Act 2014.

### **The needs of older people**

In terms of need, we also know from JSNA analysis that people aged 65+ will have primary support needs which centre around their mobility, mental health and memory and cognition. This chimes with what we know about those living in the ILS sheltered accommodation. However, this service may be inappropriate to deal with those issues as it is configured to offer low level support which would not be equipped to support people with increasingly complex needs. However, for those that do meet the threshold for Adult Social Care (and at present this is about 13% of the residents in these schemes) care and support packages can be put in place, alongside the low-level support service provided through this contract. Whilst the proposal to withdraw the funding for the support is still being considered, the option to be assessed for Adult Social Care would not change.

It is also worth stating here that a lot of these schemes (93%), due to the increasing frailty and some of the ongoing language and cultural issues relating to the ethnicity of the residents, attracts a higher level of housing benefit. This aspect of the housing benefit payment is called intensive housing management and is reflected through housing benefit for schemes that house vulnerable people, which includes older people. This aspect of rent can be used to provide housing related support – such as help to maintain tenancies and for other issues such as managing money and advice around benefits and might be used to fund housing officer roles. The majority of the schemes (29 out of the 31)

attract this sort of additional payment. This would ensure that people could continue to receive some form of housing related support to maintain their tenancies, even if the proposal to withdraw the funding which pays for the wellbeing support is ended.

#### 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 and research used to inform the EIA has been cited in 'Section 3 – Who is affected?', along with a narrative about what the data tells us.

- Joint Strategic Needs Assessment (JSNA) data for Leicester 2016
- Public Social Exclusion (PSE) research and statistics
- Data that shows projections of older people for Leicester.
- Monitoring information and information collected via the engagement meetings with the six RSLs.
- Previous evaluation and review information completed by council officers during the last review completed 2016
- Performance Management returns (2017/18) completed quarterly by the six RSLs in relation to the service they provide under the ILS sheltered housing contract.
- The responses from the formal public consultation that ran 30 July to 19 October 2018 and the notes from the 13 service user meetings that were held with residents affected in the 31 schemes.

#### 5. Consultation

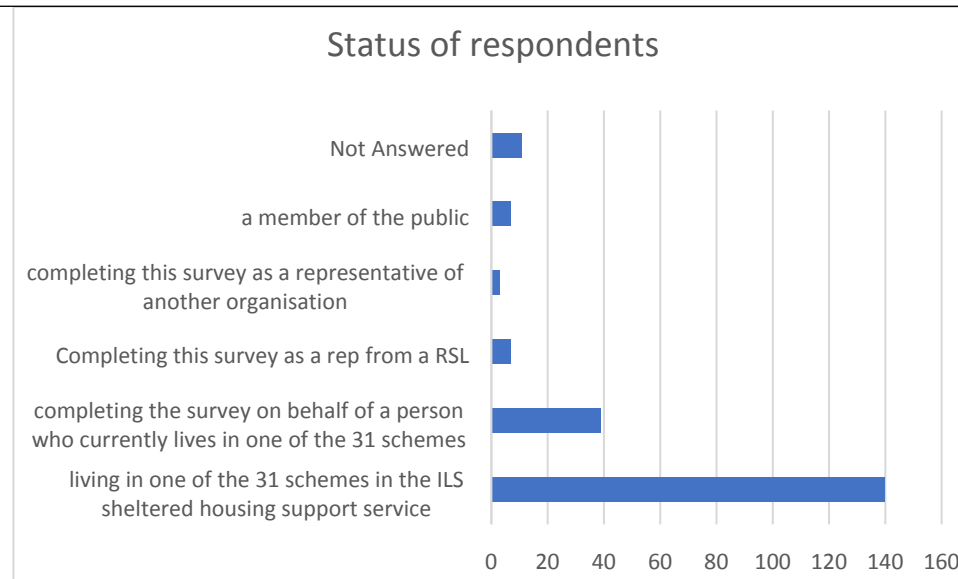
What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- 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?

Formal consultation began on Monday 30 July for 12 weeks. The outcomes of this consultation will provide additional evidence to support this EIA.

**Key aspects of our methodology:**

1. Council officers worked closely with the six RSLs to ensure the consultation resident meetings were accessible. In total we met with 95 residents at 13 meetings which were held in the day rooms of schemes affected across the city.
2. We asked RSLs to be present and to ensure they felt prepared we shared the consultation materials with them before the start of the formal consultation asking for their comments. This worked well for the consultation meetings as it ensured the RSLs took the opportunity to share with residents, their own plans for mitigating against the loss of funding, should that decision be made. This helped to reduce the stress and anxiety of the council's proposals as in most cases the RSL had well developed plans in place to continue support. It is worth adding that where council officers found that was not the case, attempts were made to connect RSLs so that they could learn from one another's models and plans.
3. We took the advice of the RSLs and where they advised there were the potential for language barriers, we booked interpreters. We took the decision therefore not to translate consultation materials. The feedback from one housing association has however suggested that in the future we should carefully consider having surveys translated too as not all of the residents attended the face the face meetings and this has had a considerable impact on their staff who have needed to support residents (predominantly in the six Asian Elder schemes) to respond. This did not, in this instance, have an impact on the response rate from these schemes in comparison to those where language barriers were not identified as a potential issue, however, the feedback has been noted in terms of the impact relating to the capacity of RSL staff.
4. Given that these residents are older, again we took the advice of the RSL and had enough copies (700) of consultation materials printed. These were delivered to the schemes by officers with pre-paid envelopes. The RSL supported the consultation by writing a covering letter to each tenant affected, explaining the consultation questionnaire and why it was important to respond. This has helped ensure a robust response to this consultation which has been analysed carefully as part of this overall impact assessment.
5. Council officers used a poster to help advertise the consultation in each of the schemes affected. Families, carers and RSL staff were also encouraged to respond to the proposals.
6. The methodology used has prompted a positive response from the six RSLs who welcomed the approach from the council in terms of visiting the schemes themselves and running so many meetings for residents to attend.
7. As part of the 13 consultation resident meetings we engaged with 111 people which were made up with a mixture of housing association staff (16) and (95) residents.
8. As part of the main consultation we received 207 responses. The following breakdown provides a snapshot of which group they told us they were from.



- 39 respondents told us they were completing the survey on behalf of someone, however, when those responses were analysed only five were from people who identified themselves as a carer or family member. Two respondents told us of their concern for elderly parents with a diagnosis of dementia. These respondents told us that the proposal could mean that the burden of care would need to shift back to ASC as the small amount of support helps to keep their relatives safe. Arguably the low-level wellbeing support would not be appropriate to support someone long term with an advanced stage of dementia as more specialist care might eventually be required. Another respondent told us about their concern for parents who did not understand English. In that case the support worker was a speaker of Gujarati and provided an essential service to support those residents book essential appointments and repairs. In this instance the Housing Association might be able to use a good neighbour initiative or a volunteer to support residents with these everyday tasks as a way of mitigating the loss of a paid support worker, if the decision was taken to remove the funding. In addition, housing officers are able to provide support in arranging repairs as part of their remit and with regard to booking appointments, those which are essential for example, GP appointments there is a duty on health and social care providers to ensure that peoples' communication needs are taken into account whether in relation to language needs or arising from a disability (The Equality 2010 and the Accessible Information Standard). The other two responses told us they were either unhappy with the provision of the support or the trend of cuts that they have seen over the years in the scheme where their family member lives.
9. Analysing the demographic information of those who responded (and we have been unable to extrapolate the demographics for the different groups) we are able to determine the following:
- The majority of respondents were white: British (36%) and Asian or Asian British: Indian (42%).

- In terms of sex respondents more Women (63%) responded than Men (34%)
- No one told us that their gender identity was different to their assigned gender at birth though some chose not to answer the question.
- The main religion that respondents identified with was Hindu (32%) and Christian (30%).
- The vast majority of respondents were 66+ (73%) though a proportion were in the age range 56 -65 (17%).
- The vast majority of respondents described themselves as heterosexual/straight (74%). 22% chose not to answer or told us they preferred not to say.
- In terms of disability, just under half answered that they had some form of disability (48%). Of those that confirmed they had some form of disability, the options which received the most responses, in prevalence order were:
  - A long-standing illness or health condition: 24%
  - A physical impairment or mobility issue: 21%
  - Mental Health difficulty: 14%
  - Deaf or hearing impairment:13%
  - Blind or visual impairment: 6%
  - Not answered: 33%

#### **Consultation findings:**

##### 1. What is important to them regarding the current service?

- Analysing the comments made through the focus group meetings and the responses from the consultation surveys it is clear that residents are concerned about losing the funding for their support service; they were also clear about the value they derived from that service. Where there were clear plans in place from the RSL to mitigate against the impact of losing funding, should the decision be made, residents felt reassured.
- Residents from across the schemes also voiced a cumulative concern that there is disproportionate impact of funding cuts on older people.
- Although the residents accepted the difficulties ASC and the council face, there was unanimous concern about the proposal and what that would mean for their support and how those needs would be met in the future when they might need it the most. The five responses from relatives and/or unpaid carers echoed this view, particularly the two respondents who told us their family member was living with a diagnosis of dementia.

- The sense given by the residents was that they felt resigned to the funding being withdrawn, despite the reassurances of officers that no decision had yet been made.

2. How does (or could) the service meet their needs?

- The main comment in terms of how the service met their needs currently was that they valued the wellbeing support as a way of helping residents remain independent.
- The support, residents felt, was essential to reduce isolation and loneliness, residents described it as a lifeline in terms of supporting their ability to participate in the community of the scheme/s.
- Residents felt that the support helped to keep them happy and healthy, by connecting them with others and helping them stay safe.
- A key theme emerging has been the support with communication that could be negatively affected for a good proportion of the residents within the schemes where the majority of residents may not speak English or where English is a second language. There are six Asian Elder schemes where the main language spoken is Gujarati. From our performance data and from advice from the RSL we believe this could affect 147 residents across the six schemes where the predominant language is not English (this equates to 22% of the total number of residents across the 31 schemes though officers believe the figure could be higher).

3. How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?

- The main question asked residents to describe how they would be affected by the proposal. The answers to this question have been analysed and the emerging themes given below:

**Q1. What affect, if any, would the change in funding have on you / residents?**

Category	Number of responses	Mitigating action
Helps with maintaining a healthy life style & independence. Having staff onsite to offer advice and guidance and manage any worries & fears is important to me	76	For most residents, if not all, the support will continue in some form through the various models that RSLs will put in place, if the decision to withdraw the funding is taken. Officers have, through a robust engagement and consultation process, been reassured of the commitment from RSLs to do this.
I require support to manage letters and correspondence and to book appointments and/or repairs.	15	
There will be a negative impact on residents' health and wellbeing	25	
There will be a negative impact on the residents' finances and rent	15	Any proposals which include a cost to residents will be consulted on separately by the RSLs. Three RSLs are currently considering this as an

		option and all three have indicated their intention to consult residents on any proposal to increase costs to fund wellbeing support, should the decision to withdraw ASC monies be taken. If the decision is made to withdraw the funding, feedback on the outcomes of consultation will be fed back to the RSLs with the intention of confirming and consolidating with them what equalities issues have been discussed to date and how they may be mitigated in order to ensure a robust approach to reducing or removing any disproportionate negative impact arising from a decision to withdraw funding, should this occur.
I require additional support for communication – this may be due to a language barrier or because of an illness.	23	RSLs told us they are committed to continuing support and also to look at different options including volunteer roles within schemes, good neighbour initiatives and also extending assistive tech to communal areas. However, this will be a key risk for residents if no other form of support with communication issues are provided by the RSLs. This has been flagged for consideration in the final consultation findings report and officers have an action to explore this with the RSLs.
Helps avoid isolation and loneliness	19	In terms of access to services, there is a duty under the Equality Act 2010 for service providers to promote equality of opportunity by removing barriers to access, this includes provision of interpretation and translation services for those who require it to access essential information and support. In addition, the accessible information standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. This means that, in those circumstances where it is vital to remove

		<p>the barriers to communication to be able to access essential services, there is provision available elsewhere.</p> <p>In addition, in some circumstances, housing officers may be able to provide support. For example, via the consultation concerns were raised about being able to ask for repairs. The housing officer would be able to support this type of request.</p>
The proposal will mean losing staff or reducing the hours of support they provide	15	RSLs have indicated that they are committed to trying to create posts to absorb existing staff. This may mean a change to job role but it does mean that some staff could be redeployed in housing officer type roles where appropriate. At least two RSLs indicated they had viable models which would do just that.
Suggests the current funding is not shared equally between schemes or the cuts are too severe	13	This will be fed back to RSLs in terms of equitability. In terms of the cuts being too severe this will be fed back to key decision makers as a consideration in terms of this proposal.
Other negative impact	3	Comments were around children's services which was not applicable in this context and two comments were given in relation to unsuitable placements into sheltered schemes.
No comments/I don't know	60	N/A
<b>Total</b>	<b>264</b>	

4. Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

By analysing the responses from the focus group meetings and the consultation responses the emerging barriers were:



- Some residents struggle to leave the scheme and there are others who need help with everyday tasks. Those residents, who were described in the focus groups as some of the most vulnerable, may be unable to access other services without the support in place that ASC currently funds.
- Support workers are very helpful in navigating ASC and signposting to the various services on offer to help them remain independent. This would be left to families and/or other more able residents if the funding for the support is withdrawn. If residents do not have access to these sorts of networks this could equate to a barrier for them accessing alternative services and support. The difficulty of accessing social care in itself was seen as a barrier.
- If there is an expectation that costs for keeping some form of support are reflected in rent increases or by paying for support, then just a small cost increase could lead to some residents experiencing financial difficulty. Poverty and/or hardship could form a barrier to alternative services as residents could either refuse to pay or find they do not have the financial means to do so.
- Some residents require support for communication due to language barriers – this would exist as a barrier for those residents who may feel less confident accessing services/other opportunities that could meet their needs. This could also have an impact on any unpaid carers supporting the person which could include friends, family and other residents.
- Residents suggested that they would need additional support from somewhere and felt that this could impact on ASC. We know that most residents in these schemes do not meet the threshold for care and support so this could form a barrier to accessing alternative support if ASC is relied upon as the main alternative.

#### **Summary of findings:**

Although residents raised valid concerns about the impact of the proposal, the robust consultation process enabled council officers to understand how residents in these schemes would be supported, should the decision to withdraw funding be taken. All six RSLs were prepared for these conversations and the majority demonstrated well developed ideas for continuing the support, should ASC funding be withdrawn. Some of the proposals may require residents to pay for support in the future but council officers were reassured that residents would be fully consulted on those proposals in terms of what it would equate to in additional cost. Other forms of support, such as volunteer roles and good neighbour initiatives would be considered at the same time and this would help mitigate against some of the impact residents raised around loneliness and isolation. In relation to this latter point, what was clear to officers was the vibrant communities that existed within the schemes and the support that residents gave to one another.

1. NCHA confirmed residents would see no difference – costs for the wellbeing support workers would be absorbed into their existing budgets and staff would continue in their existing roles.
2. Hanover indicated that there could be a cost for continuing support would likely need to be passed on to residents. However; their senior manager (not at the meeting) would need to confirm. They indicated that this would equate to a nominal additional charge each week. Residents were pragmatic about the principle of having to pay.
3. Anchor confirmed likewise that there would be an additional charge which would likely be reflected in an increase in their service charge. Anchor will consult if required once the outcomes of the consultation are known.
4. Riverside have devised an offer that would bring the two schemes in Leicester in line with other areas operating on the same basis (i.e. without ASC funding). The cost of a new post would be spread across five schemes in total (including the two Leicester schemes)

making it viable and sustainable for the long term. This would secure some ongoing support for the residents if ASC funding is withdrawn.

5. PA are considering three options. These were presented not necessarily as either/or options but could be done as a combination, they are: residents pay, the support ends and there is just access to a floating tenancy officer in place who offers support with tenancy-based issues and the assistive tech (pull cords and access to a computer) is extended to communal areas. Work has been done by officers to connect PA with another housing association to learn from their approach. PA receive the bulk of the funding and consequently support most residents affected by the proposal.
6. Pinnacle PSG discussed an additional charge with residents. Residents indicated that they would be broadly supportive of this approach but wanted to understand how much it would cost. Pinnacle agreed to share details of this in a separate meeting with residents once more was known about the outcomes of the consultation.

## 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).

<b>Protected characteristics</b>	<b>Impact of proposal:</b> 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?	<b>Risk of negative impact:</b> 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?	<b>Mitigating actions:</b> 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.

<b>Age<sup>5</sup></b>	The data submitted as part of the full year evaluation shows that the average age living in the sheltered schemes is 55+	Older adults would be most affected. The impact would be negative for this group of older people who are the main group living in the ILS sheltered schemes should the wellbeing element no longer be provided.	That we capitalise on the opportunities that could exist for continuing this support. Joining the dots with other services so that referral pathways are well established and publicised.  We ensure that as part of the consultation we provide adequate signposting to the referral pathways that exist to support older people. It could also include referral information to our new Information, Advice and Guidance corporate offer. In addition, there are a range of organisations that can provide support. These organisations are described in more detail in the first section of this EIA.  Some RSLs also plan to explore opportunities for volunteers and good neighbour schemes to address some of the concerns raised in relation to isolation and loneliness.
<b>Disability<sup>6</sup></b>	Using data collected end of December 2017 there are a range of needs being recorded within schemes. Mobility and long-term illness/condition are two most recorded disabilities (with 28% of	The range of disability suggests that this is a vulnerable group, with increasing needs which could be adversely impacted by the council's decision to withdraw funding. There is a higher proportion of residents	The city has commissioned a corporate Information, Advice and Guidance (IAG) offer which should signpost and help people connect with the right support available.

<sup>5</sup> 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

<sup>6</sup> 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.

	<p>residents declaring either a mobility impairment or long-term condition). Hearing (17%) and Mental Health (11%) are next. There are other impairments affected too, including learning disability and physical and sensory impairment.</p>	<p>who declare a disability in comparison to the general population of Leicester.</p>	<p>There are other services available which could support these service users. These tend to be more specialist services, such as dementia support and services provided by Age UK in the city.</p> <p>For those able to pay, there could be the option to pay for the support currently provided by the RSLs. However, consultation has identified that there could be adverse impact if residents are expected to pay. The impacts of any proposal to charge would need to be explored should this be identified as an option.</p> <p>Work will be done to help the RSLs think about the options open to them to continue some form of low level support for the residents of these schemes. Whilst that may vary between RSLs, all have told us they have managed to mitigate the impact of the loss of this funding for schemes they operate in other areas of the country.</p>
<b>Gender Reassignment<sup>7</sup></b>	No impact identified at this stage. From the equalities monitoring that	N/A	N/A

<sup>7</sup> Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

	forms part of our performance monitoring it is impossible to know if any resident is protected in relation to gender reassignment as we do not ask about gender identity, however there is reason why the proposal should impact specifically in relation to this protected characteristic and no potential impacts were raised via the consultation or engagement sessions		
<b>Marriage and Civil Partnership</b>	No impact identified at this stage.	N/A	N/A
<b>Pregnancy and Maternity</b>	No impact identified at this stage.	N/A	N/A
<b>Race<sup>8</sup></b>	Recorded ethnicity is mainly white British (approximately 61% of all residents identify as this group). 34% identify as Asian/Asian British, 4% as Black/Black British and 1% as Chinese or other (Gypsy, Romany, Irish Traveller).	White British would be the group most likely to be affected. However, there would be impact across most ethnic groups if this service had to change the way it delivers support as a result of the loss of funding the council provides.  In particular, there would be implications in terms of the informal support that has been provided to meet peoples' language/ communication needs (The RSL has advised that this is most likely to affect Asian/Asian British and Polish	There are other services available which could potentially be engaged to support these service users, where appropriate (see full list in section one). These services are designed to ensure they are accessible and culturally appropriate.  There could be options that the RSLs take to continue some form of low level support. This would help to mitigate the impact that would be felt from withdrawing the funding that currently pays for the ILS sheltered support service.

<sup>8</sup> 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.

		<p>residents. In addition, there were several concerns raised as part of the consultation regarding the need for support with English language from residents whose main language was Gujarati).</p>	<p>Further conversations need to be had with RSLs re the approach they will take to supporting residents whose main language is not English if the funding is withdrawn and the current support has to end.</p> <p>The Council and other organisations with responsibility for public functions do have a duty under the Equality Act 2010 to ensure that these residents are able to access services regardless of their protected characteristics/s and so this will be mitigated to some degree for those accessing specific services, however further consideration will need to be paid to language needs as part of the decision making process and further work with the RSLs if the funding is withdrawn.</p>
<b>Religion or Belief<sup>9</sup></b>	<p>Although current residents do identify with different faiths or belief systems there is no impact identified at this stage. Residents did not raise their religious or belief requirements as something which would be impacted by the proposals during the consultation.</p>	N/A	N/A

<sup>9</sup> 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.

<b>Sex<sup>10</sup></b>	The sheltered schemes have a mix of male and female residents which is broadly equal.	Both men and women could be impacted. The proposal will impact both male and female residents and there is no disproportionate impact identified arising from this protected characteristic.	There are services available – see above for advice on those.  It may also transpire that the RSLs find ways of continuing this support in one form or another, for the residents of these schemes.
<b>Sexual Orientation<sup>11</sup></b>	In terms of sexual orientation, the majority of people identified as heterosexual (94%) with a small number identifying as gay males (two people) This suggests that the RSLs could do more to connect with diverse groups and communities. An action has been identified to feed this back. However, for the purposes of this EIA there would be no disproportionate adverse impact felt by people with this protected characteristic.	N/A	N/A
<p><b>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</b></p> <p>The key protected characteristics which would be affected by decommissioning this service are based on the data that has been gathered through the process of completing this EIA. The characteristics most at risk of being negatively affected are: age, disability and race. We know from intelligence and research that our older population are more at risk of isolation and ill health and this proposal could cause anxiety and distress which we need to ensure it mitigated as best we can by working with the RSLs and other services.</p> <p><b>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?</b></p>			

<sup>10</sup> Sex: Indicate whether this has potential impact on either males or females

<sup>11</sup> 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 protected characteristics would not be adversely impacted by the decommissioning of this service either because they are not relevant to the proposal, for example pregnancy and maternity is not likely to be relevant due to the age those who currently benefit from the support and no tenants raised concerns about the ability of the scheme to meet their religious or belief requirements if the funding were to cease. There are some characteristics where we have no data to ascertain the impact (sexual orientation, gender reassignment). However, as this has not been raised as an issue through formal consultation, there is no anticipated impact. In addition, as the RSLs have identified mitigating actions which would largely be beneficial across all protected characteristics it is not deemed to be likely that there will be a disproportionate impact. In addition to this, it is in RSLs best interests to meet the needs of tenants regardless of protected characteristic/s and they have indicated their commitment to this and to meet the general aims of the public sector equality duty regardless of the proposal at cease funding.

<b>Other groups</b>	<b>Impact of proposal:</b> 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?	<b>Risk of negative impact:</b> 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?	<b>Mitigating actions:</b> 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.
<b>Children in poverty</b>	N/A		
<b>Other vulnerable groups</b>	Unpaid Carers/families	It could be that without the wellbeing support there could be an extra burden placed on families and unpaid carers. However, at this stage, we have no data to suggest whether this would be negative in its effects or not.	Our ASC principles are moving towards adopting an asset-based approach – taking account of the role families and neighbours play in the support of vulnerable people. Where there was disproportionate impact we would offer a carer’s assessment to determine what support might be needed to help carers continue in their caring role.  However, there needs to be an action to understand and ascertain what impact, negative or otherwise might be felt by unpaid carers as a result of



			this proposal. This has been added to the action plan. It is anticipated that any impact will be minimal as the majority of RSLs are maintaining some form of support.
<b>Other (describe)</b>	N/A		
<p><b>7. Other sources of potential negative impacts</b></p> <p>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.</p> <p>We will need to navigate and anticipate as best we can, the impact of the funding changes that will affect the supported housing sector. The government has confirmed that the costs of sheltered housing will remain in the welfare budget.</p>			
<p><b>8. Human Rights Implications</b></p> <p>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:</p> <p>Work has been done to establish what implications, if any, could be felt in relation to this group of residents being able to maintain their tenancies. We have sought to understand whether, through the engagement phase with the RSL, the withdrawal of this service would put residents at increased risk of tenancy failure. Tenancies are not connected to the provision of this service. The tenancies residents hold are with the RSL and the level of intensive housing management most schemes attract through the housing benefit system, is an enhanced payment designed to ensure that vulnerable people can maintain their tenancies.</p> <p>Schemes that do not attract this enhanced payment (two of the 31) have been advised that they can submit the evidence required to qualify for this additional payment.</p>			
<p><b>9. Monitoring Impact</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>▪ monitor impact (positive and negative, intended and unintended) for different groups</li> <li>▪ monitor barriers for different groups</li> <li>▪ enable open feedback and suggestions from different communities</li> <li>▪ ensure that the EIA action plan (below) is delivered.</li> </ul>			

- Ensure we work alongside the RSLs to think about how this support can continue without ASC monies. This will be led by the RSL but there is work that council officers can do to support this process – for example, connecting RSLs together where there is an opportunity for one to learn from another. This work has actively been undertaken by officers during the consultation phase.
- There will be further work that will be done by officers leading up to and beyond the decision being made. This will see officers produce a mini report that captures important messages from the consultation and supports any signposting activity that will need to happen if funding is withdrawn. This is detailed as an action below for officers to undertake.

#### 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 decommissioning this service on scheme residents	<ul style="list-style-type: none"> <li>• Request information about the risks to residents through the engagement phase</li> <li>• Ensure language and access needs are fully considered as part of this review.</li> </ul>	Michelle Larke	Engagement phase runs through June.
Undertake meaningful public consultation around the decommissioning of this service	<ul style="list-style-type: none"> <li>• Consultation planned to start on 30 July – this will run as a public consultation for a full 12 weeks.</li> <li>• Ensure language and access needs of residents are fully considered as part of the consultation. This could be undertaking more service user consultation within the schemes themselves with RSLs advising of and where needed, supporting any cultural needs.</li> <li>• Ensure the impact around unpaid carers and families is better understood because of this proposal.</li> </ul>	Michelle Larke/Ehsan Parvez	Friday 19 October: End of consultation

	<ul style="list-style-type: none"> <li>Once more is known about the alternative models that RSLs will implement i.e. reducing service levels, charging residents or using rents, this EIA will further consider the equalities implications of those alternative models.</li> </ul>		
Ensure effective referral pathways are put in place across relevant services.	<ul style="list-style-type: none"> <li>Carry out the necessary work to join the dots to ensure established referral pathways are put in place.</li> <li>Officers to review the work done by Contact and Response Officers regarding the asset mapping to ensure any links to services can be made. This work to be included in the action below, where officers have committed to a 'mini' report.</li> </ul>	Michelle Larke/Ehsan Parvez	<p>Ongoing - up to December 18 – as per when decisions are communicated regarding this service.</p> <p>This connects to the action below re making sure we take every opportunity to support the RSLs and their tenants, should the funding be withdrawn.</p>
Ensure key messages arising from the consultation and EIA exercise are communicated to the RSLs	<ul style="list-style-type: none"> <li>Once decisions are made – officers to produce a mini report which details the findings, including anything relevant from the consultation process. This will include key messages around: <ul style="list-style-type: none"> <li>ensuring schemes are welcoming to everyone, regardless of sexual orientation etc; and</li> <li>providing advice re signposting unpaid carers to further support (this could be to signpost to ASC</li> </ul> </li> </ul>	Ehsan Parvez	December 2018 (when decisions regarding this service are communicated)

	<p>for a carer's assessment if carer strain is noticed).</p> <ul style="list-style-type: none"><li>○ Understand the provisions that will be put in place to ensure that residents are supported with any language barriers.</li></ul>		
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## **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



## Adult Social Care Scrutiny Commission Report

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Proposal to withdraw funding for the  
Acquired Brain Injury outreach service

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Date: 4<sup>th</sup> December 2018

Lead Assistant Mayor: Cllr Vi Dempster

Lead Strategic Director: Steven Forbes

## Useful information

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

### 1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the outcome of the consultation exercise, which proposes to end funding to the Acquired Brain Injury Outreach service, operated by Headway. Headway is a national organisation.
- 1.2 The report seeks agreement to cease funding with effect from 31<sup>st</sup> March 2019, when the existing contract expires.

### 2. Summary

- 2.1 The Executive gave approval on the 26<sup>th</sup> July for a formal 12-week consultation exercise to be completed to understand the impact of ceasing the funding for this group. The consultation exercise has now been concluded and the findings are detailed at paragraph 4.8 and Appendix A.
- 2.2 Both the review and the consultation exercise demonstrated that the Acquired Brain Injury Outreach service, does not stop or prevent people from needing ASC statutory services.
- 2.3 Therefore, the Executive agreed to cease the Acquired Brain Injury Outreach service with effect from 31<sup>st</sup> March 2019.
- 2.4 If agreed, notice will need to be given by 31<sup>st</sup> December 2018 to the current provider that their contract will end on the 31<sup>st</sup> March 2019.
- 2.5 An Equality Impact Assessment has been completed and is detailed at paragraph 4.9, 4.10 and Appendix B.
- 2.6 ASC funds the Acquired Brain Injury Outreach service at a cost of £30,160 per annum.

### 3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
  - a) note the outcome of consultation exercise as detailed at paragraph 4.8 and Appendix A and to provide feedback



#### **4. Main Report**

- 4.1 Adult Social Care (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 prevent or delays individuals from becoming eligible for a statutory funded package of care.
- 4.3 A review of the Acquired Brain Injury Outreach service, found that it provides social activities to individuals who do not have a statutory need for support. It also found that the number of direct hours spent with service users is under-utilised due to the lack of demand.
- 4.4 Headway receives £30,160 per annum for the Acquired Brain Injury Outreach service, which equates to 13.7% of their total income. The main funders are ASC (Headway currently provide a day care service for City Council residents, who have a statutory need), the County Councils and the three local Clinical Commissioning Groups covering Leicester, Leicestershire and Rutland. Their income for 2017/18 was £219,500.
- 4.5 If the Council ends funding for the Acquired Brain Injury Outreach service the current service users could:
- have an ASC assessment to determine whether they are eligible for statutory support;
  - If they are not eligible, but need assistance to access social activities they could be referred to the Enablement service;
  - contact their GP who can signpost to alternative services as all Acquired Brain Injury health needs are being met through the GP; or
  - access Headway's national website for information, advice and guidance
- 4.6 Although the service is valued by those attending, there was no evidence that it prevents or stops people from developing eligible social care needs.
- 4.7 On 26th July 2018, the Executive gave approval for a formal consultation exercise to commence on the proposal to end the service. The consultation ran from 13<sup>th</sup> August to 21<sup>st</sup> September 2018. The consultation report is detailed at Appendix A.
- 4.8 A total of 31 people responded to the consultation survey. The main points included:
- those consulted felt that the loss of funding would have a negative impact on the service and health of service users
  - the service helps avoid isolation
  - people use it as a stepping stone to Headway's Community Opportunities service if they have a statutory need. although, an analysis of the current community opportunities (day care) service shows that only one service user had previously used the outreach service

- the service helps with maintaining a healthy lifestyle and independence
- suggestion that the council support Headway with fundraising.

4.9 An Equality Impact Assessment (EIA) of the proposal has been carried out, and is attached at Appendix B. In summary, the main findings of the EIA are:

- The main impact would be on people who have a disability.
- Q1 2018/19 data identifies 12 service users have been supported in the latest monitoring, this suggests the impact will be on 12 service users.

4.10 The mitigating actions for the impacts on the services users would be:

- to ensure all users are signposted to relevant services once the service ends and they are informed via letters and the current provider;
- all current service users to be signposted to health services via the GP to manage their health condition;
- all service users can use Headway's national website to access information advice and guidance; and
- to ensure all users are signposted to alternative low-level services.

## 5. Details of Scrutiny

The ASC Scrutiny Commission are aware of the funding reductions for the VCS services.

## 6. Financial, legal and other implications

### 6.1 Financial implications

The report is seeking to cease the Acquired Brain Injury Outreach Service, provided by Headway from 1st April 201, which has a contract value of £30,160 per annum. The savings will go towards the VCS savings target of £790k, form 2019/20 as previously reported.

Yogesh Patel – Accountant ext 4011

### 6.2 Legal implications

The report is seeking agreement to cease grant funding to the Acquired Brain Injury (ABI) Outreach service, with effect from 1st April 2019

The report at para 4.8 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.

Mandeep Virdee, Solicitor (Commercial, Property and Planning) Extension 371422

### 6.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications arising from this report

Aidan Davis, Sustainability Officer, Ext 37 2284

### 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 unlawful 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 characteristics under the public-sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

Those affected by the proposal should it be agreed, would be current users of the services which are currently targeted at people with ABI. This means that there are likely to be particular impacts with regards to the protected characteristic of disability, however those who are currently using the services will be from a range of protected characteristic backgrounds and may have multiple protected characteristics and this should be taken into account.

An equality impact assessment of the proposal has been carried out. The main findings of which, are that a decision to end funding to the Acquired Brain Injury (ABI) Outreach service, could have a negative impact on the following groups of people with protected characteristics:

- People who have a disability
- People between the ages of 18 and 64
- The majority of service users are male

A commitment has been made to ensure all current service users are signposted to other relevant services once ABI service ends, and to offer support through an assessment to see if they have eligible needs.

Surinder Singh Equalities Officer Tel 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:**

None

**8. Summary of appendices:**

Appendix A: Consultation Report

Appendix 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 – Acquired Brain Injury Outreach

#### 1. Purpose of the consultation

Adult Social Care carried out a consultation from 13th August 2018 to 21st September 2018 on a proposal to end the contract with funding to the Acquired Brain Injury Outreach service.

#### 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.

##### 2.2 Consultation meetings

Meetings were held as part of the consultation, and these are shown below:

Date of meeting	Meeting with
08/09/18	Meeting with Manager of Acquired Brain Injury Outreach Service.
08/09/18	Meetings with service users

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.

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 31 responses to the survey, either online or on paper.

The main demographic characteristics of respondents were:

**Age** 13 of respondents were in the 51-79 age group. The next biggest age group was 25–50.

**Gender** 12 were female and 16 were male. The remaining of 3 respondents did not indicate their gender.

**Ethnicity** The largest ethnic group was White: British (23 people). The next biggest group was Asian or Asian British: Indian.

**Religion** The largest religious group was Christian (9 people). The rest either had no religion, did not answer, or were from another religious group – not listed.

**Disability** 15 respondents were disabled, 13 were not disabled. The others either preferred not to say or did not answer this question.

**Sexual orientation** 22 were heterosexual, 5 said they preferred not to say, and 1 said they were Bisexual. The others either preferred not to say or did not 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** 12 respondents said they were completing the questionnaire as a service user.

**Representatives of service users** 7 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** 8 respondents said they were completing the questionnaire as a current provider.

**Other organisations** 4 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 outlined the following proposal:

*Adult Social Care currently has a contract with Headway to deliver low level outreach support to adults with an acquired brain injury. The contract ends on 31st March 2019.*

*The purpose of this consultation is to seek views on proposals to end this contract.*

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	1
I disagree with the proposal	30
Not sure / don't know	0

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

26 respondents completed this box. The comments have been categorised below. The full list of comments is available if required. The total number of comments is not the same as

the total number of respondents because some respondents made more than one comment, and others left the box blank.

<b>Type of comment in survey</b>	<b>Number of people who made comment</b>
Negative impact on the service and health of service users	15
Continue to fund Headway, offers a specialised service for people with ABI.	13
Helps with healthy lifestyle and independence.	13
Disadvantages the Abi community.	11
Suggests the Council's Enablement Service will not meet the needs of the ABI community & have no specialist brain injury expertise.	9
Helps avoid isolation.	8
Cutting funding will cost ASC more money.	5
Suggests the council Increase funding.	4
Enables users to receive a service at home once discharged from hospital.	3
Service Users will have to wait longer to receive a service.	3
Suggests the council support headway with fundraising.	3
Suggest the council reduce the 1-1 hours of direct support.	1

#### **4. Points made at meetings during the consultation**

##### **4.1 Meeting with Manager of Acquired Brain Injury Outreach Service 08/09/18**

- Support workers are vital for confidence building and reducing isolation.
- Without workers these SU' would fall through the cracks as not deemed eligible for other services, which would lead to them going into crisis. At least 50% of SU's seen on this contract go on receive further services and so without the workers to identify needs those people wouldn't receive those services.
- Very important in helping SUs and their families recognise problems arising from brain injury. Very helpful with attending appointments and avoiding isolation by getting SUs out into community.
- Brain injury is not a choice, SU's deserve this support. Very upsetting that its removal is being considered.
- Much faster than authority at picking up referrals. Outreach worker will be with them within a week.
- Many SUs are not in a position to pay if costs transferred.
- Impact on outreach team would be significant, likely resulting in a restructure and total loss of City team. Lost specialism.
- Outreach gateway to further services as initially complexity of injury is not recognised and often deemed not eligible. Input often leads to statutory services input later down the line.
- Loss of service would increase pressure on front door as it averts crisis.
- Offer becomes reactive not proactive.
- Alerted range of health stakeholders who this will affect and families and carers.
- Consultation form not reflective of past SU's.

#### **4.2 Meeting with service users 08/09/18**

- It offers good value for money and actually needs more funding not less
- It will socially isolate a lot of vulnerable people.
- The service promotes independence.
- Helps with healthy lifestyle and independence.
- Continue to fund Headway, offers a specialised service for people with ABI.



## Appendix B: Equality Impact Assessment (EIA): Service Reviews/Service Changes

Title of spending review/service change/proposal	Acquired Brain Injury
Name of division/service	Adult Social Care and Commissioning
Name of lead officer completing this assessment	Ehsan Parvez
Date EIA assessment completed	19/4/18
Decision maker	Assistant Mayor, Adult Social Care and Wellbeing
Date decision taken	30/10/18

EIA sign off on completion:	Signature	Date
Lead officer	Ehsan Parvez	23/4/18
Equalities officer	Surinder Singh	04/10/18
Divisional director	Tracie Rees	04/10/18

**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?

Headway is registered with the Charity Commission for England and Wales. Headway is a local service affiliated to the national organisation. They work with people who have either an acquired brain injury (ABI) or traumatic brain injury.

The service includes outreach support on a one to one basis or support in a small group setting. The service provides advice and support aimed at helping customers to maintain their independence and promote integration into community activities. The group support provides a range of activities aimed at developing vocational and interpersonal skills.

The service is preventative in nature, free to the customer and is designed as a shorter term reablement intervention rather than as a service which eligible customer would purchase with their Personal Budget.

The preferred option is to decommission the ABI Outreach Service, it is unlikely there will be a negative impact as the current service users can access similar services. ASC funds the ABI Outreach service at a cost of £30,160 per annum to deliver low level support in service users home to enable them to manage daily living skills. The review found that the service does not provide statutory support, and is providing non-statutory service to individuals who do not have eligible needs. The ABI service is currently contracted to provide services to service users who are not eligible for statutory services requiring only low-level support at home. This includes confidence building, domestic life skills and support around employment. The service is supporting around 12 service users per annum. The proposal to decommission the service is based on benchmarking data that indicates all other local authorities have ended funding to the ABI outreach service as it's not a service ASC will continue to fund as its non-statutory.

Headway regional office confirmed that the ABI service is funded through the CCG or personal budgets in other local authorities.

Adult Social Care currently has a contract with Headway to deliver low level outreach support to adults with an acquired brain injury. The contract ends on 31st March 2019.

The current service users' needs will continue to be met with the following:

- have an Adult Social Care assessment to determine whether they are eligible for services; or
- contact their GP who can signpost service users to alternative services as all ABI health needs are being met through the GP; or
- access Headway's national website for information on IAG and support.
- Headway will be signposted to Voluntary Action LeicesterShire to explore alternative sources of funding.

## 2. Equality implications/obligations

Which aims of the Public Sector Equality Duty (PSED) are likely to 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?
<p><b>Eliminate unlawful discrimination, harassment and victimisation</b></p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>Services for people with an acquired brain injury, providing a range of activities and support to assist people with rehabilitation into their local communities and a return to work where possible. The Outreach service is reablement focused, offering one-to-one support and advice in the individual's own home, in hospital, or in the community, according to individual needs.</p> <p>When the service is decommissioned, the current users will be signposted to alternative sources of support or they can have a ASC assessment to identify support needs and eligibility.</p> <p>If any of the service users require support around their acquired brain injury condition they can also access support from a GP who can refer to</p>

	<p>health services for people with ABI as the ABI condition is more aligned to health outcomes. Headway have been advised to signpost all service users to visit their GPs which is currently in the process. All service users who access this service do not have eligible needs for long term support.</p> <p>Current users can access Headway's national website for information on IAG and support.</p> <p>The impact will be minimal as the ABI health needs are more aligned to health services and GPs can manage the current health conditions for ABI.</p>
<p><b>Advance equality of opportunity between different groups</b></p> <p>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).</p>	<p>The proposal is to decommission the service – the service users who access the ABI service are not eligible for statutory support.</p> <p>There should be minimal impact on service users as this is a low-level service which is delivered in their homes. Once the service is decommissioned they can access similar services within in the city. In relation to any health conditions they will be encouraged to contact a GP for medical support. If the Council ends funding for the acquired brain injury service, the current service users could:</p> <p>Have an ASC assessment to determine eligibility for Adult Social Care, they could be provided with appropriate services, for example Community Opportunities (day care).</p> <p>If service users are eligible they can get help at Headways location at 4 Hospital Cl, Leicester. All outreach users are able to travel independently without no support.</p>

	<ul style="list-style-type: none"> <li>• If the acquired brain injury service ends ASC would:</li> <li>• help the service to direct service users to alternative sources of support; and</li> <li>• advise service users that they can have an ASC assessment of their care and support needs.</li> <li>• Current users can access Headway's national website for information on IAG and support.</li> </ul>
<p><b>Foster good relations between different groups</b></p> <p>Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>The intention is to decommission the service. Existing customers can access similar services across the city and supports all service users with protected characteristics .</p>

### 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 ABI service target group are adults aged 18+ and young people. During 2017-18 there were around 12 service users each quarter. In quarter 1 2017-18, 9 were male, 3 female, 8 were White British and 4 from a BME group, 9 were Christian, 2 Hindu and 1 Muslim, and all 12 were heterosexual.

There should be minimal impact to service users as this is a low-level service which is delivered in their homes. People will be signposted to other services across the city. In relation to their health conditions they will contact a GP for medical support so the GP can find alternative services that support individuals to have support in their own home. We have considered continuing to fund the acquired brain injury service, but are having to prioritise services for people with higher levels of need. In addition, we are unable to evidence that this service prevents people from needing longer term social care as the monitoring arrangements do not track individuals once they leave the service.

Service users who experience ABI can still access Headway's national website for information on IAG and support, where they can be advised by Headway on how to manage ABI health condition.

#### 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.

Data from a range of sources has been used to inform the review including quarterly monitoring, data from other local authorities such as Nottingham to see how similar services deliver ABI services.

Data from JSNA data source 2016 to gain information on the local picture and needs for service users with ABI in Leicester city.

- FOIA request completed all the 7 local authorities only have a day service for customers with ABI who have a statutory need funded via Direct payments & CCG.
- Headway regional office confirmed that the ABI service elsewhere across the country is funded through either CCG funding or personal budgets from other local authorities.
- The benchmarking data showed that other local authorities do not pay for travel or admin time.
- The Monitoring data identified that for all 4 quarters for 16/17 did not reach their annual and quarterly targets for Number of hours spent in direct contact with individuals.
- Services users informed Commissioning managers on 16/02/2018 and said they get support from the GP for advice around their ABI condition and only used the service for practical hands on support.
- Services users don't receive a support plan
- Financial impact on community opportunities day service is a day centre for individuals who have been assessed to have eligible needs. If the service was decommissioned the impact on the organisation overall will be minimal as they could effectively lose 1 member of staff from Headway and the

rest of the business would be relatively unaffected. A part of my review was to see if there was a connection between the Community opportunities day care service and the ABI outreach service.

- Officers have reviewed Headway's financial position at March 2018. This highlighted that the organisation's overall financial position has improved over the last 2 years. Based on the latest available financial information (annual accounts as at 31 March 2018) these figures suggest that the ending of the outreach contract would be unlikely to have a significant impact on their financial viability as an organisation and operations in the short to medium term. Headway will however, need to manage its operations accordingly based on the reliability of known funding streams

## 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 a
- Any potential barriers they may face in accessing services/other opportunities that meet their needs?

Consultation ran from 13th August 2018 - 21st September 2018

A meeting was held with the provider to gain a picture on the current outreach service, they have informed me that service users are not eligible for ASC support. This service is targeted at service users who have low level support needs, again who are not eligible for ASC statutory support.

Officers engaged with 6 service users who have used the ABI service and all 6 felt that they could manage their needs independently. In addition, they get specialist support from the GP for their ABI condition. Headway regional office confirmed that the ABI service is funded through the CCG or personal budgets in other local authorities.

The main points from the consultation are as:

- GPs will need to manage ABI health conditions & signpost to NHS services
- the risk of social isolation for service users could increase, although on average they only receive 1.5 hours of support per week, but they could choose to pay for this service directly from Headway.
- there is the risk of negative publicity from Headway and/or current service users who value the support which the service provides.

**The survey outlined the following proposal:**

Adult Social Care currently has a contract with Headway to deliver low level outreach support to adults with an acquired brain injury. The contract ends on 31st March 2019.

The purpose of this consultation is to seek views on proposals to end this contract.

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	1
I disagree with the proposal	30
Not sure / don't know	0

The main demographic characteristics of respondents were:

**Age** - 13 of respondents were in the 51-79 age group. The next biggest age group was 25–50.

**Gender** - 12 were female and 16 were male. The remaining of 3 respondents did not indicate their gender.



**Ethnicity** - The largest ethnic group was White: British (23 people). The next biggest group was Asian or Asian British: Indian.

**Religion** - The largest religious group was Christian (9 people). The rest either had no religion, did not answer, or were from another religious group – not listed.

**Disability** - 15 respondents were disabled, 13 were not disabled. The others either preferred not to say or did not answer this question.

**Sexual orientation** - 22 were heterosexual, 5 said they preferred not to say, and 1 said they were Bisexual. The others either preferred not to say or did not answer this question.

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

Service users 12 respondents said they were completing the questionnaire as a service user.

- Representatives of service users 7 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 8 respondents said they were completing the questionnaire as a current provider.
- Other organisations 4 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.

## 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:	Risk of negative impact:	Mitigating actions:
Age <sup>1</sup>	adults aged 18+ and young people in transitions (preparing for adult life)	There will be minimal negative impacts felt as once the service is decommissioned individuals will be able	<ul style="list-style-type: none"> <li>to ensure all users are signposted to relevant services</li> </ul>

<sup>1</sup> 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

		to access other similar services across the city. In relation to their health conditions they will contact a GP for medical support by a support worker in their own home.	<ul style="list-style-type: none"> <li>• Voluntary Action Leicester</li> <li>• GP's</li> <li>• ASC for an assessment of needs.</li> <li>• access Headway's national website for information on IAG and support</li> <li>• once ABI service ends they are informed via letters from ASC commissioning and the current provider Headway. All correspondence and letter will be sent in plain English.</li> <li>• to offer support assessment to see if they have eligible needs currently been overseen by Headway.</li> </ul>
<b>Disability<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• the main impact would be on people who have brain injury and acquired brain injuries arising from meningitis, encephalitis, sub arachnoid haemorrhage or hypoxia. The</li> </ul>	<ul style="list-style-type: none"> <li>• the impact on people with an acquired brain injury will be minimal as these individuals currently manage all their health needs through the GP.</li> </ul>	<ul style="list-style-type: none"> <li>• the impact will be minimal as once the service is decommissioned individuals will</li> </ul>

<sup>2</sup> 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.

	<p>outreach service is for users who have low level needs and are not eligible for statutory services. All the current health needs are being met through the GP.</p> <ul style="list-style-type: none"> <li>The service does not provide statutory support, and is providing non-statutory service to individuals who do not have eligible needs as its low level.</li> </ul>		<p>be able to access other similar services across the city.</p> <ul style="list-style-type: none"> <li>Voluntary Action Leicester</li> <li>In relation to their health conditions they will contact a GP for medical support.</li> <li>Ensure the current provider works with current users to contact their GP, for support around ABI resources. This will be monitored by Headway once the service is closer to being decommissioned.</li> </ul>
<b>Gender Reassignment</b> <sup>3</sup>	Not Applicable	Not Applicable	Not Applicable
<b>Marriage and Civil Partnership</b>	Not Applicable	Not Applicable	Not Applicable
<b>Pregnancy and Maternity</b>	Not Applicable	Not Applicable	Not Applicable

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

<b>Race<sup>4</sup></b>	There will be minimal impact, data from quarter 1 2017/18 shows that were 4 from a BME group.	There will minimal impacts felt as once the service is decommissioned individuals will be able to access other similar services across the city.	Headway are in the process of signposting all the current Abi service users to other services and GP's. If Headway encounters any difficulties they will contact the commissioning manager for advice and guidance.
<b>Religion or Belief<sup>5</sup></b>	Not Applicable	Not Applicable	Not Applicable
<b>Sex<sup>6</sup></b>	The service is used by both men and women. At quarter 1 of 2017-18 9 were male and 3 were female.	There will be minimal impacts felt as once the service is decommissioned individuals will be able to access other similar services across the city.	<ul style="list-style-type: none"> <li>• All users will be signposted to relevant services and offered support an assessment to see if they have eligible needs</li> <li>• In relation to their health conditions they will contact a GP for medical support by a support worker in their own home.</li> </ul>
<b>Sexual Orientation<sup>7</sup></b>	Not Applicable	Not Applicable	Not Applicable
<b>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</b>			

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> Sex: Indicate whether this has potential impact on either males or females

<sup>7</sup> 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.

Once the service has ended service users from across all protected characteristic can access alternative support provision from their GP's or request an ASC assessment to determine support needs and eligibility. This is currently being implemented by Headway while service users receive face to face support.

	<b>Impact of proposal:</b>	<b>Risk of negative impact:</b>	<b>Mitigating actions:</b>
<b>Other groups</b>	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?	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?	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.
<b>Children in poverty</b>	<b>Not applicable</b>	<b>Not applicable</b>	<b>Not applicable</b>
<b>Other vulnerable groups</b>	<b>Not applicable</b>	<b>Not applicable</b>	<b>Not applicable</b>
<b>Other (describe)</b>	<b>Not applicable</b>	<b>Not applicable</b>	<b>Not applicable</b>

#### **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 negative impacts are minimal to service users as the following mitigating actions are meeting all the needs:

- have an Adult Social Care assessment to determine whether they are eligible for services; or
- contact their GP who can signpost service users to alternative services as all ABI health needs are being met through the GP; or
- access Headway's national website for information on IAG and support.
- Signposted to Voluntary Action Leicester to explore alternative low-level support in Leicester.

#### **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.

**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.

<b>Equality Outcome</b>	<b>Action</b>	<b>Officer Responsible</b>	<b>Completion date</b>
Accessibility - Ensuring that existing service users and services that signpost individuals with brain injury are informed of the change and where support can be obtained from after the decommissioning of the ABI service.	Communication pathway for existing service users with ABI – Ensure all users are signposted to relevant services once ABI service ends and they are informed via letters and the current provider	Ehsan Parvez ASC Leadership Team Decision Report	1/6/18
As Above	Users can be supported via an adult social care assessment to determine support needs and eligibility for alternative provision.	Ehsan Parvez ASC Leadership Team	1/6/18



## **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



## Adult Social Care Scrutiny Commission Report

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### Future of the Disabled Persons Support Service

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Date: 4<sup>th</sup> December 2018

Lead Assistant Mayor: Cllr Vi Dempster

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: 1

## **1. Purpose**

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the findings of the consultation exercise, that proposes to end the Disabled Persons Support Service (DPSS) contract.
- 1.2 The report seeks to end the DPSS contract held by Leicestershire Centre for Integrated Living (LCIL) and to replace it with a new participation service. The new service will require a formal procurement process.
- 1.3 It is proposed to start the new service with effect from 1.4.2019 and to end the DPSS contract on 30.6.2019. This will give an overlap of three months from the new service starting and the DPSS ending.

## **2. Summary**

- 2.1 The purpose of the Disabled Persons Support Service (DPSS) is 'to provide and maintain an appropriate infrastructure organisation that represents and supports disability groups, and the communities they serve in Leicester'.
- 2.2 Whilst the DPSS has successfully supported groups to develop over the years, one of the key issues for Adult Social Care (ASC) is the lack of direct service user participation and representation, especially at the various strategic boards that are used to shape policy and develop services.
- 2.3 The Care Act 2014 requires local authorities to ensure there is effective service user engagement to enable the co-production of local plans and strategies for people with a learning disability, mental health problem, people with autism and people who are moving from using children's social care to adult social care services.
- 2.4 Therefore, it proposed to cease the funding to the DPSS and to create a new participation service. A report detailing the new service will be presented separately.
- 2.5 The current funding for the DPSS is £46,200 per annum and the existing contract expires on 31.3.2019. However, this can be extended to the end of June 2019 to give an overlap of three months from the new service starting and the DPSS ending.
- 2.6 Only 7 people responded to the consultation, with 5 disagreeing with the proposal and 2 agreeing. The current provider LCIL also provided a response.
- 2.7 An overview of the consultation is detailed at paragraph 4.5 and Appendix 1.

### 3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) to note the outcomes of the consultation as detailed at paragraph 4.5 and Appendix 1;
- b) to note the outcomes of the Equality Impact Assessment set out at paragraph 4.6 and Appendix 2

### 4. Main Report

4.1 The purpose of the Disabled Persons Support Service (DPSS) is 'to provide and maintain an appropriate infrastructure organisation that represents and supports disability groups, and the communities they serve in Leicester'. This is an infrastructure contract, rather than providing direct support to vulnerable service users, which is a requirement of the Care Act 2014.

4.2 The Care Act 2014 requires local authorities to ensure there is effective service user engagement to enable the co-production of local plans and strategies for people with a learning disability, mental health problem, people with autism and people moving from using children's social care to adult social care. This is called 'shared endeavour' – *“Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions.”*

4.3 On 17<sup>th</sup> May 2018, the Executive gave approval to undertake a 12 week consultation exercise to understand the impact of ending the DPSS. At the same time an alternative model for service user participation has been developed with a range of stakeholders. A report detailing the new service will be presented separately.

4.4 The consultation on the proposal to end the DPSS is now complete and the consultation methods and findings is detailed at Appendix 1.

4.5 In summary, only 7 people responded to the survey. Of these 5 disagreed with the proposal and 2 agreed. Only 3 people completed the comments box so their comments are shown in full rather than being categorised, together with responses. LCIL also provided a response and this is also detailed in the following table:

<b>Comments in survey</b>	<b>Response</b>
Very simply I have been involved in an equal change to adult VCS in mental health. Many organisations went and the services for existing service users of which I am one is	Funding to Voluntary Action Leicester (VAL) was cut significantly when the service was re-procured in 2017.

<p>decimated. I and many thousands of my mental health peer group no longer have any support.</p> <p>I do think with so many VCS closing that the funding to VAL should be the one being cut.</p>	<p>However, savings also have to be made in ASC as well as the saving on this contract, as a result of significant reductions in Government funding to the council.</p>
<p>My son has autism. Lcil support enables him as an individual with his carer support to actively engage in his local community. Without the support they give he would have less opportunities to give back to the community.</p> <p>I personally think Val is a waste of space. It is very expensive to hire rooms as a community service. They do not have the same can do that lcil has.</p> <p>My son looks forward to a couple of events he goes to every week at lcil. It is in his community. There isn't much around in West Leicester for people like him. They help to make a man with severe autism and learning disabilities part of his local community.</p>	<p>Any performance issues with VAL will be addressed as required.</p> <p>Regarding autism: The Monday Club is an autism spectrum disorder group that operates in the West End from the LCIL building. This service is not part of the current review and will continue to operate.</p>
<p>On average you say the £7.50 is the going rate but there are people who require more. These people are vulnerable and need these funds as a necessity. If cuts are continuing than instead of helping you are restricting people with disabilities. We as people have suffered enough cutbacks with this current government. You need more money ask them.</p>	<p>It is not clear what the £7.50 refers to so unable to comment on this point.</p> <p>We note the comments about the effect of Government cutbacks on disabled people and other vulnerable points. The council continues to lobby Government through bodies such as the Local Government Association.</p>
<p><b>Comments in LCIL submission 28.08.18</b></p>	<p><b>Response</b></p>
<p>The questions in the consultation did not reflect what LCIL has been delivering.</p>	<p>The purpose of the contract as stated in the specification is 'to provide and maintain an appropriate infrastructure organisation that represents and supports disability groups, and the communities they serve in Leicester'. The consultation focused on a proposal to end the contract because of a proposed new participation service which would do this in a better way – by enabling the direct involvement of people rather than through an intermediary. In addition, VAL provides support to VCS groups – including disability groups</p>

Some disability groups have not been supported by VAL.	Any performance issues with VAL will be addressed as required.
Social media café and LCIL is valued, allowing disabled people to come together socialise, have a meal, discuss and get information and take part in activities.	We recognised the value of the café but there is no clear evidence of how this supports influence or participation in ASC.
LCIL helps disabled people to combat isolation and loneliness.	We appreciate the importance of helping disabled people to avoid social isolation – however this is not the purpose of the contract.
Re: the new proposals for ‘service user voice’ - LCIL believes that this is the service that we already run.	<p>The council is engaging with LCIL and others regarding the proposed new participation service. However, it is not the service that LCIL already runs – for 2 reasons:</p> <ul style="list-style-type: none"> <li>• The new participation service will engage directly without an intermediary</li> <li>• People who use ASC services extend beyond those who would classify themselves as disabled people, eg people with substance misuse problems.</li> </ul>

4.6 An equality impact assessment (EIA) of the proposal has been carried out, and this is detailed at Appendix B. In summary, the main findings of the EIA are:

- The proposal may have a negative impact on disabled people or disability groups if LCIL is unable to continue without ASC funding
- However, the new participation service should have a positive impact on disabled people as it will enable them to engage directly with ASC rather than through LCIL.
- In addition, disability groups will continue to have support from Voluntary Action Leicester.

4.7 The main benefits of ending the DPSS are:

- It enables funding to be used to create a new user participation service, which will allow vulnerable people to engage with the various partnership boards and other commissioning activities carried out by ASC, to help shape our priorities and policies
- The proposed new participation service will better support the ethics and spirit of Care Act guidance regarding commissioning, co-production and partnership working with key stakeholders

- The proposed new participation service would be procured at a lower cost than the current DPSS, thus contributing to the ASC savings target for VCS prevention services
- Disability groups will continue to be able to receive support from Voluntary Action Leicestershire

## 5. Details of Scrutiny

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

## 6. Financial, legal and other implications

### 6.1 Financial implications

The report is to feedback on the consultation findings and if agreed, to end the current DPSS contract, savings of £46,200 will be achieved. However, it is proposed that £36,000 will be used to fund the new participation service. If this agreed there will be a £10,000 saving which will contribute to the ASC VCS savings of £790,000.

Yogesh Patel - Accountant ext 4011

### 6.2 Legal implications

This report seeks approval to cease funding the current DPSS service with effect from 30 June 2019. It is also noted that the council proposes a new participation service. The new service, it is noted, should help fulfil requirements under the Care Act in relation to effective service user engagement in social care planning.

To ensure that consultation is undertaken meaningfully, the council should ensure that responses to the consultations have been fully considered.

In relation to the comments from LCIL, officers have provided a response which is supported. There is due to be a separate consultation on a new participation service and the response from LCIL will be relevant to that consultation. However, at this stage the consultation relates to the present contracted service which is for an infrastructure service as detailed in the specification.

It is noted that the response from LICL suggests that the consultation summary does not reflect what LCIL are actually delivering. However, this is a matter for contract management and the specification for the present service is clear on the scope of the service. Therefore, the summary in the consultation document is accurate.

Subject to the above, and the recommendations within this report being approved, the incumbent provider should be provided with at least three months' notice of cessation of funding. This will ensure compliance with the best value statutory guidance.



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

Duncan Bell, Corporate Environmental Consultant

### 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'.

We need to be clear about any equalities implications of the proposed option. In doing so, we must consider the likely impact on those likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

An equality impact assessment has been carried out on the proposal, which states there may be a negative impact on disabled people or disability groups if LCIL is unable to continue without adult social care funding. However, the proposed new participation service should have a positive impact on disabled people, as it will enable them to participate directly in the development and review of adult social care policies and services, rather than going through infrastructure groups such as the Leicestershire Centre for Integrated Living.

The participation element will need to be monitored to assess its effectiveness as part of the ongoing work to develop the new participation Service. Disability groups will also continue to have support from Voluntary Action Leicester.

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:**

### **8. Summary of appendices:**

Appendix 1: Consultation Report

Appendix 2: 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 1

### Consultation Report – Disabled Persons’ Support Service

#### 1. Purpose of the consultation

Adult Social Care carried out a consultation from 21<sup>st</sup> May to 3<sup>rd</sup> August 2018 on proposed changes to the Disabled Persons’ Support 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.

##### 2.2 Consultation meetings

A meeting with the current provider, the Leicestershire Centre for Integrated Living (LCIL), was held on 27<sup>th</sup> June 2018. Officers requested both in a letter and at the consultation meeting that LCIL enable officers to meet with people using LCIL services as part of the consultation. LCIL reported at the Learning Disabilities Partnership Board held on 18<sup>th</sup> July that they were holding focus groups with service users to put together responses to the consultation. A further reminder was sent on 31.07.18 and on 21.08.18. No response from service users was received before the end of the consultation on 3<sup>rd</sup> August. Officers then chased further on 21.08.18 – after the end of the consultation period. A response was received on 28.08.18 and this is at Annex A.

At the meeting with LCIL on 27<sup>th</sup> June, officers explained the consultation, and then talked through the survey document – copies of which were provided at the meeting. LCIL asked questions and made comments during the presentation of the proposals, and then there were further opportunities for questions, comments and feedback at the end of the meeting.

#### 3. Consultation findings

##### 3.1 Survey respondents

There were 7 responses to the survey, either online or on paper.

More detailed information about the characteristics of those completing the survey is available if required. To protect anonymity because of the small sample size, it is not listed here.

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

**Service users** 4 respondents said they were completing the questionnaire as a service user.

**Representatives of service users** 3 respondents said they were completing the survey on behalf of someone who was a service user.

**Current providers** 1 respondent said they were completing the questionnaire as the current provider.

**Other organisations** no respondents completed the questionnaire on behalf of an organisation that was not a current provider of one of the services included in the survey.

### 3.2 Survey findings

The survey outlined the following proposal:

*ASC is proposing to end the Disabled Persons Support Service with LCIL. In the meantime, ASC will develop a proposal for a new service that will help service users to be involved in the development of adult social care services. The new approach will be developed in consultation with service users and relevant organisations, including LCIL.*

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	5
Not sure / don't know	0

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

Three respondents completed this box. As this is a low number the comments are shown in full below rather than being categorised:

Comment in full
Very simply I have been involved in an equal change to adult VCS in mental health. Many organisations went and the services for existing service users of which I am one is decimated. I and many thousands of my mental health peer group no longer have any support.  I do think with so many VCS closing that the funding to VAL should be the one being cut.
My son has autism. Lcil support enables him as an individual with his carer support to actively engage in his local community. Without the support they give he would have less opportunities to give back to the community. I personally think Val is a waste of space. It is very expensive to hire rooms as a community service. They do not have the same can do that lcil has. My son looks forward to a couple of events he goes to every week at lcil. It is in his community. There isn't much around in West Leicester for people like him. They help to make a man with severe autism and learning disabilities part of his local community.
On average you say the £7.50 is the going rate but there are people who require more. These people are vulnerable and need these funds as a necessity. If cuts are continuing than instead of helping you are restricting people with disabilities. We as people have suffered enough cutbacks with this current government. You need more money ask them.

### 4. Points made at meeting with LCIL 27<sup>th</sup> June 2018

Key points were:

- Most of the work LCIL do supports individuals rather than providing infrastructure support to disability groups
- A number of disability providers hot-desk at the centre and therefore are available directly to people who visit the centre.
- LCIL has approx. 650 users who visit the centre per week.

- Agree with the proposal to remove infrastructure support, but need to ensure this support to disability groups is provided by VAL.

## **5. Submission received from LCIL 28<sup>th</sup> August 2018**

A submission was received on 28<sup>th</sup> August 2018. LCIL advised that they had submitted a response during the consultation period. However, officers cannot find a record of receiving it. The submission is at Annex A. Officers requested further clarification as to how many service users had contributed to it and how. This information has not been received at the time of writing.

### **Annex A - Submission from LCIL 28.08.19**

Many of the point I am going to raise were mentioned when I had a meeting with council officers.

The consultation process was flawed, the questions being asked did not reflect that LCiL had been delivering. The consultation suggested that the current service is a contract to deliver a service that supports disability groups and does not support care and support services directly to vulnerable disabled people at risk of developing social care needs.

I would like to clarify a few points:

LCiL is a user led disability charity with a 22 year track record, all underpinned by a vast experience of listening to the voices of disabled people. During the past 4 years we have developed our Social Media Café which takes place every Friday at our community centre. The Café is attended by a wide range of disabled groups providing a warm and welcoming environment within a fully disabled accessible building - but is open to anyone in the local community thereby building connections between those who identify as disabled and others. At the heart of our Social Media Cafe lies the ability to provide a regular & accessible space to come together, face to face in an informal way, in order to discuss what is possible in a community-focused way. A semi-structured space to come together to meet and discuss with others, but also share ideas and experiences. It provides opportunities to meet socially with others, develop new connections and friendships and links with the wider community. An affordable, healthy, freshly cooked lunch is provided by the Real Junk food Project, with volunteering opportunities for those who want it, and regular information stalls are available promoting other local services as well as welfare and financial support and initiatives. The opportunity to eat a meal with others is particularly valued by those who live alone and we also try to create a 'meal out' opportunity for family and friends.

Our model helps to reduce loneliness by creating opportunities for disabled people to explore new ways to be involved in their community, and is led by the views and feedback received from disabled people. eg via our regular user-led Committee meetings and commitment to co-production in developing services at LCiL. Our work builds connections both peer to peer and also with other stakeholder groups, and we have seen a reduction of loneliness by an improved and genuine sense of belonging. Our Centre is a community hub which is accessible for everyone, including ALL disability groups – Learning disability, physical disability, sensory disability, and people with long term health conditions, mental health and carers. The Centre is currently home to 6 disability charities covering all ages and collectively we see around 650 people through the doors of the centre each week. The activities that take place are a mixture of social, recreational, sport based, skill and support based, and as a result of this work, disabled people have told us that they feel more socially connected and confident to be an active member of their community, ultimately this leads to them feeling less lonely and socially isolated. and also exploring new opportunities for involvement and integration with wider community services eg, the local leisure centre, volunteering etc.

Our specialist skills and the experience of LCIL staff, plus other Projects which access the centre, includes a good track record of involving local community, by supporting and providing information and advice, employment including volunteering, and training and empowering disabled people. Often reaching out to those who are especially isolated, providing activities which enable friendship networks to develop and peer support.

*The current climate of austerity means that statutory services are having to focus upon those most in urgent need and in crisis. So now more than ever there is an urgent need to work in a preventative way. Leicester has high levels of deprivation, , leading to increased numbers of people with long-term physical and mental health conditions e.g. Leicester has higher than the national average numbers of people diagnosed with mental illness and related hospital admissions , with poorer outcomes .Social isolation is proven to exacerbate poor mental health and incidence of suicide .Almost half ( 47%) of people with mental health problems have considered suicide or attempted to take their own lives as a result of social factors such as debt , welfare problems and family breakdown, ( MIND charity ‘ Life Support Research findings 2016) LCiL is an accessible and inclusive environment with a track record of including the most diverse and disengaged individuals..*

LCiL provides an inter-generational, multi-cultural, fully accessible service. Older and young people of different abilities and cultures and backgrounds taking part in activities side by side. We have done lots of work to raise our profile and insyil confidence with the west end community, the past 4 yaers sinec we moved in we have establish relationships across communities and generations. Leicester’s multi-age, multicultural residents, rough sleepers and those experiencing different levels of addiction. We have provided many opportunities for disabled people and the wider community to access more community opportunities.

We are currently trying to address lonilness in the area and success yo tackling loneliness, are efforts to improve awareness of the issue, both among professionals, and disabled people themselves, reducing the stigma of speaking up about what can seem a deeply personal issue and ensuring that local services understand the role they can play in combating loneliness. Research from the disability charity Scope has found almost half of working-age disabled people are chronically lonely, saying they “always or often” feel lonely. Staggeringly, that works out at about 3 million lonely disabled people in Britain

The Scope research points to what can only be called an epidemic of loneliness for disabled people in this country. It’s possible, of course, to be surrounded by people and still be lonely – but break down this week’s study, and this is about stark isolation. On a typical day, one in eight disabled people have less than a half-hour’s interaction with other people. Loneliness linked with disability and long-term health problems is a stain on decades of people’s lives. Perhaps one of the most disturbing findings of Scope’s research is how younger disabled people, like millennials generally, are affected: 85% of young disabled adults (classed as 18- to 34-year-olds) admit they feel lonely. It’s well established that there’s a stigma around admitting to loneliness – but for disabled people, a stigma around disability is contributing to loneliness. Imagine how lonely day-to-day life can be when the majority of the public avoid talking to you. Britain has a problem with isolating disabled people. Acknowledging that this actually matters is perhaps the first place to start. We believe LCiL can begin to address this.

ALL of our outcome measures reflect the support that we provide to disabled people and we have very little around infrastructure support. However we have provided infrastructure support to many disabled peoples organisations, including, Monday Club, Speak up, Deeap, You in Mind, Strides, Junk Food Project, Living with a balance condition, Brighter futures, who all are based at LCiL. Some of which have not been supported by VAL. We also run the successful Choice Unlimited event giving organisations to showcase their services to hundreds of disabled people, carers and professionals each year. We also provide a weekly opportunity at our social media café. At the heart of being a CIL is that we support other disability organisations and feel we have a good track record of doing this. I ask the question what is the current rate of successful support for disabled people’s organisation from the current provider?

The consultation proposals suggest that the council is double funding and they already pay VAL to provide infrastructure support, although I question how many disabled organisations they have supported, I too would probably agree that we should no longer receive the funding but that isn’t what we deliver.

As for asking our members to comment on a proposal as the questions are set out would be unproductive as the current users won’t understand and feel that it wasn’t relevant to the service they received as they won’t know about the infrastructure support service because that is not what they have access too.

LCiL provides a centre that is fully accessible for disabled people to walk into the centre and get advice and guidance which prevents their need increasing and can be appropriate signposted. Although we do not hold the IAG contract we in fact deal with enquiries on a daily basis some from people who claim that the current holders of the contract were unable to help. We have approx. 650 users who visit the centre per week and we provide a complete service, the centre is a safe environment where individuals can have genuine choice and control over their lives and we empower disabled people and enable them to have their voice heard. We run many workshops, information sessions where disabled people can understand their rights and responsibilities. We hold many focus groups for disabled people to have their say on consultations, proposals and things that matter to them. We also hold workshops, peer support groups and one-to-one peer support to help parent carers and disabled people to increase their knowledge, skills, confidence and resilience.

I understand that the new proposals for 'service user voice' is being developed and I believe that this is the service that we already run. For a number of reasons, one I sit on many of the partnership boards to represent the service user voice, I provide a website, social media and newsletter as a weekly drop in. The question regarding 'all' service users – well disabled people are all people and sit within many characteristics, and to be a service user of adult social care you have to be a disabled person or a carer, so I fail to see the difference. Our service supports ALL disabled people, of ALL ages and careers as well as providing support to you as local authority to ensure disabled peoples voice is heard, listened to and integral to influencing policy and shaping and designing services. We have a good track record of genuine coproduction. Being a user led organisation everything we do is shaped by need and designed by our members.

One of the main reasons that we provide opportunities for people to have their voice heard and particularly disabled people is that when disabled people were asked to state to what extent they were asked for their views about changes to adult social care services, shockingly, 88% of respondents did not feel that they had been adequately consulted prior to LCiL's focus group and 23% saying that felt that their views were not listened to without LCiL's support. This is despite the fact that local authorities have a legal duty to hold a public consultation, and to engage service users in this, if they are closing or significantly changing a service.

We provided several opportunities for our members to contribute to the feedback, we sent out an email and social media update to remind and encourage people to take part, independently, send responses to us directly to feed in or come down on a Friday and talk with us.

Some of the responses included:

"The council are using this as a "a cover for cuts" and fuelling "increased social isolation for service users and added pressure on carers".

"First they shut some centres, then they reduce individuals' budgets so the remaining centres become unaffordable and now they want to shut services that are providing free and much needed support."

"LCiL provides real opportunities, and inclusive environment where everyone is valued. I've seen the difference in people who, previously going from one service to another, have become more integrated into the community. LCiL gives them a solid foundation, supported to make the most of the opportunities for education, work and personal development"

"I love LCiL's newsletter, it has everything and looks very professional, I love that it had disabled people like me in it and also writing in it. It makes me think about what I can do"

"You tell me of one other place where everyone is welcome and genuinely is an equal member where they can eat, socialise and support together "

"As a trustee/director for mosaic shaping disability services charity here in Leicester LCiL is an integral part of our social groups and access to all service. It would be a sad day when we lose a site where our disabled users have such needed changing places toilet and rooms. Surely we could all work together to help support this much needed resource".

"Its a much needed organisation to serve the needs of Leicester Community, Adam from Solutions 4 community support Ltd".

"If LCiL was to close, other organisations in Leicester might think they can take on some of the work, but my fear is that in relativity it will completely vanish. Maybe there will be pockets of support and similar services, but I don't think any organisation could match the amazing level

of work LCiL does. It's hard to comprehend how much they have done – for so many people across the city and county".

LCiL staff and board member involved are fighting to keep the LCiL going, though the threat of closure remains very real but we have hope the charity can continue to help improve the lives of as many people as possible.

Our service support disabled people and disadvantaged people whom others might have considered that they were unable to help, to become motivated volunteers, trainees, and independent individuals enabling them to help themselves to remove barriers and play a fuller role in life and society, positively enhancing their lives.

I honestly do not know of any other organisation in the city that does this.



Appendix 2

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

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Title of spending review/service change/proposal	<b>Disabled Persons' Support Service</b>	
Name of division/service	Adult Social Care Services & Commissioning	
Name of lead officer completing this assessment	Cathy Carter	
Date EIA assessment completed	08.08.18	
Decision maker	Assistant Mayor Cllr Vi Dempster	
Date decision taken	Decision report planned for City Mayors Briefing meeting 13.09.18	
<b>EIA sign off on completion:</b>	<b>Signature</b>	<b>Date</b>
Lead officer - Cathy Carter	Cathy Carter	08.08.18
Equalities officer – Sukhi Biring	Sukhi Biring	08.08.18
Divisional director - Tracie Rees	Tracie Rees	10.08.18

**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?

**Please note: This EIA is focussed on the proposal to end the Disabled Persons Support Service currently provided by the Leicestershire Centre for Integrated Living (LCIL). This proposal is, in part, being made in the context of a proposed new participation service. The service is still being developed in consultation with stakeholders at the time of writing this EIA. A separate EIA will be developed to inform final decision-making on the proposal to implement the new participation service. There will be more detailed information about the service in the EIA for that service when it is developed. However, the key feature of the proposed new participation service will be to enable individuals, including disabled people, to participate directly in the development and review of Adult Social Care policies and service, rather than through infrastructure groups such as LCIL.**

Adult Social Care currently commissions a 'Disabled Persons Support Service (DPSS) from Leicestershire Centre for Integrated Living (LCIL) at a cost of £46,200 a year. Despite the name of the service, the contract is actually intended to provide infrastructure support to disability groups, and to enable the views of disability groups and disabled people to be communicated to the city council to support the delivery of appropriately designed and targeted services, leading to better outcomes for disabled people, assisted by the council and other statutory agencies such as the Clinical Commissioning Group, Leicester Partnership Trust and UHL Leicester.

Adult Social Care has carried out a review of the service, and as a result of the review, carried out a public consultation exercise for 12 weeks between 21.5.18 to 03.08.18 on a proposal to decommission the service when the contract ends on 31<sup>st</sup> March 2019.

There are 3 main reasons for this proposal:

- The current contract does not provide care or support services directly to vulnerable and disabled people. ASC is having to prioritise services for disabled people who have these care and support needs;
- The current service supports disability organisations in the city, rather than individuals. It does not enable direct service user involvement in the development of adult social care services. ASC would like to develop an alternative approach, which would do this. This will help ASC to fulfil a requirement under the Care Act 2014 that there is effective service user engagement in adult social care planning. The council wants to improve its approach to service user participation in response to this requirement; and

- The council currently contracts with Voluntary Action LeicesterShire (VAL), to provide support to VCS groups in the city, including disability groups.

ASC is currently developing an alternative model, a new participation service to support all service users, including disabled people, to be involved in the development of adult social care services. The new approach is now being developed in discussion with service users and relevant organisations, including LCIL who are the current provider of the Disabled Persons' Support Service.

As part of the service review, officers analysed the risk of whether LCIL would be unable to operate without Adult Social Care funding. If this were the case, disability groups which are currently supported by LCIL could seek support from other organisations, such as Voluntary Action LeicesterShire (VAL), which is contracted to the council to provide support for voluntary sector groups in the city. In addition, disabled people will have the opportunity to be engaged with ASC through the proposed new participation service.

## 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.

	<b>Is this a relevant consideration? What issues could arise?</b>
<p><b>Eliminate unlawful discrimination, harassment and victimisation</b> How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p>	<p>The new participation service will support disabled people to engage with ASC.</p> <p>Disability groups will be provided with infrastructure support by Voluntary Action Leicestershire, which is contracted corporately by the council to provide this function.</p>
<p><b>Advance equality of opportunity between different groups</b> 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).</p>	<p>Disabled people face many barriers to engaging with organisations such as Adult Social Care and being involved in service planning and review. This can often be because many organisations do not</p>

	<p>make effective adjustments to enable effective engagement to take place.</p> <p>The new participation service will support disabled people to engage directly with ASC rather than through a separate organisation. This will be combined with adjustments to working practices in adult social care to support direct participation</p>
<p><b>Foster good relations between different groups</b> Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>By enabling disabled people to become more directly involved in service planning and review the new participation model will support better integration of disabled people into commissioning work, which will help to develop good relations between professionals and disabled service users.</p>

### 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 users:

Who: Disabled people and disability groups that are supported by LCIL.

How: May see no change if LCIL continues to provide support to groups without ASC funding. However, the new participation service will seek to enable individuals to have direct involvement with ASC if they wish to, which is intended to be a positive change, giving them a direct voice into the work of the department.

#### Those who could benefit:

Who: disability groups and disabled people who are not supported by LCIL.

How: Opportunity to have direct involvement with ASC if they wish to.

#### 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 proposal to develop a new participation service is based largely on research into policy and good practice around user engagement in ASC rather than data on individuals. More detail about these will be provided in the EIA for the new participation service, however key sources are:

- Think Local Act Personal – Making it Real
- NICE Guidance user engagement
- Care Act 2014 – specifically on the concept of the ‘shared endeavour’.

#### 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 to end the ‘Disabled Persons Support Service was carried out between 21.05.18 and 03.08.18.

Officers met with LCIL, who agreed that the infrastructure support aspect of their role should be provided by Voluntary Action LeicesterShire, but that the council would need to ensure that this was effective. However LCIL were more concerned about the risk to activities which they deliver to people, such as events which are not the purpose of the contract. Users in the consultation survey reflected these concerns as well.

<b>6. Potential equality Impact</b>			
<p>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 <u>because of their protected characteristic(s)</u>. 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.</p> <p>Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially <u>vulnerable groups</u>, are likely to be affected by the proposal. List the relevant groups which 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).</p>			
<b>Protected characteristics</b>	<b>Impact of proposal:</b> 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?	<b>Risk of negative impact:</b> 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?	<b>Mitigating actions:</b> 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.
<b>Age<sup>1</sup></b>	Older people are more likely to be affected by disability. Disabled people will have the opportunity for participation in ASC service planning and review through the new participation service	Unlikely to have significant negative effects as aim of service is infrastructure support and engagement with the council rather than care and support for individuals	Disabled people will have the opportunity for participation in ASC service planning and review through the new participation service

<sup>1</sup> 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

<b>Disability<sup>2</sup></b>	As above, particularly relevant to people with physical impairment, sensory impairment and/or Long term health condition.	As above	As above
<b>Gender Reassignment<sup>3</sup></b>	Not known	Not known	Not known
<b>Marriage and Civil Partnership</b>	Not known	Not known	Not known
<b>Pregnancy and Maternity</b>	Not known	Not known	Not known
<b>Race<sup>4</sup></b>	Not known	Not known	Not known
<b>Religion or Belief<sup>5</sup></b>	Not known	Not known	Not known
<b>Sex<sup>6</sup></b>	Not known	Not known	Not known

<sup>2</sup> 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.

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

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> Sex: Indicate whether this has potential impact on either males or females

<b>Sexual Orientation<sup>7</sup></b>	Not known	Not known	Not known
<p><b>Summarise why the protected characteristics you have commented on, are relevant to the proposal?</b>  LCIL is an organisation for disabled people and disability groups. Older people are more likely to have disabilities so this group may also be more likely to be affected than people from other age groups</p> <p><b>Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?</b>  There is no evidence as to whether people with other protected characteristics are more or less likely to have disabilities than groups without protected characteristics.</p>			

	<b>Impact of proposal:</b> 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?	<b>Risk of negative impact:</b> 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?	<b>Mitigating actions:</b> 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.
<b>Other groups</b>			
<b>Children in poverty</b>	Unlikely to impact		
<b>Other vulnerable groups</b>	Unlikely to impact		
<b>Other (describe)</b>			
<b>7. Other sources of potential negative impacts</b>			

<sup>7</sup> 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.



<p>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.</p>
<p>Disability groups report that new benefit arrangements and economic downturn are disproportionately affecting people with disabilities. Needs for adult social care are also rising – and disabled people are the main service users for care and support. It is therefore all the more important that ASC strengthens service user participation in the design and delivery of services to ensure that they are co-produced with disabled people, to make them fit for purpose and to enhance choice and control. This is the aim of the proposed new participation service.</p>
<p><b>8. Human Rights Implications</b> 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:</p>
<p>None</p>
<p><b>9. Monitoring Impact</b> 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:</p> <ul style="list-style-type: none"> <li>▪ monitor impact (positive and negative, intended and unintended) for different groups</li> <li>▪ monitor barriers for different groups</li> <li>▪ enable open feedback and suggestions from different communities</li> <li>▪ ensure that the EIA action plan (below) is delivered.</li> </ul>
<p>1. <u>Monitoring the level and effectiveness of involvement of disabled people under the new participation service</u></p> <p>Contracted service is for infrastructure support rather than support for individuals. The key impact for disabled people themselves therefore lies in the extent to which disabled people's involvement in ASC planning will increase/improve as a result of the setting up of the Service User Participation Service. As part of the development of this service, measures will be set up to monitor the extent and effectiveness of involvement. It is intended that disabled people themselves will co-produce the service and participate in the design of the performance measures and the approach to monitoring.</p> <p>2. <u>Monitoring infrastructure work carried out by VAL for disability groups.</u></p> <p>The council has a contract with VAL to provide infrastructure support and the effectiveness of this will continue to be monitored in the City Mayor's Office.</p>

3. Monitoring the effectiveness of Healthwatch acting as the voice of health and social care services.

Healthwatch is contracted by Adult Social Care to act as the voice of users of local health and social care services, and this service is monitored regularly.

**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.

<b>Equality Outcome</b>	<b>Action</b>	<b>Officer Responsible</b>	<b>Completion date</b>
Effective involvement of disabled people in designing and reviewing ASC service	Development of new participation service	Mark Aspey	Contract start date 1.4.19
Effective infrastructure support for disability VCS groups.	Monitoring of VAL contract	City Mayor's Office	Quarterly
Effective voice/ local watchdog for local health and social care services.	Monitoring of Healthwatch contract	Caroline Ryan	Quarterly

## **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



## Adult Social Care Scrutiny Commission Report

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### Procurement of a new Participation Service

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Date: 4<sup>th</sup> December 2018

Lead Assistant Mayor: Cllr Vi Dempster

Lead Strategic Director: Steven Forbes

## Useful information

- Ward(s) affected: All
- Report author: Mark Aspey
- Author contact details: 0116 4542385
- Report version number: 0.3

### 1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of a new participation service.
- 1.2 The new service will ensure effective direct service user engagement to enable the co-production of local plans and strategies for Adult Social Care.
- 1.3 The service objectives have been developed in conjunction with a range of stakeholders, including an Adult Social Care Scrutiny Commission task group.

### 2 Summary

- 2.1 The Care Act 2014 requires local authorities to ensure there is effective direct service user engagement, to enable the co-production of local plans and strategies for people with a learning disability, mental health problem, people with autism and people who are moving from using children's social care to adult social care.
- 2.2 Therefore, it is proposed to end the funding to the Disabled Persons Support Service (DPSS) and create a new participation service. A report will be presented separately.
- 2.3 A five-week engagement exercise was completed with a range of stakeholders to shape the new service. The report provides an overview of the new proposed service model as detailed at paragraph 4.8.

### 3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:
  - a) note the development of the new participation service with effect from 1.4.2019 and to provide comment/feedback

#### **4. Main Report**

- 4.1 The Care Act 2014 places a duty on the local authority to ensure there is co-production in the development and commissioning of services, this is called a 'shared endeavour' and requires the direct involvement/influence of service users.
- 4.2 Other local authorities are starting to develop these participation services, such as Warwickshire and Leicestershire County Council in order to ensure compliance with the Care Act.
- 4.3 There are currently four strategic partnership boards supported by the City Council (learning disability, mental health, transitions and autism) and the forum for Older Persons, which provide an opportunity for the local authority to engage directly with service users and carers.
- 4.4 However, it is necessary to ensure that service users attending the various boards/forum are able to relay the issues relating to the client group they represent and contribute to the discussions, so they can influence the development of services.
- 4.5 Due to the nature of an individual's disability, they could require support to participate in a structured approach, which is the key purpose of the new service. However, if an individual needs assistance to attend a meeting, such as a taxi, ASC will provide the necessary funding.
- 4.6 At present, the Learning Disability Partnership Board is the only board where service users are supported directly to engage at the meetings. These service users are part of the 'We Think' group, which is supported by Mosaic via their advocacy contract. This contract is due to end on 31.3.2019, at which time it is anticipated that the new participation service will take over the support for this group.
- 4.7 Whilst council officers provide support on an ad hoc basis, there is no formal support for the individuals attending the other boards and forum, which means these groups are missing out on the opportunity to contribute and directly influence the development of ASC services.

#### **Proposed new service model**

- 4.8 Although the level of support will depend on the complexity of the client groups' needs and the subject matter, the following provides an overview of the key requirements/objectives for the new participation service.
  - a) To identify a number of individuals that are representative of the various client groups that would require ASC support, such as people with a learning disability and/or autism, those with mental health issues, older people and people who are moving from using children's social care services to using adult social care services

- b) To ensure those individuals are able to attend and participate at the various partnership boards and forums
- c) To facilitate service user participation to support the design, delivery and commissioning of services
- d) Collaborate effectively with other agencies that work across the various partnership boards and forums to ensure a co-ordinated approach to the development of services
- e) Identify and deploy the most appropriate methods to facilitate participation across the range of service user groups, utilising technology where appropriate, communication methods as required and settings which are fully accessible
- f) To engage with young adults who are too old to participate in the 'Big Mouth Forum' (a participation forum for disabled young people aged 11-25) so that disabled young adults have continued opportunities to participate
- g) Enable existing service user groups across health and social care to connect with the partnership boards and input into service design and joint health and social care strategic development.

4.9 Based on the current costs of supporting the 'We think' participation group (staffing, venue and local leader remuneration) it is anticipated that the allocated monies of £36,000 will be able to support at the boards and forums as noted at paragraph 4.3 and 4.7.

### **Engagement Activities**

4.10 Officers have engaged with the following groups:

- 'We Think' members
- Service users/carers who attend the Mental Health Partnership Board
- Mosaic, Leicester Centre for Integrated Living, AgeUK and CLASP The Carers Centre (including carers)
- Members of Adult Social Care Scrutiny Commission Task Group

### **Key points from engagement**

4.11 Overall our engagement exercise found that the idea of a new participation service was welcomed, points raised included:

- It would support participation for the partnership boards
- Saw the need to tailor services to a range of needs
- Recognised the importance of participation in procurement of services



- Raised a number of practical issues that the provider will need to be aware of, such as the setting and format of boards and other meetings.

A summary of the engagement activity is included at Appendix 1

### **Next steps**

4.12 The procurement exercise will commence to ensure a new provider is in place by 1st April 2019.

## **5. Details of Scrutiny**

5.1 The proposal to cease the Disabled Persons Support Service and to replace it with a new participation service was discussed with the ASC Scrutiny Commission on 19<sup>th</sup> June 2018.

5.2 There was also discussion about the proposed model for the new participation service with scrutiny members on 12<sup>th</sup> September 2018.

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

### 6.1 Financial implications

The DPSS will cease and save £46,200 wef 31.3.2019. However, the new participation service will commence with effect from 1.4.2019 with an allocation of £36,000. This will provide a £10,000 saving which will contribute towards the ASC VCS savings.

Yogesh Patel – Accountant ext 4011

### 6.2 Legal implications

There are no specific legal comments on this report, however the scope of this new service and the market engagement/ benchmarking is noted. If the proposal is approved legal advice will be provided on the procurement process and relevant contract terms.

Jenis Taylor, Principal Solicitor (Commercial) (0116) 454 1405

In the report it is envisaged that the current service provided under the DPSS contract will cease and a new participation service will be procured. If the new service is a fundamentally different service then the TUPE Regulations may not apply.

However, it has been identified in the report that an element (the 'We Think' group) of another council service contract which is due to end will be continued within the

new participation service. It is possible that a transfer of part of a service may constitute a service provision change for the purposes of the TUPE Regulations. Therefore, should the identity of the current service provider delivering the 'We Think' element of the service change the TUPE Regulations may apply. If TUPE does apply, any organised grouping of employees delivering the service (or part of the service) may transfer to any new provider on their existing terms and conditions and with continuity of service preserved. If any of those employees have previously transferred from the council then second generation pension protection will need to be provided. Providers will need to take their own legal advice as to the implications of TUPE if they are the successful bidder.

Legal advice on the TUPE implications should continue to be sought through the process.

Julie McNicholas - Solicitor – Employment and Education

### 6.3 Climate Change and Carbon Reduction implications

There are no implications associated with this report.

### 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 unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

The proposal could improve the level of engagement and aims to diversify service user involvement (to include those with a learning disability, mental health condition, autism and older adults). This would be in keeping with the aim of the Public Sector Equality Duty to advance equality of opportunity as it would provide opportunity for those protected groups to participate in a range of forums across the city and to ensure their views and those of people with similar disabilities are able to influence/contribute to the development/coproduction of local policies and practice across social care and other areas as appropriate. The proposal would, therefore, be likely to have a positive impact overall for those involved in the service user engagement and for those using health and social care services and would be particularly relevant for those with the protected characteristic of disability and age.

Hannah Watkins, Equalities Manager ext. 37 5811  
[equality@leicester.gov.uk](mailto:equality@leicester.gov.uk)

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:**

None

**8. Summary of appendices:**

Appendix 1 – Summary findings of the engagement exercise

**9. Is this a private report**

No

**10. Is this a “key decision”?**

No

## Appendix 1

### Participation Service Engagement

Table showing engagement responses and how these relate to the proposed model

Organisation/group	Comments	How this relates to the proposed model
<b>Adults with a Learning Disability that attend 'We Think' group and other advocacy group 'Bright lights'</b>	<b>Importance of group participation and good access</b>  Value experience at 'We Think' and attendance at the LD Partnership Board	Maintains a focus on group participation at the LD Partnership Board.
	A separate group for people with LD is needed. Want 'We think' to continue	The model will require continuation of the 'We think' group
	Representation of a range of needs including people with more profound disabilities is important.  Meetings need to happen where buildings are accessible and easy to get to	The provider will be required to recruit people with a range of needs and tailor to accessibility and communication needs
	<b>Challenges</b>  Will need to recruit new members	Recruitment across all ASC groups will be required.
	A small number of members need care and support staff to attend meetings due to their complex needs. This is in addition to the role of the SUP.  It takes time for people to get used to how a Partnership Board works and they need to be user friendly	These are issues the provider will need to be aware of and although not directly responsible for will be highlighted in the procurement process and the mobilisation
<b>Service Users/Carers attending the Mental Health Partnership Board</b>	<b>Value of group participation and other opportunities</b>  Value the importance of group participation	The provider will be required to facilitate participation at the MHPB
	Opportunities to take part in procurement evaluation	We will expect the provider to support this work subject to any information

Organisation/group	Comments	How this relates to the proposed model
		sharing/conflict of interest considerations
	Could collect views from individual service users	Where group participation is not relevant the provider can support users to collect information from other users
	Must be tailored to needs e.g. around language skills so all can participate	This partly relates to the partnership boards but the service will be required to use language skills as required
	Some carers may need to have respite care provided so they can attend the partnership board	The service will not be providing a service to carers but we are aware of how this relates to carer participation at partnership boards
<b>Mosaic</b>	<p><b>Importance of Group Participation</b></p> <p>Valued the opportunity for group participation. Weekly meetings for adults with a LD is needed</p>	Group participation will be required within the spec. We will ask the provider to continue the weekly meetings
	The group is able to look at a range of issues - (such as health checks, hate crime)	The importance of working to joint social care/health service development has been identified within the spec
	<p><b>Challenges</b></p> <p>Some members need attendance at user participation services to be included in their care and support packages; without it they would not be able to attend.</p> <p>Some members of 'We think' need help with general advocacy e.g. around debt which is currently provided as part of the Mosaic Advocacy contract alongside group participation, so there</p>	These are issues the provider will need to be aware of and although not directly responsible for will be highlighted in the procurement process and the mobilisation.

Organisation/group	Comments	How this relates to the proposed model
	is uncertainty how that would be provided	
<b>LCIL</b>	<p><b>Challenges of Group participation</b></p> <p>Acknowledged the difficulties that users face in asking questions in board meetings.</p>	This is not all down to the provider but we will meet regularly with the provider and participation groups to monitor
<b>Age UK</b>	<p><b>Working with older people</b></p> <p>Older people may, generally speaking be less interested in participation and less able to use technology to participate with.</p> <p>It would be helpful for the provider to visit older people to find out what kind of participation they may want</p>	The provider will be required to identify the most appropriate methods of facilitating participation by older people.
<b>CLASP</b>	<p><b>Carers' perspective</b></p> <p>Carers welcomed opportunities to participate</p>	
	Carers said that carers' participation should be delivered separately from service users	Carer participation will be delivered separately through the Carers contract
	Carers thought that it was also important that the partnership boards needed to be user-friendly and have access to translation where needed	These are issues the provider will need to be aware of and although not directly responsible for will be highlighted in the procurement process and the mobilisation.

Organisation/group	Comments	How this relates to the proposed model
<b>ASC Scrutiny Commission</b>	<b>Importance of the service</b> Welcomed the idea of user participation  Thought it was important to prepare people for participation  Some people will find online participation difficult	Tailored preparation and the use of appropriate communication methods are outlined in the spec
	Acknowledged that it will take some time for the service to embed  Would like some feedback on progress by December 2019	The contract monitoring processes will identify extent of participation





## Adult Social Care Scrutiny Commission

### Draft Work Programme 2018 – 2019

Meeting Date	Topic	Actions Arising	Progress
19 <sup>th</sup> 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: <ul style="list-style-type: none"> <li>• Update to come to Scrutiny on work with NHS, Over 85s and End of Life services;</li> <li>• Update to come on nursing care home delays (inc. the Trusted Assessor Process)</li> <li>• Information on work to develop communications (Due to strengths based approach potentially changing format and presentation of data).</li> </ul> 3) AGREED: <ul style="list-style-type: none"> <li>• Procurement briefings will be held on the Disabled Persons Support Services and Advocacy Services</li> </ul> 4) AGREED: <ul style="list-style-type: none"> <li>• Preferred option.</li> </ul>	3) Both procurement briefings have now been held.

Meeting Date	Topic	Actions Arising	Progress
<p>28<sup>th</sup> August 2018</p>	<p>1) Delivering Good Social Work Practice report and presentation, to include:</p> <ul style="list-style-type: none"> <li>• Healthy Workplace Survey</li> <li>• MyTime Peer Review</li> <li>• Peer Review</li> <li>• Annual Social Work (SW) 'Healthcheck' (4)</li> </ul> <p>2) Strengths and Assets Based Approach: Update (5)</p> <p>3) Carers Strategy: Outcome of consultation and emerging action plan – Briefing report. (2)</p> <p>4) Outcome of VCS Phase 1 – Verbal Update (1)</p> <p>5) Disability Related Expenditure (DRE) Consultation – Verbal Update</p> <p>6) Work Programme</p>	<p>1) AGREED:</p> <ul style="list-style-type: none"> <li>• The Learning and Development Manager be invited to a future meeting</li> <li>• Report on professional development opportunities be brought to Commission in six months <b>(Feb/March)</b></li> <li>• Information on bank staff numbers be provided to Members</li> <li>• Information on improved sickness levels to be provided at a future meeting;</li> <li>• Report on how social workers were supported be provided at an appropriate time.</li> </ul> <p>2) AGREED:</p> <ul style="list-style-type: none"> <li>• That the Department 'tap into' gardening projects and allotments across the city, and map information</li> <li>• 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.</li> </ul> <p>3) AGREED:</p> <ul style="list-style-type: none"> <li>• Update report following amendment of the strategy – due to young and parent carer concerns</li> <li>• Update report on the strategy KPIs and successes be brought to Scrutiny six months after confirmation of the strategy. Update to be brought to a pre-meeting, which Members of the CYPS Scrutiny Commission would be invited to attend.</li> <li>• Demographic breakdown of the 230 responders to be provided to the Commission.</li> </ul> <p>4) AGREED:</p> <ul style="list-style-type: none"> <li>• Training on Welfare Rights updates be organised as part of the MDP</li> <li>• Full report on all contracts discussed with EIAs attached be brought to next meeting</li> </ul> <p>5) AGREED:</p> <ul style="list-style-type: none"> <li>• A full report and EIA would be brought to a future meeting</li> </ul>	<p>1) The Learning and Development Manager will be invited to January's meeting.</p> <p>4) Full reports with attached EIAs brought to Scrutiny 25<sup>th</sup> Sept</p> <p>5) Both full report and EIA coming to Scrutiny 4<sup>th</sup> Dec.</p>

Meeting Date	Topic	Actions Arising	Progress
		6) AGREED: <ul style="list-style-type: none"> <li>• Task group meetings on the ASC Green Paper would be arranged ahead of its publication.</li> </ul>	
25 <sup>th</sup> Sept 2018 (Special)	1) VCS Review Phase 1: Carers' Support, Lunch Clubs and Visual & Dual Sensory Support  2) VCS Review Phase 2: Advocacy, Stroke Support and Disabled People's Support Service	1) AND 2) AGREED: <ul style="list-style-type: none"> <li>• Continue to reassure people where services being changed, particularly those who are vulnerable</li> <li>• That those accessing more than one of the services be adequately supported during the phased implementation of the new proposals;</li> <li>• A further update with monitoring information be brought back to a future meeting of the ASC Scrutiny Commission, on progress.</li> </ul>	

Meeting Date	Topic	Actions Arising	Progress
16 <sup>th</sup> 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) Outcome of Government consultation of the Local Housing Allowance (LHA) – Verbal update  7) Performance Outturn 2017/2018  8) End of Life Task Group Review	1) AGREED: <ul style="list-style-type: none"> <li>• That the call-in be withdrawn.</li> </ul> 2) AGREED: <ul style="list-style-type: none"> <li>• The action plans for the Dementia Strategy be brought to a future Commission meeting.</li> <li>• The links to website information on dementia be provided to Members.</li> <li>• An invitation be extended to Members of the Commission to front a campaign for the promotion of dementia awareness.</li> </ul> 4) AGREED: <ul style="list-style-type: none"> <li>• Information on the success of the last ‘Autism Hour’ initiative be provided to the Chair.</li> <li>• The links to website information on autism be provided to Members.</li> <li>• Officers to append summary information (background, relevant weblinks or books) that Members could access for further information.</li> <li>• A tag line sentence for the people of Leicester to raise awareness of autism be developed and brought back to a future meeting of the Commission.</li> </ul> 5) AGREED: <ul style="list-style-type: none"> <li>• Information on the reasons for non-compliant providers to be provided to Members of the Commission.</li> </ul> 6) AGREED: <ul style="list-style-type: none"> <li>• Information on Adult Social Care plans and schemes would be brought back to a future meeting of the Commission.</li> </ul> 8) AGREED: <ul style="list-style-type: none"> <li>• The report be endorsed by the Commission and presented at Overview Select Committee.</li> <li>• The Department look at Living Wills.</li> </ul>	2) Links to website information on dementia now provided to Members.  6) Coming to Scrutiny 4 <sup>th</sup> December  8) Went to OSC 1 <sup>st</sup> Nov, due to go to CMB 29 <sup>th</sup> Nov.

Meeting Date	Topic	Actions Arising	Progress
4 <sup>th</sup> Dec 2018	1) Quarter 1 Performance 2) Extra Care Housing Update 3) Outcome of Disability Related Expenditure Consultation 4) Consultation for Accommodation Based Support 5) Outcome of Sheltered Housing Consultation 6) Outcome of consultation for Acquired Brain Injury Outreach 7) Outcome of consultation for the Disabled Persons Support Service 8) Proposal to create a Service User Participation Service		

Meeting Date	Topic	Actions Arising	Progress
22 <sup>nd</sup> Jan 2019	1) Annual Budget 2) Learning and Development Manager – Presentation 3) Quarter Two Performance Report 4) Adult Social Care Annual Operating Plan 2018/19: Detailed update. 5) Refresh of the Learning Disabilities Strategy 2019: Progress Update		
19 <sup>th</sup> March 2019	1) Learning Disabilities and Employment: Discussion 2) Leicester Ageing Together Update Report 3) ASC Internal Staffing Savings: Overview		

**Forward Plan/Suggested Items**

Topic	Detail	Proposed Date
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.	January 2019
Green Paper Task Group Response: Sustainable Funding for Social Care		
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
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.	

